FOI REF: 23/625

13th October 2023

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

I'm undertaking some research into the ways in which sickness absence can be prevented, as well as how the impact on sickness absence can be reduced, and the impact that absence has on patient care.

1)   **What is the name of your Trust?**

East Sussex Healthcare NHS Trust (ESHT).

2)   **What is the current sickness rate for your staff for LTS and STS?**

Current Trust monthly sickness rate (August 2023) is 4.9%, divided into 2.5% long term sickness and 2.4% short term sickness.

Prevention of sickness absence:

3)   **What does your Trust do, in order to prevent sickness absence?**

The organisation has an inhouse Occupational Health service, inhouse Wellbeing service, inhouse Human Resource service to support our staff. The absence management policy supports absence prevention also.

4)   **To what degree (rating on a scale of one to ten), do you feel as if your organisation has measures in place, in order to prevent sickness absence?**

The right of access created by the Freedom of Information Act only applies to recorded information. The opinions requested above are not recorded and we are unable to divulge unrecorded opinions on these matters.

5) **As part of the research I have conducted, it seems apparent that to prevent sickness absence, a healthy workplace is needed:**

    a) **How does your Trust do this?**

        The organisation has an inhouse Occupational Health service, inhouse Wellbeing service, inhouse Human Resource service to support our people, who work closely with other inhouse services such as Health and Safety.

    b) **If they don't, what do you feel as if they should be doing?**

        The right of access created by the Freedom of Information Act only applies to recorded information. The opinions requested above are not recorded and we are unable to divulge unrecorded opinions on these matters.

6) **What (if anything), do you feel as if your organisation could do to prevent sickness further?**

The right of access created by the Freedom of Information Act only applies to recorded information. The opinions requested above are not recorded and we are unable to divulge unrecorded opinions on these matters.

7) **Does your Trust offer 'duvet days' or days off, related to mental health reasons, but doesn't trigger towards formal sickness management?**

No, please see the attached 'Attendance Management Procedure policy' and 'Psychological Wellbeing and Safety of Staff Policy' (Formerly stress and mental wellbeing).

    a) **If so, have you found that since implementing such scheme, sickness absence has reduced?**

        Not applicable.

    b) **If not, is this something that your Trust would consider?**

        No.

    c) **What's your personal opinion on this?**

        The right of access created by the Freedom of Information Act only applies to recorded information. The opinions requested above are not recorded and we are unable to divulge unrecorded opinions on these matters.

8) **To what degree do you feel as if your Trust works in a way which accommodates flexible working?**

The right of access created by the Freedom of Information Act only applies to recorded information. The opinions requested above are not recorded and we are unable to divulge unrecorded opinions on these matters.

9) Do you think that your Trust could be doing anything further, to promote and implement flexible working schemes, specifically with the intention of reducing sickness absence?

The right of access created by the Freedom of Information Act only applies to recorded information. The opinions requested above are not recorded and we are unable to divulge unrecorded opinions on these matters.

Impact on Patient Care:

10) How does your Trust reduce the impact on patient care, through high levels of sickness absence?

Staffing meetings are held twice daily with the senior nursing team to monitor patient safety against sickness across the Trust. Inhouse Temporary workforce staff – who are trained with ESHT policy etc. and are familiar with ESHT processes supports patient safety. Site Manager uses SaferCare to measure acuity of patients against staffing levels and moves employees as per patient risk.

a) What does your wellbeing support look like, within your Trust?

The right of access created by the Freedom of Information Act only applies to recorded information. The opinions requested above are not recorded and we are unable to divulge unrecorded opinions on these matters.

b) Does this have a correlation to the sickness absence within your organisation?

Not applicable.

11) Please could you send me a copy of your Sickness Absence Policy.

Please see attached Attendance Management Procedure policy.

Please note that it is ESHT's FOI policy to only release the names of staff that are band 8a or above, therefore names of staff below this band have been redacted from the policy.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire   SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Linda Thornhill (Mrs)
Corporate Governance Manager
esh-tr.foi@nhs.net

Attendance Management Procedure

Document ID:	57
Version:	V3.3
Ratified by:	Policy Ratification Group
Date ratified:	January 2019
Name of author and title:	████████████, HR Manager
Date Written:	December 2017
Name of responsible committee/individual:	Monica Green, Director of Human Resources
Date issued:	May 2019
Review date:	July 2023
Target audience:	All staff
CQC Fundamental Standard:	Good Governance
Compliance with any other external requirements (e.g. Information Governance):	ACAS
Associated Documents:	Annual Leave Policy Disciplinary Procedure Work Life Balance & Special Leave Policy Incident Reporting and Management Maintaining High Professional Standards Stress – Recognition and Management Policy Arrangements Substance Misuse Supporting Staff Involved in Incidents, Complaints and Claims

Did you print this yourself?
Please be advised the Trust discourages retention of hard copies of procedural documents and can only guarantee that the procedural document on the Trust website is the most up to date version

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V2	December 2017	██████ HR Manager	Periodic review	Minor adjustments in main body Changes to pay terms and conditions in Appendix G as per pay agreement
V3.1	December 2017	██████, HR Manager	Periodic Review	Minor adjustments to Appendix B Sickness Reporting Form
V3.2	December 2022	██████	Extension for review date due to extensive review	Extended review date from May 2022 to March 2023
V3.3	March 2023	██████	Extension for review date due to extensive review	Extended review date from March 2023 to May 2023

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
Operational HR		Feb 2018
WPPG		April 2018
Operational HR		May 2019

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss.

Attendance Management Procedure

Table of Contents

Attendance Management Procedure

1. Introduction

The Trust recognises that the health and well-being of staff is vital for ensuring that it can provide effective patient care and continually improve the quality of services for patients.
The Trust approach to staff health and well-being is centred on prevention, promotion of positive health and, where sickness occurs, enabling staff to return to work as early as is appropriate.

2. Purpose

The purpose of this policy is to provide clear guidance to managers and staff in managing sickness absence so that they are aware of their obligations and responsibilities in relation to attendance, health and wellbeing.

2.1. Rationale

The Trust aims to strike a reasonable balance between the needs of our services and of employees who are absent from work because of sickness. It recognises that staff should be supported when they are unable to work because of their health or other reasons. The Trust's ability to deliver cost effective patient care is adversely affected by staff absence, and therefore the Trust will take appropriate and reasonable measures in handling absence, including sickness absence.

2.2. Principles

2.2.1   Where employees are unable to attend work due to health issues any absence will be managed sympathetically and sensitively, while bearing in mind the impact that it can have on service delivery and on the workload of others.

2.2.2   When this procedure is invoked those involved will adhere to strict rules of confidentiality as is expected with the handling of medical records. Any breach of confidentiality may be dealt with under the Trust's Disciplinary Procedure.

2.2.3   Staff required to attend formal meetings under this procedure will be given five working days' written notice and advised of their entitlement to be accompanied by either a colleague who is an employee of the Trust or represented by a full time or lay Trade Union officer.

2.2.4   If an employee fails to attend a formal meeting without notification the meeting will be reconvened within 10 working days, unless both parties agree otherwise. If the reconvened meeting is not attended by the employee or their nominated representative it may proceed in their absence.

2.2.5   Working in any capacity whilst on sick leave or claiming sick pay when fit to work is not permitted. This will be regarded as dishonest conduct and will be dealt with in line with the Trust's Disciplinary Procedure. In addition, if there are reasonable grounds to suspect abuse of the sick pay system, the Trust's Local Counter Fraud specialists (LCFS) may investigate and take action, in line with the Counter Fraud Policy.

2.2.6 Should an employee's health prevent them from providing a regular and reliable attendance at work the processes set out in this procedure will ensure support is given where possible and ultimately aid consideration of the Trust's ability to support their continued employment.

2.3. Scope

This procedure applies to all staff employed by East Sussex Healthcare NHS Trust.. For Medical staff, this policy should be applied in conjunction with the Maintaining High Professional Standards Policy.

3. Definitions

Episode of sickness:	Any period of absence due to sickness, e.g. one day, one week, six months etc with no return to work in between
Fit note:	Is a medical certificate usually provided by the employees General Practitioner and is used for periods of sickness of eight+ calendar days
'Open' fit note:	A fit note which specifies a period to refrain from work but does not specify a return date
'Closed' fit note:	A fit note which specifies an exact return to work date Fit notes may indicate workplace adjustments
Self-certification:	Absence of between one – seven calendar days
Working days:	Monday-Friday
Short-term Sickness Absence:	Any one occurrence of sickness absence lasting between one and seven days
Medium-term Sickness Absence:	Any one occurrence of sickness absence lasting between 8 – 27 days. Absence from the eighth calendar day must be covered by a Fit Note
Long-Term Sickness Absence:	Any one occurrence of sickness absence which lasts 28+ days.
Formal Review Meeting:	A review meeting held at any Stage of either Short or Long term absence
12 month rolling period:	The 12 month period immediately before each episode of sickness absence
Reasonable adjustments:	Adjustments made to working arrangements or physical aspects of the workplace to avoid disabled staff being put at a disadvantage compared to nondisabled staff. This includes those who may be temporarily disabled.
Statutory Sick Pay (SSP)	is paid in accordance with rules determined by the Department for Work and Pensions

Occupational Sick Pay is paid in accordance with NHS terms and conditions of employment.

4. **Accountabilities and Responsibilities**

4.1. **Chief Executive and Directors**

Chief Executive and Directors have ultimate responsibility for ensuring that the processes and procedures set out in this document are applied consistently.

4.2. **Line Managers' responsibilities**

4.2.1   Managers should act reasonably, sympathetically and consistently in dealing with absence while keeping in mind the need to promote good attendance in the interests of staff and the service. Obligations include:

4.2.2   Ensure they are fully conversant with this policy and linked policies

4.2.3   Ensure all staff are aware of who they should report absence to, and the required procedure

4.2.4   Ensure reported absences are documented using Sickness Reporting Form **Appendix B**

4.2.5   Promote healthy work practices and take preventative actions; carry out risk assessments

4.2.6   Record, monitor and keep up to date information and correspondence on sickness absence levels for their staff Employee Absence Record **Appendix C**

4.2.7   Ensure that accurate records of all sickness absence are recorded on ESR/ E-rostering promptly which will assist when discussing concerns with the employee

4.2.8   Maintain confidentiality of their employees' sickness absence. Unauthorised disclosure will be treated in the same manner as for any other medical record

4.2.9   Conduct Return to Work meetings with employees on their return from a period of sickness absence on the day of return or within the first two working days, keeping a record of that interview using the Sickness Reporting Form **Appendix B** and arranging any necessary follow up action.

4.2.10   Monitor attendance and maintain agreed regular contact with employees e.g. weekly, who are on long term sickness absence with a view to facilitating a return to work using the Support Plan **Appendix D**.

4.2.11   Arrange Occupational Health Service and any other necessary referrals and assessments using Occupational Health Referral Form **Appendix E**.

4.2.12   Consider making reasonable adjustments for staff who have or develop a disability to enable the staff member to remain in employment. For example, making physical changes to premises or equipment, changing work patterns, or redeployment.

4.2.13   Contact the Local Counter Fraud Specialists for advice if there is a suspicion that an employee has taken sick leave dishonestly.

