

CORPORATE AND CLINICAL POLICIES			
Policy <input checked="" type="checkbox"/>		Clinical Policy <input type="checkbox"/>	
Policy Document Title: Equality, Diversity and Human Rights Policy			
This document is relevant for staff at:	Luton Hospital site	Bedford Hospital site	Both Hospital sites X
Document Author ████████ – Equality and Diversity Lead			
Policy Developed in Consultation with: Equality, Diversity & Human Rights EDHR Committee, staff and patient stakeholder groups Joint Staff Committee Director Human Resources, and Chief Nurse			
Is this policy document new or revised / or has minor amendments? Revised to merge EDHR policies from Luton and Bedford sites and to include EDHR Principles and Organisational Values			
Reason for amendments: Please highlight all amendments in your document. Ensuring BHFT wide application from both original site documents, adding references to new relevant initiatives / developments e.g. corporate values, T.H.R.I.V.E, F.A.I.R, Culture and L&D strategy, EAIA Toolkit, Workforce Committee, Patient Experience Council, NED/ED champions, Health Inequalities, wellbeing Strategy and FTSU framework.			
Document Number: E03T		Version Number: 1	
Target Audience/Scope: All Trust Staff, Patients, service providers			
Associated Trust Documents: <ul style="list-style-type: none"> • The Dignity at Work Policy, Disciplinary Policy, Grievance Policy, Capability Policy • Maternity Policy • Reasonable adjustment Policy • Managing the Risk of Violence and Aggression Towards Providing Health Care Services • Safeguarding Policy, • Speaking up FTSU Policy • Wellbeing Strategy • BHFT Values and Culture Strategy and Learning and Development Strategy • Recruitment and Selection Policy, Talent Management and Mentoring • Reports and planned actions for WRES WDES and Gender Pay Gap and wider EDHR areas • The EAIA Toolkit – Equality analysis impact assessment • Governance – transparency – Freedom of information and Right to Privacy Workforce Committee, People Plan, NHS Business Plan – redevelopment and transformation Strategies • NHS Accessible Information Strategy AIS • EDHR Strategy Framework and FAIR Principles • Staff Network Strategy and Groups • Patient Experience Strategy / Council PEC and the Approach to Health Inequalities • Transgender Policy 			

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Approved by:	Policy Approval Group
Chair /Chief Executive Signature:	David Carter, CEO

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1. Introduction

- 1.1 The Bedfordshire Hospitals Foundation NHS Trust BHFT [“the Trust”] as one of the more diverse Acute Trusts is committed to leading, promoting and supporting diversity, equality, inclusion and human rights in the Trust both for the community it serves and its workforce.
- 1.2 **Patient Experience** - Having commitment within the service provision means not only meeting the needs of the NHS Contract and Business plan for prevention and for management of health inequalities, but also ensuring healthcare services are inclusive, accessible and delivered in a way that respects the differing needs of the individual.
- 1.3 **Workforce Experience** - As a leading employer of a diverse workforce the Trust is committed to being an Equal Opportunities Employer for all to be able to have a good work experience and to access roles, learning and career progression. The Trust aims to ensure that the workforce profile is as reflective and balanced as much as possible of the local working age population and of the community it serves.
- 1.4 This is an important part of the Trust's commitment towards achieving and maintaining the highest possible standards of quality, honesty, openness and accountability in all of its service and workforce practices.
- 1.5 The foundation of this policy is laid down in the Trusts EDHR F.A.I.R principles of Fair Treatment, Access, Inclusion, Respect and dignity. These work alongside the Trusts T.H.R.I.V.E values to ensure good conduct, and the elimination of any unfair treatment or any direct or indirect discrimination.

2. The Purpose of this Policy

- 2.1 This policy makes it clear that poor conduct and discriminatory behaviours are not acceptable and that responsibility for ensuring that such conduct does not happen rests with all employees of the Trust as well as the Trust Board. This means everyone ensuring that the BHFT environment is free from unlawful discrimination, victimisation or harassment on the grounds of age, disability, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race including nationality & ethnicity, religion or belief, sex, sexual orientation, or any other unjustifiable reason.
- 2.2 The policy details the Trust's engagement, commitment, practice and sustainable evidence and monitoring required, to remain and be fully compliant with UK equality, diversity legislation and Human Rights Legislation and to the standards expected for the NHS contract and Care Quality Commission.
- 2.3 This policy supports the Trust's implementation and developments made in response to the NHS Business and People plan, the WRES, WDES and Gender Pay Gap Reporting and the NHS Equality Delivery System (EDS2 to EDS3).

3. Scope

The Policy applies to all:

- 3.1 Employees of the Trust.
- 3.2 All Agency workers, contractors, sub-contractors volunteers, secondees, patients and students placed at the Trust.
- 3.3 All patients, their relatives and carers plus the general community who receive, or are

eligible for services provided by the Trust or in conjunction with any of its designated healthcare partners.

4. Compliance

4.1 The Trust's Equality, Diversity and Human Rights EDHR Policy complies with key UK anti-discriminatory legislation including for instance:

- **The Equalities Act 2010** which replaced all previous and numerous established equality and diversity legislations that covered the individual, care, the provision of services and access rights in terms of non-discriminatory treatment.
- **The Human Rights Act 1998**
- **BSL Act 2022** (effective since June 2022 for requirements around provision of British Sign Language)

For further information see Appendix 1 and 2.

4.2 **The Equalities Act 2010** brought together all the different key equality attributes that an individual may have and termed these “**protected characteristics**”. All these characteristics or ‘equality strands’ were given broader coverage with mainly generic but also some bespoke legal requirements. The protected characteristics are:

<ul style="list-style-type: none">• Gender• Age• Ethnicity• Religion or Belief• Disability	<ul style="list-style-type: none">• Sexual Orientation• Transgender• Pregnancy and Maternity• Marriage or civil partnership
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Over time case law has developed and extended coverage. For instance:

- Transgender cover was originally intended for people who identified as the opposite gender to their birth gender profile and wanted to transgender (**binary**). Now it also **non-binary** people for instance those who are trans-fluid, A-gender, transsexual, etc.
- Religion and Belief includes non-belief in its protection e.g. the right to be agnostic or atheist. It also now covers whether broader beliefs such as veganism or philosophical belief are, or are not, covered.

4.3 A key part of the Act is to ensure that there is no discrimination due to holding a protected characteristic. The policy identifies the different types of discrimination (see Appendix 2 for full details), and gives clear responsibility for ensuring that discrimination does not happen to the Trust Board and all employees of the Trust. It also explains how the policy will be applied to Trust employment practices and describes arrangements for monitoring, handling complaints and communicating the policy to staff

4.4 **Public Sector Equality Duty PSED requirements** The Equality Act 2010 continued and extended PSED requirements to ensure that the Trust's commitments as a 'Public Body', including statutory duties, covered all EDHR areas and remain integral the Trust's EDHR Policy

4.5 **EDHR Framework and Governance.** The Trust's requirements, undertakings and commitment to this agenda and the approach and governance structure can be seen in the EDHR Strategy Framework on the EDHR section of the Trust's website and intranet. This includes the work of the EDHR committee, annual statutory reports and action plans.

5. Ownership and Responsibilities

5.1 Ownership - The Trust's Director of Human Resources and Director of Culture along with the Equality, Diversity and Human Rights Committee (EDHR) chaired by an Executive Director and supported by the Trust's EDHR lead, will be responsible for the implementation and review of the Trust's Equality, Diversity and Human Rights Policy.

5.2 The Trust Board - has ultimate responsibility for the policy implementation and its consistent application across the Trust. To ensure it is fully effective, the Trust has delegated overall responsibility for implementing the policy to Directors and Managers within their own Departments but also has a named NED and ED to champion a characteristic on the board and across the Trust.

5.3 Role of Managers - Every manager is responsible for promoting and leading by example on EDHR F.A.I.R ¹principles, ensuring fair treatment, access, inclusion and respect & dignity. This includes conduct in their sphere of management for patient as well as for workforce experience. Managers must ensure that:

- They lead by example and implement this policy in their own areas of responsibility.
- all staff are aware of the policy, and their responsibilities, and reaffirm these regularly.
- ensure recruitment and selection, grievance, disciplinary, training and promotion issues are dealt with in a timely, fair, appropriate and consistent manner.
- appropriate records are maintained in accordance with this and subsequent policies and procedures;
- all staff are aware of their individual responsibility for the promotion and practice of F.A.I.R and for avoidance of poor conduct, unfair treatment or discrimination;
- patients are made aware of the Policy in general patient information and the expectation of their both receiving, and support for, F.A.I.R principles within their or others conduct. Also of BHFT T.H.R.I.V.E values.

5.4 Role of Individual Staff - The Trust will ensure that all employees understand their rights and responsibilities under this policy by ensuring it is easily available on the Trust intranet and referred to, as appropriate in communication material. **All employees have a personal responsibility** to ensure F.A.I.R treatment of colleagues and patients, that they are treated consistently in a respectful and non-discriminatory manner, and in line with clinical practice. In particular, all staff should:

- comply with the policy and related arrangements
- Adhere to conduct expectations, F.A.I.R treatment and T.H.R.I.V.E values and not discriminate in their day to day activities or encourage others to do so;
- not victimise, harass or intimidate staff or patients on the grounds outlined in this policy
- advise their manager if they become aware of any poor conduct or discriminatory practice directed against staff, patients, patient groups, relatives or visitors from any source: (e.g. staff, patients or visitors).
- be prepared to challenge behaviour that is inappropriate.

5.5 Patient Compliance

Patients, their relatives, carers or visitors will be expected to comply with the general principles of this policy and specifically:

- not partake in or encourage any form of abusive or threatening behaviour directed towards Trust employees, patients, relatives or visitors;
- not distribute any inflammatory or offensive material; and
- to follow any reasonable instruction or request in the interests of patient safety, care and privacy.

¹ F.A.I.R Fair Treatment, Access. Inclusion and Respect & dignity

5.6 Further details - Further details with regard to the requirements, responsibilities and best practice can be found in this policy in **Appendix 1 – Guidelines to Requirements, Appendix 2 Provisions for discriminatory conduct defined**, which need to be read in conjunction with this main policy. Also within the EDHR Framework and it's appendices on the EDHR section of the intranet.

6. Handling Complaints of Discrimination

- 6.1** Discrimination under the Act in any form will not be tolerated by the Trust and action will be taken where discrimination has occurred, whether the discriminator is an employee, a service user, relative, or a contractor. (See also **Appendix 2 - Provisions for discriminatory conduct defined**).
- 6.2** The Trust is committed to ensuring that complaints in all cases will be treated sensitively, confidentially, thoroughly and swiftly. All employees who have been discriminated against can expect action to be taken on their behalf and support from the Trust.
- 6.3** An individual not employed by the Trust or another organisation who considers they have been discriminated against may make a formal complaint, which will be dealt with through the Trust Complaint's Procedure.
- 6.4** A Trust employee who considers they have been discriminated against may pursue the matter through the Grievance Procedure or the Harassment and Bullying Procedure.
- 6.5** Employees who are found to be involved in discriminatory activities or practices in relation to their duties will be investigated, which could lead to disciplinary proceedings.
- 6.6** Further advice and guidance may be obtained from the Human Resources Department.

7. Standards and Practice

Part 1 - How the Trust supports Employees

- 7.1** The Trust works to ensure that EDHR Strategy, its framework and this policy is embedded in all the Trust does and so further information about EDHR provisions will be found within most policies, practices and strategies, especially those listed at the front of this policy e.g. for recruitment, discipline, reasonable adjustment etc.
- 7.2** The EDHR provisions are present in the whole work life cycle so as to ensure that each job applicant or employee shall receive no less favourable treatment on the grounds of ethnicity, race, disability, gender, age, sexual orientation, transgender, religion or belief, pregnancy or maternity, partnership status or social class or by being a carer. Some of the key areas for instance are within:
- Recruitment and selection
 - Job description and person specifications
 - Advertisements
 - Shortlisting and selection process
 - Terms and conditions of employment
 - Education, career development and promotion
 - Grievance, Capability, Discipline and Termination of Employment
 - Employee retention or exit provisions
 - Occupational Health and Wellbeing

- Maternity and Paternity - Carers
- Meeting religious needs
- Meeting Disability needs and reasonable adjustment – Carers

More specific information can be found within the policies for these areas.

- 7.3** All employees will be given equal opportunity and encouragement to progress, and to use the training and development offered within the Trust to reach their potential.
- 7.4** All Trust employees receive mandatory equality and diversity training either on line or by group or as part of their induction programme. The range of generic non-mandatory training, learning and development relevant to this agenda has been extended to include areas such as conduct expected, handling of poor conduct, stress, resilience, wellbeing, cultural awareness etc. and is available to all staff. Some areas will have specific application where staff can be encouraged to use the development opportunity offered.
- 7.5** The Trust has a Flexible Working Policy and Flexible working practices will continue to be considered and encouraged where appropriate in line with HR / Trust Policy and service delivery needs. This is particularly helpful when introduced in support of patient and workforce needs, enabling the full and effective provision of Health Services, and identified as best suited to the community the Trust serves.
- 7.6** Trust employees with a declared disability will receive reasonable adjustment consideration where appropriate and possible, in line with BHFT commitment to encourage and support recruitment and retention of disabled employees. Staff are encouraged to discuss a potential disability with their line manager or HR in confidence so that appropriate consideration can be given to potential needs. Reasonable adjustments under the Equality Act 2010 for may include adjustments to employment practices, or working arrangements, or equipment, or alterations to premises for staff.

Part 2 - How the Trust supports Patients

- 7.7** Patients, their relatives or identified carer(s), will be treated with respect and due consideration. They will receive healthcare in a consistent and non-discriminatory manner irrespective of their protected characteristics or social status. This will be in line with the Trust's Clinical Policies, Privacy & Dignity Policy, Patient Experience Strategy, Accessible Information, Interpretation, Safeguarding or any other relevant Patient Policies.
- 7.8** Patient access to Trust services, the Trust site or healthcare arrangements will be subject to any reasonable adjustments under the requirements of the Equality Act 2010 and the NHS Accessible Information Standard that are necessary or appropriate to meet patient disability needs. This may for example, be reasonable adjustments to premises for patient access; provision of equipment or aids such as inductive 'hearing loops' in reception areas or wards or an interpreter.
- 7.9** Patient religion, belief or non-belief and cultural needs will be considered as part of any clinical application where or if deemed appropriate. If appropriate, the Trust will discuss with the patient and/or relatives or designated carer(s) any particular needs in terms of health care provision or service provided by the Trust. This may range comprehensively from dietary or wellbeing needs to requirements around bereavement or death.
- 7.10** Patient spoken and non-spoken language and interpretation needs will be covered as necessary by the Trust's interpretation services in line with the Trust's Interpretation and Translation Policy.
- 7.11** Patient privacy needs will be encouraged and managed under existing Trust privacy policy

and national guidance.

Part 3 - Consultation & Engagement

- 7.12** The Trust will aim to reflect, as part of its consultation arrangements with its formal or informal stakeholder groups (e.g. providers, local communities, networks, patient or support groups and employees) or by surveys that wherever possible, the widest and most reflective representation of these groups are approached for their views, in order to ensure a board spectrum of opinion and feedback is received.
- 7.13** Where appropriate these consultation arrangements or opportunities may be made available in alternative formats (i.e. Braille or easy read) or in different spoken or non-spoken languages to reflect the targeted community or stakeholder group needs as identified.

Part 4 - Suppliers

- 7.14** As a major procurement organisation, the Trust encourages best practice and non-discriminatory principles from within its existing and prospective supplier base. This is an important and appropriate part of our formal contractual arrangements and obligations with suppliers.
- 7.15** Private and honorary contractors employed by the Trust in any activity (for example as employees, suppliers of goods or services, or as researchers) will be required to fully comply with the Trust EDHR Policy when on the Trust site or if conducting business or activity on the Trusts behalf.
- 7.16** Since 2022 the Trust's EDHR provisions can also be requested by organisations when departments or sections within the Trust tender to provide services.

8. Equality Analysis

- 8.1 Equality Analysis Impact Assessment (EAIA)**, (previously known as an Equality Impact Assessment or EIA) is a formal and systematic process which the Trust is required to undertake to be able to evaluate practice and performance around equality and make informed decisions.
- 8.2 Equality Analysis Impact Assessment (EAIA), Toolkit** - The Trust has an EAIA Policy and Toolkit which includes a summary explanation, guidance and frequently asked questions to undertake assessments of the impact of key decisions such as from the recent merger, capital projects and redevelopment. Managers are expected and required to fully support the process in their respective spheres of management.
- 8.3** The primary purpose of this process is to help the Trust identify any to minimise any unanticipated impact or unintentional direct or indirect discrimination in relation to employment practice or as to how healthcare services are delivered.
- 8.4 Equality Analysis of Policy** – some areas (such as the assessment of impact from a new or revised policy) do not require the same level of assessment and there is an appropriate form for this that makes the process reasonable, proportionate and adequate. The Trust will assess all its employment, patient and site policies and procedures for any impact. This process can occur at any stage of a policy or processes review cycle, such as during initial drafting, at consultation stages or when due for review.
- 8.5** The Trust will publish the Equality Analysis outcomes of all its policies on the Trust intranet where appropriate.

9. Dissemination and Implementation

9.1 The HR Directorate, EDHR Committee, Staff Side representatives and managers within Divisions are responsible for the implementation of this policy.

- The policy will be stored in the Trust's document library on the internet / intranet site.
- The policy is shared with HR to enable them to support implementation of the policy.
- A clear communication will be sent to Managers for awareness of the revised policy being issued and that they are responsible for cascading the information to their staff teams including those without regular access to email.
- Trust directors / Chairs of Staff Side will be advised of the issuing of the new policy.
- The revised policy will also be shared in the bulletins which are circulated to all staff.

10. Monitoring compliance and effectiveness

Part 1 - Employees

10.1 The Trust monitors the protected characteristics of employees. Long term this has been for gender, age and race, but now includes as appropriate or able, data for disability, sexual orientation, religion or belief and transgender, pregnancy and maternity, marriage and civil partnership as part of monitoring processes, practices and outcomes. This is required under the statutory duties related to pay, employment, recruitment, training, promotions, grievances, disciplines, dismissals etc.

10.2 The Trust will use data and analysis to identify any variances, trends or disproportionate outcomes, and then make informed decisions to support where applicable, any action needed to address these areas, e.g. such as under or over representation, poor experiences or a lesser or detrimental impact. This then feeds into the Trust's EDHR and Workforce Committee plans and objectives.

10.3 Trust employees are asked and encouraged to assist the Trust in meeting its statutory compliance duties and most importantly its ability to monitor performance and make informed decisions by completing their equality data when requested. This is confidential, anonymised and generic in use. It is required in Equal Opportunities Monitoring forms at recruitment, development, training, and within the NHS Staff survey or in any other monitoring requirement, as determined under statutory compliance.

10.4 The Trust publish annual reports with generic staff equalities data such as in / for the Workforce Race Equality Standard, Workforce Disability Equality Standard, Gender Pay Gap and other annual reports. Also specific interim reports may be requested e.g. for the Workforce or EDHR Committee's for review or for Equality Analysis Impact Assessments when there are changes to policies, procedures, practice, service or organisationally.

Part 2 - Patients

10.5 The Trust monitors the ethnicity, age, gender, religion, belief or non-belief, disability, sexual orientation and transgender profile of its patients, in order to monitor the effectiveness and accessibility of Trust services. The level of declaration is important as without a high number declaring, the validity of the data can be affected. Patients are respectfully asked to provide such information with the reasons for this.

10.6 The Trust will also use the generic, anonymised patient information or data obtained to comply with any of the Trust's statutory requirements or EDHR objectives. Also to meet the requirements of the NHS contract, Care Quality Commission, any national or regional or

ICB initiatives or standards and Equality Analysis Impact Assessment. This may be with regard to inclusive practices and the provision and accessibility of services within the community.

- 10.7** All Trust clinical and/or designated support employees, will be responsible for making reasonable arrangements, to obtain this monitoring information from patients or if appropriate and/or permissible, from their relatives or carers, at the earliest possible point of patient access to the Trust's services.
- 11. Outcome of Equality Analysis of this policy** - The Policy has been subject to an Equality Analysis. The outcome was that the policy would have a likely highly positive impact towards our F.A.I.R principles (fair treatment, Access, Inclusion and Respect & Dignity). Helping to ensure good patient and workforce experience and to reduce the likelihood of unfair treatment or undue discrimination across both staff and patient groups. See Appendix 2 (OR LINK)
- 12. Updating and Review** - This Policy will be reviewed on a tri-annual basis, following any appropriate assessment and clearance by the Trust's Committees.
- 13. Further guidance on the application of this policy** is available from Human Resources, a professional organisation or trade union representative. The following websites provide useful information:

www.acas.co.uk
www.cipd.co.uk

www.nhsemployers.org
www.equalityhumanrights.com

www.unison.org.uk
www.dwp.gov.uk

CORPORATE AND CLINICAL POLICIES			
Policy	<input checked="" type="checkbox"/>	Clinical Policy	<input type="checkbox"/>
Policy Document Title: Patient Experience Policy			
This document is relevant for staff at:	Luton Hospital site	Bedford Hospital site	Both Hospital sites X
Document Author ██████████ Patient Experience Manager /Patient Experience Lead			
Policy Developed in Consultation with: Chief Nurse Director of Nursing Heads of Nursing Deputy Heads of Nursing General Manager Children's Services Patient Experience Manager Head of Safeguarding Equality and Diversity Lead			
Is this policy document new or revised / or has minor amendments? This is an amalgamated policy that is derived from past policies for: <ul style="list-style-type: none"> • Privacy and Dignity • Delivering Single Sex Accommodation, • Hospital Accommodation for transgender and gender variant children 			
Reason for amendments: Please highlight all amendments in your document. To develop a new cross site policy for the Trust.			
Document Number: P22T	Version Number: 1		
Target Audience/Scope: All staff within the Trust including temporary staff and trainees.			
Associated Trust Documents Consent Policy Care of the Dying Patient Care Plan Interpreting and Translation Services Policy and Guideline :Mobile phone policy Visual & Audio Recording on Hospital Premises. Clinical Record Keeping Lone Workers Policy Safeguarding Adults – Raising Concerns Appropriate Professional Codes of Conduct/Guidelines. CQC Fundamental Standard 2, Regulation 10 (Treating people with dignity and respect). Mental Capacity Act Policy Deprivation of Liberty 2009 Policy			

Patient Property Policy Learning Disability Strategy Equality & Diversity Policy Complaints Policy Patient Experience Strategy	
Date of Approval: 15 th August 2022	Review Date: August 2025
Chair /Chief Executive Signature:	D Carter

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INTRODUCTION

The aim of the policy is to provide all Bedfordshire Hospitals Trust (the Trust) staff with guidance and outline the expected standards of practice in the promotion of privacy, dignity and respect, which affects all healthcare users. The Trust is committed to providing high quality care to all healthcare users at all times.

The Trust is eager to ensure that all healthcare users will feel that they are treated appropriately, and that their right to privacy, dignity and respect is upheld and actively promoted at all times.

The policy includes transgender patients, gender variant children, the provision of single sex accommodation and the provision of chaperones.

1.0 Roles and Responsibilities

1.1 The Trust Board

Oversee patient experience, and ensure that privacy and dignity is valued and maintained at a high level throughout the Trust. Ensure there are adequate resources for staff to fulfil their duties.

1.2 Chief Executive

The chief executive has overall responsibility to ensure that all patients are treated with privacy, dignity and have a positive experience throughout their stay and at every contact with the Trust.

1.3 Medical Director

Will ensure that all medical staff including trainees, treat every patient with dignity, respect and to provide a positive experience.

1.4 Chief Nurse

Will ensure that all staff including trainees, treat every patient with dignity and respect so they have a positive experience.

1.5 Heads of Nursing and Midwifery and Matrons

Will:

- support staff to comply with this policy
- encourage patients and carers to provide feedback on their experience
- encourage incident reporting and investigation
- implement findings from investigations and lead improvements
- escalate when resources risk a poor experience or a breach in privacy and dignity

1.6 Ward Managers

Will:

- ensure staff are familiar with and comply with this policy
- encourage incident reporting and investigation
- implement findings from investigations and lead improvement
- ensure staff have appropriate knowledge and skills to deliver care, in line with the policy

- escalate when resources risk a poor experience or a breach in privacy and dignity
- be responsible for feedback to ward staff should a breach of this policy be reported.

1.7 Bed Managers and Site Team

- ensure that the policy is complied with when allocating patients to beds
- follow the escalation and reporting processes when breaches occur

1.8 All staff

- should be aware of the principles of the policy
- should be aware of their responsibility to ensure compliance with the policy
- should report breaches of the policy
- maintain privacy and dignity of all patients at all times
- should be aware of the principles of single sex accommodation within their department
- should be aware of when it is appropriate to offer or request a chaperone when providing care or treatments to patients
- prioritise an excellent patient experience

2.0 Patient experience, privacy and dignity overview

2.1 Treating patients as individuals

Staff must always treat patients as individuals, enquiring about a person's needs and wants; taking into account different requirements of privacy, dignity and respect for people from different faiths, cultures, generations and genders. Every effort must be made to ensure that preferences are included in care plans and treatment choices as well as wider considerations such as meal preferences and personal hygiene choices.

Best Practice

Staff ensure that they:

- ✓ Listen to patients and respect their views
- ✓ Treat patients politely and considerately
- ✓ Treat information about patients as confidential
- ✓ Due attention must be paid to confidentiality when discussing sensitive matters and an appropriate area should be found that maintains confidentiality when practically possible.
- ✓ Respect the right of patients to be fully involved in decisions about their care.
- ✓ Recognise that patients may have lifestyle, culture, beliefs, race or social status which may affect their choice of treatment.
- ✓ Be aware of the protected characteristics relating to discrimination under the Equality Act 2010. They are;
 - Age
 - Disability
 - Gender re-assignment

- Marriage and civil partnership
 - Pregnancy and maternity
 - Race including nationality and ethnicity
 - Religion or belief
 - Sex
 - Sexual Orientation
- ✓ Respect a patient's right to make a decision that may not be considered in the best interest of that patient by hospital staff, when the patient has been given all the options available.
 - ✓ Care planning will take account of issues regarding individual patient's dignity; recognising the issues that may occur when caring for confused patients and the wider ward patients, on an open ward and at end of life care.
 - ✓ Ensure privacy, dignity and patient choice continues during 'end of life' and after death.

2.2 Communication

Patients have a right to be treated as individuals and with courtesy at all times, to know who is responsible for their care, have private conversations about their care when required, be listened to and have their views taken into account.

A patient must be able to understand information given to them and options offered in terms of care and treatment to be able to consent, please refer to the interpreting and translation policy. <http://intranet/Policies/Documents/Interpreting%20Translation%20Services.pdf>. Necessary provision should be made to facilitate access to interpreting services if requested.

Best Practice

- ✓ Staff introduce themselves on initial contact with patients they state their name and role:- 'Hello my name is..... and I am a
- ✓ When answering the telephone state "hello ward/department, then their name and role', how can I help you?
- ✓ Staff must wear photo identification badges at all times
- ✓ Staff should ask each patient how they wish to be addressed
- ✓ A balance should be struck between being friendly and being respectful, avoid lapses into over familiarity and use of endearments
- ✓ Staff must knock on a door and wait to be invited to enter, where knocking is not possible, for example curtains surrounding a bed, permission to enter, should be sought before entrance
- ✓ Patients should be spoken to in an open friendly manner. Staff should be aware of their tone of voice and body language to avoid offence
- ✓ Staff must not have personal conversations with colleagues that exclude the patient when providing care.

- ✓ Staff required to carry bleeps or work mobile phones should answer them in a sensitive manner and, wherever possible, switch them off during meetings with patients and families.
- ✓ Trust mobile telephones or personal mobile phones being used for work related business must be used away from areas where direct clinical care is taking place.
- ✓ The increased availability of smart phones increases the risk of breach of confidentiality. The Trust's policy is therefore that patients should not use mobile phones for recording in clinical areas in the hospital, without specific consent. Staff should refer to the policy <http://intranet/Policies/Documents/Recording.pdf>
- ✓ Staff should deal with requests for assistance promptly. Where there is an unavoidable delay ensure an apology is given.

Patients with complex communication needs

- ✓ Staff must ensure patients with other communication impairments such as deafness, sight loss or a learning disability are provided with the appropriate communication support or equipment
- ✓ For patients who are deaf or hard of hearing, with or without a hearing aid, staff can use personal amplifiers, if the ward does not have one they can be borrowed from PALS.
- ✓ Ensure patients who are deaf or hard of hearing, have heard and understood conversations, if appropriate involve family or carers. Where appropriate sign language interpreters should be used
- ✓ Ensure that enhanced communication needs are identified, assessed and recorded
- ✓ For patients who are blind or partially sighted, every effort should be made for patients to maintain independence in hospital and therefore maintain their privacy and dignity.
- ✓ For those patients whose knowledge and understanding may be limited, their diagnosis, care and treatment must be explained to them in a manner that they are able to understand and that does not demean them.
- ✓ Staff must ensure that they use language and demonstrate behaviour which is inclusive. All patients must be treated in the same manner regardless of gender, sexual orientation, ethnicity, culture, disability, religion or age.
- ✓ Patients (carers and relatives) are provided the opportunity to decline the presence of healthcare professionals not directly involved with their care at ward rounds, outpatient consultations etc. (prior to these events occurring).

3.0 Maintaining patients modesty and dignity whilst providing personal care

Patients have a right to have their modesty protected at all times and not be caused embarrassment by the actions of others. They also have the right to be treated with dignity at all times, whilst remaining as independent as possible.

Verbal consent should be sought for the provision of all care. Should a patient decline help with personal care, if this could lead to a potential risk, it is essential to communicate that

risk to the patient, for example pressure area care and the risk of developing pressure ulcers.

Best practice

- ✓ It is important that patients are enabled to keep themselves clean and tidy and appropriate staff should support them to do this.
- ✓ Read supporting documentation, care plans, "All about me" or "This is me" for patient care needs and preferences
- ✓ Clinical staff contributing to the personal care of patients should first establish the patient's capabilities. Patients must be allowed to wash themselves and undertake other aspects of self-care wherever possible and should be encouraged to do so.
- ✓ When helping those who require assistance with personal hygiene care, staff should ensure that the patient is offered the choice, to wash intimate areas themselves, should they need assistance this should be carried out with a chaperone unless the patient expressed a wish not to have one. Do not assist the patient in removing clothing unless you have gained consent.
- ✓ No part of the patient's body should be exposed unless absolutely necessary. All fastenings must be closed unless specified otherwise by the patient and clothing adjusted in accordance to individual patient wishes. Every effort should be made to choose clothing that matches both in colour scheme and pattern when the patient is unable to specify themselves.
- ✓ Patients should wear appropriate clothing or covering which does not cause embarrassment or offence to themselves or others. Staff have a responsibility to respectfully draw attention to clothing which is liable to offend and issue covering where appropriate.
- ✓ In the event that staff have established that a patient requires help with their personal care it should be offered or, if requested, given in a timely manner to maintain dignity. Where there is an unavoidable delay an apology should be offered.
- ✓ In order to maintain personal dignity, "personal hygiene" must include the opportunity for patients to have adequate oral hygiene, shaving, hair and nail care.
- ✓ Every effort must be made to ensure items of personal clothing do not get lost or damaged in line with the Trusts Patient Property Policy
- ✓ Patients being discharged should be fully dressed (wherever possible) and in appropriate clothing in order to maintain dignity. If this is not possible ensure the patient, next of kin and place of discharge understand why and the patient is warm and dry.

Washing and toilet facilities are individually designated by gender and staff should ensure that access to these facilities is restricted to the designated sex.

Providing a full explanation before an examination and displaying sensitivity are essential. Patients should be offered a chaperone, or be given the opportunity to invite a friend or relative to be present (in advance if possible) when intimate examinations are performed. If the patient does not want a chaperone, it should be recorded that the offer was made and declined. If a chaperone is present, this must be recorded and a note made of the chaperone's identity. If for justifiable practical reasons a chaperone cannot be offered, an explanation to the patient should be given with an offer to defer the intervention until a time when a chaperone can be found.

4.0 Delivering same sex accommodation (DSSA)

The physical environment and the provision of single sex facilities are considered to be key factors in maximising patient privacy and dignity.

The Trust provides accommodation that complies with the NHS Operating Framework 2012-13 and NHS E/I Delivering same-sex accommodation, 2019. There is Board level commitment for compliance with these standards, which are closely linked to the Trust's strategic themes and values, by providing a clear definition of same sex accommodation, and support staff to respectfully deliver same sex accommodation.

4.1 Same sex accommodation standards

The NHS standard is that, same sex accommodation can be provided in:

- ✓ Single sex wards
- ✓ Single rooms with adjacent single sex toilet and washing facilities
- ✓ Single sex accommodation within mixed wards (i.e. bays or rooms which accommodate either men or women; with designated single sex toilet and washing facilities preferably within or adjacent to the bay or room).
- ✓ In addition, patients should not need to pass through opposite sex accommodation to access toilet and washing facilities.
- ✓ Ward accommodation must be arranged to ensure that there is physical segregation of bed bays/rooms for men and women at all times.
- ✓ In circumstances where open ended bays are adjacent to one another, these should be of the same gender. If this is not possible curtains or screens should be in place to prevent bays being overlooked by patients of the opposite sex.
- ✓ If partitions are used to segregate patients of the opposite gender they must be fixed and of floor to ceiling in height.
- ✓ Where there are no ensuite facilities in bays or rooms, toilets and bathrooms must be adjacent to the appropriate single sex bed bays/rooms.
- ✓ The facilities must be designated by gender, using Trust approved signage. These signs are reversible and it is the responsibility of the nurse in charge to check that facilities are correctly signed following ward bay moves, and as a minimum once per shift.
- ✓ In addition, patients should not pass through, or close to opposite sex areas to reach toilets and bathrooms. Where this is unavoidable adequate screening (for example blinds or curtains at windows and doors) should be used to provide an acceptable level of dignity.

4.2 Definition of justified mix and unjustified mixing of accommodation

The Chief Nursing Officer (CNO) provided further guidance in 2019 which can be seen below, defining what is a justified mix (not a breach), and an unjustified mix (breach):

In the best overall interests of the patient

There are situations where it is clearly in the patient's best interest to receive rapid or specialist treatment, and same-sex accommodation is not the immediate priority. In these cases, privacy and dignity must be protected – e.g. by the enhanced staffing provided in critical care facilities. The patient should be provided with same-sex accommodation immediately the acceptable justification ceases to apply.

There is no justification for placing a patient in mixed-sex accommodation where this is not in the best overall interests of the patient and better management, better facilities, or the removal of organisational constraints could have averted the situation.

Acceptable justification – e.g. NOT a breach

- In the event of a life-threatening emergency, either on admission or due to a sudden deterioration in a patient's condition.
- Where a critically ill patient requires constant one-to-one nursing care, e.g. in critical care
- Where a nurse must be physically present in the room/bay at all times (the nurse may have responsibility for more than one patient, e.g. level 2 care).
- Where a short period of close patient observation is needed e.g. immediate post-anaesthetic recovery, or where there is a high risk of adverse drug reactions.
- On the joint admission of couples or family groups.

Unacceptable justification – e.g. a breach

- Placing a patient in mixed-sex accommodation for the convenience of medical, nursing or other staff, or from a desire to group patients within a clinical specialty.
- Placing a patient in mixed-sex accommodation because of a shortage of staff or poor skill mix.
- Placing a patient in mixed-sex accommodation because of restrictions imposed by old or difficult estate.
- Placing a patient in mixed-sex accommodation because of a shortage of beds.
- Placing a patient in mixed-sex accommodation because of predictable fluctuations in activity or seasonal pressures.
- Placing a patient in mixed-sex accommodation because of a predictable non-clinical incident e.g. ward closure.
- Placing or leaving a patient in mixed-sex accommodation whilst waiting for assessment, treatment or a clinical decision.
- Placing a patient in mixed-sex accommodation for regular but not constant observation

It is not acceptable to mix sexes purely on the basis of clinical specialism.

Patients admitted in an emergency

- It is recognised that in some emergencies, a decision to mix sexes may be necessary due to the clinical needs of individual patients. This must always be in the patients best interest otherwise it is unjustified.
- The reason for mixing the sexes and the steps being taken to address the issue should be explained fully to the patient and family.
- Staff should make it clear to the patient that the Trust considers mixing to be an exception and never normal procedure. Where possible a consent form will be signed by the patient and any other patients in that bay or area. (Appendix 1 – Consent form)
- Where mixing the sexes is unavoidable, transfer to same sex accommodation should be effected as soon as possible. Only in the most exceptional circumstances should this exceed 24 hours.
- Data is monitored and reported monthly to the Trust Board for breaches on Adult wards
- The form for reporting a decision to mix is available on the intranet under 'what's new', 'clinical information page' and under 'useful forms' (appendix 2).

Patients with cognitive impairment may need support from a family member or carer overnight this may mean a person of the opposite gender, this would be considered in the best interest of the patient, this situation should be handled sensitively with all patients within the immediate areas privacy and dignity considered

4.3 Escalation process

Day surgery/treatment/clinical decision unit/diagnostics and ambulatory care areas

This policy applies to all Trust day care areas including surgery, treatment, diagnostics, observation and ambulatory care areas, and these areas should have designated segregated facilities, as follows;

- Treatment areas should be same sex.
- Changing areas/cubicles should be single sex
- Bathroom facilities must be designated as single sex, and must be lockable and clearly signed.
- Curtains must be well fitting and no gaps.

Exceptions to the above may be acceptable in the case of very minor procedures where patients are not required to undress or otherwise be exposed. This must be approved by the Matron for the area, and staff must confirm the patient is happy with this. If not alternative arrangements may be necessary on an individual basis and the decision clearly documented.

In areas such as Radiology where patients are required to change, changing cubicles should be segregated and signed. If this is not possible changing room doors should be solid and lockable.

Recording Breaches

Breaches of the same sex accommodation standard must be recorded on the Trust Risk Management Reporting System as an incident. Staff should select the subject 'bed management' and sub subject 'same sex breaches', which will allow the incident to be reported. Data will be collated and reported on a monthly basis. Staff should also complete the form in appendix

4.4 Children and young people

Children must be placed on a ward that is appropriate for their age and stage of development. If the young person is over 16 and not known to paediatrics they will be admitted to an adult ward. Young people between 16-18 years and known to paediatrics will be discussed with Riverbank.

In general, adolescents prefer to be located alongside other people of their age; where possible they should be given this choice on admission. The care of children and young people must ensure that their separate needs, including any safeguarding concerns, are recognised and met.

Parents

In children's units parents are encouraged to visit freely and stay overnight. This may mean that adults of the opposite sex share sleeping accommodation with children. Care should be taken to ensure this does not cause embarrassment or discomfort to individual parents/carers whilst the main focus remains centred on the child as a priority.

Best Practice

- ✓ Privacy and dignity is an important aspect of care for children and young people.
- ✓ Decisions should be based on the clinical, psychological and social needs of the child or young person, not the constraints of the environment, or the convenience of staff.
- ✓ Privacy and dignity should be maintained whenever children and young people's modesty may be compromised (e.g. when wearing hospital gowns/nightwear), or where the body (other than the extremities) is exposed, or they are unable to preserve their own modesty (for example following recovery from a general anaesthetic or when sedated).
- ✓ The child or young person's preference should be sought, recorded and where possible respected.
- ✓ Where appropriate the wishes of the parents should be considered, but in the case of young people their preference should prevail.

4.5 Toilets and bathrooms

Where there are no ensuite facilities in bays or rooms, toilets and bathrooms must be adjacent to the appropriate single sex bed bays/rooms. The facilities must be designated by gender, using trust approved signage. These signs are reversible and it is the responsibility of the person in charge of the area to check that facilities are correctly signed following ward bay moves, and as a minimum once per shift.

In addition, patients must not pass through, or close to opposite sex areas to reach toilets and bathrooms.

Toilets and bathrooms must be lockable, and patients should be able to identify from the outside whether or not the facilities are occupied.

5.0 Hospital accommodation for trans people and gender variant children

Background

The Equality Act 2010 protects people who propose undergoing, are undergoing, or have undergone 'gender reassignment', from direct and indirect discrimination, harassment and victimisation. The Human Rights Act 1998 ensures non-discriminatory treatment and provides protection of an individual's dignity and privacy.

Transgender (the term trans is the preferred term by transgender people) is an umbrella term used to cover numerous types of gender identity such as transsexual, transvestite, intersex, bi-gendered or non-gendered. Their gender identity may not fit neatly into society's idea of gender, for example they may feel they are not totally one gender or the other, they may not identify with their assigned birth gender or they may not identify with any gender at all. Gender is not just the physical body; we all have gender traits or behaviours e.g. a gay man may have feminine features and mannerisms but that does not mean he wishes to become a woman.

5.1 Accommodating transgender patients in an acute hospital setting

The key principles are:

- ✓ Transgender people should be accommodated according to their presentation: the way they dress, and the name and pronouns that they currently use.
- ✓ This may not always accord with the physical sex appearance
- ✓ It does not depend upon their having a Gender Recognition Certificate (GRC) or legal name change;
- ✓ If staff are unsure of a patient's gender they should, where possible, discreetly ask the person where they would most comfortably be accommodated.
- ✓ The views of the transgender person should take precedence over those of family members where these are not the same
In all matters, members of staff must be aware that it breaches legislation to disclose a person's transgender status to a third party without first gaining their express permission to do so.
- ✓ Staff must take particular care to protect the preferred gender identity of the transgender patient when physiological appearance is not congruent with their preferred gender presentation.
- ✓ Staff should monitor feedback from patients who may feel uncomfortable with these arrangements to ensure all feelings are taken into consideration.

5.2 In emergency admissions, day units and intensive care/high dependency units

If upon admission it is impossible to discuss this matter with the patient because they are unconscious or incapacitated, then the clinical staff should use the patient's presentation

and mode of dress to determine where they would like to be accommodated. No investigation as to the genital sex of the person should take place unless this is specifically necessary in order to carry out treatment.

5.3 In hospital wards

Sufficient privacy must be maintained with curtains at the bedside or by the use of individual toilet, washroom and shower facilities for those whose outward gender presentation does not accord with their genital sex. It may be appropriate to accommodate a patient in a single side room adjacent to a gender appropriate ward, to maintain privacy and dignity.

5.4 Transgender men attending x-ray department or pre-surgical procedures

Due to the risks involved to the foetus it is necessary to ask any female of childbearing age, including transgender men who have not completed their gender reassignment, if there is a possibility of them being pregnant. Any discussions should be carried out sensitively, discreetly and respectfully and confidentially maintained.

5.5 Gender variant children and young people

Gender variant children and young people should be treated with the same respect for their self- defined gender as transgender adults.

Where there is no segregation there may be no requirement to treat a young gender variant person any differently from other children and young people. Where segregation is deemed necessary, then it should be in accordance with the dress, preferred name and/or stated gender identity of the child and young person.

Parents may have a view that is not consistent with the child or young person. If possible the child/ young person's preference should prevail.

More in depth and sensitive discussions may need to be had with those adolescents whose secondary sex characteristics have developed and may, in their opinion, contradict their gender identity. It should be borne in mind that they are extremely likely to continue, as adults, to experience a gender identity which is inconsistent with their sex appearance at birth so their current gender identity should be fully supported in terms of accommodation and use of toilet and bathing facilities.

It should also be noted here that, although rare, children may have conditions where genital appearance is not clearly male or female and therefore maintaining personal privacy is a priority.

6.0 Chaperone

The section of the policy sets out guidance on the use of chaperones and procedures that should be in place for consultations, examinations and investigations and is based upon the Model Chaperone Framework for the Role and Effective Use of Chaperones in Primary and Community Settings (DOH 2005).

Staff must be aware that intimate examinations may cause anxiety for both male and female patients regardless of whether the examiner is of the same gender or not.

For most patients, respect, explanation, consent and privacy take precedence over the need for a chaperone. The presence of a third party does not negate the need for adequate explanation and cannot provide full assurance that the procedure or examination is conducted appropriately.

6.1 Role of the Chaperone

The chaperone should be regarded as a third party to a clinical examination. The chaperone is present as a safeguard for all parties and is a witness to continuing consent of the procedure; the role of the chaperone includes:

- ✓ Providing emotional support and reassurance
- ✓ Ensure patients understand why the chaperone is present
- ✓ Be familiar with the procedures involved to be able to identify unusual or unacceptable behaviour on the part of the clinician
- ✓ To assist with undressing patients
- ✓ Stay for the whole examination and be able if practical to see what the practitioner is doing
- ✓ To listen observe and verify what was said and done
- ✓ On completion of the episode the chaperone, should date and countersign the record to confirm that what was said and done is a true record
- ✓ To recognise that in the case of children and young people, patients with cognitive impairment or patients with mental health needs whilst relatives or supporters may not be accepted as suitable chaperones, they must not be excluded from attending.

6.2 Offering a chaperone

All patients should be routinely offered a chaperone during an intimate examination or procedure irrespective of the gender of either patient or the health professional. The offer of a chaperone should be made clear to the patient prior to any procedure, ideally at the time of booking the appointment (in the case of outpatients), clear information should be visible in the department to ensure patients know they can ask for a chaperone.

If the patient is offered and does not want a chaperone, it is important to record that the offer was made and declined. Clinicians have the right to have a chaperone present to protect them against any possible allegations of abuse. Should a patient request a 'same sex' chaperone; patients should notify the clinician immediately and the nurse in charge who will try to accommodate this.