4.2.14   Inform Temporary Workforce Services of decisions to place restrictions on bank working.

4.2.15   Participate in training on absence management

4.3.   Employee's responsibilities

4.3.1   Ensure they understand the content of this policy and co-operate fully with the sickness absence procedures

4.3.2   Take appropriate care of their own health, safety and well-being.

4.3.3   Attend for work routinely and regularly in accordance with their contracted hours and in a fit state to carry out their duties

4.3.4   Report absence on the first day of illness to their manager or designated person within their department in accordance with agreed departmental procedures. This should be directly, in person, by telephone and not by other electronic means such as email or text message

4.3.5   If the absence is due to an incident at work the employee should inform the line manager and complete an incident form at the time of the injury

4.3.6   Report fitness as soon as it is known to their Line Manager or designated person within their department, whether they are expected to attend work that day or it is a rostered day off

4.3.7   Participate in Return-to-Work discussions and sign the Sickness Reporting Form **Appendix B**

4.3.8   Comply with sickness certification arrangements. Failure to provide the correct documentation in a timely fashion may jeopardise entitlement to sick pay

4.3.9   Attend review / contact meetings with their Manager in line with the provisions of this procedure

4.3.10   Keep in regular contact with their manager, and discuss Fit Note adjustments and return to work plans as appropriate

4.3.11   Attend Occupational Health appointments as requested

4.3.12   Cooperate with regard to possible implementation of any adjustments to job duties hours or working conditions resulting from recommendations made by a medical practitioner or the Occupational Health Department. Notwithstanding the fact that a Fit Note is not binding on the Trust

4.3.13   Employees must not carry out any work while on sick leave unless specifically authorised by the Trust, this includes, but is not exclusive to, any employment outside of the Trust; self-employment and voluntary work

4.3.14   Take responsibility to help their own recovery, and not undertake any activity whilst absent from work through sickness which could hinder their recovery and subsequent return to work; e.g. taking part in sports or other activities which may aggravate their illness.

4.3.15   Inform their line manager if they are making plans to travel abroad whilst on sick leave. Consideration will then be taken regarding the appropriateness of the planned travel based on medical evidence provided by either the Occupational Health Service or the employee's GP.

4.3.16   Refrain from undertaking any bank work or any hours in addition to contracted hours during periods of sick leave, when on a phased return to work and when under formal sickness review

4.4.   Human Resources Department

4.4.1   HR Managers and Advisors will help ensure that this policy is understood and implemented consistently by managers, staff and trade union representatives. They will also advise on specific cases, particularly where formal action is taken

4.4.2   The HR Information Team will produce monthly sickness absence reports listing those employees who have triggered a review under this procedure to Departments / Clinical Units and line managers

4.4.3   HR Managers will analyse sickness absence reports to enable trends/hot spots to be identified within particular departments

4.4.4   HR Advisors and Employee Services Assistants are responsible for maintaining up to date records of staff reviewed under this procedure.

4.4.5   Where appropriate make home visits to staff in conjunction with their line manager, e.g. to explain sick pay entitlements or ill health retirement provisions

4.4.6   General HR guidance and template documents can be accessed via the Liveflo system on the Trust's Extranet.

4.5.   Occupational Health Service

4.5.1   Provide advice and support to staff and managers following a referral, and to liaise with employees: GPs or Medical Specialists to provide an informed assessment of the employee's fitness for work.

4.5.2   Manage referrals and advise staff and line managers of appointments made.

4.5.3   Advise managers of any non-attendance / cancellations or postponements of appointments

4.5.4   Provide line managers with a written report with advice on the employee's likelihood of returning to work and timescales for this to happen. The report will also highlight any reasonable adjustments which are to be considered to facilitate the employee's return to work or ability to remain at work if not off sick or on a phased return.

5.   Procedures and Actions to Follow

Notification of Sickness Absence

5.1.   Reporting Absence

5.1.1   Employees must report absence in line with the departmental arrangements but no later than within one hour of their start time or as soon as possible on the first day they are unfit for work to their line manager or designated person within their department. Early notification is required wherever possible where arrangements must be made to cover shifts or duties.

5.1.2   All absences must be reported via telephone. Text messaging, emails or using social networking sites are not acceptable methods for reporting any sickness absence. If unable to report personally employees must ask a responsible person to do this on their behalf. They will then be contacted by their line manager or designated person. Any delay may affect entitlement to sick pay.

5.1.3   When reporting absence, the employee should inform their line manager of the following:

- State the reason for the absence
- Likely length of absence
- Details of any work-related issues that may require action

This information must be recorded on the Sickness Reporting Form **Appendix B**

5.1.4   If an employee goes home or is sent home from work because they are unwell before completing 50% of their working day this will be recorded as a whole day's sickness absence, if sent home after completing 50% of their working day this will be recorded as half day sickness. It should be noted that absences of this nature may considerably mount up in some cases and therefore require careful monitoring as this may demonstrate a pattern of absence.

5.2.   Subsequent sick days

5.2.1   The manager should agree with the employee the frequency and nature of updates, taking into account the nature of the illness and whether it is medically certificated or not. The employee should thereafter update their manager as agreed.

5.2.2   If the absence continues the employee must maintain the agreed regular verbal contact with their manager to keep them informed of their progress.

5.3. Certification

5.3.1 Certification for the first seven calendar days of each absence (this includes all non-workdays) is recorded on the Sickness Reporting Form **Appendix B** which must be signed by the employee at their Return to Work Interview.

5.3.2 Employees who are absent due to sickness beyond seven calendar days are required to submit GP Statements of Fitness for Work (Fit Notes) which cover all days of absence beyond the seventh calendar day.

5.3.3 On an individual basis, in response to a sickness pattern already highlighted to the employee by their line manager, the Trust reserves the right to call for medical certificates for absences less than seven calendar days. If a cost is incurred the Trust will reimburse the employee on the production of a receipt.

5.3.4 Failure to submit a medical certificate or to follow the correct reporting procedures could result in the withdrawal of sick pay. Repeated failure to submit medical certificates or follow the correct reporting procedure is considered a disciplinary matter.

5.4. Statement of Fitness to Work (Fit notes)

5.4.1 Statement of Fitness for Work or Fit Note is a medical certificate which states the reason for the sickness absence and that the employee is either "unfit for work" or "may be fit for work".

5.4.2 If the Fit Note indicates that the employee "may be fit for work" it will indicate the length of time for the recommended adjustments which are designed to help facilitate the employee's return to work. The line manager should meet with the employee to discuss how the adjustment may be facilitated. Adjustments could be:

- a phased return
- amended job duties
- temporary work placement (not necessarily within own department)
- altered hours of work
- workplace adaptations

5.4.3 If a phased return, restricted hours/duties or workplace adaptations are agreed this should not normally exceed four weeks. If the adjustment cannot be accommodated the Fit Note should be regarded as if the doctor had advised "not fit for work".

5.4.4 An employee can go back to work at any time they feel able to (including before the end of the Fit Note) without going back to see their doctor; even if the doctor has indicated that they need to assess the employee again. However, a suitable risk assessment must be carried out by the manager prior to the employee's return to work to establish that returning the employee to the workplace would not pose a serious threat to the health & safety of that employee or to that of their colleagues, visitors or the general public.

Depending on the seriousness of the condition, a line manager may take further advice from Occupational Health on an employee's ability to return to work. In the event that the manager cannot accommodate the employee's immediate return to work, the manager should explain the reasons for this decision and provide a plan of action which may include temporary redeployment to another area or role.

5.4.5   Where the absence extends over a longer period the medical certificate should provide continuous certification of absence, with no gaps between. Failure to submit medical certificates may result in loss of pay. Continuing certificates should be forwarded with three calendar days of expiry of the previous statement.

5.4.6   If an employee is in hospital or receiving medical treatment from any other provider; they should provide their manager with a discharge certificate as soon as possible.

5.4.7   It is an employee's responsibility to ensure that a medical certificate can be verified i.e. that it includes the surgery stamp which shows clearly the name, job title, address and telephone number of the person signing it. Employees should under no circumstances alter or amend the medical certificate. If there is any doubt by the manager of the authenticity of the medical certificate, managers should discuss their concerns with the HR Business Partner.

5.5. Bank Work / Temporary Workforce Services

5.5.1   Following a period of short-term sickness absence a member of staff must not work any additional hours for a period of one week.

5.5.2   Employees whose sickness absence has triggered a review under short term / frequent absence section of this procedure maybe restricted from working additional shifts via the Temporary Workforce Service for up to three months following the last episode of absence.

5.5.3   Staff who have been on long term sick leave will not be permitted to work additional shifts via Temporary Workforce Services for a period of at least two weeks following return to ensure they are fully recovered from their absence. Managers reserve the right to temporarily stop an employee working bank shifts following a period of absence, should they have concerns that this may adversely affect their recovery.

5.5.4   Bank shifts will also not be permitted during periods of a phased return or temporary work placement.

5.5.5   It is the responsibility of the line manger to inform Temporary Workforce Services of the decision to place restrictions on bank working.

5.6. False claims of sickness or working while off sick

5.6.1   It is not normally permitted to work while off sick whether in a paid, unpaid, self-employed or voluntary capacity, even if permission has been given on previous occasions or when the employee was not off sick.

5.6.2 An employee who continues to work in a second job and/or wishes to work, while off sick, for therapeutic reasons or to aid recovery must seek authorisation from their line manager in advance on each occasion. The Trust would not expect you to work for another employer and should this happen, it would be unauthorised.

5.6.3 An employee who works while off sick without authorisation from their line manager or who is suspected of falsely claiming to be sick will be referred to the Counter Fraud Service for investigation under the Fraud Act 2006 and could lead to prosecution, a disciplinary sanction (including dismissal) and recovery of sick pay.

5.6.4 If the line manager suspects any breach of policy in connection with the above, they must contact the NHS Local Counter Fraud Specialist for advice before commencing an investigation and contact Human Resources. Contact details on the Counter Fraud Page of the Extranet.

5.7. Return to Work

5.7.1 An informal face-to-face return to work discussion between the manager and the employee should take place after each episode of sickness absence including Long Term Sickness. This discussion should take place on the day of the employee's return to work, or within 2 days of employee's return, with the manager or his/her deputy. In exceptional circumstances e.g. for staff based in small community units or due to working patterns, a face to face meeting is not possible, it is acceptable for this discussion to be conducted over the telephone only for those staff who have had either one or two occasions of short term absence over a rolling twelve month period. Absences in excess of this require a face-to-face meeting.

5.7.2 The return-to-work meeting forms the basis of sickness absence management and must be recorded by completing the Sickness Reporting Form **Appendix B**.

5.7.3 At every return-to-work discussion the manager should:

- welcome the employee back to work
- establish the precise reason for the absence
- check the employee is fit to work. If stress is given as the reason for the absence or if there is an underlying health issue the employee must be referred to Occupational Health. In cases of stress, the Stress Assessment should be completed and provided to Occupational Health in advance of an appointment where possible
- reiterate reporting procedures if these were not followed appropriately and record this in Part three of the Sickness Reporting Form
- if appropriate, advise the employee if their attendance record is giving cause for concern, discuss any support that can be provided to help the employee to improve their attendance, and inform employee that a Stage One Formal Meeting is to be arranged
- complete part two of the Sickness Reporting Form which should be signed by both parties

- update the employee on any relevant information, which may have occurred during their absence

5.7.4   Thereafter the manager should update Health Roster/ESR and file the Sickness Reporting Form, together with a Fit Note (if appropriate) on the employee's staff file.

5.8. Occupational Health Referrals

5.8.1   When managing sickness absence, line managers are expected to obtain advice on an employee's fitness to attend work.

5.8.2   The purpose of a management referral is to:

- establish the likely duration and prognosis for recovery
- establish whether an employee has an underlying medical condition
- gain advice to facilitate a timely return to work – for example, reasonable adjustments/phased return

5.8.3   Referrals are made using Occupational Health Referral Form **Appendix E**. When managers refer staff to Occupational Health they must ensure that the employee is fully aware of the reasons for the referral, and outline any adjustments they may be able to accommodate.

5.8.4   Following the appointment the Occupational Health specialist will outline any reasonable adjustments which may facilitate the employee's early return to work.