6.3 Further points to consider

Staff are advised to consider the following circumstances when making the decision whether a chaperone should be present;

- If the patient is semi-conscious or unconscious. If a patient is undergoing a local anaesthetic procedure in theatre then the ODP/RN can act as a chaperone.
- If the patient is intoxicated with alcohol or has been given parenteral drugs known to have a hallucinogenic or sedating effect.
- Where the room must be darkened for the examination e.g. retinoscopy.
- Do not make assumptions about what the patient wants or their level of embarrassment.
- Consider the cultural and religious needs of the patient.

6.4 Issues specific to children and young people

Parents will not automatically be expected to chaperone their children, as a registered nurse will be present. In the event a child does not wish for the nurse to be present, a parent can be present as a chaperone for their child. In this event, the role should be clearly explained to the parent and the consent of the child sought and documented in the patients' medical notes. The following situations must always have a chaperone:

- Examination for child protection procedures
- Perineal examination in the assessment of sexual, genitourinary and elimination disorders.
- When the patient is pubertal or post-pubertal.
- Those who are not accompanied by an individual with parental responsibility, or where an individual is thought to be unable to provide appropriate support.

Healthcare professionals should refer to their local Child Protection policies for any specific concerns and contact the Trust's Safeguarding Children Team.

6.5 Issues specific to learning disabilities

For patients with a learning disability, a familiar individual such as a family member or carer may be the most appropriate chaperone. It should not be assumed that the patient's family or carer will act as a chaperone. The role of the family and paid carer is to act as the patients advocate. Therefore, the option of having a chaperone present must be made to the patient and/or family and carer for their decision. A careful, simple and sensitive explanation of the technique is vital. Particular care should be made to ensure that the patient's views and wishes are respected.

If the patient lacks capacity to agree to the examination please review the Mental Capacity Act Policy for specific advice. [M08T-Mental-Capacity-Act-Policy-MCA.pdf \(bedsft.nhs.uk\)](#)

The Learning Disability Liaison Nurses should be contacted for further assistance and guidance.

6.6 Lone Working

Where a healthcare professional is working in a situation away from other colleagues e.g. community based midwifery/home birth, home visit, the same principles for offering and use of chaperones should apply. If the visit or series of visits are pre-planned and are likely to involve an intimate examination, it is advisable to ask the patient in advance if a chaperone would be needed and if so, to arrange for one to be present.

In cases where this is not an option, for example due to the urgency of the situation or because the practitioner is community based, then procedures should be in place to ensure that communication and record keeping are treated as paramount. Clinicians should note that they are at an increased risk of their actions being misconstrued or misrepresented if they conduct intimate examinations where no other person is present.

Staff who are lone workers should also use an agreed process whereby they can contact colleagues to inform them of their whereabouts and working patterns, particularly when in the community. This will enable staff who are working alone to check in on a regular basis to ensure their safety and wellbeing.

6.7 During the examination/procedure

Facilities should be available for patients to undress in a private, undisturbed area. There should be no undue delay prior to examination once the patient has removed any clothing.

Intimate examination should take place in a closed room or, if in ward settings, undertaken in screened bays that must not be entered without consent while the examination is in progress. Examination should not be interrupted by phone calls or messages.

Where appropriate a choice of position for the examination should be offered for example left lateral, dorsal, recumbent and semi-recumbent positions for speculum and bimanual examinations. This may reduce the sense of vulnerability and powerlessness described by some patients.

Where a chaperone feels that a patient's privacy is compromised during the consultation or that their dignity is not being upheld in any way then they must request the consultation stops immediately to the clinician. This must be documented in the patient's notes and escalated to the safeguarding team and ensure the Trust safeguarding policy is implemented. Any requests that the examination be discontinued must be respected.

During an intimate examination: - (appendix 3)

- Offer reassurance
- Be courteous
- Keep discussion relevant
- Do not make personal comments
- Encourage question and discussion
- Remain alert to verbal and non-verbal indications of distress from the patient

6.8 Where a chaperone is needed but not available

If the patient has requested a chaperone and none is available at that time the patient must be given the opportunity to reschedule their appointment. If the seriousness of the condition would dictate that a delay is inappropriate then this should be explained to the patient and recorded in their notes. A decision to continue or otherwise should be jointly reached. In cases where the patient is not competent to make an informed decision then the clinician must use their own clinical judgement and record and be able to justify this course of action.

Where there are other patients waiting, and a chaperone would be available later in the clinical session, it is acceptable to offer to see the patient then.

6.9 Verbal consent

Before proceeding with an examination, clinicians should always seek to obtain, by word or gesture, some explicit indication that the patient understands the need for examination and agrees to it being carried out. Written consent is not usually necessary but it is good practice to record that the patient has consented to the procedure/examination. Clinicians should be aware that touching a patient without their consent is tantamount to 'battery' (minor assault). Consent should always be appropriate to the treatment or investigation being carried out.

It is essential that the clinician explains the nature of the examination to the patient and offers them a choice whether to proceed with that examination at that time. The patient will then be able to give an informed consent to continue with the consultation.

Appropriate explanations and adequate information should be given to the patients prior to any procedure being undertaken. If necessary an interpreter should be provided. (See Trust Interpreting and Translation Services Policy)

Easily understood literature and diagrams should, where available, be provided to support verbal explanation so that informed consent is obtained. This should be, where possible, provided in advance of the examination to allow the patient to have time to go through the information with relatives/supporters and therefore be adequately prepared for the examination.

If the patient is under 16 or unable to understand an appropriate explanation this could be given to a parent, carer or guardian to obtain the patients co-operation and consent. Where necessary an interpreter should be present to assist with the explanation.

7.0 TRAINING

The training department will ensure staff can access the training they need on privacy and dignity. Staff training addresses patient's needs and wishes for privacy and dignity, including cultural and religious beliefs.

The Trust provides essential skills training, based on 'Care Certificate' principles for clinical support workers/health care assistants; this is included within the induction package which is mandatory for all new employees to the Trust.

Appendix 1

Checklist for consultations involving intimate examinations

1. Establish there is a genuine need for an intimate examination and discuss this with the patient.
2. Explain to the patient why an examination is necessary and give the patient an opportunity to ask questions.
3. Offer a chaperone or invite the patient to have a family member/friend present. If the patient does not want a chaperone, record that the offer was made and declined in the patients notes.
4. Children should be given the opportunity to have parents present if they wish. If a child does not wish a nurse to be present during an intimate examination then the parents can act as chaperones, ensuring that the role is fully explained and consent sought.
5. Obtain the patients consent before the examination and be prepared to discontinue the examination at any stage at the patient's request.
6. Record that permission has been obtained in the patients notes.
7. Once chaperone has entered the room, give the patient privacy to undress and dress. Use drapes where possible to maintain dignity.
8. Explain what you are doing at each stage of the examination, the outcome when it is complete and what you propose to do next. Keep discussion relevant and avoid personal comments.
9. If a chaperone has been present record that fact and the identity of the chaperone in the patient's notes.
10. Record any other relevant issues or concerns immediately following the consultation.

Appendix 2

Guidance on communicating and interacting with a person with learning disabilities/Autism

Think about the environment and how this might affect communication, move to an area less distracting or noisy if possible. People with autism may become overloaded.

Always introduce yourself and your role and speak directly to the patient, even if they are unable to answer verbally. This is essential as integral to patient centred care. If you require clarification from the patient's relative/supporter, ask if it is ok to speak to them but then engage the patient back into the conversation afterwards.

If people with autism are anxious use less eye contact, facial expression and gestures
Be attentive to the patient as they may respond with nonverbal methods such as nodding, shaking their head, smiling, and using gestures.

Listen to the patient's family and/or carer's advice and information to guide you in your interactions with the patient. Ask to read the patients "All about me". Speak clearly and at a normal pace. Patients sometimes find strong dialect/accents hard to understand and require a slightly slower pace.

Avoid jargon, use simple terminology in short sentences. If you need to use medical terms explain what this is using simplified everyday language. Use pictures, social stories, easy read information, drawings, and videos to support explanation. Use persons own words for body parts to aid understanding.

Use open ended questions (questions that require more than a yes/no answer).
Examples of these are:

How can I help you?

Please tell me why you have come to the hospital today.

Would you tell me about.....?

Some people (especially patients with autism) may need direct questions, they may not tell you what is happening or how they feel unless you ask i.e.

Does it hurt?

Broach one subject at a time. Allow the patient time to process the information. Some people may need extra time to process the information and provide a response.

Check the language you use as some people will be very literal and some words have several meanings, check the patient has understood.

There can be a tendency for people with learning disabilities to interpret negative phrases positively, e.g. 'You can't go home yet' may be responded to as 'You're going home'. So, try to use positive instead of negative phrases: perhaps, 'You need to stay here for another night' rather than 'You can't go home yet'.

Watch the person, they may communicate by their body language or facial expression

Check the person has understood i.e. can you tell me, what we have talked about today? This is helpful in establishing if the person has understood parts or most of the conversation. This is very important when assessing capacity.



Same Sex Accommodation Exception Report

Date Time

Name of staff member reporting

Name of Trust

Nil reporting for week commencing Monday (✓) Y N *If yes, no further details required, if no please complete section below*

Name of Manager agreeing Mixed Sex Occurrence

Ward or Unit Bay/wing of Mixed Sex Occurrence

Mixed Sex Occurrence Classification	Category 1 – All base wards, Community & Mental Health Providers	(✓)	Y		N	Category 2 – DSU/Endoscopy, Day Treatment Units	(✓)	Y		N

Start date of Mixed Sex Occurrence Start time of Mixed Sex Occurrence

Gender & hospital number of patient causing initial Mixed Sex Occurrence

M	F	

Gender & hospital number of other patients affected by Mixed Sex Occurrence
(please continue on separate sheet if required)

M	F	M	F	M	F	M	F	M	F

Clinically justified for initial patient? (✓)

Y		N	
---	--	---	--

Further Explanation

Clinically justified for all other patients in bay/unit? (✓)

Y		N	
---	--	---	--

End date of Mixed Sex Occurrence

--

 End time of Mixed Sex Occurrence

--

 Total hrs of Mixed Sex Occurrence

--

Cause of Mixed Sex Occurrence (✓)	Clinical need	A&E Targets	Other Target	Other reason

Analysis of SSA Mixed Sex Occurrence (✓)

Y		N	
---	--	---	--

 Attached (✓)

Y		N	
---	--	---	--

Any other information

TO ENSURE PATIENT CONFIDENTIALITY PLEASE ONLY USE A SECURE NHS E-MAIL ACCOUNT TO SEND THIS FORM TO:
bccg.contracts@nhs.net

Monitoring / Audit Criteria

Aspect	Method	Frequency	Responsibility	Reporting Arrangements
DSSA Breaches	Reported	Monthly	HON PC	Trust Board
Complaints reviewed	Reported	Quarterly	ADON	CQuOB

References:

General Medical Council (2013) *Intimate Examinations and Chaperones*.

NICE patient experience in adult NHS services
<https://www.nice.org.uk/Guidance/CG138>

The Human Rights Act 1998 <http://www.legislation.gov.uk/ukpga/1998/42/contents>

Equality Act 2010 <https://www.legislation.gov.uk/ukpga/2010/15/contents>

Accessible Information Standards 2016
<https://www.england.nhs.uk/ourwork/accessibleinfo/>

NICE Transition from children's to adults' services for young people using health or social care services NG43 2016 <https://www.nice.org.uk/guidance/ng43>

NMC the code <https://www.nmc.org.uk/standards/code/>

NHSE/I Delivering same-sex accommodation 2019

NHS Operating Framework 2012/13

CORPORATE AND CLINICAL POLICIES			
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Policy Document Title: Managing Sickness Absence Policy			
This document is relevant for staff at:	Luton Hospital site	Bedford Hospital site	Both Hospital sites √
Document Author ██████████ HR Business Partner Team			
Policy Developed in Consultation with: Human Resources Department Staff Side Representatives Occupational Health & Well Being Department			
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1. INTRODUCTION

- 1.1 It is widely recognised that the impact of sickness absence can significantly affect service delivery and patient care, as well as have a direct financial impact upon the NHS.
- 1.2 The Bedfordshire Hospitals NHS Foundation Trust (the Trust) is committed to promoting and maintaining the health, safety and welfare of all employees. The Trust recognises the need for an understanding approach towards staff who are absent due to sickness and ill health and will take into consideration individual circumstances as appropriate in the application of this policy.
- 1.3 The purpose of this policy is to provide a fair and consistent approach to managing sickness absence ensuring that the appropriate measures are in place which foster and encourage a culture of maximum attendance. It also serves as a medium which minimises the impact of absence on patient safety and quality of care, service delivery, the employee, their colleagues and the associated financial cost to the Trust.
- 1.4 The Trust is committed to achieving maximum attendance of all employees throughout the duration of their employment. By taking a positive and pro-active approach to managing attendance the Trust seeks to balance security of employment during periods of absence with operational requirements and the conditions set out in this policy.
- 1.5 The Trust aims to optimise business effectiveness and service delivery to patients by:
 - Decreasing the frequency of absence due to sickness;
 - In each case, following short or long periods of absence, facilitating a satisfactory return to work interview;
 - Ultimately, making informed decisions about employees' work, attendance and managing their sickness absence in accordance with the Managing Sickness Absence Policy taking into account service delivery and continued patient care.

2. OBJECTIVES AND SCOPE

- 2.1 This policy is designed to:
 - a) apply to all staff employed by the Trust regardless of contracted hours;
 - b) provide a fair and consistent approach when managing attendance issues, whilst acknowledging the importance of the consideration of individual circumstances, where appropriate. The Trust will take into account all relevant factors including length of absence, frequency and any pattern of absence, impact on service delivery, impact on work colleagues, impact on patient safety and quality of care when applying these principles;
 - c) identify roles and responsibilities;
 - d) assist managers in effectively identifying concerns relating to absence and

attendance issues;

- e) assist managers in providing a framework for advice and support to ensure optimum attendance in the workplace;
- f) ensure that reasonable attempts are made to explore the nature of the employee's health problem and ability to perform in his/her post by obtaining appropriate medical advice and to provide appropriate support;
- g) in the case of short term absences, give staff the opportunity to improve their attendance.

2.2 This procedure covers all staff employed by the organisation.

2.3 Ultimately, line managers retain accountability and responsibility for managing sickness absence among their staff. Human Resources (HR) is a conduit and source for advice and guidance through the sickness absence processes in line with the content of this policy. Accordingly, line managers should adopt a proactive approach towards addressing sickness absence in a timely, effective and efficient manner.

3. LEGISLATION

3.1 This policy complies with legislative requirements and the Agenda for Change NHS terms and conditions of employment.

3.2 No one piece of legislation deals exclusively with absence management. However, numerous pieces of legislation have an impact on this area and, therefore, in this policy, key legislation includes:

- Equality Act 2010 (with specific reference to the Equality provisions);
- The Social Security (Medical Evidence) and Statutory Sick Pay (Medical Evidence) (Amendment) Regulations 2010 (SI 2010/137);
- The Employment Act 2008;
- The Fraud Act 2006 (misuse of the Trust's sickness absence management procedures (e.g. working whilst claiming sick leave could be referred to the Counter Fraud Service for investigation).

4. MEASURING SICKNESS ABSENCE

4.1 Short Term Sickness Absence

4.1.1 The Trust uses the Bradford Score methodology for measuring sickness absence.

The equation for calculating an individual Bradford Score is as follows:

E x E x D

Where:

E = Episode

D = total number of Days

For example: 5 episodes totalling 7 days: $5 \times 5 \times 7 = 175$

- 4.1.2 The Trust Trigger point for taking formal action in accordance with the Managing Sickness Absence Policy is 150 (with effect from 3rd October 2016).
- 4.1.3 The Bradford Score calculation includes non-working days (i.e. weekends or off-duty) during the period of sickness absence. As an example, for an employee who works Monday to Friday and who is off sick for from Monday 26th September until Friday 7th October, will be recorded as having had 16 days absence, as the Saturday and Sunday in the middle of the absence will also be counted.
- 4.1.4 Employees who are absent due to sickness must formally report their return to work (by telephone to their line manager or via the local arrangement) as soon as they are fit to return to work, even if this is outside of their rostered shift pattern.
- 4.1.5 Non notification of the employee's fitness to return will include those days outside of their shift pattern or normal working week. For example, an employee who reports that they are sick on a Monday and is fit to return to work on the following Saturday, must contact their line manager on the preceding Friday to advise of such, thus incurring 5 days of sickness absence. However, if they do not report back to work until the following Monday, then this will be recorded as an absence of 7 days.

4.2 Long Term Sickness Absence

- 4.2.1 Long-term sickness absence can be defined where an employee is absent for a prolonged period of absence due to sickness exceeding 28 days.

5. CONFIDENTIALITY

- 5.1 Information shared during the process to manage sickness absence will be provided on a confidential basis and in line with the Trust's Data Protection and Confidentiality Policy and Procedure. Managers, employees and sickness absence inputters are responsible for maintaining the confidentiality of information associated with the case. Any breach of confidentiality may be investigated under the Trust's Disciplinary Policy.

6. ROLES AND RESPONSIBILITIES

6.1 Employees

- 6.1.1 Employees are appointed to their posts on the basis that they will maintain a level of attendance which will enable them to carry out their duties and responsibilities effectively. Poor attendance will have a detrimental effect on service delivery, patient care and financial implications for the Trust.

6.1.2 Employees have a duty and responsibility to:

- a) take reasonable steps to maintain their health and wellbeing;
- b) ensure that they have sufficient rest from work by using their annual leave entitlement appropriately throughout the annual leave year;
- c) comply with statutory requirements and the Trust's guidance, policies and procedures to ensure a healthy and safe environment including notification of absence and timely provision of certification arrangements (see section 10 and appendix A);
- d) report any change in their health, which may affect their ability to undertake their duties effectively;
- e) ensure they are vaccinated against vaccine preventable diseases as recommended by the Occupational Health (OH) department eg Hepatitis B, measles, mumps, chickenpox, rubella and influenza.
- f) report to his/her manager to attend a return to work meeting after every episode of absence (including part days) and co-operate with this engagement;
- g) engage in meetings as requested when his/her level of attendance has become a concern, to help managers manage absence and explore options for return to work where applicable;
- h) attend the OH department and any medical appointments if requested;
- i) consent to any OH reports to be provided to their line manager, to enable the manager to effectively support them;
- j) keep in regular contact with their immediate manager, while they are absent due to illness, even if a "no pay" (entitlement to paid sickness absence has been exhausted) situation has been reached;
- k) promptly avail themselves of appropriate medical treatment, follow medical advice and take any medication prescribed;
- l) 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;
- m) not undertake other work, either paid or unpaid (including bank or agency work) whilst on sick leave, unless written permission has been granted by the Director of Human Resources. If it is established that an employee whilst on sick leave, has worked bank or continued or commenced work with another employer without the Trust's prior agreement, this will be considered as gross misconduct and will be dealt with under the Trust's Disciplinary Policy.

- n) is potentially fraudulent to undertake other paid work if you are absent from your place of work due to sickness and where this is suspected, the Trust will contact the Local Counter Fraud Team to investigate;

6.1.3 Failure to conform to **Trust policies and procedures and/or reasonable Trust requests such as the above**, is considered misconduct in line with the Trust's Disciplinary Policy and will also constitute grounds for the Trust to refuse payment of contractual sick pay.

6.2 Managers

- 6.2.1 Managers should endeavour to develop a relationship with their staff which allows for open discussion, support and counselling and take reasonable steps to ensure that employees work in a supportive, healthy and safe environment. It is the clear responsibility for managers to monitor the attendance of their staff and to effectively address any sickness absence issues in accordance with the following guidelines:
- a) maintain sickness absence records, ensuring absence reasons and duration are accurately reported (including the absence start and finish dates), sending appropriate information to HR and Payroll; reporting of absence supports the analysis of sickness absence trends across the Trust. The organisational overview of sickness absence contributes to the overall strategy and objectives of the Trust and best practice;
 - b) ensure that any period of sickness absence is formally electronically recorded on HealthRoster within 24 hours of notification of the absence. Similarly, line managers must formally electronically record the employee's return to work from sickness absence within 24 hours of their return, to avoid under payments or over payments;
 - c) monitor sickness absence records and take action fairly and consistently in line with this Policy;
 - d) ensure that pre-employment OH clearance has been received before new employees commence work and any reasonable adjustments have been considered, if advised by OH;
 - e) ensure that the Managing Sickness Absence Policy, certification and local reporting guidelines are discussed as part of an employee's local induction programme and there is a clear and unambiguous understanding of the correct reporting of sickness absence;
 - f) arrange a return-to-work meeting with employees on their return from each episode of sick absence, complete the Return to Work (RTW) Interview Form (appendix C) for each episode of absence (even if this is a part day), ensuring that the absence reason and duration (including the absence start and finish dates) are accurately reported and provide the employee with a copy of the completed RTW form ;
 - g) encourage employees to make full and effective use of the Employee Assistance Programme (provided by CiC) and the Occupational Health & Wellbeing Services (OH) provided by the Trust and by referring to OH if appropriate (ensuring that the employee is fully notified in advance of the referral);

- h) ensure compliance with the Equality Act (2010) and seek advice from the HR Business Partner team in every such case, to provide additional support if requested or needed;
- i) keep in regular contact with the employee (as agreed at the outset of the absence) during periods of sickness absence and maintain awareness of progress towards a return to work and/or changes in circumstances and offer support where appropriate/possible;
- j) ensure that contact is made if the employee fails to return to work as expected following sickness absence and follow up with appropriate action;
- k) when deciding on an appropriate course of action for sickness absence, take into account all relevant factors including reason for sickness, length of absence, frequency; pattern of absence, impact on service delivery and quality of patient care, impact on work colleagues, organisational cost and patient safety;
- l) ensure all staff under their responsibility are aware of the Managing Sickness Absence Policy and where to access it;
- m) clearly distinguish between reported sickness and unauthorised absence. Unauthorised absence will be managed through the Trust Disciplinary Policy.
- n) arrange and lead on formal Stage 2 sickness absence meetings.
- o) prepare and send out Stage 2 invite and outcome letters.

6.2.2 As set out in Section 5 of this policy, information shared during the process to manage sickness absence will be provided on a confidential basis and in line with the Trust's Data Protection and Confidentiality Policy and Procedure. Managers are responsible for maintaining the confidentiality of information associated with the case. Any breach of confidentiality may be investigated under the Trust's Disciplinary Policy.

6.3 Representatives

6.3.1 The employee has the right to be represented in all formal Stage 2 meetings and Stage 3 hearings under this procedure by an accredited representative from a recognised trade union or accompanied by a Trust work colleague, not acting in a legal capacity. Representatives may be asked to present their accreditation cards at meetings.

6.3.2 It is the employee's responsibility to inform their representative in advance about the meeting / hearing and provide them with documentation relating to their cases. In order to support this, staff will be provided with two copies of documentation upon request. In all meetings, representatives are expected to act in a professional manner.