5.8.5   The line manager will be provided with a written report.

5.8.6   Referrals are processed by Occupational Health either by telephone contact with the staff member or by appointment. It is therefore in the employee's best interests to attend and comply with this procedure. If an employee fails to attend appointments, management will make a decision regarding future employment without the benefit of specialist advice. Non-attendance/late cancellation or postponements of Occupational Health appointments will be monitored and reported to the line manager as this may demonstrate a breach of the Trust's Disciplinary Procedure.

5.8.7   The Occupational Health Specialist may wish to consult with the employee's GP or other specialist practitioner and in such cases will ask the individual for his/her consent to contact other health professionals. If the employee refuses to give consent, then in the absence of additional medical information and advice, any decision regarding their future employment will be taken on the basis of the limited information available.

5.9. Management of short term / frequent sickness absence

5.9.1.   Trigger points
The trigger points for identifying when action must be taken regarding an employee's sickness absence record are detailed below. It is not the intention that they be used exclusively without reference to other information including: the employee's previous attendance record;

change of personal circumstances; the reasons given for absence; length of the absence; any long term medical condition and any recent organisational changes.

5.9.2 Informal review triggers:
A Return-to-Work interview will be carried out after each episode of sickness absence

5.9.3 Formal review triggers:

- After four episodes of sickness absence in a 12-month rolling period
- Three episodes of sickness absence amounting to more than 10 days absence in a 12-month rolling period
- Absence which regularly coincides with weekends, days' off, annual leave, public holidays, following working additional bank hours or overtime, partial days, or where a pattern has been identified
- Continuous sickness absence for 28 calendar days.
- Pattern of absences where several Long term Sickness episodes occur over a period of year(s)

Where appropriate managers must refer to paragraph 5.30 Disability related sickness or paragraph 5.31 Pregnancy related sickness

5.10. Formal process for the management of short term / frequent absence

5.10.1 The formal part of the procedure will be initiated when one of the above trigger points has been reached. Managers will notify the employee in writing of a meeting to discuss their sickness absence record. The purpose and tone of the meeting should be positive and provide an opportunity to discuss the facts about the employee's absence; explain the attendance management procedure; identify any support that can be provided; explain the impact the staff member's absence has on their colleagues and the service and ensure the employee is aware that an improvement in their record is required.

5.10.2 The manager should make it clear that they are not questioning whether the reasons for the absences are genuine, unless they have reasonable grounds for doing so.

5.10.3 There are three formal stages in managing short term / frequent absence as outlined below.

5.11. Stage One Formal Review Meeting

5.11.1 Where monitoring an employee's sickness absence record indicates this procedure has been triggered a Stage 1 Formal Review Meeting will be arranged. This meeting should take place in the presence of the manager and the employee.

The employee should be informed of the meeting in writing with five working days' notice and advised that s/he is entitled to be accompanied by either a colleague who is an employee of the Trust or represented by

a full time or lay Trade Union officer. Managers should obtain a template letter from the Liveflo system.

A copy of the Attendance Management Procedure is available via the Extranet, or a hard copy can be provided on request from the Manager or HR. A copy of the Employee Responsibilities should be enclosed with the letter.

5.11.2   Should the circumstances of the individual case require it the manager can request to be accompanied by a Human Resources Representative.

5.11.3   At the formal meeting the manager will:
   a) present to the employee information relating to their absences, highlighting frequency, duration, cause and pattern.
   b) consider referral to Occupational Health to assess the possibility of an underlying medical condition
   c) allow the employee to share their views on the situation and raise any concerns that may be impacting on their health e.g. personal issues, work related issues
   d) discuss if any support can be provided to the employee to help them to improve their attendance
   e) explain the impact the absence is having on service delivery and the team
   f) explain that if the employees' health prevents them from providing a regular and reliable attendance at work that their continued employment could be at risk and they could be dismissed due to capability.

5.11.4   A letter outlining the key points covered in the meeting will be sent to the employee and will state the consequences if the employee does not improve their attendance i.e. that if their absence levels cause concern again within 12 months of their last sickness episode, the policy will be reapplied at Stage two of the procedure. Any absences in the following 12-month period will be reviewed in consideration of individual circumstances including any absences due to a disability or pregnancy, before arranging a further formal meeting.

5.12. Stage Two Formal Review Meeting

5.12.1   The employee should be given five working days' notice from receipt of letter of the meeting and advised that he/she is entitled to be accompanied by either a colleague who is an employee of the Trust or represented by a full time or lay Trade Union officer. A Human Resources Representative will also be present.

5.12.2   At the meeting the manager/matron will cover the points outlined above for the Stage One Formal Meeting. In addition, a referral to Occupational Health will be made if not already made.

5.12.3   A letter outlining the key points covered in the meeting will be sent to the employee and will state the consequences if their absence levels cause concern again within 12 months of their last sickness episode, i.e. the policy will be reapplied at Stage Three of the procedure and that their continued employment is at risk.

5.13. Stage Three Final Meeting

5.13.1   A referral to the Occupational Health Department must be made by the line manager to gain up-to-date information; the information provided by Occupational Health must be taken into consideration prior to determining to progress to a Stage Three Final Meeting in conjunction with advice from the HR Department. Due consideration must be given to any disability or pregnancy related illness. Should the employee decline to attend Occupational Health or not agree for the information from Occupational Health to be shared then a decision to proceed to a Stage Three Final Meeting will be taken with the information available: including any GP or Consultant information.

5.13.2.   The Stage Three Final Meeting will be chaired by a senior manager of the relevant Division supported by a professional member of the HR Department.

5.13.3   The employee should be given five working days' notice of the meeting and advised that s/he is entitled to be accompanied by either a colleague who is an employee of the Trust or represented by a full time or lay Trade Union officer. The letter should advise the employee that as a result of the meeting s/he may be dismissed with appropriate notice for reasons of capability.

5.13.4   At the meeting consideration will be given to:
- the employee's absence record, reasons for absence and any mitigating factors
- the Occupational Health report
- whether there is adequate documentary evidence available to demonstrate that the Trust's procedure has been followed
- the needs of the service and impact on work colleagues

5.13.5   The Senior Manager will then decide on the action to be taken, which may be dismissal with the appropriate period of notice on the grounds of the individual's inability to attend work on a regular basis and failure to maintain an acceptable level of attendance.

5.13.6   The employee will be informed of their right to appeal against a decision to terminate their contract.

5.13.7   A letter confirming the decision and outlining the key points covered in the meeting will be sent to the employee.

5.14. Management of Long-Term Sickness

General

5.14.1   The aim of this procedure is to ensure that staff who are absent due to long term sickness (i.e. a period of 28 days or more) are dealt with fairly, consistently and sensitively and are supported in making a return to work if and when they are fit and able to do so.

To facilitate this, the line manager should complete a Return-to-Work Support Plan **Appendix D**. The purpose of this plan is to ensure that

appropriate advice and actions are taken to facilitate an early return to work, taking into account risk assessments, any adjustments or other actions that may be appropriate.

5.14.2 It is important that managers obtain input from Occupational Health at an early stage so that decisions can be made based on medical advice. This is to ensure that a premature return to certain duties will not aggravate or regress the complaint or injury, which had caused the incapacity for work.

5.14.3 The employee should be informed of formal meetings held under this procedure in writing, giving five working days' notice and advised that s/he is entitled to be accompanied by either a colleague who is an employee of the Trust or represented by a full time or lay Trade Union officer

5.14 .4 Details of sick pay are contained within **Appendix G**.

5.15. Occupational Health Advice

5.15.1 In order to provide appropriate advice and support for employees on long term sickness absence managers must refer staff to Occupational Health using the referral form in **Appendix E.**

5.15.2 Occupational Health will contact the employee to arrange an appointment; managers must ensure that the contact details are correct and include personal email addresses if the member of staff is on long term sick leave and has given their permission.

5.15.3 Occupational Health will provide a medical opinion on the employee's fitness for work and ability to attend any meetings required under this policy. They will advise the manager on whether the employee has an underlying condition affecting their ability to attend work; the likely length of absence, whether the illness or injury will be temporary or permanent, whether any adjustments to their hours or duties would facilitate an earlier return, whether in the light of the needs of the Trust and the demands of the occupation in question, the employee will be capable of regular and efficient service in their current role.

5.15.4 In the event of conflicting medical advice the employee or the Trust can request an independent medical opinion and the Occupational Health Department will obtain a report from the medical practitioner to be agreed by both parties.

5.16. Keep in touch arrangements

5.16.1 It is essential that regular contact should be maintained. This is a joint responsibility, and the line manager and employee should agree early on the frequency and method of contact which should be maintained through the period of absence. Contact should be on a regular basis and at least monthly. In exceptional circumstances, and where the employee agrees, this could include home visits. If appropriate the manager may wish to be accompanied by an HR representative or a work colleague.

5.16.2 Managers must provide themselves with up-to-date information and ensure that they are in a position to give employees the following advice:

- Details of the paid sick leave to which they are entitled both statutory sick pay and occupational sick pay and the point at which pay will be reduced by half and when it is no longer to be paid.
- What action may need to be taken if the employee is unlikely to be able to return to work on health grounds.

5.16.3   Employees should be advised that even if they have exhausted their sick pay entitlement, they must continue to provide up to date Fit Notes, be available (health permitting) to attend meetings and adhere to Trust terms and conditions and policies and procedures.

5.17. Stage One Long Term Sickness Formal Meeting (after 28 days' absence)

5.17.1   When an employee has been absent for more than 28 days or it is known they will be the manager should take the following action:

- arrange a Stage One Formal meeting with the employee to discuss their absence and whether any support can be provided; this meeting should take place between the manager and the employee
- if advice from Occupational Health would be helpful at this stage make a referral by completing the Occupational Health Referral Form **Appendix E.**

5.17.2   The purpose of this meeting will be to:

- establish the prognosis and, if possible, when the employee will be fit to return to work
- review what reasonable adjustments can be made to facilitate a return to work, in accordance with the Equality Act, including carrying out a risk assessment if appropriate
- advise employee of their sick pay entitlements
- if appropriate, discuss phased return to work

5.17.3   A letter confirming the content and outcome of the meeting will be sent to the employee together with arrangements for the next contact.

5.17.4   If prior to the next contact the employee is fit to return to work the meeting will be brought forward. Once staff are declared fit to return to work by a medical practitioner, they may return without further liaison with OH.

5.18. Stage Two Long Term Sickness Formal Meeting (at least every three months' absence)

5.18.1   If the long-term sickness continues the employee will be invited to meet formally with the manager and with HR present under Stage two of this procedure, at least once every three months, with a view to supporting the employee back to work. These formal meetings will be in addition to the arrangements agreed for keeping in touch. Prior to the formal meeting the manager should obtain updated information from Occupational Health including advice on whether a phased return could be considered.

5.18.2   This meeting will follow a similar format to the Stage One Long Term Sickness Formal Meeting. In addition, the manager should give consideration to any reasonable adjustments which could be made to the

employee's current role which would enable them to return to work for a transitional period until they are fully fit. This would normally be for a maximum of four weeks.

5.18.3   Workplace adjustments can be temporary or made on a permanent basis.

Adjustments, where they can reasonably be accommodated, might include:
- modifying an individual's working hours
- allowing an employee to be absent from work for rehabilitation treatment
- enabling an employee to work in a more accessible area
- making alterations to premises
- providing new or modifying existing equipment
- modifying work furniture
- providing additional training
- modifying the duties of the role

5.18.4   A letter confirming the content and outcome of the meeting will be sent to the employee together with arrangements for the next contact.