6.3.3 During a formal Stage 2 meeting / Stage 3 hearing, the representative will be allowed to:

- Advise members on the policy and procedure as required;

- Put the employee's case forward to the hearing panel;
- Summarise the employee's case during a hearing ;
- Confer with the employee.

6.3.4 It will not be acceptable for the representative to:

- Address the meeting / hearing against the wishes of the employee;
- Prevent the Trust management side from explaining their case during a hearing;
- Answer questions on the employee's behalf.

6.3.5 If the employee's choice of representation is not available to attend at the time proposed for the Stage 2 meeting / Stage 3 hearing in question, then the employee or their representative may propose an alternative time for the meeting/hearing to take place. The proposed alternative time must be reasonable and should be within five working days of the initial date of the meeting/hearing. Any meeting/hearing will only be rearranged once unless in exceptional circumstances. Should the employee not attend the rearranged meeting/hearing, it will proceed in their absence, based on the information available.

6.3.6 There is no right to representation at informal meetings, including Return To Work meetings.

6.4 Sickness Absence Inputters

6.4.1 Within each ward and department, sickness absence information in respect of individual employees will be input onto the Trust's electronic Health Roster system by employees identified to undertake this task.

6.3.7 As set out in Section 5 of this policy, information shared during the process to manage sickness absence will be provided on a confidential basis and in line with the Trust's Data Protection and Confidentiality Policy and Procedure. Sickness absence inputters are responsible for maintaining the confidentiality of information associated with the case. Any breach of confidentiality may be investigated under the Trust's Disciplinary Policy.

7. OCCUPATIONAL HEALTH & HUMAN RESOURCES DEPARTMENTS

7.1 The role of the Occupational Health & Wellbeing Department (OH) is to give impartial, professional advice to managers and staff about issues.

7.1.1 The OH Department offers a range of confidential services, which promote the health and well-being of staff through:

- a) Employee Assistance Programme (run by CiC);
- b) Pre-employment assessment of fitness to work;
- c) Provision of a workplace immunisation programme;
- d) Sickness/absence referral and fitness to work;
- e) Counselling service;
- f) Health education/promotion.

7.2 There are two ways in which a member of staff may access the OH Department for assessment;

7.2.1 OH Self-Referral

When an employee self refers to OH, the line manager will not normally be sent a report, unless there are extenuating circumstances. If OH decide that a report should be sent to the line manager, the OH advisor will discuss this with employee to obtain his/her consent.

7.2.2 OH Management Referral

The line manager will discuss their intention to refer to OH with the member of staff and will submit an electronic OH referral to request that an OH appointment is offered to the employee.

The decision to refer the employee to OH is a reasonable management request, with which the employee is obliged to engage and comply. Failure to comply with the request to be reviewed by OH will be considered to be misconduct and will be dealt with in line with the Trust's Disciplinary Policy.

The line manager should provide OH with full detailed information including:

- the employee's attendance record including absence history, dates of absence and reasons for absence;
- background information;
- adjustments that have been considered and put into place;
- job description and person specification

7.2.3 Following the line manager referral, OH will review the employee (either in person or over the telephone) and provide a medical opinion on the employees' continued attendance at work / fitness to return to work with a specified timescale or if that it is not possible a statement to that effect. The employee will be given the opportunity to review the report and comment on the same before the report is released to the line manager.

7.2.4 If the employee declines to consent to the report being provided to the manager, then the case may proceed to a formal Stage 2 meeting / Stage 3 hearing (as appropriate), where a decision will be made, based on the information available.

7.2.5 The OH Advisor or Consultant will provide advice regarding any underlying health condition and whether this is likely to be covered by the Equality Act and will recommend whether any temporary reasonable adjustments or restrictions on tasks / activities in the workplace should be considered and reasons for the same (with reference to the employee's job description) which would facilitate employee's continued attendance at work / fitness to return to work. The assessment will recommend the duration of the adjusted duties / phased return to work, or long term redeployment if appropriate.

7.2.6 The OH Service is responsible for obtaining further information from an employee's Specialist Medical Adviser or General Practitioner, when necessary, with the

employee's consent.

- 7.2.7 OH will also provide advice regarding the likelihood of the success of any application for ill health retirement and will provide information for any ill health retirement applications that are received.
- 7.2.8 If the member of staff is due to return to work after a period of long term sickness (defined in section 13 as 28 days or more), the line manager may decide to seek OH advice to determine fitness to return to duties and any recommended reasonable temporary adjustments, before the member of staff returns to work, in addition to any previous OH advice received.

7.3 CiC Employee Assistance Programme (EAP)

- 7.3.1 The CiC Employee Assistance Programme (EAP) offers all Trust employees access to an independent, free and confidential telephone advice service, staffed by highly experienced counselors who can provide practical and emotional support with work or personal issues.
- 7.3.2 Advice is available on debt, legal, family and more general issues, and employees can call as often as they like and talk for as long as is needed.
- 7.3.3 The CiC EAP can be contacted on 0800 085 1376 and is available on a 24-hour basis, 365 days a year.
- 7.3.4 Should face to face counseling be required, CiC can provide a fast, efficient referral to counsellors (up to 5 sessions per employee per year).
- 7.3.5 Further information regarding the CiC EAP can be found at appendix J.

7.4 Human Resources

- 7.4.1 The Human Resources (HR) Business Partner Team are responsible for providing professional HR advice and support on this policy, including provision of support and guidance at formal Stage 2 meetings / Stage 3 hearings.
- 7.4.2 The HR Business Partner Team will analyse Trust data and produce monthly updates of sickness absence data at Board level, Divisional level and to relevant department managers. This analysis is undertaken based on the sickness absence information that is input at department level, onto the employee's electronic staff record on HealthRoster.
- 7.4.3 The HR Business Partner Team are responsible for providing regular training for Trust line managers on the key principles of this policy.
- 7.4.4 Monitoring of the policy and procedure will be undertaken by the Associate Director of HR Operations. The HR Business Partner Team are responsible for the ownership of this policy and subsequent reviews.

8. SICKNESS ABSENCE RECORDING

- 8.1 Individual sickness absence records will be retained for each employee by line managers. These will detail the reasons for absences, the associated dates / episodes and whether they are self-certified or medically certified.
- 8.2 Sickness records that identify individual employees must be treated in confidence. Access to them should normally be restricted to the employee's line manager, the employee in question, the person responsible for inputting the sickness absence onto the Trust's HealthRoster electronic system and those responsible for carrying out any stage of this procedure, on a confidential basis.
- 8.3 As set out in Section 5 of this policy, information shared during the process to manage sickness absence will be provided on a confidential basis and in line with the Trust's Data Protection and Confidentiality Policy and Procedure. Managers, employees and sickness absence inputters are responsible for maintaining the confidentiality of information associated with the case. Any breach of confidentiality may be investigated under the Trust's Disciplinary Policy.
- 8.4 All sickness absence records are to be recorded on the Trust's electronic HealthRoster management system.
- 8.5 All sickness absence will be recorded, including part days:
- If the employee attends work for more than half of their shift, then the absence will be recorded as a part day absence.
 - If the employee attends work for less than half their shift, then the absence will be recorded as a full day absence.
- 8.6 Part day sickness absence will not count towards the employee's Bradford Score or towards contractual sick pay, but may be reviewed by the line manager when considering sickness absence trends.
- 8.7 The line manager will provide an employee with a record of their sickness absence or an update of their Bradford Score, on request.

9. SICK PAY

- 9.1 Employees who are absent from work due to sickness will be entitled to receive contractual sick pay (subject to compliance with this policy), as follows:
- During first year of service: one month's full pay and two month's half pay;
 - During second year of service: two month's full pay and two month's half pay;
 - During third year of service: four month's full pay and four month's half pay;
 - During fourth & fifth years of service: five month's full pay and five month's half pay;

- After completing five years of service: six month's full pay and six month's half pay.
- 9.2 In accordance with NHS Terms and Conditions Handbook section 14.10, sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 month of continuous sickness absence, in the following circumstances:
 - 9.3 Staff with more than five year's reckonable NHS service: sick pay will be reinstated if sick pay entitlement is exhausted before a final review meeting for long term absence has taken place within 12 months of the start of their sickness absence
 - 9.4 Staff with less than five year's reckonable NHS service: sick pay will be reinstated if sick pay entitlement is exhausted and a final review does not take place within 12 months of the start of their sickness absence
 - 9.5 Reinstatement at half pay will only apply where failure to undertake the final review meeting is due to delay by the Trust; the inability of the employee to attend a formal meeting / hearing due to health reasons is not a valid reason for half-pay reinstatement
 - 9.6 For employees employed under Agenda for Change Terms and Conditions on pay spine points 1 to 8, pay during sickness absence is calculated on the basis of what the individual would have received had they been at work, based on the previous 3 months at work.
 - 9.7 For employees employed under Agenda for Change Terms and Conditions on pay spine points 9 and above, pay during sickness absence will be paid at the basic rate of pay (this came into effect from 1st April 2013).
 - 9.8 Where a disease, illness or injury is the result of an incident at work (which is not due to an individual's own negligence or misconduct), they may be entitled to Injury Allowance (in accordance with the NHS Injury Benefit Scheme regulations) if their sick pay entitlement reduces to half pay or is exhausted. Further information regarding Injury Allowance are set out in section 22 of the Agenda for Change Terms and Conditions of Employment handbook.
 - 9.9 Contractual sick payments may be withheld, terminated, suspended or reduced if an employee fails to notify the Trust of relevant facts or if their absence is due to their own negligent conduct.
 - 9.10 Sick pay entitlement periods will not prevent the Trust from exercising its right to terminate an employee's employment before the contractual sick leave period has been exhausted.
 - 9.11 Entitlement to annual leave under the employee's Contract of Employment will accrue during any period of paid sick leave (where the employee is in receipt of full or half pay).
 - 9.12 Additionally, in accordance with the statutory requirements of the Working Time Regulations, annual leave will continue to accrue during any period of unpaid sick leave up to the current level of statutory entitlement.

- 9.13 Where a phased period of return to work following sick leave is recommended by Occupational Health, this will be for a maximum of four weeks. There should be an agreed plan for number of days worked each week in this phasing period. Further details can be obtained in Section 14 of this policy.
- 9.14 In accordance with Agenda for Change section 14.10, sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 month of continuous sickness absence, in the following circumstances:
- Staff with more than five year's reckonable service:- sick pay will be reinstated if sick pay entitlement is exhausted before a final review meeting for long term absence has taken place;
 - Staff with less than five year's reckonable service:- sick pay will be reinstated if sick pay entitlement is exhausted and a final review does not take place within 12 months of the start of their sickness absence.
- 9.15 Reinstatement at half pay will only apply where failure to undertake the final review meeting is due to delay by the employer. This provision will not apply where a review is delayed due to reasons other than those caused by the employer. For the avoidance of doubt, reasons other than those caused by the employer will include the inability of the employee to attend a formal meeting / hearing due to health reasons.

10. NOTIFICATION & CERTIFICATION OF SICKNESS ABSENCE

- 10.1 The requirements for sickness absence notification and certification are set out in section 10 and A1 of Appendix A.
- 10.2 Please note that an employee who is absent from work due to sickness **must** provide the original GP Fit Note or Medical Certificate – photo copies are not acceptable. The exception to this requirement is if the employee has exhausted their contractual sick pay and requires the original certificate to claim statutory sick pay (SSP) from Job Centre Plus. In these circumstances only, a photocopy of the original certificate will be accepted.
- 10.3 Employees who are absent due to sickness must formally report their return to work (by telephone to their line manager or via the local arrangement) as soon as they are fit to return to work, even if this is outside of their rostered shift pattern.
- 10.4 Non notification of the employee's fitness to return will include those days outside of their shift pattern or normal working week. For example, an employee who reports that they are sick on a Monday and is fit to return to work on the following Saturday, must contact their line manager on the preceding Friday to advise of such, thus accruing 5 days of sickness absence. However, if they do not report back to work until the following Monday, then this will be recorded as an absence of 7 days.
- 10.5 If an employee fails to comply with the Trust's Notification of Sickness Absence Procedures, this will result in the absence being regarded as unauthorised and therefore unpaid. Such breaches of procedure will be dealt with as misconduct under the Trust's Disciplinary Policy.

- 10.6 If an employee is absent without authorisation and does not provide the original of an appropriate GP Fit Note or Medical Certificate to cover the whole period of absence (from day 8 onwards) without good reason, then the case will be considered to be unauthorised absence and will be unpaid. Photocopies will not be acceptable.
- 10.7 Such situations will be dealt with in line with the Trust's Disciplinary Policy and Procedures.

11. PROCEDURE FOR MANAGING SHORT-TERM SICKNESS ABSENCE (STS)

11.1 Stage 1 – Informal Return to Work Interview (RTW)

- 11.1.1 All staff returning to work after a period of sickness absence (of any duration, including a part day) will have a return to work interview with their immediate line manager or supervisor. The meeting should take place as soon as possible (preferably on the day of return to work) and should take place privately and confidentially. Refer to appendix C (Return to Work Interview Form) and appendix B (Guidance Notes for Managers Conducting Return to Work Interviews).
- 11.1.2 The return to work interview is an opportunity for the manager or supervisor and employee to discuss the reasons for the employee's absence, the likelihood of re-occurrence and if feasible, any steps that can be taken to prevent the absence occurring again. It should also be an opportunity for the line manager to decide whether an OH review is required, offer support and update the individual regarding events that took place in their absence and to generally welcome them back to work. With the exception of sickness absence during annual leave, for sickness absence periods less than 7 days, completion of the Return to Work Interview form supersedes the requirement for the completion of a separate self-certification form.
- 11.1.3 The line manager will update the employee in respect of their current Bradford Score at the RTW interview and will discuss the implications of this with the employee, in line with this policy. If the Bradford Score is 150 or above, then the employee will be required to attend a formal Stage 2 Sickness Absence meeting.
- 11.1.4 The information discussed at the RTW interview should capture the accurate reason for the absence and the duration of the absence (ie accurate absence start and end days).
- 11.1.5 Both the line manager and the employee will sign the completed form and a copy should be provided to the employee for their reference. If the employee declines to sign the RTW, this will be noted as such by the line manager.

11.2 Formal Stage 2 Meeting

- 11.2.1 In order for the manager to effectively manage sickness absence, he/she will regularly review absence data and take appropriate action when the employee reaches a Bradford score of 150 points or more on a rolling twelve month period, irrespective of whether the periods of absence are covered by original copies of medical certificates.
- 11.2.2 When an employee's absence level has triggered a Bradford score of 150 or more (pro rata if appropriate), a formal Stage 2 meeting should be arranged by the line manager. This Stage 2 meeting should be held within 4 weeks of the employee breaching the Trust Bradford Score trigger of 150.
- 11.2.3 A formal Stage 2 meeting would also be arranged in circumstances where the employee has been in the employment of the Trust for less than a year, but their level of sickness absence would be above the trigger point of 150 if it were pro-rated to 12 months.

- 11.2.4 The line manager will arrange the Stage 2 meeting and will prepare and send out the Stage 2 invite letter. The invite letter should include the employee's full name and home address and should be sent both first-class post and recorded delivery.
- 11.2.5 The formal Stage 2 meeting will be led by the line manager and a member of the HR team will also be in attendance.
- 11.2.6 There may be a number of Stage 2 review meetings with the employee to discuss their sickness absence and attendance at work, particularly if the levels of sickness absence increase.
- 11.2.7 The line manager will write to the employee, giving at least 5 working days' written notice of the Stage 2 meeting. The invite letter will remind the employee about their right to be represented by their trade union or professional organisation representative or Trust work colleague. A member of the HR Business Partner Team will also attend the Stage 2 meeting.
- 11.2.8 The purpose of the formal Stage 2 meeting is to: -
- a) discuss the absence occasions including reasons for absence and confirm the absence start and finish dates;
 - b) try to establish the cause of the frequency/pattern of the absences and consider whether there could be an underlying problem / condition;
 - c) offer support and discuss any temporary reasonable adjustments that can be considered to facilitate the employee's improved attendance at work including access to the Trust's employee assistance programme, provided by CiC (see appendix J for details);
 - d) for the line manager to decide whether an OH review would be appropriate;
 - e) discuss the impact that the absences are having on patient safety, cost to the Trust, patient care, service provision, the employee's work and the work of other colleagues;
 - f) for the line manager to set out the expectations for improvement of the employee's level of attendance over the forthcoming months;
 - g) set out the possible consequence of failure to demonstrate the required improved level of attendance, which could result in a written warning (and ultimately potentially dismissal on the grounds of unsatisfactory attendance).
- 11.2.9 At this stage, and after informing the employee, the Manager may wish to obtain advice from OH on whether or not there may be an underlying health problem affecting the employee's ability to attend work on a regular basis. However, employees should not be automatically referred for assessment at this stage, particularly where the absences are attributed to minor ailments. The decision to refer the employee to OH is a reasonable management request, which the employee is obliged to engage and comply with.

- 11.2.10 Whether or not an OH assessment is sought, there are a number of possible outcomes of the meeting as follows: -
- a) To instigate a review period over a defined timescale, during which a specified improvement in attendance is expected from the employee;
 - b) To consider possible reasonable adaptations to working practices/conditions;
 - c) To offer any appropriate support, assistance, training or development;
 - d) To issue a formal Written Warning which will remain live for a period of 12 months from the date of issue, identifying the specific improvement required;
 - e) To consider a combination of the above.
- 11.2.11 The line manager must confirm the outcome of the meeting to the employee, in writing within 5 working days, detailing: -
- a) The situation to date including the Bradford score;
 - b) The impact of the level of absence on patient safety, cost to the Trust, patient care, service delivery and colleagues;
 - c) The course of action to be taken;
 - d) The improvements that are expected;
 - e) Details of any review period and monitoring provisions, including when a further Stage 2 review meeting will be scheduled;
 - f) That failure to improve attendance to the level of improvement expected, may result a written warning or ultimately dismissal on the grounds of unacceptable attendance.
- 11.2.12 The outcome letter should include the employee's full name and home address and should be sent both first class post and recorded delivery
- 11.2.13 The line manager will provide a copy of the signed letter to the HR representative for their records.
- 11.2.14 If the employee has further sickness absence following a Stage 2 meeting and / or has not achieved the standard of attendance set out in the previous meeting, then a further Stage 2 meeting should be arranged when consideration will again be made in respect of the potential outcomes set out in 11.2.11 (above) and also progression to Stage 3 of this policy.
- 11.2.15 Written warnings issued in line with this policy will not have an impact on pay progression.
- 11.2.16 If a formal written warning has been issued, the employee should also be notified of their right to appeal. The appeals process is set out in section 22 of this policy.

- 11.2.17 A formal Written Warning will be retained on file at the end of the duration of that warning, but ceases to be live, unless the Written Warning is been extended as a result of a further Stage 2 Meeting, or at a Stage 3 Capability Hearing.
- 11.2.18 If a Written Warning has become spent and an employee accrues further sickness absence breaching the Trust Trigger point of 150, a further Written Warning may be issued.
- 11.2.19 Should an employee with a formal Written Warning and there has been further sickness absence contrary to the required improvement or in the event that a formal Written Warning has been extended and there has been further sickness absence contrary to any required improvement, then the sickness absence case should be progressed to Stage 3 Capability Hearing, irrespective of the Bradford Score at that time.

11.3 Stage 3 – Capability Hearing

- 11.3.1 If after a written warning has been issued and the improvement target set out at the previous Stage 2 outcome letter is not met, then a Stage 3 Capability Hearing should be arranged to consider, extending the monitoring period or termination of employment on the grounds of unsatisfactory attendance due to persistent sickness absence.
- 11.3.2 An employee will not be progressed to a Stage 3 Hearing under the Short Term Sickness Absence Procedure if a Written Warning has not been issued during Stage 2 of the process (unless section 12 applies).
- 11.3.3 The line manager is responsible for compiling a management report for the Stage 3 hearing, which they will go onto present at the hearing.
- 11.3.4 The employee will be informed in writing of the date, time and the reason for the Stage 3 Capability Hearing, giving 5 working days' notice. In the letter, the employee will be informed of their right to be represented by their trade union or professional organisation representative or work colleague.
- 11.3.5 If the employee requests that the hearing is postponed due to non-availability of their union representative, the employee must provide alternative dates for the hearing to be rescheduled. Alternative dates must be provided within 5 working days of the original hearing date.
- 11.3.6 The Stage 3 hearing will be chaired by an officer of the Trust at band 8b or above who is experienced in such matters, with support to the chair provided by a HR representative.
- 11.3.7 At the Stage 3 hearing, the following will be considered:
- a) The employee's overall attendance record as considered at stage 2 under section 11;
 - b) The effect that the absence is having on, patient care, patient safety, the operational efficiency and cost effectiveness of the department or service;

- c) Details of meetings previously held;
 - d) An up to date opinion from OH, if no OH update has been provided in the last 8 weeks;
 - e) Any relevant mitigating information from the employee and his/her representative.
- 11.3.8 Depending upon the discussions at the meeting, the senior manager hearing the case may:
- a) Make the decision to terminate the employment of the member of staff, on the grounds of unsatisfactory attendance due to persistent sickness absence;
 - b) Extend the review period;
 - c) Extend an existing warning;
 - d) Consider alternative options.
- 11.3.9 If the employee's contract of employment is terminated, the employee will be entitled to payment in lieu of their contractual notice period or statutory notice period (whichever is greater).
- 11.3.10 If the decision is made to terminate employment, this will be confirmed in writing within 10 working days of the Stage 3 Capability Hearing.
- 11.3.11 In cases of dismissal, the following must always be included in the letter:
- a) written reasons for the termination of employment;
 - b) date the employment is deemed to have ceased and a clear indication of notice periods (if appropriate), as defined in the employee's contract or statutory rights (whichever is the greater);
 - c) details of payment of outstanding monies;
 - d) an instruction to return any property of the organisation eg uniform, keys;
 - e) Right of appeal (see section 22).
- 11.3.12 If the employee is dismissed, then any bank registration with the Trust will also be terminated.

12. PROCEDURE FOR MANAGING RECURRENT ABSENCES DUE TO A CHRONIC UNDERLYING HEALTH CONDITION

12.1 Recurrent absences due to a chronic condition can be defined as periods of absence due to a serious / chronic health problem or underlying condition which brings the employee's Bradford Score above the Trust's trigger point.

12.2 Employees must be treated with empathy and understanding with regard to individual circumstances.

12.3 Regular contact should be maintained, as agreed by the employee and line manager, as it is important that the employee keeps the manager informed of any changes or developments in respect of their chronic condition.

12.4 Stage 1 – Informal Review

12.4.1 All staff returning to work after a period of sickness absence (of any duration, including a part day) will have a return to work interview with their immediate line manager or supervisor. The meeting should take place as soon as possible (preferably on the day of return to work) and should take place privately and confidentially. Refer to appendix C (Return to Work Interview Form) and appendix B (Guidance Notes for Managers Conducting Return to Work Interviews).