5.19. Rehabilitation - Phased Return to Work Programme

5.19.1   Where a member of staff is fit to return to work but not on full contractual hours or full range of duties the manager should consider their return to work on a phased return basis. This enables staff to work towards fulfilling all their duties and responsibilities within a defined and appropriate time period, where the employee may return on reduced hours, and then gradually increase their working hours back to the full contractual hours. This may include allowing an employee who has been on a prolonged period of sickness absence, to return to work sooner than they may otherwise have been able to.

5.19.2   It is important to note that a phased return to work is not always suitable or possible. Consideration will be given to a range of factors including, but not limited to: the length of and reason for the absence, proposed number of hours to be worked, type of work, support available and service requirements.

5.19.3   Where the Occupational Health Department advises that an employee can return to work on their full contractual hours undertaking only limited, restricted duties, the manager will be fully consulted as to the practicalities of the advice and the suggestion considered against the needs of the service.

5.19.4   A phased return to work may be agreed within the following parameters:

   a)   that it will not be at less than 50% of the employee's contracted hours and may include shorter working shifts or fewer shifts and will be subject to the needs of the service.
   b)   it will not usually last more than four weeks and during this period the employee will receive full pay
   c)   one phased return of up to four weeks with full pay will be permitted in any rolling 12-month period, for any subsequent phased returns payment will reflect the reduced hours worked.
   d)   here, exceptionally, extensions are agreed to the four-week period then outstanding annual leave will be used to make up the shortfall in hours to cover the extended period.
   e)   if OH advises that certain shifts should be restricted (such as nights), this will only be agreed for the period of the phased return to work. If the advice is to restrict these shifts indefinitely and if night working is a requirement of the job, consideration will be given as to whether this is a reasonable adjustment under the terms of the Equality Act 2010 or whether redeployment may need to be considered.
   f)   the manager should regularly review the employee's progress during the assisted return period.
   g)   any member of staff undergoing a phased return to work programme will not be permitted to work additional shifts/hours within their own department, or through Temporary Workforce Services or other employment.
   h)   staff should not participate in any activities which could hinder their recovery.
   i)   managers should ensure the employee is not required to deal with any backlog of work during the phased return that has been caused

by the period of absence and take all reasonable steps to facilitate the employee's re-integration into the work place.

5.20. Rehabilitation - Temporary Work Placements

5.20.1   If a manager feels unable to support an assisted return to work for an employee for operational reasons, a temporary work placement should be considered by the manager in liaison with the Human Resources and Occupational Health Departments.

5.20.2   The Trust is committed to supporting staff in temporary work placements when they could return to work but are unfit for their substantive role. Initially a temporary role will be sought within their immediate work area. (e.g. non-clinical duties-audit etc.), if this is unavailable then the wider Department / Division will be asked to identify a suitable role.

5.20.3   The employee's existing rate of pay will be protected during the temporary placement and the funding for the role will be provided by the employee's substantive departmental budget. Such roles are designed to be strictly temporary and not usually last for more than three months and are restricted to one occasion in a 12-month period. It should be noted that no right to substantive alternative employment in the temporary role will be earned by undertaking the role on this basis.

5.20.4   In the interests of aiding the employee's recovery to their substantive role s/he will not be permitted to work additional shifts/ hours through the Temporary Workforce Service or other employment during the period of the temporary work placement.

5.21. Redeployment

5.21.1   Permanent redeployment is appropriate where Occupational Health have advised that the employee is no longer able to perform their established role, or where they are not able to advise when the employee is likely to be fit to return to that role.

5.21.2   The employee, supported by their line manager, Human Resources and Occupational Health will have a period of 12 weeks, from the date of notification, to secure a suitable alternative post into which they can be redeployed.

5.21.3   The employee will be required to complete a Redeployment Application Form **Appendix E** and their details will be passed to Recruitment and they will send an email link to the employee to register for vacancies.

5.21.4   The employee must actively seek a suitable alternative post; providing they fulfil the criteria outlined in the person specification. Once a post has been identified Human Resources can request clearance from the Occupational Health Department prior to commencing any new position to ensure the new role will be medically suitable for the employee and offer any further support.

5.21.5   Where an employee moves to a post on a lower grade or working fewer hours there will be no protection of salary or other conditions. The

manager of the redeployed employee will regularly monitor and review their progress to ensure they are coping with the transition into the new role and where necessary further referral to Occupational Health or Human Resources may be required.

5.21.6   In cases of either Rehabilitation or Redeployment it may be necessary for the manager to allow the individual to take reasonable time off for assessment, treatment, rehabilitation therapies or trial periods of up to four weeks work within another role. This would not halt the process but may extend it.

5.21.7   If no suitable redeployment opportunities occur within the 12-week period the employee's employment with the Trust will be terminated on the grounds of capability. Contractual notice periods will run in parallel with the 12-week redeployment period. There should be regular communication during this process between the Manager and Employee to review progress to date.

5.22. Ill Health Retirement

5.22.1   Employees who are members of the NHS Pension Scheme may be recommended, by an Occupational Health Physician to make an application for an Ill Health Retirement Pension. Employees choosing this option will have their contract of employment terminated in line with Stage Three Long Term Sickness Final Meeting. The Pensions Agency will decide on the level of pension paid based on the medical status of the individual.

5.22.2   Employees whose employment has been terminated for reasons of Ill Health Retirement but do not have the recommendation of the Occupational Health Physician are able to make an application independent of the Trust supported by their GP and/or Specialist Consultant.

5.23. Dismissal on the grounds of capability

5.23.1   Where an employee is no longer able to perform their role, or where Occupational Health are not able to advise when the employee is likely to be fit to return to work, or if the employee has refused suitable alternative employment or none is available, the employee will be advised that a dismissal on the grounds of capability is likely and that a Stage Three Formal Meeting to consider the situation and decide on appropriate action will be convened.

5.23.2   The meeting must be held before the employee has had 12 months of continuous sickness absence. A letter confirming the meeting arrangements and the possible outcomes will be sent to the employee, preferably by recorded delivery if it cannot be delivered by hand.

5.23.3   The manager cannot move to Stage Three unless all the options in Stage Two have been considered, and the employee has been advised in writing that dismissal is a potential outcome of the meeting.

5.24. Stage 3 Long Term Sickness Final Meeting

5.24.1   The employee will be invited in writing to a final review meeting, which will be chaired by a senior manager of the relevant Department / Division supported by a professional member of the HR Department.

5.24.2   The manager chairing the meeting will consider all the details of the case including:

- the length of the absence to date and the likely length of the continuing absence
- any medical advice/prognosis on the individual
- whether there is adequate documentary evidence available to demonstrate that the procedure has been followed
- the effect of the continuing absence on the service and impact on work colleagues
- NHS Terms and Conditions of Service relating to sick pay entitlement

5.24.3   If the decision is to terminate employment on the grounds of impaired capability due to ill health a date will be set at which the employee's contract will be terminated, if the employee is unable to return to work in their substantive post or is unable to find a suitable re-deployment opportunity, prior to that date.

5.24.4   The period of notice of termination of employment will be in accordance with the employee's contractual notice period.

5.24.5   During any period of notice the employee will receive full pay less sickness, invalidity or injury benefits receivable from the Department for Work and Pensions. This includes any period of notice during which the employee would normally be receiving half-sick pay, or where entitlement to occupational sick pay has expired at a date prior to notice being served.

5.24.6   The employee will have the right of appeal against a decision to terminate his/her contract.

5.25. Terminal illness

5.25.1   Where an employee is suffering from a terminal illness the Trust would aim, as far as possible, to accommodate the employee's wishes and would try to provide the most financially beneficial arrangements for the employee and/or his/her relatives.

5.25.2   In all cases of terminal illness, employees should be referred to the Pensions Officer as soon as possible to enable calculations and options to be identified.

5.25.3   Options include:

- that the employee continues to work fully or in a reduced capacity;
- that, if the employee is eligible, they could make an application for ill-health retirement or, where life expectancy is 12 months or less, their

incapacity pension could be commuted so that the value of their benefits is paid as a single lump sum

5.26. Medical Suspension

5.26.1   There may be occasions when a manager believes that it would not be appropriate or advisable for an employee to remain on duty. Examples may include:

- A health and/or safety problem
- If a manager doubts an employee's ability to perform the full range of their duties

5.26.2   The manager will normally advise the individual to take sick leave, certified by a Sickness Reporting Form or GP Fit Note as appropriate. If the individual does not agree to this, or if there is the possibility that the GP will not provide a Fit Note, then the manager will suspend the relevant employee on medical grounds on full pay.

The suspension will continue until the individual is fit to return to work, which will be established through Occupational Health. Suspension will be confirmed in writing by the line manager.

5.27. Annual leave and sickness

5.27.1   If an employee falls sick during their annual leave, they are required to inform their manager using the normal reporting arrangements on the first day of sickness. The employee will be deemed to be on sick leave from that day and will be reallocated the period of annual leave. The employee will be required to produce either a self-certificate for an absence lasting up to seven days or a medical certificate from the eighth day onwards.

5.27.2   If the employee recovers from their illness during the period that was annual leave, they must notify their manager, and take the rest of the period as annual leave.

5.27.3   This does not apply to designated public holidays, which will be taken as a public holiday, irrespective of whether the employee is ill. Employees are not entitled to any additional time off if sick on a public holiday that they would otherwise have been required to work as part of their basic week.

5.27.4   If an employee is away from work due to sickness during a period of pre-booked annual leave and they still wish to go on holiday, they should do so only after obtaining the appropriate medical advice. They will be required to inform their manager.

5.27.5   In order to take paid annual leave following a period of sick leave, an employee must be signed as medically fit to return to work. Therefore, they must take annual leave to go on holiday only if their GP has signed them fit to return to work and they are planning to return to work after their holiday.

5.27.6   Where sickness has prevented an employee from taking statutory annual leave entitlements within a leave year, it may be carried over into the

following year, and arrangements made for it to be taken as soon as possible. However, it cannot be carried forward into a further leave year. Such leave may be used to facilitate a phased return to work.

5.28. Incident reporting

All injuries, however minor, occurring whilst the employee is on duty, must be reported to their manager at the time or at the earliest possible opportunity thereafter and recorded on an incident report form in line with the Incident Reporting and Management Policy. The manager should discuss and consider with the employee whether any support is needed in line with the Supporting Staff involved in Incidents, Complaints or Claims Procedure.

5.29. Disability related sickness

5.29.1 An employee who is protected under the Equality Act and is absent with a disability related illness must follow the normal absence reporting procedure and provide medical certification as would be required for non-disability related illness. Their line manager will carry out a return-to-work interview after a period of absence and explore whether any support can be provided or to consider any adjustments that could be made to help the employee.

5.29.2 The legal definition of disability is defined at s.6 of the Equality Act as 'a physical or mental impairment that has a substantial and long-term adverse effect on the ability to carry out normal day to day activities'. This definition is wide ranging and covers mobility difficulties e.g. wheelchair users, sight or hearing impairments; learning disabilities; long-term conditions such as depression, diabetes or sickle-cell anaemia and certain illnesses such as cancer. HIV and MS are automatically covered by the Act.

5.29.3 For employees with a disability or a long-term health condition, their sickness absence may have nothing to do with their disability. However, if their sickness absence is related to a disability, the Trust has a duty under the Equality Act 2010 to make reasonable adjustments.

5.29.4 Reasonable adjustments may include: adapted equipment, physical changes to the environment, changes to working hours, location, shift pattern, or time off for treatment or appointments and further to advice from Occupational Health regarding the individuals underlying medical condition managers may then consider adjustments to trigger points within the policy.

5.29.5 Any request to change working arrangements (i.e. working hours/times) which may constitute a reasonable adjustment; must be made by submitting a flexible working request in accordance with the Work Life Balance and Special Leave Policy.

5.29.6 Disability-related absences will be recorded as sickness absence on the Part three of the Sickness Reporting Form any reasonable adjustments will also be recorded and flagged as disability-related (in order that disability and non-disability related absences can be identified separately). All absences will be paid according to the employee's sickness entitlement, which remains unchanged.

5.29.7   In instances where the employee's attendance (whether disability related or not) is unsatisfactory and/or s/he is unable to return to work following long term sickness absence, and where no reasonable adjustments or redeployment are possible, it may be necessary to consider terminating the employee's employment .

5.30. Pregnancy related sickness

5.30.1   A pregnant employee absent with a pregnancy-related illness must follow the normal absence reporting procedure and provide medical certification as would be required for non-pregnancy related illness. Their line manager will carry out a return-to-work interview after a period of absence and explore whether any support can be provided or to consider any adjustments that could be made to help the employee.

5.30.2   Non-pregnancy related sickness absence will be recorded separately in the normal way.

Pregnancy related illness will also be recorded and although it will be included when reviewing the employee's sickness absence record, it will not be used within the formal stages of this procedure.

5.30.3   OH advice may be sought to clarify pregnancy related absence; especially if absences are frequent; and/or where a pregnant employee requests a change of working pattern outside normal working arrangements, during her pregnancy.

5.30.4   If the employee is off work with a pregnancy related illness during the last four weeks before the expected week of childbirth, maternity leave will be deemed to have commenced.

5.30.5   Third party accident-related sickness absence

An employee who is absent as a result of an accident where damages may be received from a third party, will be paid Occupational Sick Pay. It is a requirement of receiving this payment that the employee signs a form of undertaking to include, as special damages, a claim for the full extent of such advance payments in any claim for damages made against a third party and to refund to the Trust the amount of damages received in respect of such advance payments.

5.31. Stress

If an employee informs their manager they are suffering from stress, whether absent from work or not, the manager should follow the Trust's Stress – Recognition and Management Policy Arrangements. Seeking advice and support at an early stage can help to reduce sickness absence.

5.32. Substance misuse
Where sickness absence is known or suspected of being related to drugs, alcohol or other substance misuse, the Substance Misuse Policy should be used in conjunction with this procedure.

5.33. Appeals against dismissal

5.33.1   An employee may appeal against a decision to dismiss under this procedure, and this must be made in writing, stating the grounds of appeal, to the Director of Human Resources, within 10 working days of receipt of written confirmation of the decision.

5.33.2   Grounds for the appeal may be one or more of the following:

- The action of dismissal is too severe in relation to the incapability
- There is an allegation of bias
- Misrepresentation of facts affecting the reason(s) for dismissal
- The procedure was not fairly followed

5.33.3   If redeployment is accepted as an alternative to dismissal, there will be no right of appeal.

5.33.4   Where an employee lodges an appeal a hearing should be arranged normally within five weeks of receipt if possible and in any event without unreasonable delay. Where the hearing date is not fixed by mutual agreement the appellant shall be given at least 10 working days' notice of the date of the hearing. The member of staff may be represented at the appeal by either a colleague who is an employee of the Trust or represented by a full time or lay Trade Union officer.

5.33.5   Appeals against termination of contract will be heard by an equal or more senior manager. The appeal manager will determine whether a full hearing, with all witnesses, is required or whether the appeal need focus only on specific points of contention. The appeal manager will have the discretion to uphold or revoke the decision to terminate the contract.

5.33.6   A professional member of the Human Resources Department will be appointed to serve as Secretary to the Appeal Manager. The role includes ensuring the administrative aspects of the hearing are carried out and to advise the Appeal Manager on relevant employment law and good practice.

5.33.7   Appeal documentation must be submitted to the Secretary to the Appeal Manager at least five working days before the hearing so that both management and staff side cases may be exchanged and circulated to all parties.

5.33.8   If there is any new evidence from either side, which has come to light since the final meeting this will be considered at the appeal hearing, the detail of this with any supporting documentation must be provided with the statement of case, so that it can be sent to all parties in advance.

5.33.9   The Appeal Manager may, at its discretion recall both parties and announce its decision or it may announce that parties will be notified of the decision at a later date. In either event the appellant and their representative will be notified in writing of the decision of the Appeal Manager within five working days, if possible, of the decision being made.

5.33.10   Failure of the appellant to attend the hearing without adequate reason will result in the appeal being deemed to have been withdrawn and the original dismissal decision will stand.

6. Equality and Human Rights Statement

An Equality and Human Rights Impact Assessment has been carried out and is documented in **Appendix A**.

7. Training

Please refer to the Induction and Mandatory training policy and the Training Needs Analysis.

On-line guidance of the policies referred to in this policy can be found via the Extranet Page, Human Resources, Liveflo.

8. Monitoring Compliance with the Document

Monitoring Table

Element to be Monitored	Lead	Tool for Monitoring	Frequency	Responsible Individual/Group/ Committee for review of results/report	Responsible individual/ group/ committee for acting on recommendations/action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are Implemented
Sickness absence data	HR Information Team	Health Roster/ESR Reports	Monthly	Clinical Unit Lead	Clinical Unit Lead	HR Senior Team Performance Management Group
Sickness absence documentation	HR Adviser	Staff Files	During review process	HR Manager	Clinical Unit Lead	HR Senior Team
Sick Pay	Payroll Manager	ESR input	As required	Payroll Team Leader	Deputy DOF	DOF
Sickness absence levels	HR Information Team	Workforce Reports	Monthly	Trust Board	Director of HR	Director of HR

9. References

NHS Terms and Conditions of Service Handbook
NHS Pensions Agency: www.nhsbsa.nhs.uk/pensions

Appendix A: EHRA Form

A Due Regard, Equality & Human Rights Analysis form must be completed for all procedural documents used by East Sussex Healthcare NHS Trust. Guidance for the form can be found here on the Equality and Diversity Extranet page.

Due Regard, Equality & Human Rights Analysis

Title of document: Attendance Management Procedure.
Who will be affected by this work? E.g. staff, patients, service users, partner organisations etc. All staff
Please include a brief summary of intended outcome: Provide clear guidance to managers and staff in managing sickness absence so that they are aware of their obligations and responsibilities in relation to attendance, health and wellbeing.

		Yes/No	Comments, Evidence & Link to main content
1.	**Does the work affect one group less or more favourably than another on the basis of:** (Ensure you comment on any affected characteristic and link to main policy with page/paragraph number)		
	• Age	No	
	• Disability (including carers)	Yes	Section 3, 4.2.12, 5.9.2, 5.11.4, 5.13.1, 5.17.2, 5.19.4, 5.30
	• Race	No	
	• Religion & Belief	No	
	• Gender	No	
	• Sexual Orientation (LGBT)	No	
	• Pregnancy & Maternity	Yes	Section 5.11.4, 5.13.1, 5.31
	• Marriage & Civil Partnership	No	
	• Gender Reassignment	No	
	• Other Identified Groups		
2.	**Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?**	No	(Ensure you comment and link to main policy with page/paragraph number)
3.	**What are the impacts and alternatives of implementing / not implementing the work / policy?**	Section 3, 4.2.12, 5.9.2, 5.11.4, 5.13.1, 5.17.2, 5.19.4, 5.30, 5.31	
4.	**Please evidence how this work / policy seeks to "eliminate unlawful discrimination, harassment and victimisation" as per the Equality Act 2010?**	Section 3, 4.2.12, 5.9.2, 5.11.4, 5.13.1, 5.17.2, 5.19.4, 5.30, 5.31	
5.	**Please evidence how this work / policy seeks to "advance equality of opportunity between people sharing a**	Section 3, 4.2.12, 5.9.2, 5.11.4, 5.13.1, 5.17.2, 5.19.4, 5.30, 5.31	

The Trust will process any personal data collected in accordance with the Information Governance and Data Protection Policy. Data collected is held securely and is only accessed by and disclosed to other individuals for the purposes of dealing with this process, policy or procedure.

	protected characteristic and those who do not" as per the Equality Act 2010?	
6.	**Please evidence how this work / policy will "Foster good relations between people sharing a protected characteristic and those who do not" as per the Equality Act 2010?**	Section 3, 4.2.12, 5.9.2, 5.11.4, 5.13.1, 5.17.2, 5.19.4, 5.30, 5.31
7.	**Has the policy/guidance been assessed in terms of Human Rights to ensure service users, carers and staff are treated in line with the FREDA principles (fairness, respect, equality, dignity and autonomy)**	Yes Section 3, 4.2.12, 5.9.2, 5.11.4, 5.13.1, 5.17.2, 5.19.4, 5.30, 5.31
8.	**Please evidence how have you engaged stakeholders with an interest in protected characteristics in gathering evidence or testing the evidence available?**	WPPG – including Equality & Human Rights Lead
9.	**Have you have identified any negative impacts or inequalities on any protected characteristic and others? (Please attach evidence and plan of action ensure this negative impact / inequality is being monitored and addressed).**	Section 3, 4.2.12, 5.9.2, 5.11.4, 5.13.1, 5.17.2, 5.19.4, 5.30, 5.31

Appendix B: Sickness Reporting Form

This form must be completed for all sickness absence of one day or more

PART 1 – To be completed by the person taking the initial telephone call
SHOULD THE LINE MANAGER NOT TAKE THE CALL, THEY SHOULD BE REQUESTED TO CONTACT THE STAFF MEMBER WITHIN 24 HRS TO DISCUSS ABSENCE AND AGREE TIMES TO KEEP IN TOUCH

Employee's Surname		First Name	
Job Title:		Ward/Dept:	
First day of sickness (date)		Likely duration of absence	
Reason given for sickness			
Date and time of call:			
Telephone call taken by:		*(please print)*	
Line Manager called (if not taking initial call)			
Date made contact			
Agreed times to keep in touch- daily, weekly etc			

PART 2 – To be completed at the Return to Work discussion

Date fit for duty:		
Number of calendar days off sick:		
Was absence due to an incident at work? **If yes, please complete appropriate incident form and attach:**		YES / NO
Was the absence due to stress: **If yes refer to Stress – Recognition and Management Policy Arrangements.**		YES / NO
GP certificate attached? **This is required if sickness absence 8 days or more including days off:**		YES / NO

Sickness Codes – circle appropriate code

S10 Anxiety, stress, depression, other psychiatric illnesses	S23 Eyes
S11 Back problems	S24 Endocrine / glandular
S12 Other musculoskeletal	S25 Gastrointestinal
S13 Cold, cough, influenza	S26 Genitourinary, gynaecological
S14 Asthma	S27 Infectious diseases
S15 Chest & respiratory	S28 Injury, fracture
S16 Headache, migraine	S29 Nervous disorders
S17 Benign, malignant tumours	S30 Pregnancy related
S18 Blood disorders	S31 Skin disorder
S19 Heart, cardiac, circulatory	S32 Substance abuse
S20 Burns, poisoning, frostbite, hypothermia	
S21 Ear, nose, throat	
S22 Dental & oral	

PART 3 – To be completed, signed and dated by Manager and Employee

I have met and discussed the episode of sickness with the employee.
(The discussion may include questions about:

- *Have you seen a GP*
- *Are you taking any medication that might affect your work performance*
- *Where fit notes are submitted review and discuss GP's recommendations and whether or how these can be accommodated.*

Provide details of any follow up action to be taken including OH referral; restrictions on bank work.)

Signed (Manager)		Date:	
Print Name		Job Title	

Section below to be signed and dated by Employee at Return to Work discussion

I declare that the information given is true to the best of my knowledge and that I have not worked in any capacity whilst on sick leave or claiming sick pay. I understand that if I have given false information, I can lose sick pay benefits, disciplinary action may be taken and the matter may be referred to the Local Counter Fraud Specialist.