12.4.2 The return to work interview is an opportunity for the manager or supervisor and employee to discuss the reasons for the employee's absence, whether the absence was due to the long term chronic underlying health condition, the likelihood of re-occurrence and if feasible, any steps that can be taken to prevent absences related to the chronic condition occurring again. It should also be an opportunity for the line manager to decide whether an OH referral is appropriate, offer support as appropriate and update the individual regarding events that took place in their absence and to generally welcome them back to work. With the exception of sickness absence during annual leave, for sickness absence periods less than 7 days, completion of the Return to Work Interview form supersedes the requirement for the completion of a separate self-certification form.

12.4.3 The information discussed at the RTW interview should capture the accurate reason for the absence and the duration of the absence (ie accurate absence start and end days).

12.4.4 Both the line manager and the employee will sign the completed form and a copy should be provided to the employee for their reference. If the employee declines to sign the RTW, this will be noted as such by the line manager.

12.4.5 During the RTW meeting the following should be discussed:

- a) the broad nature of the medical condition;
- b) support and / or assistance that can be offered by the Trust;
- c) whether or not the absence is work related;
- d) reasonable adjustments to the workplace, tasks or duties;
- e) referral to Occupational Health for guidance and advice.

12.5. Stage 2 – Formal Review Meeting

- 12.5.1 Where there are recurrent periods of absence, due to a serious / chronic health problem or underlying condition which brings the employee's Bradford Score above the Trust's trigger point of 150, a formal stage 2 review meeting with the employee should take place.
- 12.5.2 The formal Stage 2 meeting will be led by the line manager and a member of the HR Business Partner team will also be in attendance.
- 12.5.3 The Line Manager will ensure that they bring the employee's personal file to the formal meeting, in order to discuss the relevant documentation including notes from RTW interviews, notes from previous Stage 2 meetings and outcome letters, referrals and reports from Occupational Health and any other relevant information.
- 12.5.4 There may be a number of Stage 2 review meetings with the employee to discuss their sickness absence and attendance at work, particularly if the levels of sickness absence increase.
- 12.5.5 The line manager will write to the employee, giving at least 5 working days' written notice of the Stage 2 meeting. The invite letter will remind the employee about their right to be represented by their trade union or professional organisation representative or Trust work colleague. A member of the HR Business Partner Team will also attend the Stage 2 meeting.
- 12.5.6 The purpose of the formal Stage 2 meeting is to: -
- a) discuss the absence(s) and the underlying health reason;
 - b) consider the report from Occupational Health and any temporary reasonable adjustments recommended;
 - c) discuss support available to the employee including access to the Trust's employee assistance programme, provided by CiC;
 - d) agree an attendance target for the future, with the expectation that this will be achieved and maintained for an agreed period;
 - e) set out the possible consequence of failure to achieve or maintain the improved level of attendance to the agreed level, which could ultimately result in potential dismissal on the grounds incapability due to ill health;
- 12.5.7 The attendance level target should be based on the average number of days absent for an employee who does not have the underlying health condition. For example, the average number of day's absence per employee across the Trust is 10 days per annum and the manager may agree that, as a reasonable adjustment, the attendance target for the employee with the underlying health condition will be up to 20 days sickness absence per annum (on a rolling 12 month basis from the date set), provided that absences are all related to the underlying condition.

12.5.8 In managing sickness absence related to a long term chronic condition, the manager should consider:

- a) the impact that the absences have on service delivery;
- b) the attendance history, number, pattern and duration of absences due to underlying health condition;
- c) the nature of the underlying health condition and what treatment programme / support the employee is receiving;
- d) the nature of the employee's job and work environment;
- e) the advice and recommendations received from OH eg. reasonable adjustments to tasks or shifts; recommendation for redeployment or ill health retirement;

12.5.9 There are a number of possible outcomes from the Stage 2 meeting as follows: -

- a) To instigate a review period over a defined timescale, during which a specified improvement in attendance is expected from the employee;
- b) To consider possible reasonable adaptations to working practices/conditions;
- c) To offer any appropriate support, assistance, training or development;
- d) To consider a combination of the above.

12.5.10 The line manager must confirm the outcome of the meeting to the employee, in writing within 5 working days, detailing: -

- a) The situation to date including course of action to be taken;
- b) The impact of the level of absence on patient safety, cost to the Trust, patient care, service delivery and colleagues;
- c) Details of any review period and monitoring provisions, including when a further Stage 2 review meeting will be scheduled;
- d) The agreed attendance target for future attendance;
- e) The expectation of the improvement in attendance;

12.5.11 In the event that the attendance target is not attained or maintained or if OH advice recommends that the employee is permanently incapable of continuing in the role, the employee should be advised of the likelihood of consideration of progressing the case to Stage 3, where consideration will be given to termination of his/her employment on the grounds of capability due to ill health.

12.5.12 Where there is OH recommendation and mutual agreement, in accordance with the provisions of the NHS Pension Scheme, an application for ill-health retirement may be submitted.

12.5.13 It should be emphasised that decisions regarding the appropriate course of action will be dependent on the facts of each particular case and will be based upon all relevant factors including frequency and patterns of absence, impact on service delivery, impact on work colleagues, cost, and patient safety.

12.6 Stage 3 –Capability Hearing

12.6.1 In the event that the employee is unable to attain or maintain the agreed level of attendance rate for the agreed review period, a formal capability hearing must be held to consider termination of employment on the grounds of incapability due to ill health.

12.6.2 When the decision has been made to progress to a Stage 3 Capability Hearing, a further Stage 2 meeting should be held with the employee, to confirm this.

12.6.3 The line manager is responsible for compiling a management report for the Stage 3 hearing, which they will go onto present at the hearing.

12.6.4 The employee will be informed in writing of the date, time and the reason for the Stage 3 Capability Hearing, giving 5 working days' notice. In the letter, the employee will be informed of their right to be represented by their trade union or professional organisation representative or work colleague.

12.6.5 If the employee requests that the hearing is postponed due to non-availability of their union representative, the employee must provide alternative dates for the hearing to be rescheduled. Alternative dates must be provided within 5 working days of the original hearing date.

12.6.6 The Stage 3 hearing will be chaired by an officer of the Trust at band 8b or above who is experienced in such matters, with support to the chair provided by a HR representative.

12.6.7 At this stage the chair of the panel may wish to consider further obtaining advice from the OH department if the individual indicates that there have been significant recent changes to their condition.

12.6.8 After consideration of all the facts, the chair of the panel will consider whether:

- a) to dismiss the employee from employment on the grounds of ill health, on the basis of non-attainment / maintenance of the agreed attendance target and the subsequent impact their absences have upon the provision of service delivery, patient safety, quality of patient care, lost time and costs, as the major determining factors;
- b) redeploy to another role or another area of the Trust (see section 14);
- c) extend the review period if there are realistic prospects of the employee attaining / maintaining the agreed attendance target.

- 12.6.9 A decision to dismiss an employee on the grounds incapability due to of ill-health should not be made until all other courses of action have been considered, namely:
- a) the employee's full sickness absence record (nature, length, frequency);
 - b) the prospect of attaining / maintaining the agreed attendance target;
 - c) OH or other medical reports and advice;
 - d) the effect of the absences upon the provision of service delivery;
 - e) opportunities for redeployment, retraining or reasonable suitable work adjustments if appropriate.
- 12.6.10 It should be emphasised that decisions regarding the appropriate course of action will be dependent on the facts of each particular case and will be based upon all relevant factors including length of absence, frequency and any pattern of absence, impact on service delivery, impact on work colleagues, cost and patient safety.
- 12.6.11 A decision to terminate the contract may only be taken by a manager with the authority to dismiss.
- 12.6.12 If the employee's contract of employment is terminated, the employee will be entitled to a payment in respect of their contractual notice period or statutory notice period (whichever is greater). This payment will be subject to the usual deductions (eg income tax and national insurance).
- 12.6.13 If the employee is dismissed, then any bank registration with the Trust will also be terminated.
- 12.6.14 If the decision is made to terminate employment, this will be confirmed in writing within 10 working days of the Stage 3 Capability Hearing.
- 12.6.15 In cases of dismissal, the following must always be included in the letter:
- a) written reasons for the termination of employment;
 - b) date the employment is deemed to have ceased and a clear indication of notice periods (if appropriate), as defined in the employee's contract or statutory rights (whichever is the greater);
 - c) details of payment of outstanding monies;
 - d) an instruction to return any property of the organisation eg uniform, keys;
 - e) Right of appeal (see section 22).
- 12.6.16 Where there is OH recommendation and mutual agreement, in accordance with the provisions of the NHS Pension Scheme, ill-health retirement can be considered (see Section 17 and Appendix F).
- 12.6.17 If the NHS Pension Scheme grants ill-health retirement, the employee must be dismissed before any pension payments can be paid.

13. PROCEDURE FOR MANAGING LONG-TERM SICKNESS ABSENCE (LTS)

- 13.1 Long-term sickness absence can be defined where an employee is absent for a prolonged period of absence due to sickness of 28 days or more.
- 13.2 Employees must be treated with empathy and understanding with regard to individual circumstances.
- 13.3 Regular contact should be maintained, as agreed by the employee and line manager. It is important that the employee keeps the manager informed of progress towards a return to work and that the employee is given the opportunity to receive regular newsletters, service or team updates.

13.4 Stage 1 – Informal Review

- 13.4.1 After a maximum of 4 weeks absence, the manager should contact the employee and arrange an OH appointment.
- 13.4.2 The manager should then arrange to meet with the individual to discuss the absence situation. In the event that the employee is too ill to attend a meeting, the manager should instead conduct the meeting via telephone or via a home visit to the employee.
- 13.4.3 During the meeting the following should be discussed:
 - a) the OH report;
 - b) the broad nature of the medical condition (respecting confidentiality at all times);
 - c) support and / or assistance that can be offered by the Trust;
 - d) whether or not the incapacity is work related;
 - e) if a return to work can be expected with or without a rehabilitation plan, temporary reasonable adjustments to the workplace, redeployment (or a combination).
- 13.4.4 In some circumstances it may not be feasible to undertake an informal review with the employee. In such situations, the sickness absence management process may proceed directly to Stage 2.

13.5. Stage 2 – Formal Review Meeting

- 13.5.1 When the employee has been absent continuously for up to 8 weeks, a formal stage 2 review meeting with the employee should take place.
- 13.5.2 The formal Stage 2 meeting will be led by the line manager and a member of the HR team will also be in attendance.
- 13.5.3 The Line Manager will ensure that they bring the employee's personal file to the formal meeting, in order to discuss the relevant documentation including notes from RTW interviews, notes from previous Stage 2 meetings and outcome letters, referrals and reports from Occupational Health and any other relevant information

- 13.5.4 There may be a number of Stage 2 review meetings with the employee to discuss their long term sickness absence and attendance at work.
- 13.5.5 The line manager will write to the employee, giving at least 5 working days' written notice of the Stage 2 meeting. The invite letter will remind the employee about their right to be represented by their trade union or professional organisation representative or Trust work colleague. A member of the HR Business Partner Team will also attend the Stage 2 meeting.
- 13.5.6 The purpose of the formal Stage 2 meeting is to: -
- a) discuss the absence(s) and the underlying health reason;
 - b) the employee's projected return to work including access to the Trust's employee assistance programme, provided by CiC;
 - c) for the manager to decide whether an OH review would be appropriate;
 - d) discuss out the impact that the absence is having on patient safety, cost to the Trust, patient care, service provision, the employee's work and the work of other colleagues;
 - e) set out the possible consequence of failure return to work , which could ultimately result in potential dismissal on the grounds incapability due to ill health;
- 13.5.7 In managing long-term sickness absence, the manager should consider:
- a) the impact that the absence has on service delivery;
 - b) the length of time the employee is likely to continue to be absent;
 - c) the nature of the absence and what treatment programme and support the employee is receiving;
 - d) the nature of the employee's job and work environment;
 - e) the advice and recommendations received from OH eg. phased return, temporary reasonable adjustments to tasks or shifts; recommendation for redeployment or ill health retirement;
- 13.5.8 There are a number of possible outcomes of the meeting as follows: -
- a) To instigate a review period over a defined timescale, during which a specified return to work is expected from the employee;
 - b) To consider possible reasonable adaptations to working practices/conditions;
 - c) To offer any appropriate support, assistance, training or development;
 - d) To consider a combination of the above.
 - e) consideration of progressing the case to Stage 3 of this policy.
- 13.5.9 The line manager must confirm the outcome of the meeting to the employee, in writing within 10 working days, detailing: -
- a) The situation to date including course of action to be taken;

- b) The impact of the level of absence on patient safety, cost to the Trust, patient care, service delivery and colleagues;
- c) Details of any review period, informal meetings and monitoring provisions, including when a further Stage 2 review meeting will be scheduled;
- d) The expectation of the return to work is expected from the employee;

13.5.10 In the event that the OH advice recommends that the employee is incapable of returning to work within a reasonable period, or is permanently incapable of undertaking employment, the employee should be advised of the likelihood of termination of his/her employment on the grounds of capability due to ill health.

13.5.11 Where there is an OH recommendation and by mutual agreement, in accordance with the provisions of the NHS Pension Scheme, ill-health retirement can be considered (see Section 17 and appendix F).

13.5.12 It should be emphasised that the line manager's decision (with advice from HR) regarding the appropriate course of action to be taken in a particular case will be based upon all relevant factors including length of absence, frequency and any pattern of absence, impact on service delivery, impact on work colleagues, cost, and patient safety.

13.6 Stage 3 – Long Term Sickness Capability Hearing

13.6.1 Before the employee has been absent continually for 16 weeks, a formal capability hearing must be held to consider termination of employment on the grounds of incapability due to ill health.

13.6.2 When the decision has been made to progress to a Stage 3 Capability Hearing, a further formal Stage 2 meeting should be held with the employee, to confirm this.

13.6.3 The line manager is responsible for compiling a management report for the Stage 3 hearing, which they will go onto present at the hearing.

13.6.4 The employee will be informed in writing of the date, time and the reason for the Stage 3 Capability Hearing, giving 5 working days' notice. In the letter, the employee will be informed of their right to be represented by their trade union or professional organisation representative or work colleague.

13.6.5 If the employee requests that the hearing is postponed due to non-availability of their union representative, the employee must provide alternative dates for the hearing to be rescheduled. Alternative dates must be provided within 5 working days of the original hearing date.

13.6.6 The Stage 3 hearing will be chaired by an officer of the Trust at band 8b or above who is experienced and trained in such matters, with support to the chair provided by a HR representative.

13.6.7 At this stage the chair of the panel may wish to consider further obtaining advice

from the OH department if the individual indicates that there have been significant recent changes to their condition.

13.6.8 After consideration of all the facts, the chair of the panel will consider whether:

- a) to dismiss the employee from employment on the grounds of ill health, on the basis that a return to work is unlikely within the foreseeable future and the subsequent impact their absence has upon the provision of service delivery, patient safety, quality of patient care, lost time and costs, as the major determining factors;
- b) redeploy to another role or another area of the Trust (see section 15);
- c) extend the review period if there are realistic prospects of an early return to work.

13.6.9 A decision to dismiss an employee on the grounds of incapability due to ill-health should not be made until all other courses of action have been considered, namely:

- a) the employee's full sickness absence record (nature, length, frequency);
- b) the prospect of returning to work;
- c) OH or other medical reports and advice (OH report to be dated within 3 months of the hearing);
- d) the effect of the absence upon the provision of service delivery;
- e) opportunities for redeployment, retraining or reasonable suitable work adjustments if appropriate.

13.6.10 It should be emphasised that decisions regarding the appropriate course of action to be taken in a particular case, will be based upon all relevant factors including length of absence, frequency and any pattern of absence, impact on service delivery, impact on work colleagues, cost and patient safety.

13.6.11 If the employee's contract of employment is terminated, the employee will be entitled to a payment in respect of their contractual notice period or statutory notice period (whichever is greater). This payment will be subject to the statutory deductions (eg income tax and national insurance).

13.6.12 If the decision is made to terminate employment, this will be stated at the hearing and confirmed in writing within 10 working days of the Stage 3 Capability Hearing.

13.6.13 In cases of dismissal, the following must always be included in the letter:

- f) written reasons for the termination of employment;
- g) date the employment is deemed to have ceased and a clear indication of notice periods (if appropriate), as defined in the employee's contract or statutory rights (whichever is the greater);

- h) details of payment of outstanding monies;
- i) an instruction to return any property of the organisation eg uniform, keys;
- j) Right of appeal (see section 22).

13.6.14 If the employee is dismissed, then any bank registration with the Trust will also be terminated.

13.6.15 Where there is OH recommendation and mutual agreement, in accordance with the provisions of the NHS Pension Scheme, ill-health retirement can be considered (see Section 17 and Appendix F).

13.6.16 If the NHS Pension Scheme grants ill-health retirement, the employee must be dismissed before any pension payments can be paid.

14. PHASED RETURN TO WORK

14.1 OH may recommend that, as a reasonable adjustment, an employee returning from a period of long term sick leave (28 days or more) may benefit to initially return under a programme of rehabilitation or a partial and gradual return to full contractual hours and duties.

14.2 Phased returns to work should be implemented for up to 4 weeks by which time the employee should be resuming normal duties and working their full contracted hours. Phased return programmes will normally be limited to one programme in any 12 month period.

14.3 The manager will give due consideration to OH recommendations when deciding upon the details of the phased return period, including duration, hours worked and shift patterns during this period.

14.4 When on a phased return, employees will be paid at their full rate for 4 weeks. If they wish to extend their phased return, they are required to utilise annual leave to cover periods of absence ie days on which they are not working during the phased return period. If the employee does not have sufficient annual leave available within the current annual leave year to cover the additional period of phased return, then the hours not worked will either be unpaid or worked back at a later date (dependant on service need).

14.5 If the employee has moved onto sick pay at half pay or no pay during the 4 week return to work period they may utilise annual leave to cover periods of absence ie days on which they are not working during the phased return period. If the employee has sufficient annual leave available within the current annual leave year to cover the periods required.

14.6 A return to work plan should be agreed by the employee and the manager, and any other staff likely to be affected. The plan needs to include:

- a) the goals, the modified working pattern or job role;

- b) the time frame of the rehabilitation period;
 - c) the steps that will need to be made to make sure the plan is put into practice;
 - d) the dates when the plan will be reviewed by the employee and the line manager.
- 14.7 During the rehabilitation period, any time off needed to attend medical appointments, should be arranged during non-working hours/days where possible, or may be unpaid.
- 14.8 At the end of the rehabilitation period, the employee will be expected to return to his/her full contractual hours and duties. However, if this is not possible, then other options should be explored following advice from OH, eg permanent reduction in hours or redeployment into an alternative role.
- 14.9 Staff who have been unable to take their annual leave within the financial year are entitled to carry over to the next financial year accrued annual leave (excluding bank holidays) to a maximum of the balance of their accrued statutory leave only (ie 20 days in total for a full-time employees, as at 2022). In the event of long term sickness, it is recommended that the Manager contacts HR to discuss how much annual leave the employee has accrued whilst being on sick leave.

15. REDEPLOYMENT

- 15.1 After assessment, the OH Department may advise that the employee is unlikely to be able to return to their current role and may recommend that the employee is likely to be a suitable candidate for redeployment into suitable alternative employment (SAE).
- 15.2 A post may be considered as SAE if it is with the same staff group as the current post and is banded at the same band as current post or one band lower.
- 15.3 Employees will be considered for suitable alternative employment opportunities for a period of 8 weeks from the date of that decision. This may be extended by up to a further 2 weeks in extenuating circumstances and in agreement with the relevant General Manager. Where an employee refuses to engage in the redeployment process or declines to undertake suitable alternative employment that has been identified for them, they may forfeit their right to contractual sick pay. A redeployed employee will be paid at the relevant rate for the redeployed post and will not be entitled to salary protection, eg if the new post is in a lower band.
- 15.4 Vacancies which may be suitable will be ring-fenced and the individual should meet with managers of the identified posts to establish if the individual meets all the essential criteria or if not, whether with training undertaken in a 4 week trial period they would meet the essential criteria.
- 15.5 If suitable alternative employment is identified, the employee will be given a four week trial period in the new post, with clear objectives defined at the outset by the

new manager. This trial period may be terminated if there is an episode of sickness absence or if there are concerns regarding achievement of performance standards.

- 15.6 If the trial period is successful, both in terms of attendance and performance, the employee will be formally redeployed to the new post.
- 15.7 If the initial trial period is unsuccessful, redeployment will be sought for a further period of 4 weeks. No more than 2 trial periods will be considered in any one case. The organisation is not required to create a post for the individual if attempts at redeployment are unsuccessful.
- 15.8 If at the end of the redeployment period no suitable alternative employment is identified and / or if any work trial has been unsuccessful, then the case will proceed to a Stage 3 Capability Hearing for consideration of dismissal on the grounds of incapability due to ill health.

16. EMPLOYEES WITH A DISABILITY.

16.1 Under the Equality Act 2010 (the Act) prohibits discrimination against people with protected characteristics including disability. Only those disabled people who are defined disabled in accordance of the Act will be entitled to the protection the Act gives.

16.2 The Act defines disability as:

A person who has a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities.

16.3 The Act defines long-term in this context as having lasted, or being likely to last for at least 12 months or the rest of the person's life. Substantial is defined as more than minor or trivial.

16.4 Some people are deemed to be disabled for the purposes of the Act, irrespective of whether or not they meet the definition above. For example, people with cancer, HIV and multiple sclerosis are protected effectively from the point of diagnosis.

16.5 The Trust recognises that employees may be / may become disabled whilst in employment. Managers should consult the HR Business Partner team when dealing with disabled employees within this policy.

16.6 Where absence is disability related, this will be counted towards the Bradford Score, but will not form part of any formal short term sickness absence procedure i.e. a written warning will not be issued for disability related sickness absence. However, the absence will contribute towards exhausting sick pay entitlement.

16.7 Employers must consider reasonable adjustments to working conditions or the

workplace if a failure to make those adjustments places a disabled employee at a substantial disadvantage and making the adjustment or adjustments would alleviate that effect.

16.8 These types of adjustments that the Trust might be required to consider include:

- a) making physical adjustments to the workplace, including provision of equipment (eg specialist chair);
- b) allocating some of the disabled person's minor duties to another person;
- c) redeploying the disabled person to another vacant post, with or without reasonable adjustments being made (salary will not be protected if the employee is redeployed into a lower banded role). The organisation is not required to create a new post for the employee;
- d) altering the disabled person's working hours through, for example, part-time working or other flexible hours arrangements. The amended salary will reflect any reduction in hours;
- e) providing training or special equipment to assist the disabled person to perform his or her tasks;
- f) Any adjustments considered will be with the bounds of reasonableness, ie consideration given to the effectiveness of the adjustment(s), service delivery and costs.

17. ILL HEALTH RETIREMENT

17.1 In the event that OH have confirmed that an employee is permanently unfit to undertake their role, then OH may recommend that the employee submits an application for Ill Health Retirement (IHR).

17.2 To be eligible for consideration of ill health retirement, the employee must be a current member of the NHS pension scheme and have at least two years' membership and not have reached the default retirement age of that scheme.

17.3 The HR Business Partner Team will request form AW33E (Consideration of entitlement to ill health retirement benefits) from the Trust's pensions department and will complete Part A.

17.4 On completion of Part A, the part completed form will then be sent to the employee, who will complete Part B.

17.5 On completion of Part B, the employee will forward the part completed form to the OH Doctor, who will complete Part C.

17.6 Once the form has been fully completed, the employee should send the completed

form NHS Pensions for consideration, via the address stated on the form.

- 17.7 It should be noted that if an application for ill health retirement is successful, the employee must be dismissed from their role in the Trust by reason of incapability due to ill health, before any IHR benefit will be paid.
- 17.8 Notwithstanding the above, a decision to dismiss an employee by reason of incapability due to ill health may be taken at a Stage 3 sickness absence hearing whether or not a decision regarding ill health retirement has been made.
- 17.9 Further information regarding ill health retirement, including the different tiers can be found in appendix F.
- 17.10 If the employee has reached the default retirement age as set out within their pension scheme, then they may if they wish take their pension but will not be eligible for ill health retirement.

18. PREGNANCY RELATED SICKNESS

- 18.1 Sickness will only be categorised as pregnancy related if the employee is pregnant or if the period of absence is related to a miscarriage.
- 18.2 Where absence is pregnancy related, this will be counted towards the Bradford Score, but will not form part of any formal short term sickness absence procedure i.e. a written warning will not be issued for pregnancy related sickness absence. However, pregnancy related sickness absence will contribute towards exhausting sick pay entitlement. In addition, a written warning may still be issued if the reasons for the absence are not pregnancy related.
- 18.3 The Trust's policy regarding Work Place Risk Assessments for New and Expectant Mothers is available on the intranet.
- 18.4 When an employee confirms that they are pregnant, a pregnancy risk assessment is to be carried out by the line manager as soon as possible, in line with the above policy. A further pregnancy risk assessment should be carried out between the 6th and 7th month of the pregnancy or earlier, if the individual's circumstances change and/or work changes and it is determined that a further pregnancy risk assessment is required.
- 18.5 In accordance with Agenda for Change Terms and Conditions of Employment (Section 15) if an employee is off work due to pregnancy related sickness during the last four weeks before the expected week of childbirth, maternity leave will normally commence at the beginning of the 4th week before the expected week of childbirth or the beginning of the next week after the employee last worked, whichever is later. Absence prior to the last four weeks before the expected week of childbirth, supported by a GP Fit Note or medical statement of incapacity for work shall be treated as sickness absence in accordance with normal leave provisions.

18.6 Time off for IVF Treatment is dealt with in accordance with the Trust's Leave policy.

19. TIME OFF FOR GENDER REASSIGNMENT TREATMENT

19.1 Trans employees who choose to undergo medical and surgical procedures related to gender reassignment may require time off from work.

19.2 Such absence is covered by section 16 of the Equality Act 2010 which states that an employer must not treat a person absent because of gender reassignment less favourably than they would treat an absence due to sickness or injury or an absence for some other reason if it is not reasonable to do so.

19.3 The public sector duty to advance equality requires organisations to have regard to the need to remove or minimise disadvantage and meet the different needs of those with a protected characteristic – in this case, gender reassignment. This allows and encourages employers to take positive action that removes the significant disadvantage that would inevitably be incurred by staff undergoing gender reassignment.

19.4 The legislation does not specify a minimum or maximum time that employers should allow for treatment. If, however, the trans employee is absent for a long period, retirement on medical grounds may be considered in the same way as for any other person who is medically unfit for work.

19.5 Individual rights related to disability under the Act must be considered where the individual has received a medical diagnosis (such as Gender Dysphoria or Gender Identity Disorder) and the condition is likely to last for more than twelve months, has lasted more than twelve months or will remain with the individual for the rest of their life.

19.6 Line managers should try to be as flexible as possible to meet reasonable requests for changes in shifts or working hours within the needs of the service and should refer to the Trust's Flexible Working Policy.

19.7 Line managers may need to be aware of the possibility of side effects from medication, which may adversely affect the work performance of the employee. Actions under the Trust's Work Performance Capability policy are not appropriate and should not be used in this instance.

19.8 The individual may also suffer from longer term depression if their reassignment does not go as planned for reasons that may or may not relate to work. In this case, it should be dealt with under arrangements for reasonable adjustments for disability, rather than as gender reassignment absence. The employee and line manager will meet to discuss the possibility of the employee who is undergoing gender reassignment working reduced hours, having reduced duties or the possibility of relocation. It is important that a trans employee is never removed from a public facing role because they are trans – unless they have specifically requested to be moved.

- 19.9 Managers should not seek to impose a change of duties on the individual, but must seek assistance, including advice from Occupational Health before decisions are made in respect of any adjustments, redeployment or the need for termination of employment.
- 19.10 Gender reassignment is not a 'sickness' and should be managed by the manager and employee to a successful outcome.

20. INFECTION PRECAUTION ABSENCE

- 20.1 Chapter 15 of the Trust's Infection Control Manual sets out the circumstances under which an employee would be excluded from duty, if they have an infection that could be passed onto a patient. Such exclusions range from complete exclusion from duty to exclusion from contact with high risk patients.
- 20.2 Exclusion from duty as infection precaution will be recorded as sickness absence and will count towards contractual sick pay.
- 20.3 Exclusion from duty as infection precaution will count towards the Bradford score, but will not be included for the purposes of consideration of issuing a written warning.

21. SUSPENSION FROM WORK ON MEDICAL GROUNDS

- 21.1 Suspension from work on medical grounds may be considered if an employee's health condition is believed to have become a risk to the safety of the employee or to colleagues and / or patients.
- 21.2 In such circumstances, the line manager must seek support from the HR Business Partner office, in conjunction with advice from OH.
- 2.13 Suspension from duty will be on full pay (based on current and planned working patterns).

22. APPEALS

- 22.1 Employees may appeal against formal action under this procedure.
- 22.2 The purpose of the appeal will be to determine:
 - 22.2.1 Whether the procedures were followed correctly;
 - 22.2.2 That the decision to take formal sickness absence management action was fair and reasonable;

- 22.2.3 That the action taken was within a band of reasonable responses;
- 22.2.4 It may also be decided to consider new information where the appeal panel considers that the information is likely to be relevant to the decision made;
- 22.2.5 All complaints or grievances arising in relation to a sickness absence management process will be dealt with either at the formal Stage 3 Capability Hearing itself and/or at the appeal hearing, rather than being dealt with through any separate procedure.
- 22.3 Any intention to appeal must be notified in writing to the Associate Director of HR Operations, within 10 working days of the issue of the letter confirming the sanction. The appellant's letter must state clearly the grounds for appeal which should fall within the definition, contained in 22.2 above.
- 22.4 For all levels of formal action under this procedure there is one level of appeal and the appeal panel will be comprised as follows:
- 22.4.1 Written warning – the immediate manager of the manager who issued the warning (or equivalent when the immediate manager is unavailable), supported and advised by a HR representative. A representative of the relevant professional body may be required to provide advice to the panel if appropriate.
- 22.4.2 Dismissal – a panel comprising of two Trust Directors (including one Non-Executive Director) and a representative from HR. A representative of the relevant professional body may be required to provide advice to the panel if appropriate. The Chair of the appeal will be the Non-Executive Director.
- 22.5 The employee should be given a minimum of 5 working days' notice in writing of the date, time and location of the appeal hearing and this should be accompanied by the management case.
- 22.6 Whenever possible an appeal will normally be heard within six weeks of the issue of the appeal to the Trust. Notification will be given if it is not possible to arrange a hearing within the six week timeframe.
- 22.7 A written statement of case will be prepared by the senior manager who took the decision to issue the written warning / dismissal, and the appellant or his/her representative will provide written reasons of his/her grounds of appeal. There should be an exchange of the statements of case, no later than 5 working days in advance of the Appeal Hearing.
- 22.8 The outcome of the appeal against sickness absence management action may be one of the following:
- that the appeal is dismissed and the sickness absence management decision is upheld;

- that the penalty is reduced;
- the penalty imposed is therefore withdrawn and all records are removed from the file.

22.9 Where possible, the Chair of the Appeal Panel will recall both parties and announce the decision verbally. If a decision cannot be made without further deliberation, it may be necessary to communicate the decision in writing at a later date. In either event, the outcome will be confirmed in writing to the appellant and their representative no later than 10 working days after the Appeal Hearing.

22.10 Appeal Hearings may be rearranged on one occasion only and may proceed in the appellant's absence where the panel deem it necessary. Any rearranged appeal will commence within 10 working days of the original date (or an alternative date by mutual agreement).

22.11 Should the appellant not adhere to the appeals criteria as outlined in section 22.2, the Appeal Panel may decide not to proceed with the appellant's appeal.

23. COMMUNICATION

23.1 Copies of the policy will be available via the Trust's intranet site.

23.2 Monitoring data and other feedback relating to the management of absence will be regularly distributed to the relevant channels in appropriate formats.

24. ASSOCIATED DOCUMENTATION

24.1 The following documents have been referred to and have links to the Trust's Managing Sickness Absence Policy:

- a) Equalities and Human Rights Policy 2010
- b) Equality Impact Assessment Guidelines
- c) Grievance Policy
- d) Disciplinary Policy
- e) Work Performance Capability Policy & Procedures
- f) Maternity, Adoption, Paternity, Parental & Shared Parental Leave Policy

25. MONITORING COMPLIANCE & STANDARDS / KEY PERFORMANCE INDICATORS

25.1 Monitoring of the policy and procedure will be undertaken by the Deputy Director of HR. This policy will be reviewed regularly by HR and Staffside.

25.2 Sickness absence analysis is undertaken from data entered onto an employee's electronic record interfaced with the Electronic Staff Record (ESR). The Bradford Score trigger is reported to Managers on a monthly basis in order that they take

action. The Board report and regular Senior Management reporting is in place to evidence trends on a monthly basis.

25.3 Ultimately, line managers retain accountability and responsibility for managing sickness absence among their staff. HR is a conduit and source of advice and guidance through the sickness absence processes in line with the content of this policy. Accordingly, line managers should adopt a proactive approach towards addressing sickness absence in a timely, effective and efficient manner.

25.4 Key Performance Indicators are identified for savings to be made in reduction of sickness absence on an organisational basis. Trends are analysed by Senior Managers in the Trust and HR Business Partners are aligned to Business Units to advise on actions to improve performance on sickness rates.

25.5

What is the standard/audit criteria	Time frame/ Format /how often	How/Method	Reviewed and action plan development by who/which group	Action Plans monitored by and how often
Open ended Sickness absence data on an employee's electronic record on Electronic Staff Record (ESR).	Monthly	List of open ended sickness data reported to Managers on A Spreadsheet headed 'Open Sickness'	HR Business Partner team undertake regular checking of data with the appropriate Trust Divisional Team	Payroll and HR Audit Annually
Inaccurate Sickness absence data on an employee's electronic record on ESR	Quarterly	Audit on standards of record keeping and quality of filing and documentation	Joint HR and Payroll action plan	Annual Audit

25.6 The Policy will ensure the standards determined by the NHS Litigation Authority (NHSLA), Improving Working Lives and Care Quality Commission standards are met. The equality monitoring reports will provide data in support of these key performance indicators and through advice and audit checks. HR will ensure the policy is consistently applied.

26. FURTHER GUIDANCE AND TRAINING

26.1 Further guidance on the application of this policy is available from the HR Business Partner Team or professional organisation or, trade union representative.

SICKNESS ABSENCE GUIDANCE NOTES FOR MANAGERS AND EMPLOYEES

CONTENTS:

- A1. Notification of sickness absence
- A2. Certification
- A3. Sickness Absences during Annual Leave
- A4. Holiday during long term sickness absence
- A5. Accrued Annual Leave during long term sickness Absence
- A6. Overtime / Bank Work following a period of Sickness Absence
- A7. Medical and Dental Appointments
- A8. Elective Cosmetic Surgery
- A9. Sickness Absence during Industrial Action
- A10. Consideration of Reasonable Adjustments

A1 NOTIFICATION OF SICKNESS ABSENCE

A1.1 Employee Responsibility

A1.1.1 Should an employee be unable to come to work due to sickness / injury, they should telephone their immediate manager, or in their absence, another manager associated to their department (in accordance with local department procedures). The timescale for reporting absence should be in line with the local procedure communicated to the employee at induction. This is normally at least four hours prior to the commencement of the shift or within the first hour if office hours apply.

The employee should explain:

- the reason for being unable to come to work
- the anticipated length of absence
- actions they are taking to mitigate the illness, e.g. visiting the doctor
- if appropriate, what elements of work need to be addressed by colleagues during sickness absence
- indicate whether or not the absence is the result of an accident at work (incident form needed if this is the case)

A1.1.2 Only in exceptional circumstances should a family member or friend telephone the manager to report the absence. It is not acceptable to text, e-mail, use of social media (eg Facebook messenger, snapchat, WhatsApp amongst others), or to pass information relating to sickness absence by a message via a work colleague.

A1.1.3 Employees who have reported for work but later need to leave work due to sickness, must speak to their immediate manager, or if not present, the most suitable manager in that department, prior to leaving the workplace.

A1.1.4 All sickness absence will be recorded, including part days:

- If the employee attends work for more than half of their shift, then the absence will be recorded as a part day absence.

- If the employee attends work for less than half their shift, then the absence will be recorded as a full day absence.

- A1.1.5 Part day sickness absence will not count towards the employee's Bradford Score or towards contractual sick pay, but may be reviewed by the line manager when considering sickness absence trends.
- A1.1.6 The Bradford Score Calculation includes non-working days (ie weekends or off-duty) during the period of sickness absence. As an example, for employee who works Monday to Friday and who is off sick for from Monday 26th September until Friday 7th October, will be recorded as having had 16 days absence, as the Saturday and Sunday in the middle of the absence will also be counted.
- A1.1.7 Employees who are absent due to sickness must formally report their return to work (by telephone to their line manager or via the local arrangement) if they are fit to return outside of their normal shift pattern, otherwise non notification of their fitness to return will include those days outside of their shift pattern or normal working week. For example, an employee who reports that they are sick on a Monday and is fit to return to work on the following Saturday, must contact their line manager on the preceding Friday to advise of such, thus accruing 5 days of sickness absence. However, if they do not report back to work until the following Monday, then this will be recorded as an absence of 7 days.
- A1.1.8 On their return to work, employees are to report to their line manager to conduct the Return to Work (RTW) Interview including completion of the RTW Interview Form. This process should be undertaken even for a part day absence. A copy of the completed RTW form should be provided to the employee for their reference. The manager will then update the electronic sickness absence record.
- A1.1.9 From the outset of any period of absence, the employee and line manager should agree the ongoing contact arrangements for the duration of the absence. Employees are to provide updates with regard to treatment and progress. Reasonable arrangements for ongoing regular contact must be made between the employee and their manager as more details of the reasons for the absence and likely duration become clear. It is recommended that a written record of the contact arrangement should be retained by the line manager.
- A1.1.10 Employees are contractually obliged to undergo medical examinations at any time if required and if recommended by OH. If a member of staff does not co-operate in assisting the Trust to establish his/her true medical position, then it should be made clear that a decision regarding their continued employment will be made on the basis of the information available at that time. A refusal to attend a medical assessment may also be regarded as misconduct due to failure to carry out a reasonable management instruction, which may be regarded as misconduct and which may result in formal action in accordance with the Trust's Disciplinary policy.
- A1.1.11 If an employee is absent without authorisation and does not provide an appropriate GP Fit Note or Medical Certificate to cover the whole period of absence (from day 8 onwards) without good reason, then this will be considered as unpaid unauthorised absence and will be dealt with in line with the Trust's Disciplinary Policy and Procedures.

A1.2 Line Manager Responsibility on Receiving Notification of Employees Absence

A1.2.1 When receiving notification of absence from an employee the line manager is responsible for the following:

- Taking a record of the employee's name
- Ascertaining from the employee the reason or cause for the absence
- Understand from the employee the likely duration of the absence and if likely to be more than seven calendar days, advise the employee of the requirement for a GP Fit certificate, from the eighth day of absence onwards
- Ascertain if there are any handover issues
- Confirm the employee's contact details
- Agree the arrangement for maintaining contact during the absence and the importance of keeping in touch if anything changes
- Record immediately the sickness absence episode on the electronic absence system.
- Keep in contact with the employee if the absence is prolonged (over 1 week) to check on their progress
- On the return to work of the employee, conduct the Return to Work Interview (regardless of the period of absence and including part day absence), complete the Return to Work Interview Form, signing and dating the form (line manager and employee) and provide a copy of the completed RTW form to the employee for their information.
- Immediately record the employee's return to work on the electronic absence system.

A1.2.2 Managers are to ensure that appropriate delegating of their responsibilities to alternative members of staff to report and record absence in accordance with this policy should they be on annual leave or away from their place of work for any reason.

A2 CERTIFICATION

A2.1 1-7 calendar day's absence:

No certification is required

A2.2 Over 7 calendar day's absence:

An original of a GP Fit Note / hospital or medical certificate is required. This is to be received by the line manager no later than the 11th day of absence. Subsequent certificates must be received within 3 working days of expiry of the previous medical certificate and must cover a continuous period. Failure to comply with this will result in contractual sick not being paid. Staff are contractually obliged to provide certification as follows for periods of absence due to sickness:

- self-certification to cover absence up to 5 working days is covered by the Return to Work Interview and completion of the associated form. (to be completed on the employee's return to duty)

- GP Fit Note / hospital or medical certificate to cover sickness absence of more than 5 working days. If sickness is continuous, medical certificates must run consecutively as payment cannot be made for days not covered by a certificate.

A2.3 An employee who is absent from work due to sickness **must** provide the original GP Fit Note or Medical Certificate – photo copies are not acceptable. The exception to this requirement is if the employee has exhausted their contractual sick pay and requires the original certificate to claim statutory sick pay (SSP) from Job Centre Plus. In these circumstances only, a photocopy of the original certificate will be accepted.

A2.4 Where the manager has a concern over the level of persistent short-term absenteeism, the employee may be asked to provide a medical certificate confirming incapacity to cover every day of absence. HR advice must be sought prior to taking this action.

A2.5 If the employee wishes to return to work prior to the expiry of a GP Fit Note / hospital or medical certificate, they may do so. However, if the line manager has any concerns regarding the wellbeing of the individual or their fitness to return to work, they should seek advice from OH.

A2.6 Failure to provide an original GP Fit Note / hospital or medical certificate for a period of absence in excess of 5 working days may be classified as an unauthorised period of absence which will be unpaid. Unauthorised absence will be dealt with as misconduct under the Disciplinary Policy.

A2.7 The exception to the requirement for original certification is if the employee has exhausted their contractual sick pay and requires the original certificate to claim statutory sick pay (SSP) from Job Centre Plus. In these circumstances only, a photocopy of the original certificate will be accepted

A3 SICKNESS ABSENCES DURING ANNUAL LEAVE

A3.1 When an employee falls sick immediately prior to, during or immediately after a period of annual leave, they must notify their manager in accordance with in the usual manner (page 32, section 1.1.1).

A3.2 If the employee wishes to reclaim their annual leave for a period of sickness absence, they must produce the original GP Fit Note or medical certificate to confirm their sickness absence for the entire period of the absence (ie to cover from day one of the absence). This certificate must set out the nature of their sickness absence and the period of the sickness absence (including start and finish dates).

A3.3 Sickness absence on a public holiday will not be repaid ie the hours will not be added to the leave entitlement to be taken at another time.

A3.4 If the employee is abroad and cannot obtain the normal type of medical certificate, a statement must be obtained from a qualified medical practitioner and suitably endorsed to enable occupational sick pay to be paid.

A3.5 Provided that the correct notification and original certification is received as soon as possible, occupational sick pay will be paid and the annual leave affected will be reinstated.

A4 HOLIDAY DURING LONG-TERM SICKNESS ABSENCE

A4.1 In exceptional cases the employee's medical advisor may recommend a holiday to aid recovery or confirm that an employee is fit to take a pre-paid holiday (although unfit to attend work). The Trust will give favourable consideration to such a recommendation.

A4.2 In such circumstances, the employee must request permission in writing to the manager, at least 7 days prior to the holiday.

A4.3 If the employee is either in half or nil pay at the time of the approved annual leave, they will be reinstated to full pay for the duration of the annual leave.

A4.4 Failure to gain the permission of the Trust prior to taking such a holiday may be considered as unauthorised absence and will render the employee liable to disciplinary action and loss of contractual sick pay.

A5 ACCRUED ANNUAL LEAVE DURING LONG-TERM SICKNESS ABSENCE

A5.1 Entitlement to annual leave under the employee's Contract of Employment will accrue during any period of paid sick leave (where the employee is in receipt of full or half pay).

A5.2 Additionally, in accordance with the statutory requirements of the Working Time Regulations, annual leave will continue to accrue during any period of unpaid sick leave up to the current level of statutory entitlement. Staff who have been unable to take their annual leave within the financial year are entitled to carry over to the next financial year accrued annual leave (excluding bank holidays) to a maximum of the balance of their accrued statutory leave only (ie 20 days in total for a full-time employees, as at 2022). In the event of long term sickness, it is recommended that the Manager contacts HR to discuss how much annual leave the employee has accrued whilst being on sick leave.

A5.3 The onus is on the employee to make a request to the Trust, giving proper notice, to use accrued statutory holiday entitlement during a period of unpaid sickness absence. The amount of notice required is at least twice the period of the leave to be taken (for example, for one week's leave, two weeks' notice must be given).

A5.4 The Trust may give counter-notice to postpone the leave, giving the employee notice of at least the length of the requested leave period, as long as there is reasonable opportunity for the employee to take the leave within 18 months of the end of the annual leave year in which the holiday was accrued.

A5.5 In the event of long term sickness, it is recommended that the Manager contact HR to discuss how much annual leave the employee has accrued whilst being on sick leave.

A6 OVERTIME/ BANK WORK FOLLOWING A PERIOD OF SICKNESS ABSENCE

A6.1 Where an employee has been absent due to sickness, the employee will not normally be permitted to participate in overtime or undertake bank work for a period of 4 weeks unless their line manager has undertaken a wellbeing assessment to determine their

fitness to undertake any additional duties. Should there be recurring absence relating to the original condition then the employee will not be permitted to participate in overtime or undertake bank work for a period of 4 weeks.

A7 MEDICAL AND DENTAL APPOINTMENTS

- A7.1 In order to cause minimum disruption to the service, employees, whether full or part-time, every effort should be made to schedule hospital/Doctor/Dental appointments outside of normal working hours.
- A7.2 However, it is accepted that this may not always be possible and thus every effort should then be made to book appointments either at the start or the end of the working day.
- A7.3 Time off for appointments should be worked back as soon as practically possible and within a period of 4 weeks. Employees must notify their line manager as soon as an appointment is known.
- A7.4 For those appointments where an individual may undergo a procedure that may potentially render them unfit to return to work, this should be recorded as a day's sickness absence and this will affect their Bradford Score.
- A7.5 In addition, if an appointment is to take more than 4 hours this should be recorded as sickness absence, unless the employee has had annual leave approved for this absence.
- A7.6 The Line Manager reserves the right to request evidence of an appointment to support any requests for time off during a working shift.