Signed:		Date:	
Print name:		Job Title:	

Once completed, this form must be sent to* ---------------------------- for recording onto ESR and filing on the employee's staff file.

Appendix C
East Sussex Healthcare NHS Trust
EMPLOYEE ABSENCE RECORD *(to be completed by the Manager/Supervisor)*

Name:……………………………………………………..………Date Appointed: ...…………………………………………………

Department: ……

Absence dates		No. of calendar days absent*	Reason for Absence	Self or Medically certificated	Comments / Actions
From	To				

This is necessary for Payroll purposes.

The Trust will process any personal data collected in accordance with the Information Governance and Data Protection Policy. Data collected is held securely and is only accessed by and disclosed to other individuals for the purposes of dealing with this process, policy or procedure.

East Sussex Healthcare NHS
NHS Trust

Return to Work Support Plan for Long Term Sick
Private & Confidential

Name of Employee		**Department**		
Date of Birth				
Contact Details		**Post Held**		
		Clinical Unit / Department		
Telephone Number				
Name of Manager		**HR Advisor Name**		
Managers Contact Details		**HR Advisor Contact Details**		
First Day of Absence		**Absence Reason & Code from ESR** ………………………………………	Planned *(Please tick)*	
			Unplanned *(Please tick)*	
Agreed method of Communication	Landline / Letter / Mobile	**Frequency** *(Please circle)*	Weekly / Monthly / Bi-Monthly	
Date of Occ Health Referral		**Initial OH Appt Date**		

CARE PLAN			
LTS Formal Meeting(s) Dates	**1st LTS Formal Meeting**	**2nd LTS Formal Meeting**	**3rd LTS Formal Meeting**
	Follow Up 1	**Follow Up 2**	**Discharge Date from OH**
Follow Up OH Appts Dates			
Expected Return to Work Date		**Actual Return to Work Date**	
Questions for Occ Health			
Action to be taken including Risk Assessments			
Record Modifications / Phased Return Recommended & Implemented			
Equality Act Likely to Apply	Yes / No	**Key OSP Pay Dates: Full Expires…./…/… Half Expires …/…/… SSP Expires …/…/…**	
Outcome	RTW / Redeployment Temp / Redeployment Perm/ Termination (Capacity) / Ill Health Retirement / Resignation		

Appendix E
Management Referral to Occupational Health & Wellbeing

This form should be used to refer an employee to Occupational Health & Wellbeing (OH&W) for advice on health issues impacting on their ability to work.

If there is uncertainty as to whether a referral to Occupational Health & Wellbeing would be appropriate, please contact Occupational Health & Wellbeing on 0300 131 4350 ███████ .

How to refer:
- Discuss the referral with the employee and provide them with a copy of this referral.
- Obtain the employee's consent to request and receive Occupational Health & Wellbeing advice. If unable to obtain signed consent, please indicate by ticking the verbal consent box in section 3.
- Ensure that you are clear about why you wish to refer to Occupational Health & Wellbeing. Provide relevant information, ask specific questions and check that all contact details are accurate.

FOR YOUR INFORMATION

Where relevant, the following questions will be raised during the consultation:

1. Are they fit to carry out the full range of duties of their current role?
2. Are there any adjustments to the role or environment that would help facilitate rehabilitation or an early return to work, either temporary or permanent?
3. What is the likely timescale for recovery and/or when is a return to work anticipated?
4. Is there a requirement for temporary or permanent re-deployment?
5. Is the health problem likely to meet the criteria for disability as defined by the Equality Act 2010?
6. Is the individual fit to attend a disciplinary hearing or related meeting?

Section 1 – Employee Details *(N.B Accurate contact details are essential)*

Title:	*(Mr/Mrs/Miss etc.)*
Surname:	Forename:
Home address: Postcode:	**Please insert the best contact details, considering the employee may not be at work:** Home:
	Mobile:
	Work:
Work Email address:	Personal Email address:

Date of Birth:	Gender:	Job Title:

Department:	Work site:

The Trust will process any personal data collected in accordance with the Information Governance and Data Protection Policy. Data collected is held securely and is only accessed by and disclosed to other individuals for the purposes of dealing with this process, policy or procedure.

Referring Managers details:

Name:	Job Title:
Contact number:	Email address for correspondence:

HR Contact details:

To your knowledge, are there any considerations that need to be considered when arranging an appointment, e.g. mobility or communication?

Is the employee currently on sick leave?

☐ **YES**

☐ **NO**

If yes, what is the confirmed or likely date of return?

Section 2 – Reason for Referral

Reason(s) for referral and specific advice required and / or relevant information:

Please state, if any, what work adjustments have already been implemented:

Contractual hours / days and shift patterns worked per week:

Dates of sickness absence over the last 12 months (if applicable) or attach sickness absence record.

Start date	End date	Reason	Certification Self / Medical

> **Other absence concerns, e.g. regularly leaving work early stating due to illness:**

Section 3 – Consent

MANAGER

I confirm that I have discussed the reason for this referral with the employee, and that they are aware of the information being requested **and have agreed to participate in this process**. I understand that this document will form part of the employee's OH&W record to which they will have the right of access under the Data Protection Act 1998.

Signature: Date:

If sending by email, I confirm that the tick in this box is a valid means of establishing authenticity only
Signature:

EMPLOYEE

I can confirm that the reasons regarding this referral have been discussed with me and I consent to a report being prepared by the Occupational Health & Wellbeing department in relation to the referral. I understand that any medical details will remain confidential, and that I will be advised during my consultation what information will be released to my manager / Human Resources.

Signature: Date:

Tick if verbal consent has been received from the employee: ☐

Reports arising from consultations will be sent to the named referrer and named HR contact. Consent will first be obtained from the employee before the Occupational Health & Wellbeing report is released to you. Please note that the individual has the right to refuse release of the report or to view the report before it is sent, for factual inaccuracies.
As this will form part of the employee's Occupational Health & Wellbeing record, on formal request, employees' are legally entitled to access these under the Data Protection Act 1998. It is therefore best practice to provide your employee with a copy of this referral.

Please now send the completed referral form to Occupational Health & Wellbeing to the confidential generic email address below:

Email: esh-tr.occupationalhealth@nhs.net

Appendix F
Attendance Management Redeployment Application Form
PART 1:

Personal details

Employee Name	
Address	
Home tel:	
Mobile tel:	
Work tel:	
Email address: This is the email address used for job application	
HR contact	

Current Post Details

Job Title	
Band	
Ward / Dept / Division	
Hours	
Day duty / night duty	

Preferred options for redeployment (HR to complete with employee)

Type of work	
Min / max hours	
Day duty / night duty	
Preferred location	

Details of experience / qualifications

Qualifications / Training
Experience
Skills / Knowledge / Abilities
Additional information

The Trust will process any personal data collected in accordance with the Information Governance and Data Protection Policy. Data collected is held securely and is only accessed by and disclosed to other individuals for the purposes of dealing with this process, policy or procedure.

Employee signature:	Date:
	43 of 45

Completed forms should be returned to HR contact

Appendix G

Sick pay

1. Allowances

The allowances for sick pay are detailed in the contract of employment and are calculated on a rolling 12 month basis. From the first day of qualifying sick leave any sick leave in the previous 12 months is taken into consideration when calculating the entitlement.

Period of Service	Full Pay	Half Pay
During first year	1 month	2 months
During second year	2 months	2 months
During third year	4 months	4 months
During fourth year	5 months	5 months
During fifth year & over	6 months	6 months

Sick pay may be withheld if it can be demonstrated that an employee has not been behaving while absent in a way that is consistent with aiding recovery (e.g. if the employee has been working elsewhere in that time or has been participating in sporting activities).

Sick pay is not normally payable for absence caused by an accident injury where contributory negligence is proved, or for cosmetic surgery which has no medical grounds to support it.

Sick pay may be stopped if an employee:

- fails to give their manager satisfactory explanation of their absence
- fails to report their absence to their manager in line with this procedure
- fails to submit medical certificates promptly
- fails to seek authorisation to go on holiday while on sick leave
- behaves while absent in a way that is not consistent with aiding recovery e.g. working elsewhere or participating in DIY or sporting activities

2. Statutory Sick Pay (SSP) and Occupational Sick Pay

An employee who is absent on sick leave who has followed the notification procedures, and provided the correct documentation will receive Statutory Sick Pay (or any other Social Security Benefits) plus Occupational Sick Pay up to an amount which does not exceed normal pay in line with their terms and condition of employment.

SSP is not payable if an employee is:

- already in receipt of their full SSP entitlement
- on maternity leave
- taking part in industrial action
- in legal custody
- in receipt of a State benefit during the previous eight weeks (incapacity benefit, severe disability allowance, maternity allowance). Staff are required to inform payroll of their SSP exclusion to avoid overpayment. All overpayments will be recovered.

From 1 July 2018, for the purposes of occupational sick pay, unsocial hours payments will not be payable during sickness absences for: staff who first started their employment under the terms of this handbook on or after 1 July 2018 and staff whose basic pay is above £18,160 (regardless of the start date of their employment).

From 1 July 2018, for staff whose basic pay is above £18,160, and for new starters, full pay is pay which is in line with the appropriate pay point in the relevant pay circular, plus high cost area supplements and any locally agreed pay protection (if these are in payment on the day before the sickness absence begins).

Unsocial hours payments will be payable during sickness absence for:

- staff who were employed under the terms of this handbook, as at 30 June 2018, and have a basic salary of £18,160 or less, and
- those absent due to injuries, diseases or other health conditions sustained or contracted in the discharge of their duties of employment and who are not in receipt of injury allowance.

3   Payment for other work whilst on sick leave
Staff are not permitted to carry out any paid work whilst on sick leave from the Trust (including bank work); should this happen they may be subject to disciplinary action under the Trust's Disciplinary Policy which could include dismissal as this will be viewed as fraud and Local Counter Fraud may be notified

4   NHS Injury Allowance
The NHS Injury Allowance is a top up payment and tops up sick pay, or reduced earnings to 85% of pay for eligible staff. See NHS Injury Allowance Procedure.