A8 ELECTIVE COSMETIC SURGERY

- A8.1 If an employee decides to undergo elective surgery purely for cosmetic reasons, then annual leave should be utilised to cover the relevant period of absence.
- A8.2 If further time off is required due to complications from such a procedure, this will be classified as sickness absence.

A9 SICKNESS ABSENCE DURING INDUSTRIAL ACTION

- A9.1 If Industrial Action pertaining to an employee's staff group takes place, any new sickness absence within the period of the Industrial Action must be supported by an original GP Fit Note / hospital or medical certificate, to evidence that the reason for absence is due to sickness and not due to participation in Industrial Action (regardless of the length of absence).

A10 CONSIDERATION OF REASONABLE ADJUSTMENTS

A10.1 In line with the Equality Act 2010, the Trust has a duty to make “reasonable adjustments” in the workplace where a disabled person would otherwise be put at a substantial disadvantage compared to their colleagues.

A10.2 Temporary reasonable adjustments may be recommended to the Line Manager by Occupational Health and could include the following:

Phased return to work (see section 14) to an agreed timescale (no longer than 4 to 6 weeks) including restrictions on tasks / activities in the workplace, with reference to the employee’s job description;

Consideration of change of work location;

Provision of equipment;

Allowance for regular breaks for someone who takes medication at defined intervals;

Additional training and / or mentoring, eg to help rebuild confidence;

An attendance target for an employee with an underlying health condition in relation to recurrent sickness absences related to the underlying condition (see section 12).

A10.3 Reasonable adjustments are considered to be temporary arrangements and should be subject to regular review by the line manager.

MANAGEMENT GUIDELINES – RETURN TO WORK INTERVIEWS

BI Purpose of the Interview

- To welcome the employee back to work
- To ensure the employee is fit to return to work
- To identify the reason for the absence and confirm the length of absence
- To confirm that the absence has been correctly recorded
- To identify and address any problem (work-related or otherwise) that may be causing or contributing to the absence
- To discuss and/or identify any adjustments (if reasonable/appropriate) to the workplace/hours/duties that may reduce or eliminate future absence, highlighting which adjustments are temporary, with the view to resuming the full requirements of the role
- Determine whether a referral to OH is appropriate
- To update the employee about their current Bradford Score
- To agree the priorities for the post absence period and update the employee on any changes that may have taken place during the period of the absence

B2 Preparing for the Interview

Gather and review all the relevant information pertaining to the employee's absence record giving consideration to:

- Is the employee's absence a regular occurrence?
- Does the absence precede or follow a period of annual leave?
- In what part of the week do their absences occur, particularly in relation to their shift pattern?
- What is the average length of their absence (most recent episode and historical episodes)
- What is the reason(s) for this period of absence?
- Are the reasons varied, or, is there a pattern emerging?
- Are the reasons related to an underlying health condition?
- How does their absence record compare with those of the other staff in the department?

B3 Conducting the Interview

The interview must be conducted in private and be managed in a sensitive, professional and competent manner. The following structure should be followed:

Welcome back and explain the purpose of the interview, making it clear that this is a routine course of action conducted with all employees who are absent following a period of sickness absence

Ascertain the reasons for the absence:

- Is the employee fit enough to resume their duties?
- Was the absence work related?
- What steps has the employee taken towards their recovery

- What preventative measures they are taking to reduce the likelihood of such absences occurring in the future
- Enquire about current health now they have returned

Advise of the consequences of the absence:

- Impact on colleagues
- Impact on service delivery
- Advise if bank, agency or locum was used to fill the gap
- Remind the employee of the importance of full attendance wherever possible

B4 Future Action:

- Provide the employee with details of how to contact the Trust's employee assistance programme, provided by CiC (see appendix J for details);
- Advise the employee of their Bradford Score following this period of absence and inform them if they are approaching the Trust trigger of 150 and of the consequences
- Explain how the Bradford Score is calculated i.e. Episodes x Episodes x Days (3 episodes totalling 10 days = 3 x 3 x 10 = 90)
- Advise the employee if a formal Stage 2 Meeting will be convened if the Trust trigger of 150 is exceeded (irrespective of the reason for this period of absence)
- Offer the employee every opportunity to discuss any concerns they may have in relation to their absence
- Consider if the employee should be referred to OH in view of what the employee has communicated
- Summarise any action that has been agreed to take place in the Return to Work Interview Form (including pay arrangements)
- Sign the Return to Work Interview Form and ask the employee to sign also
- Provide the employee with a copy of the RTW interview form for their reference
- If the Trust Bradford score trigger has exceeded 150 then contact HR to arrange the Stage 2 Meeting.

Return to Work Interview Form *(To be Completed by the Line Manager)*

NAME	JOB TITLE	DEPARTMENT	PLACE OF WORK
ABSENCE START DATE	ABSENCE END DATE	ABSENCE NOTIFIED TO (Name & Job Title)	DATE OF INTERVIEW
NUMBER OF DAYS OFF SICK FOR THIS ABSENCE _____	NUMBER OF EPISODES IN THE LAST 12 MONTHS _____		
NUMBER OF DAYS ABSENCE IN PREVIOUS 12 MONTHS _____	CURRENT BRADFORD SCORE _____		
WELCOME BACK			
Reason for absence and symptoms		State treatment/advice by doctor/hospital/ or not applicable	
Are you taking any medication or having any treatment, if so are there any side effects?		Are any adjustments required if appropriate?	
Is there likely to be further absence from this condition? YES <input type="checkbox"/> NO <input type="checkbox"/>		If YES please discuss further.	
Are there any patterns/re-occurring reasons? YES/NO (if yes discuss absence, history & accuracy)		Was absence due to an injury at work? YES <input type="checkbox"/> <input type="checkbox"/> NO	
If an accident at work has an Incident Datix Report been completed? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are there any concerns about work? (if Yes, give details) YES <input type="checkbox"/> NO <input type="checkbox"/>	
Has the employee accessed the Sickness Absence Policy? YES <input type="checkbox"/> NO <input type="checkbox"/>		Has the employee had information about CIC? YES <input type="checkbox"/> NO <input type="checkbox"/> GIVEN <input type="checkbox"/>	

DETAILS OF RETURN TO WORK INTERVIEW CONVERSATION

(Please detail any discussion and/or actions arising from the above questions and next steps including Stage 2 Meeting if applicable)

Declaration for completion by Employee

I understand that if I provide inaccurate or false information about my absence it may, depending on the circumstances, be treated as misconduct in accordance with the Trust Disciplinary Policy & Procedures. I understand and agree to the actions that have been agreed at this meeting in relation to my absence.

DATA PROTECTION - I consent to the Trust processing the information provided on this form and on medical certificates for the purposes of meeting its legal obligations. In particular, individual data is disclosed to line managers for the purpose of responding appropriately and fairly to an individual's overall level of sickness

Line Manager Signature **Print Name**

Employee Signature **Print Name**

**This form should be retained on the employee's personnel file,
with a copy provided to the employee for their own records**

Sample Online Occupational Health Referral

Welcome to the online Occupational Health management referral form. Please complete the form with as much information as you can. The reply to your referral will be sent to the e-mail address(es) specified on the form. Please ensure that these are correct. Answers to some questions are mandatory and you will be unable to forward this form to us unless they are completed. Please ensure that you attach relevant documentation e.g. sickness absence dates, by using the 'browse' buttons at the bottom of the form to find the relevant document(s) on your computer, which will then allow them to be attached to your referral. If you have any questions about completing this form please contact [REDACTED], Occupational Health Office Manager on [REDACTED].

Note: Required fields are marked with an asterisk (*)

Manager's Details

Full name * Please enter Full name

E-mail address *

Alternate E-mail address

HR Contact

HR Business Partner

Employee's Details

Last name * Please enter last name

First name * Please enter first name

Date of birth * (dd/mm/yyyy)

Full postal address * Please enter full postal address

Contact telephone * Please enter contact telephone

Post title * Please enter post title

Hours of work * Please enter hours of work

Reason(s) for Referral

Please select at least **one** option that best describes the reason for referral *

- Long-term sickness absence
- Short-term recurrent sickness absence
- Still at work – but health/performance concerns
- Pregnancy risk assessment query
- Ill health retirement request
- Health surveillance request
- Other

Job Particulars

- Manual handling
 - Driving duties
 - Works with chemicals
 - Night work
 - VDU work
 - Contact with patients/public
- Background Details about Referral

Please outline specific reasons for referral if not already clarified above. Please ensure that you mention any adjustments etc that you have already made to assist the employee in their role e.g. Equality Act adjustments, or those that you have, or can implement to help them back to work. If disciplinary issues are pending / ongoing – please let us know. **If you have no additional relevant information please state N/A ***

Contact with Employee

Has this referral been discussed with the employee?

- Yes
- No

Advice Required

Please select one, or more appropriate questions from the list below. Please note that **ONLY** those questions that you have highlighted will be addressed in our report. *

- Is this person fit for his/her current employment?
- If not, is it possible to indicate how long he/she will remain unfit?
- Is there a likelihood of a relapse? If so what can we do to help prevent this?
- Are there any underlying causes which could help explain his/her sickness absence levels?
- Is he/she permanently unfit for this post?
- Is his/her incapacity as the result of a work related problem?
- Are there any steps we, as his/her employer can take to aid his/her recovery or return to work in order to facilitate an early return to work? Please indicate whether any alternative duties can be undertaken.
- If any alternative duties are to be undertaken, can you give an indication of how long these should be undertaken for?
- Are there any side effects from the employee's medication that we need to be aware of?
- In your opinion, is it likely that the Equality Act applies to this employee and their medical condition(s)?
- Please advise whether, or not any adjustments to the employee's role should be considered even if the Equality Act did not apply?
- Is he/she a suitable candidate for redeployment?

- On the basis of this employee's medical condition can you predict further sickness absence patterns?
- Would this employee benefit from further Occupational Health review, and if so, when?
- Other - Attach Files

MANAGEMENT GUIDELINES – REFERRAL TO OCCUPATIONAL HEALTH

E1 KEY POINTS

E1.1 The Occupational Health and Wellbeing Service (OH) can provide advice / guidance to managers about employees with:

- recurrent or long term sickness absence;
- health related work performance issues;
- work related ill health;
- medical fitness to attend disciplinary or other employment related meetings;
- disability;
- potential ill health retirement.

E1.2 OH can provide managers with general *ad hoc* advice (by phone/e-mail) without the need for a formal referral, but unless an employee consents a written, employee specific, report will not be made available

E1.3 OH cannot provide advice / guidance on:

- absence management procedures including the potential for dismissal;
- employees who fail, or refuse to attend appointments apart from in some limited situations;
- the contents of pre-placement (formerly known as pre-employment) health questionnaires without employee consent.

E2 WHO SHOULD BE REFERRED TO THE OCCUPATIONAL HEALTH SERVICE?

E2.1 A referral might be appropriate in the following circumstances:

- An employee with recurrent, short term sickness absence (particularly with a Bradford score >150) where a manager is concerned, or believes there might be an underlying health condition or some other problem e.g. caring responsibilities that might give rise to further absence.
- An employee on long term sickness absence where there is no clear return to work date or where advice about rehabilitation is required to facilitate an earlier return
- Concerns that an employee's work performance has deteriorated and there might be an underlying, perhaps unrecognised health condition

- Concern that work duties / responsibilities are having an adverse impact on an employee's health, which might then lead to poor work performance and/or future absence
- Where advice is required about an absent employee's medical fitness to attend disciplinary meetings etc particularly when absence is due to psychological/psychiatric ill health
- Advice regarding potential workplace adjustments for an employee with a declared or likely disability
- To give an opinion on the likelihood of successful ill health retirement for an employee who is facing dismissal, but who has an underlying health condition(s) and where further workplace adjustments are not feasible

E3 REFERRAL PROCESS

E3.1 Contact the employee

E3.1.1 A manager should discuss any referral to the OH with the employee concerned. Ideally, this should be in a face to face meeting, but where this is not possible contact by phone, or if necessary by letter (where an absent employee does not receive phone calls) is acceptable.

E3.1.2 Apart from an opportunity to discuss the reason for referral, contact may allow the manager to obtain further relevant information for inclusion in their referral letter. This could include:

- An employee's contact with their GP / specialist
- An overview about any ongoing therapy / medication received
- The employee's view about the nature of their health complaint and likely outcome
- Any complicating factors e.g. domestic concerns divulged by the employee
- Contact details which may have changed

E3.1.3 Whilst employees might volunteer detailed information about their health, managers must take care not to ask, or be seen to require employees to divulge specific medical information e.g. their diagnosis etc. This would be the remit of the OH and an employee is under no legal obligation to disclose such details to their manager and could lodge a complaint or take other action if they felt under duress to do so.

E3.2 Completing the Referral Form

E3.2.1 Referrals to the OH (for any reason) are in an electronic format. A link to the referral form can be found on the front page of the Trust intranet site, labelled 'occyhealth online referral'.

E3.2.2 To ensure a speedy appointment it is important that **ALL** parts of the referral form are completed accurately. Failure to include relevant information may mean the form is returned to the referring manager.

E3.2.3 It is important to provide as much information as possible in the referral so that the resultant review by OH is as thorough as possible. OH will only be able to review the employee based on the information provided by the line manager and the resultant OH report will also reflect this.

Manager's details

A valid, individual Trust email address is required. Personal e-mail addresses will not be accepted.

An option to give an alternate e-mail address is available e.g. where a manager might be on leave and wishes the OH report to be sent to a deputising colleague in their absence.

HR Contact

In order for the report to be copied to the correct HR contact the name of the relevant HR representative should be selected from the drop down menu that is presented.

Employee details

It is essential that this section is completed fully and accurately. Failure to do so will mean a delay in offering an appointment and the referral may be rejected.

An employee's full contact details including postal address and telephone contact numbers are required. The latter are helpful as most appointments are booked over the phone in order to reduce delays.

A date of birth is essential as this will help identify the correct employee in case they share a name(s) with others. This is a mandatory field and if it is incorrectly completed e.g. tting in random numbers to bypass this section; a referral will be rejected as it will be impossible to clearly and safely identify the correct employee.

An employee's job title and role / working pattern including hours of work or shift pattern will help an OH practitioner to better understand any impact these might have on an employee's health.

Reasons for referral

A number of referral reasons are listed; select the one that best describes the nature of the referral. A dialogue box will open up where detailed information about the referral can be typed.

Background details about the referral.

Any relevant, additional information not included in the section above this should be outlined here. For example his could include such things as any workplace adjustments already made, or details of any ongoing disciplinary issues etc.

Included in the free text boxes should be a list of the absences (in date order) and the reasons for each episode of absence. In addition, the employee's range of duties should be included and if appropriate, the job description attached.

A copy of the job description, copies of Stage 2 outcome letters, sickness absence charts or other documents can be attached to the referral form to provide further information.

Advice required

A number of predefined questions are available and the one(s) chosen should best reflect the type of information that would be most useful to be covered in an OH report.

Ticking additional, but unnecessary, questions will only add to the length of a report with more risk that the most relevant information is missed.

Submit form

Press the submit box and the form will be sent directly to OH.

E4. THE ROLE OF OH

E4.1 Once a referral is received by OH it will be triaged by a senior member of staff to determine who might be best placed to see the employee.

E4.2 If an employee has been referred previously with the same problem/issue an attempt will be made for them to see the original OH practitioner involved in their case, unless circumstances dictate otherwise.

E4.3 Normally, an employee will be offered an initial appointment within five working days with a Nurse Adviser, or within 10 working days with the Consultant OH Physician.

E4.4 Appointments

E4.4.1 The appointment will offer an employee the opportunity to:

- discuss the nature of their health related issue
- consider the on-going treatment options
- consider the likelihood and anticipated timescale for return to work
- discuss what support or assistance may be necessary to facilitate a return (for example a phased return on reduced hours and / or alternative duties for a specified period of time or a longer term adjustment)
- discuss any additional questions posed by the referral if these have not been covered above

E4.4.2 If additional medical information is required, the OH practitioner will seek consent from an employee to liaise with their GP or specialist for a report. This may lead to a delay before a response to the referring manager can be made.

E5 CONFIDENTIALITY

E5.1 All discussions between an employee and the OH are confidential and any medical reports obtained will be retained within an employee's OH file.

E5.2 No-one can access an employee's OH file without their consent unless a Court order has been obtained, or an external organisation with the relevant statutory powers demands its release.

E5.3 If an employee declines for a report to be sent, the referring manager will be informed of this and the employee advised that their manager may make

employment decisions based on what information they do know, without the benefit of OH input.

E5.4 In rare situations where the OH practitioner feels there is a significant risk to an employee's health, or that of others, but an employee has refused consent to make a report, confidentiality may need to be broken. In those circumstances the OH practitioner will seek to inform the employee of their reasons why they need to breach confidentiality unless by doing so the OH practitioner believes this could trigger the adverse event envisaged.

E6 THE OH REPORT

E6.1 The OH will send a report back to the referring manager (or designated deputy) within two working days of an employee's appointment unless a delay is anticipated e.g. obtaining a medical report.

E6.2 Reports will be e-mailed unless there had been a specific request to the contrary.

E6.3 All referral questions will be addressed, but additional information might be included if the OH practitioner feels this might be helpful to the referring manager.

E6.4 At a minimum a report might contain one or more of the following:

- an assessment of fitness for work;
- clarification of whether there is or is not, an underlying medical/social reason that might prevent improved attendance for employees with recurrent short-term sickness absence;
- a likely timescale for a return to work (if absent from work);
- recommendations on methods to assist an employee to return to work or to provide them with support if not currently absent e.g. staged return; workplace modifications and potential, reasonable adjustments (under Disability legislation); changes to working hours/patterns etc.

E6.5 Any recommendations made by the OH are advisory and not binding and service needs/resources might not allow for some/all of modifications suggested.

E6.6 If the line manager has any queries regarding the OH report or requires any further clarification, then they should contact the OH advisor / consultant directly to discuss this.

NHS Pensions - Ill Health Retirement Information

In order to qualify for ill health retirement, you must be leaving work solely because of permanent ill health. If you are dismissed for any other reason you cannot qualify for an ill health pension.

The NHS Pension Scheme provides two levels of ill health retirement benefits, which are dependent upon the severity of your condition and the likelihood of you being able to work again.

To qualify for ill health retirement benefits you must retire from pensionable employment because of illness or injury and either:

- Be permanently incapable of efficiently carrying out the duties of your employment because of illness or injury (Tier 1 pension), or
- Be permanently incapable of engaging in regular employment of like duration because of the illness or injury (Tier 2 pension).

You may apply for ill health early retirement by completing form AW33E which you can get from your employer.

The decision on whether or not you qualify for ill health retirement benefits is taken by NHS Pensions, based on medical assessments and following advice from medical advisors and doctors qualified in the field of occupational health.

The minimum pension age does not apply in the case of ill health retirement. Ill health pensions are increased each April in line with increases in the Consumer Price Index (CPI).

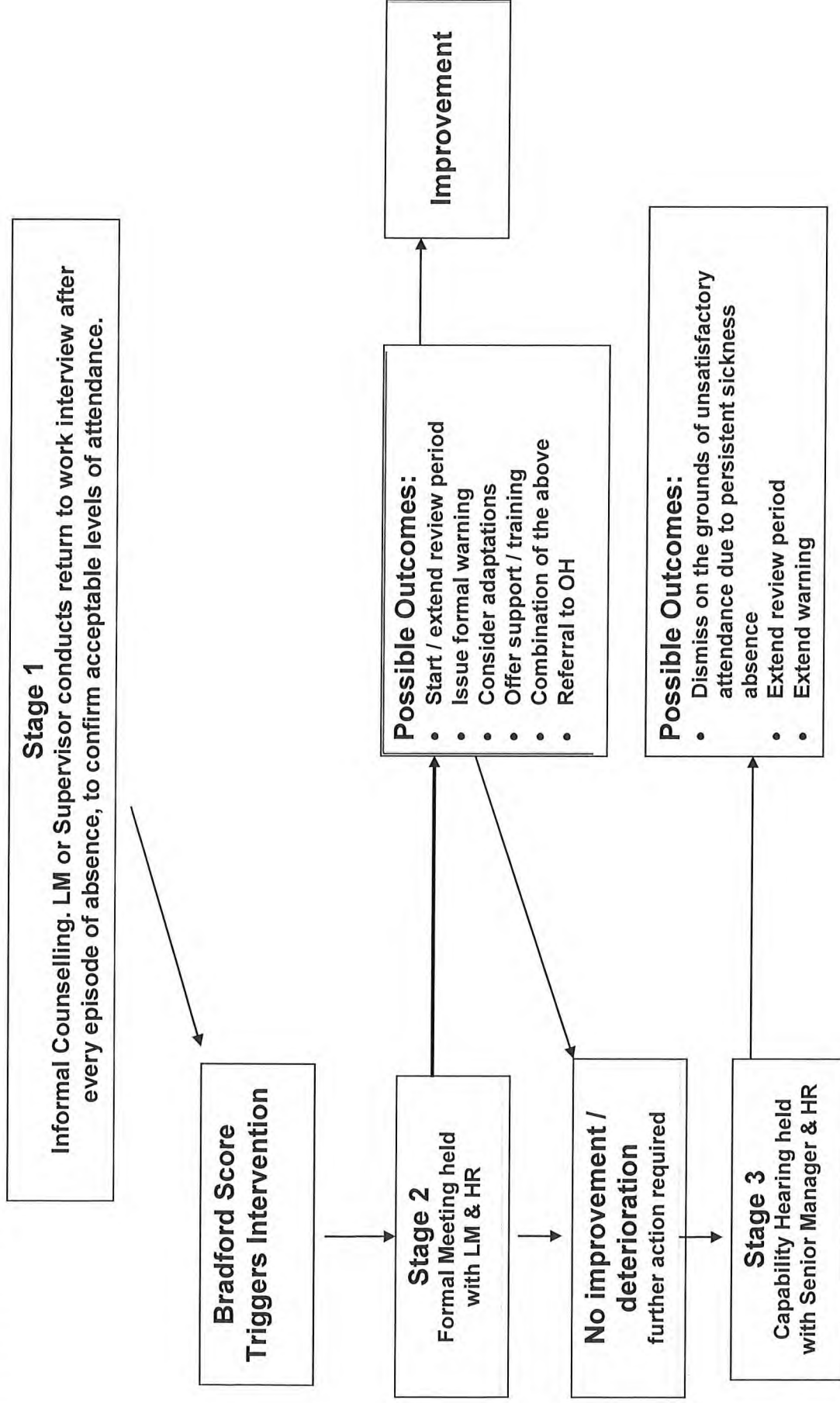
If you are terminally ill you may take your benefits immediately as a lump sum. In this case they will be calculated based on Tier 2.

Your benefits may be reduced if you take up further NHS employment after retiring early due to ill health.

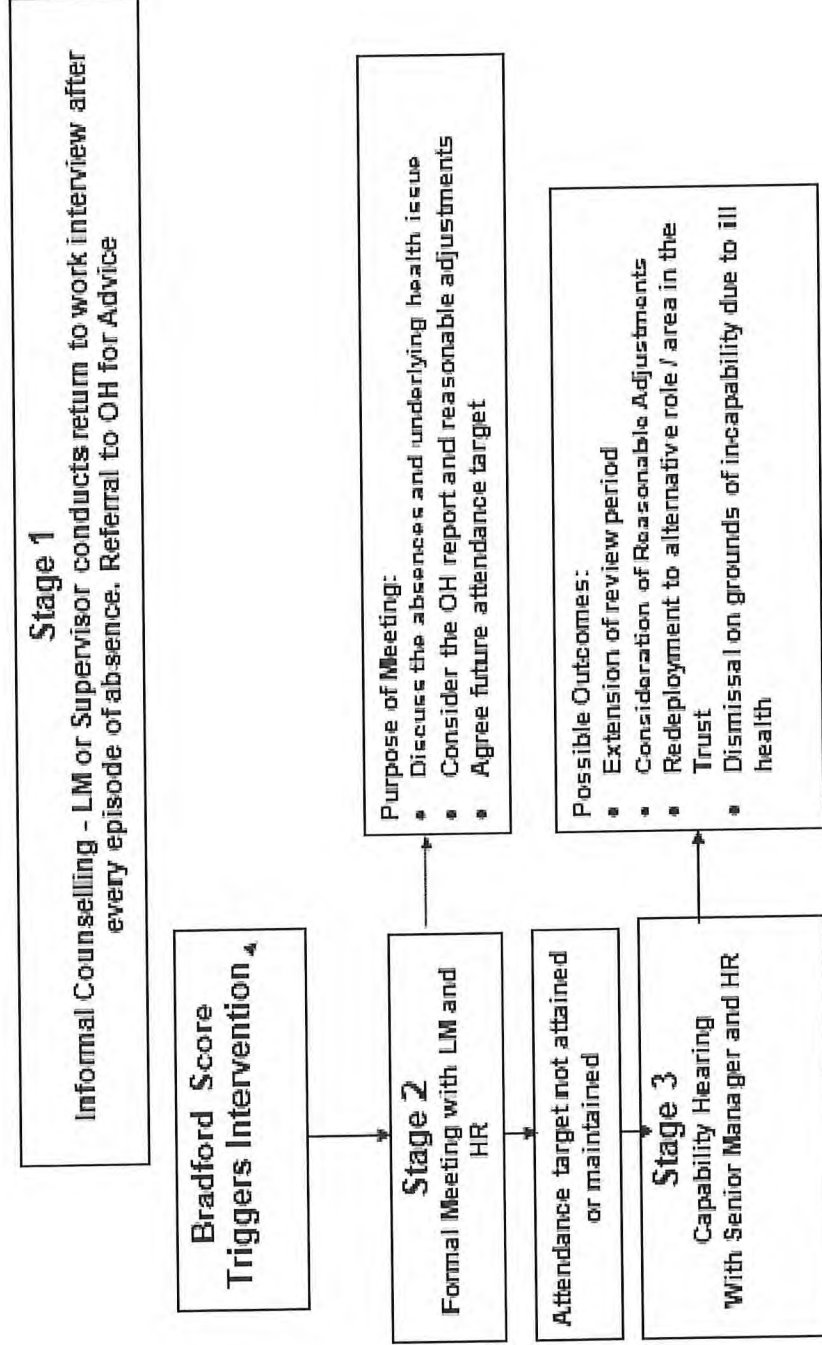
Further information on ill health retirement can be found on the NHSBSA website:

<https://www.nhsbsa.nhs.uk/>

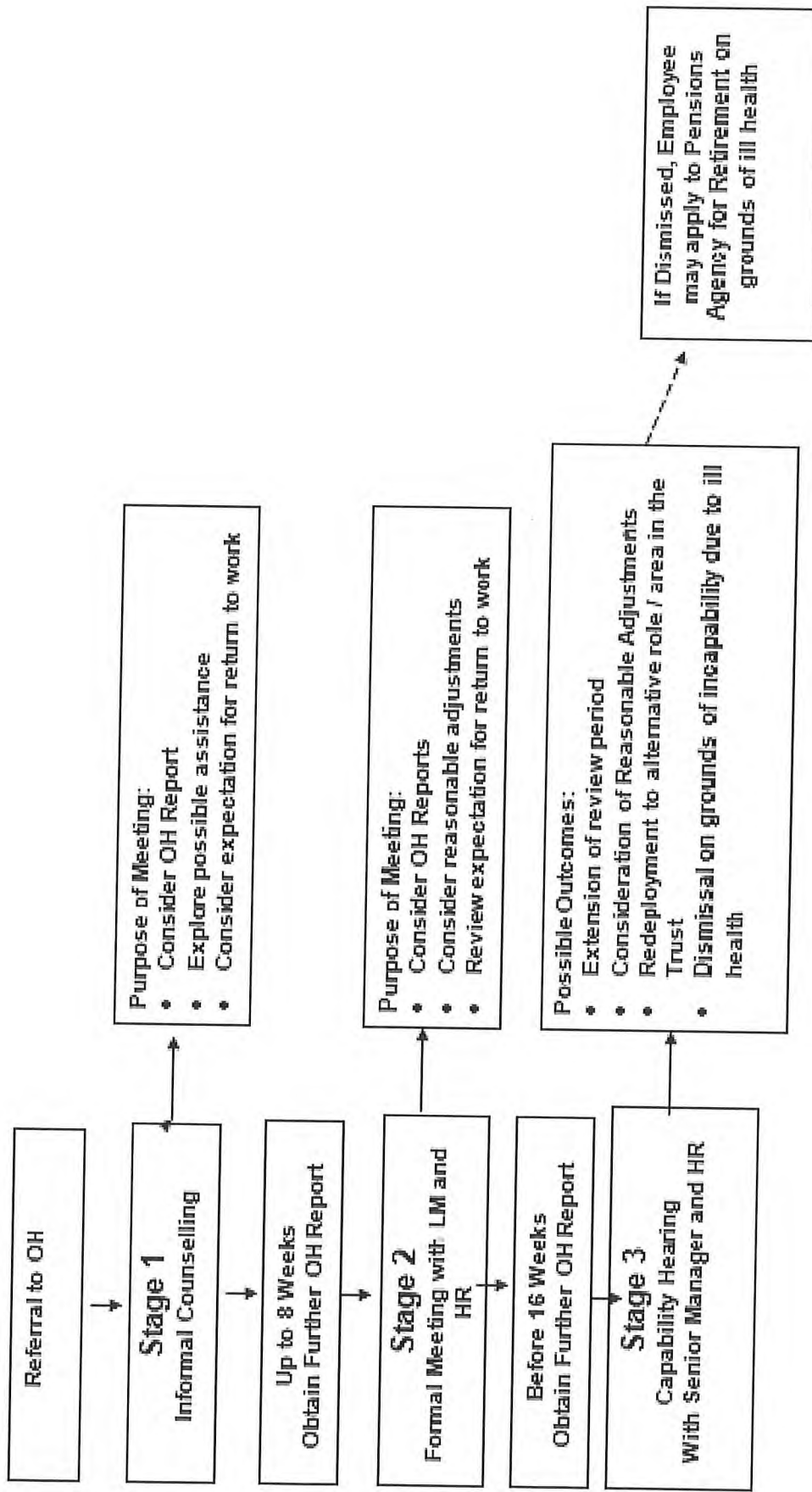
Short Term Sickness Absence Flow Chart



Recurrent Absences Due to Chronic Underlying Health Condition



Long Term Sickness Absence Flow Chart



EQUALITY IMPACT ASSESSMENT

Equality Analysis - Impact Assessment Screening Tool for Policies

AREA	NEGATIVE IMPACT		SIGNIFICANT Y/N?	
	Y ✓	N ✖	Y ✓	N ✖
1. Gender		N ✖		N ✖
2. Religion/ belief		N ✖		N ✖
3. Age		N ✖		N ✖
4. Disability (includes: mental health, learning disability, physical, sensory)		N ✖		N ✖
5. Ethnicity (includes: travellers and gypsies)		N ✖		N ✖
6. Sexual Orientation (includes: gay, lesbian, bisexual)		N ✖		N ✖
7. Transgender / Tran-sexual		N ✖		N ✖
8. Marriage or Civil Partnership		N ✖		N ✖
9. Pregnancy or Maternity		N ✖		N ✖
Additionally		N ✖		N ✖
10. Social / Economic		N ✖		N ✖
11. Rural / Urban		N ✖		N ✖
12. Health Inequalities		N ✖		N ✖
13. Application of NHS Accessible Information Standard		N ✖		N ✖

Impacts are usually measured in terms of positive, neutral and negative impact. E.g. it is useful to record if an impact is significantly positive for one group and neutral or negative for another group and to weigh up this along with the size of the groups within decisions.

For the purposes of this policy it is a significant positive impact to include and ensure that all these factors will be considered and embedded in all strategies, policies, procedures and frameworks written. This is along with the use of the Equality Analysis - Impact Assessment Screening Tool for Policies which will ensure that informed decisions are made that enable fair treatment, access and inclusion.

For any boxes marked as 'yes' above please complete details below

Area	Issue	Further Steps to be Taken

Negative Impact

- Q1. Will the policy create any problems or barriers to any community or group? Y/N
 Q2. Will any group be excluded because of the policy? Y/N
 Q3. Will the policy have a negative impact on community relations? Y/N

If yes, a full equality assessment must be done.

WILL THE POLICY ...	POSITIVE IMPACT		State how, i.e. evidence used to reach this decision
	Y ✓	N ✗	
1. Remove the risk of direct or indirect discrimination			
2. Remove the risk of poor conduct or harassment			
3. Promote good community relations			
4. Promote a positive attitude between and to people of different groups			
5. Encourage participation of people from different and under-represented groups			
6. Consider more favourable treatment of disabled people			
7. Promote and protect human rights			
8. Promote Equal Opportunities and Fair Treatment			
9. Promote Access and inclusion			
10. Promote Dignity and Respect			

Assessed by (Name/s) _____

Signed		Post:		Date:	
Signed		Post:		Date:	

Appendix 3 - Equality Analysis Screening Form

Title of Policy	Equality, Diversity and Human Rights EDHR Policy		
Person Completing this proposal	██████████	Role or title	Equality Lead
Division		Service Area	All
Date Started	06/10/2015	Date completed	14/10/2015
REVISED	31/08/22	UPDATE DUE	30/09/22
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
<p>The Policy supports a diverse service and work environment where all communities can be served by the Trust. It meets the Trust's EDHR principles of Fair Treatment, Access, Inclusion and Respect & Dignity F.A.I.R and the Trusts values of T.H.R.I.V.E. The Policy helps to ensure that good patient and workforce experience are achieved in a manner that respects, understands and cares for diverse groups and individuals. Also that there is good practice and adherence to the requirements of the NHS contract and that the Trust is fully compliant with its statutory duties.</p>			
Who will benefit from the proposal?			
Patients, hospital visitors and staff across all protected groups			
Impacts on different Personal Protected Characteristics – Helpful Questions:			
<p>Does this proposal promote:-</p> <p><i>Equality of opportunity?</i></p> <p><i>Eliminate discrimination?</i></p> <p><i>Eliminate harassment?</i></p> <p><i>Eliminate victimisation?</i></p> <p><i>Promote good community relations?</i></p> <p><i>Promote positive attitudes towards disabled people?</i></p> <p><i>Consider more favourable treatment of disabled people?</i></p> <p><i>Promote involvement and consultation?</i></p> <p><i>Protect and promote human rights?</i></p>		<p>Yes - the Trust's EDHR principles of Fair Treatment, Access, Inclusion and Respect & Dignity F.A.I.R are the foundations of the Modernised Health Service. The policy helps us to build on this foundation and to promote a culture of openness, fairness, dignity and respect where people are valued, differences recognised and that there is freedom from discrimination and harassment.</p> <p>This policy helps to enshrine this way of thinking into practice, amongst BHFT staff and also with agency workers, contractors, volunteers, secondees, patients and students who are placed at the Trust.</p> <p>The policy helps to ensure that as a major procurement organisation, it will encourage best practice and non-discriminatory principles from within the Trusts existing and prospective supplier base and where appropriate F.A.I.R will become part of the Trusts formal contractual arrangements with suppliers.</p>	

Appendix 3 - Equality Analysis Screening Form

Please click in the relevant impact box or leave blank if you feel there is no particular impact.			
Protected Characteristic	None or Minimal Impact	Negative Impact	Positive Impact
Age			x
<p>The policy identifies the need for conducting an Equality Analysis Impact Assessment of all its employment, patient and site policies and procedures to minimise any undue or unintentional discrimination in relation to employment practice and in terms of access to and how, the Trust delivers its health care services within the community across all of the protected characteristic areas including Age.</p> <p>The policy outlines the requirement to monitor employment, training, promotions, disciplinarys, grievances, dismissals and promotions across all of the protected characteristic areas, which includes Age</p> <p>The policy states that the Trust will monitor the ethnicity, age, gender, religion/belief, disability, sexual orientation and Transgender profile of patients, in order to monitor the effectiveness and accessibility of services and provide reasonable adjustments where appropriate and necessary</p>			
<p><i>Including children and people over 65 - Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups? Is it easy for someone of any age to find out about your service?</i></p>			
Disability			x
<p>The policy identifies the procedures for conducting an Equality Analysis Impact assessment of all its employment, patient and site policies and procedures to minimise any undue or unintentional discrimination in relation to employment practice and in terms of access to and how, the Trust delivers its health care services within the community across all of the protected characteristic areas including Disability. The policy outlines the requirement to monitor employment, training, promotions, disciplinarys, grievances, dismissals and promotions across all of the protected characteristic areas, which includes Disability. The policy states that the Trust will monitor the ethnicity, age, gender, religion/belief, disability, sexual orientation and Transgender profile of patients, in order to monitor the effectiveness and accessibility of services and provide reasonable adjustments where appropriate and necessary</p>			
<p><i>Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues. Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?</i></p>			

Appendix 3 - Equality Analysis Screening Form

<p>Gender</p>		<p>x</p>	<p>The policy identifies the procedures for conducting an Equality Analysis Impact Assessment of all its employment, patient and site policies and procedures to minimise any undue or unintentional discrimination in relation to employment practice and in terms of access to and how, the Trust delivers its health care services within the community across all of the protected characteristic areas including Gender</p> <p>The policy outlines the requirement to monitor employment, training, promotions, disciplinarys, grievances, dismissals and promotions across all of the protected characteristic areas, which includes Gender</p> <p>The policy states that the Trust will monitor the ethnicity, age, gender, religion/belief, disability, sexual orientation and Transgender profile of patients, in order to monitor the effectiveness and accessibility of services and provide reasonable adjustments where appropriate and necessary</p>
<p><i>This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?</i></p>			
<p>Marriage or Civil Partnerships</p>		<p>x</p>	<p>The policy identifies the procedures for conducting an Equality Analysis Impact Assessment of all its employment, patient and site policies and procedures to minimise any undue or unintentional discrimination in relation to employment practice and in terms of access to and how, the Trust delivers its health care services within the community across all of the protected characteristic areas including Marriage and Civil Partnerships</p> <p>The policy outlines the requirement to monitor employment, training, promotions, disciplinarys, grievances, dismissals and promotions across all of the protected characteristic areas, which includes Marriage and Civil Partnerships</p> <p>The policy states that the Trust will monitor the ethnicity, age, gender, religion/belief, disability, sexual orientation and Transgender profile of patients, in order to monitor the effectiveness and accessibility of services and provide reasonable adjustments where appropriate and necessary</p>
<p><i>People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?</i></p>			

Appendix 3 - Equality Analysis Screening Form

<p>Pregnancy or Maternity</p>			<p>x</p>	<p>The policy identifies the procedures for conducting an Equality Analysis of all its employment, patient and site policies and procedures to minimise any undue or unintentional discrimination in relation to employment practice and in terms of access to and how, the Trust delivers its health care services within the community across all of the protected characteristic areas including Pregnancy and Maternity</p> <p>The policy outlines the requirement to monitor employment, training, promotions, disciplinarys, grievances, dismissals and promotions across all of the protected characteristic areas, which includes Pregnancy and Maternity</p> <p>The policy states that the Trust will monitor the ethnicity, age, gender, religion/belief, disability, sexual orientation and Transgender profile of patients, in order to monitor the effectiveness and accessibility of services and provide reasonable adjustments where appropriate and necessary</p>
<p>Race or Ethnicity</p>			<p>x</p>	<p><i>This includes women having a baby and women just after they have had a baby - Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff / patients with dignity and respect in pregnancy and maternity?</i></p> <p>The policy identifies the procedures for conducting an Equality Analysis of all its employment, patient and site policies and procedures to minimise any undue or unintentional discrimination in relation to employment practice and in terms of access to and how, the Trust delivers its health care services within the community across all of the protected characteristic areas including Race/ethnicity</p> <p>The policy outlines the requirement to monitor employment, training, promotions, disciplinarys, grievances, dismissals and promotions across all of the protected characteristic areas, which includes Race/ethnicity</p> <p>The policy states that the Trust will monitor the ethnicity, age, gender, religion/belief, disability, sexual orientation and Transgender profile of patients, in order to monitor the effectiveness and accessibility of services and provide reasonable adjustments where appropriate and necessary</p>
<p><i>Incl. Gypsy, Roma people, Irish people, those of mixed heritage, asylum seekers, refugees What training do staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?</i></p>				

Appendix 3 - Equality Analysis Screening Form

<p>Religion or Belief</p>		<p>x</p>	<p>The policy identifies the procedures for conducting an Equality Analysis of all its employment, patient and site policies and procedures to minimise any undue or unintentional discrimination in relation to employment practice and in terms of access to and how, the Trust delivers its health care services within the community across all of the protected characteristic areas including Religion/belief</p> <p>The policy outlines the requirement to monitor employment, training, promotions, disciplinarys, grievances, dismissals and promotions across all of the protected characteristic areas, which includes Religion/belief</p> <p>The policy states that the Trust will monitor the ethnicity, age, gender, religion/belief, disability, sexual orientation and Transgender profile of patients, in order to monitor the effectiveness and accessibility of services and provide reasonable adjustments where appropriate and necessary</p>
<p><i>Including humanists and non-believers - Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?</i></p>			
<p>Sexual Orientation</p>		<p>x</p>	<p>The policy identifies the procedures for conducting an Equality Analysis of all its employment, patient and site policies and procedures to minimise any undue or unintentional discrimination in relation to employment practice and in terms of access to and how, the Trust delivers its health care services within the community across all of the protected characteristic areas including Sexual Orientation</p> <p>The policy outlines the requirement to monitor employment, training, promotions, disciplinarys, grievances, dismissals and promotions across all of the protected characteristic areas, which includes Sexual Orientation</p> <p>The policy states that the Trust will monitor the ethnicity, age, gender, religion/belief, disability, sexual orientation and Transgender profile of patients, in order to monitor the effectiveness and accessibility of services and provide reasonable adjustments where appropriate and necessary</p>
<p><i>Including gay men, lesbians and bisexual people - Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Do staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?</i></p>			

Appendix 3 - Equality Analysis Screening Form

<p>Transgender or Gender Reassignment</p>			<p>x</p>	<p>The policy identifies the procedures for conducting an Equality Analysis of all its employment, patient and site policies and procedures to minimise any undue or unintentional discrimination in relation to employment practice and in terms of access to and how, the Trust delivers its health care services within the community across all of the protected characteristic areas including Trans.</p> <p>The policy outlines the requirement to monitor employment, training, promotions, disciplinarys, grievances, dismissals and promotions across all of the protected characteristic areas, which includes Trans</p> <p>The policy states that the Trust will monitor the ethnicity, age, gender, religion/belief, disability, sexual orientation and Transgender profile of patients, in order to monitor the effectiveness and accessibility of services and provide reasonable adjustments where appropriate and necessary</p>						
<p><i>This will include people who are in the process of or in a care pathway changing from one gender to another - Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?</i></p>										
<p>Human Rights</p>	<p>*</p>		<p>X</p>	<p>The EDHR Policy and any associated amendments shall be implemented in accordance with the appropriate statutory requirements as defined under the Equality Act 2010 and take into account any Codes of Practice issued by the Equalities and Human rights Commission. The FREDA principles underpinning Human rights law lies at the heart of this policy. The policy highlights empowering staff and patients with knowledge, skills and organisational leadership and commitment to achieve Human rights based approach which will:</p> <p>Enable meaningful involvement and participation / Ensure clear accountability and / Provide non-discrimination and attention to 'vulnerable' groups</p>						
<p><i>Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position? If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (Equality Act 2010, Human Rights Act 1998)</i></p>										
<p>What do you consider the level of negative impact to be?</p>	<p>Yes</p>	<p>No</p>	<table border="1"> <tr> <td data-bbox="1121 1032 1278 1458"></td> <td data-bbox="1121 674 1278 1032"></td> </tr> <tr> <td data-bbox="1121 539 1278 674"> <p>High</p> </td> <td data-bbox="1121 405 1278 539"> <p>Medium</p> </td> </tr> <tr> <td data-bbox="1121 271 1278 405"></td> <td data-bbox="1121 203 1278 271"> <p>Low</p> </td> </tr> </table>				<p>High</p>	<p>Medium</p>		<p>Low</p>
<p>High</p>	<p>Medium</p>									
	<p>Low</p>									

<p>If the impact could be discriminatory in law, please contact the Equality and Diversity Officer immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.</p> <p>If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Officer before proceeding.</p> <p>If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required remedial actions, and forward to the Equality and Diversity Officer.</p>
<p>Action Planning:</p>
<p>How could you minimise or remove any negative impact identified even if this is of low significance?</p>
<p>Improved patient and staff monitoring, plus the sustained analysis of related evidence arising from patient outcomes and staff satisfaction as part of Trust wide performance measures, as recommended in the revised Policy.</p>
<p>How will any impact or planned actions be monitored and reviewed?</p>
<p>The policy will be monitored by the Trusts Equality, Diversity and Human Rights EDHR Committee. It's impact will be measured and as part of the Trust's annual Equality Delivery System along with patient and staff feedback reports</p>
<p>How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.</p>
<p>This policy hopes to enshrine this way of thinking into practice, amongst staff at BHFT but also with agency workers, contractors, volunteers, secondees, patients and students who are placed at the Trust. The policy helps to ensure that as a major procurement organisation, it will encourage best practice and non-discriminatory principles from within the Trusts existing and prospective supplier base and where appropriate equal opportunities will become part of the Trusts formal contractual arrangements with suppliers.</p>