NHS
East Sussex Healthcare
NHS Trust

Psychological Wellbeing and Safety of Staff Policy (Formerly stress and mental wellbeing)

Document ID:	830
Version:	V3.1
Ratified by:	Clinical Documentation and Policy Ratification Group
Date ratified:	13 December 2022
Name of author and title:	Liz Lipsham, People Potential Manager, Engagement and Wellbeing
Date originally written:	April 2012
Date current version was completed:	July 2022
Name of responsible committee/individual:	Health & Safety Steering Group
Date issued:	05 January 2023
Review date:	December 2025
Target audience:	All ESHT employees
Compliance with CQC	Good Governance
Compliance with any other external requirements (e.g. Information Governance)	Health & Safety Executive. (2022). *What are the Management Standards?* Available from What are the Management Standards? - Stress - HSE NHS. (2020) *NHS People Plan*. Available from NHS England » Online version of the People Plan for 2020/2021 NHS. (2022) *NHS People Promise.* Available from NHS England » The Promise NICE. (2022) *Mental Wellbeing at Work*. Available from Mental wellbeing at work (nice.org.uk) World Health Organisation. (2020) *Doing What Matters in Times of Stress. An Illustrated Guide.* Available from: Doing What Matters in Times of Stress (who.int)
Associated Documents:	• ESHT People Strategy • Trust Health and Safety Policy • Dignity & Respect at Work Policy • Violence & Aggression Policy • Resolution Procedure • Freedom to Speak Up; Raising Concerns (whistleblowing) Policy • Attendance Management Policy • Flexible Working Policy • Agile Working Policy

Version Control Table

Version number and issue number	Date	Author	Reason for Change	Description of Changes Made
V1.0 2012151	April 2012	Paula Hunt	New policy for merge of Trusts	
V1.1 2012201	September 2012	Paula Hunt & Nicky Creasey	Minor changes. Approved by Chair, Health and Safety Steering Group	Updated 25/04/2013 following meeting with Moira Tenney and Paula Hunt
V1.2 2013120	May 2013	Paula Hunt & Nicky Creasey	Review and update required – Minor changes request for HSSG chairs action to approve – completed	Additions to monitoring table and text
V1.3 2013127	May 2013	Jennifer Newbury & Moira Tenney	Additional review following NHSLA requirements for level 2. Minor changes. Chairs action to approve 29th May – completed.	Requirement for annual departmental assessments. Additional audit standard and reporting requirements
V1.4	April 2015	Nicky Creasey following email confirmation from OH – Paula Hunt Dec 2014 no change to the policy	Review date and monitoring tool	Minimal corrections only
V2	March 2019	Liz Lipsham with Health & Safety representation	Rewrite to include a different approach to undertaking stress risk assessments and combining team and individual stress risk assessment templates	Agreement on recording and reporting of team stress risk assessments and content of policy
V2.1	Oct 2019	Liz Lipsham		Minor amendment to working in Appendix E 3.5 and 4.7
V2.2	June 2022	Liz Lipsham	This needs a full review, extension from May 22 to December 2022	Extended the review date
V3	July 2022	Liz Lipsham	Expiry date reached	Review of content to demonstrate current support available for staff. Change to title
V3.1	March 2023	Liz Lipsham	Update to Appendix C	Appendix C has been changed

Consultation Table

This document has been developed in consultation with the groups and/or individuals in this table:

Name of Individual or group	Title	Date
All members	OD, Staff Engagement & Wellbeing Senior Leads	Virtual agreement August 2022
Steve Aumayer	Chief People Officer	Virtual agreement August 2022
Gbolohan Oluwatunmise	Deputy Director or Culture	Virtual agreement August 2022
Ruth Agg & Dominique Holliman	Freedom to Speak up Guardians	Virtual agreement August 2022
All members	Occupational Health Governance Group	Virtual agreement August 2022
All members	Staff Networks	Virtual agreement August 2022
All members	Health and Safety Steering Group	Aug 2022 Final ratification Nov 2022
All members	Workforce & People Policy Group	Sept 2022
All members	Policy Ratification Group	Dec 2022

This information may be made available in alternative languages and formats, such as large print, upon request. Please contact the document author to discuss

Table of Contents

Summary of our 'Charter': Positive outcomes

What you can expect from the Trust

What the Trust expects from you

Working Together

- To improve services for patients, their families and our community as a whole
- To identify mistakes and seek to learn from them
- To be flexible and adaptable to deliver services in innovative ways

- You are able to thrive at work and we help you to be the best you can.
- You take personal accountability for your performance and behaviours
- Contribute to and encourage effective team working

Improvement & Development

- A personal development conversation takes place to enable you to flourish in your role
- Quality improvement support and guidance so you can bring about clinical and service improvements in your area
- Well planned services = optimum care

- To improve services for patients, their families and our community as a whole
- To identify mistakes and seek to learn from them
- To be flexible and adaptable to deliver services in innovative ways

Respect & Compassion

- Senior leaders who role model compassionate and inclusive leadership
- Leader who support colleagues with a range of health and wellbeing interventions
- Implementation of our strategy to achieve civility & respect

- You constructively feedback to achieve our shared vision
- You respond with humanity and kindness
- To be mindful of the choices available to support your work life balance

Engagement & Involvement

- We will engage you in service developments at an early stage
- You feel confident to raise concerns and you always receive a response when you do so
- We will involve and support you in delivering innovation and change

- You contribute positively to decisions about the services you deliver
- If you experience or witness unacceptable behaviours you speak up and say something
- You will positively engage with innovation and change initiatives

1.0   Introduction

    1.1   East Sussex Healthcare NHS Trust is committed to protecting the health, safety and wellbeing of all its people by creating a psychologically safe work environment.

    1.2   Trust objectives and strategies are aligned in supporting this endeavour as reflected in the People Strategy based on the NHS People Plan.

    1.3   The Trust recognises that there may be times when an individual experiences excessive or prolonged pressure at work or who are experiencing psychological distress and/or suffering from mental ill-health/symptoms that are impacting on their ability to work. The Trust is committed to both minimising work-related stress and supporting staff, by ensuring there is access to appropriate services and resources.

    1.4   Work pressures, personal issues, or a combination of both can impact on the psychological wellbeing of employees. This policy aims to actively support staff who experience psychological distress as a result of their work whilst also considering the needs of staff suffering from a mental health condition or symptoms, impacting on their ability to work.

2.0   Purpose

    2.1   The purpose of this policy is to:

- Set out the Trusts approach and commitment to supporting the psychological wellbeing and safety of staff through a tiered infrastructure, (see appendix B).

- Promote psychological wellbeing and safety in every aspect of the organisation.

- Provide direction and guidance to staff and managers on the identification, prevention and management of work-related stress alongside the promotion of psychological wellbeing for all our People, (refer to section 5).

- Provide mechanisms to identify causes of work-related stress, in line with HSE standards and offer solutions to eliminate, mitigate or escalate these when found, (refer to section 5).

- Provide staff and managers with skills required to create an inclusive and compassionate approach to supporting staff experiencing psychological distress and/or suffering from mental ill-health symptoms that are impacting on their ability to work, (refer to section 5.4, 5.5, 5.6).

- Improve the working experience of all our People so that optimum care can be delivered to our patients and service users.

- It is the responsibility of all staff including temporary workforce and volunteers to promote a culture and climate that is inclusive, where each colleague feel that they are treated according to Trust values.

- It is the responsibility of managers to promote a culture and climate that is positive, inclusive, engaging and a psychologically safe working environment

that inspires each staff member / volunteer to thrive to develop their full potential.

2.2   The anticipated benefits from implementing this Policy include:

- Creation of a positive, inclusive culture and psychological safe working environment

- Collection of accurate intelligence indicating the sources of work-related stress at all levels of the organisation

- To gain a top-level overview of the areas where work-related stress is high or enduring, so that interventions to mitigate this can be considered

- Early identification of stress in individuals and teams and promotion of actions to alleviate or eliminate the causes

- Improved awareness about the possible causes of work-related stress and opportunities to promote positive psychological wellbeing and safety with our People

- Improved awareness and knowledge about psychological and mental distress and ways in which to both prevent and manage staff suffering from this in a compassionate and inclusive way

- Greater awareness of sources of support available to staff and teams

- Collection of accurate intelligence that indicate the sources of positive, inclusive and engaging culture and climate, and psychological safe working environment at all levels of the organisation.

- To gain a top-level overview and insight of the areas with positive, inclusive and engaging culture and climate, and psychological safe working environment at all levels of the organisation.

2.3   Principles

2.3.1   The Health and Safety Executive (HSE) identified six key 'Management Standards' that represent a set of conditions that reflect high levels of health, wellbeing, and organisational performance. These management standards provide a practical framework which comprises a series of 'states to be achieved'. (Refer to Appendix C)

2.3.2   This policy sets out an organisation-wide approach to promoting the psychological wellbeing of all employees. This approach should be reflected and integrated into all policies and practices concerned with managing our People, including those related to employment rights and working conditions.

2.3.3   The Trust has committed to endorsing the use of Team Stress Questionnaires and Individual Stress Risk Assessments for both teams and individuals to promote early identification of sources of work-related stress so that solutions and mitigations can be considered to reduce or eliminate these

2.3.4 The Trust has committed to endorsing the use of the Managers Stress Audit and Action Plan for managers to use as a tool to respond to unacceptable levels of work-related stress reported via the Team Stress Questionnaire. This promotes action around measures that can be implemented to reduce, eliminate or escalate, (where local solutions cannot be achieved), sources of work-related stress and identify interventions that can be applied to support staff who are experiencing unacceptable and prolonged levels of work-related stress.

2.4   Scope

2.4.1 This policy will apply to all staff working for East Sussex Healthcare NHS Trust including temporary workforce staff and volunteers

3.0   Definitions
Evotix (formerly ASSURE)

An online Health and Safety risk assessment platform and audit software used for the undertaking and recording of health and safety documentation including the Team Stress Questionnaire and Managers Stress Audit and Action Plan. (Currently Individual Stress Risk Assessments cannot be completed on the evotix system)

Compassionate Leadership

As defined by West, (2021), involves four components:
<u>Attending</u> – being present with and listening to those you lead,
<u>Understanding</u> – appraising situations through dialogue and reconciling conflicting perspectives
<u>Empathising</u> – feeling the distress and frustrations of those we lead without becoming overwhelmed
<u>Helping</u> – removing obstacles and providing resources to deliver high quality care

Management Standards

Standards indicated by the HSE that fall into 6 categories Demand, Control, Support (management and collegiate), Relationships, Role and Change, with associated goals to be achieved. (Appendix C)

Mental Health

Defined by World Health Organisation, (WHO), 'as a state of wellbeing, in which the individual realises his, her, [or their], own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community'. ESHT acknowledges Mental health includes our emotional, psychological and social wellbeing.

Stress

For the purposes of the Policy, East Sussex Healthcare NHS Trust adopts the HSE's definitions of stress:
'Stress is the adverse reaction people have to excessive pressure or other types of demand placed on them'.

This includes:

Positive Stress - A manageable degree of stress which is short lived and feels like acceptable pressure and can be a motivating factor.

Negative Stress - Excessive stress or distress, which can occur when pressure becomes too excessive, is prolonged or happens too frequently.

Psychological Safety

An absence of fear which requires candour: where individuals can have productive disagreement and free exchange of ideas. Where all staff have the confidence to offer ideas and voice concerns. Where staff believe they can and must be forthcoming at work. It sets the stage for a more honest, more challenging, more collaborative and more effective work environment, (Edmonson, 2019)

Psychological Wellbeing

A core feature of mental health, psychological wellbeing can be defined as including enjoyment, pleasure, meaning, fulfilment, and happiness, as well as resilience (coping, emotional regulation and healthy problem solving)

4.0   Roles and Responsibilities

4.1   Chief Executive

The Chief Executive has overall responsibility for the management of health and safety at work in the organisation, and for the health, safety and welfare of employees and others who may be affected. This includes ensuring the implementation of effective, up to date policy arrangements for the assessment of risk to employees, guaranteeing that sufficient funds and resources are available to carry out the procedures and actions stated within this and related policies and supporting staff in the implementation of this policy.

4.2   Chief People Officer (CPO)

The Chief People Officer is the lead Executive for these policy arrangements within the Trust and is responsible for ensuring the implementation of this policy. In addition, the CPO ensures that the Human Resources Department performs effectively in its role to manage the workforce including their attendance at work, in a way that is in line with the purpose of this policy and the Trust Attendance Management procedure. This includes providing relevant data to monitor and evaluate reasons for absence including stress, which will provide guidance for the effectiveness of this policy and its procedures.

4.3   Human Resources Team will:
- Raise awareness of problems related to staff psychological distress and mental health through collection and analysis of workforce data.
- Communicate and promote relevant training programmes for staff and managers.

- Work with the Occupational Health team and local managers to effectively and compassionately manage absence resulting from stress and mental health issues in line with the Attendance Management Procedure.

- Work with the Occupational Health department and local managers to effectively and compassionately manage and support staff who experience difficulties in completing their substantive duties as a result of stress and mental health problems.

- Work with the Occupational Health department and local managers to effectively and compassionately manage and support staff experiencing psychological distress as a result of work.

- Collect, analyse and track data from staff leaving the Trust via exit interviews and leavers data in order to identify any areas of concern where interventions are required to improve working conditions or practices affecting our People.

4.4 Health and Safety Department will:

- Audit the undertaking of the Managers audit and action plan, (completed annually), through Occupational Health and Safety Management audits on a three-year risk-based cycle.

- Ensure an effective template for the undertaking of the Team Stress Questionnaire and Managers Stress Audit and Action Plan is available for use on the Evotix system.

- Identify potential advancements in the use of the Evotix system to further enhance information relating to work-related stress.

- Provide training for staff in the use of the Team Stress Questionnaire and Managers Stress Audit and Action Plan on the Evotix system.

- Provide expert advice and guidance on any legislative changes related to work-related stress that the Trust needs to be aware of.

4.5 Occupational Health will:

- Provide impartial advice to managers and staff in order to support the management of workplace stressors and contribute to the implementation of these policy arrangements.

- Work with the Human Resources team by offering specialist advice, in respect of employees suffering the effects of stress, on fitness to work and return to work strategies.

- Work with managers and Human Resources team to manage sickness absence as a result of stress or mental health.

- Provide onward referral and signposting for staff to relevant professionals and agencies as indicated. This includes specialist professionals if required e.g. counselling for those who have fled their home countries or counsellors trained in gender transitioning.

- Provide support and guidance to managers on the completion of Team Stress Questionnaires and Individual Stress Risk Assessments.

- Support, advise and guide managers and teams around possible mitigations to address the causes of work-related stress.

4.6   People Potential Manager, (within Engagement & Wellbeing Team), will:

- Regularly review the content and delivery of psychological wellbeing and trauma interventions provided by the Trust, leading on changes and adaptations, in order to meet the emerging needs of staff.

- Regularly review and evaluate the effectiveness of psychological wellbeing and trauma interventions provided by the Trust.

- Work with key stakeholders responsible for the delivery of psychological wellbeing and trauma interventions to ensure appropriate interventions for employees are offered within an acceptable timeframe.

- Work with key stakeholders responsible for the delivery of affiliated support services to ensure appropriate interventions for employees are offered within an acceptable timeframe.

- Work collaboratively with affiliated support services to agree mechanisms for staff user feedback and be the first point of contact for staff raising concerns about services received.

- Consider and act upon anonymised intelligence gathered as a result of both internal and external psychological wellbeing and trauma interventions and support services, that identify trends or themes indicating departmental or organisational issues of concern.

4.7   Wellbeing team will:

- Support and promote positive mental health and psychological wellbeing for staff in the workplace through a range of programmes.

- Ensure training for line managers includes the ability to promote mental health and psychological wellbeing and to be aware of the signs and symptoms of poor mental health and distress.

- Develop and deliver programmes that raise mental health awareness among employees.

- Encourage open conversations about mental health and psychological distress promoting the support available to employees if they are struggling.

- Act upon intelligence provided via workforce data and staff feedback in order to develop and amend wellbeing interventions for staff which may include taking into account culturally and socially different approaches to any interventions.

- Work with Occupational Health to provide interventions that support team and individual self-care and reduce stress.

- Work with Occupational Health to respond to staff need where areas of concern have been identified.

4.8   Divisional Leads will:

- Support and enable leaders within their area to create a psychologically safe culture where the wellbeing of staff is prioritised.
- Be responsible to act upon escalated concerns relating to work-related stress in areas that they manage, identifying and working towards solutions.
- Report through IPRs any areas of concern where work-related stress is prolonged and unacceptably high, providing detail as to the main causes of stress and the actions being taken to mitigate this.
- Consider actions to reduce causes of work-related stress and take responsibility to escalate issues that are beyond their sphere of control.
- Consider and support actions to reduce work-related stress and role model behaviours that are aligned with compassionate and inclusive leadership.

4.9   Divisional Governance Managers/Leads will:

- Ensure departments and teams within their area of responsibility are accurately recorded on Evotix and maintain a top-level overview, via Evotix, of annual Team Stress Questionnaires and Managers Stress Audits and Action Plans undertaken in their area ensuring a minimum 90% compliance.
- Provide a top-level overview to Divisional leads of recurring themes emerging from Team Stress Questionnaires, mitigating actions being implemented by managers and escalating any barriers or challenges in reducing work-related stress.
- Within quarterly Health & Safety report, highlight insights and any areas of concern regarding the management of work-related stress in teams within their area, reporting this back to the Health & Safety Steering Group, (HSSG).

4.10   Service and Line Managers will:

- Create a positive, inclusive and engaging culture and climate and psychologically safe working environment for staff / volunteers.
- Carry out wellbeing conversations as part on-going conversations and one-to-ones with their staff.
- Ensure teams are provided with the time and access to undertake a Team Stress Questionnaire on an annual basis or more frequently if indicated.
- Actively encourage and promote participation from all team members by highlighting the reasons and benefits for this approach.
- Consult and communicate to their teams the findings of the Team Stress Questionnaire and work with their teams to identify and implement changes with a view to mitigating work-related stress.
- Regularly review, update and adapt mitigating actions within the Managers Stress Audit and Action Plan with their teams in response to any work-based changes.
- Be responsible for escalating to their seniors, work-related stressors that are beyond their sphere of control, that are impacting on the psychological wellbeing of their staff.

- Review and repeat the Team Stress Questionnaire if prolonged or high levels of stress are identified.

- Respond to individual staff members who are experiencing stress by discussing the issues causing their stress, supporting them and if appropriate asking them to complete an Individual Stress Risk Assessment and offering the opportunity to complete the (dis)Ability and Health Passport.

- To consider interventions that will alleviate work-related stress as identified through risk assessment.

- To work with individual staff members in addressing work-related stressors identified within their stress risk assessment and consider referral to Occupational Health if stressors cannot be alleviated at a local level.

- To ensure new staff have a comprehensive induction, clearly defined roles and responsibilities with an early opportunity to clarify any issues.

- To promote and role model behaviours aligned with compassionate leadership and that promote psychological wellbeing and safety, actively encouraging staff to speak out if they are feeling stressed or their mental health is compromised.

- To promote use of clear, transparent and respectful communication within the team, particularly where there are organisational or procedural changes to ensure staff feel engaged and considered at every stage.

- To be familiar with and draw upon Trust resources to support individuals and teams during times when levels of stress are increased or anticipated to be so.

- To ensure that jobs are properly designed, with realistic demands and workloads and that expectations and job roles are clear.

- To ensure that staff are trained to undertake the demands of their job and are able to contribute to decisions about how the job is done.

- To ensure that there are regular opportunities to discuss work and obtain feedback on performance during regular one-to-one meetings and/or team meetings.

- To monitor working hours and annual leave to ensure that staff are not overworking and are taking appropriate breaks.

- To ensure that bullying and harassment is not tolerated and agreement around acceptable behaviours is clearly confirmed and communicated with staff and teams.

- To be alert to signs of staff experiencing difficulties and offer additional support to any member of staff who is known to be experiencing stress or mental ill health whether work related or not.

4.11 **Employees will:**

- Take responsibility for managing their own health and wellbeing, by adopting positive health behaviours.

- Improve their knowledge of stress so they feel able to take ownership of the issue by seeking information and making use of training and support offered by the organisation at an early stage.

- Bring to their managers attention any concern relating to their mental health or psychological wellbeing, this could be through completing the (dis)Ability and Health Passport.

- Actively participate in the Team Stress Questionnaire and contribute to identifying solutions that will resolve or alleviate work-related stressors.

- Contribute to a psychologically safe working environment by demonstrating Trust values and compassionate, inclusive behaviours to all colleagues.

- Access sources of additional support if required, actively engaging with services that will improve their mental health and psychological wellbeing.

- If ability to work is being affected by mental health or psychological distress, to request referral to the Occupational Health Department and engage with any support services being offered to them.

5.0   Procedures and Actions to Follow

In order to provide the appropriate direction and guidance to staff and managers on the identification, prevention and management of work-related stress the following questionnaire, assessment and plan should be adopted:-

5.1   Annual Team Stress Questionnaire

Managers are required to enable their teams to undertake an annual Team Stress Questionnaire which must be recorded in the appropriate section on the Evotix system. (Refer to Appendix D Team Stress Questionnaire Managers Guidance and Appendix E Team Stress Questionnaire Staff Guidance)

5.2   Evaluate Risk, Record Findings and Implement Plan.
See Appendix F for Responsibility Tree for Team Stress

The results from the Team Stress Questionnaire must be shared with all staff and arrangements made for consultation to confirm findings and evaluate the risk. Managers must review the results from the Team Stress Questionnaire and in consultation with their teams, complete a Managers Stress Audit and Action Plan to identify actions that will reduce or eliminate work-related stressors. This must be regularly reviewed and progress recorded.

 Consideration can be given to other departmental data and whether there is any correlation with the Team Stress Questionnaire responses i.e. sickness absence, staff turnover, accidents/incidents.

Managers are responsible to lead on the implementation of any actions and to monitor and review these as necessary or where significant changes occur.

Communication and consultation with all members of the team is crucial to the success of this and should be delivered in a proactive, positive and inclusive way. Ensuring that all staff have a chance to engage and contribute to the process of identifying risks and offering suggestions to mitigate these will help to create a culture of psychological wellbeing and safety.

Managers should note that the results of the annual Team Stress Questionnaire will provide indicators as to work-related stress and as such they may want to explore issues in more detail with smaller groups of staff or as part of a wider divisional plan.

5.3 Individual Stress Risk assessments

The Individual Stress Risk Assessment, (Appendix G), should not be completed on the Evotix system. This can be found on the Trust Extranet.

Employees are encouraged to complete this with their line manager so that an open dialogue about work-related stress can be initiated and where ways to alleviate this can be discussed. If for any reason, this is not practicable, the employee can request that the assessment is completed with another line manager, senior colleague or their Human Resources representative.

A copy of an individual's stress risk assessment must be retained in the employee's personnel file. Should an individual wish to receive additional support in relation to work-related stress, they can ask their line manager to refer them to Occupational Health where a copy of their completed individual stress risk assessment should be enclosed. Occupational Health can then assist or signpost the employee as indicated and provide the line manager with guidance as to how best to support their employee.

Individual stress risk assessments should be used in the following instances:

- When an employee is displaying signs of stress or mental distress
- When an employee reports experiencing unacceptable levels of stress
- When an employee is absent from work due to stress. This should be completed during the return to work interview though can be utilised for staff who continue to be absent due to stress to aid their return to work
- If the Team Stress Questionnaire has indicated a cause for concern

Additional Support

5.4 Work-related Trauma

In recent years and accelerated by the COVID pandemic, the psychological impact of work-related trauma on teams and individual staff members has increased. Staff may experience this as a result of a Potentially Traumatic Event, (PTE), or as an accumulation of trauma at any level. It is widely recognised that the quality, content and governance arrangements around the interventions offered to staff following a PTE must be evidence-based and provided by appropriately trained staff. This is to avoid any unnecessary risk or further distress for the staff involved.

With that in mind the Trust has invested in specific evidence-based interventions to assess, support and manage staff who have experienced trauma as a result of work. Full details can be found on the Wellbeing pages of the Trust extranet but the following provides a summary of these interventions.

5.4.1 TRiM

TRiM is a means of supporting staff after a Potentially Traumatic Experience (PTE) or accumulation of experiences and to early identify symptoms of stress. TRiM is not a treatment for stress, however, processing and talking about the event can be beneficial.

Experiences may include: unexpected death of a patient or colleague, injury to staff, violence and aggression, major incidents, 'never events' and other potentially traumatic experiences. TRiM may not be appropriate for personal trauma or other forms of stress such as workload pressure where other support should be sought.

TRiM is delivered by ESHT staff who have been trained as TRiM Practitioners, from all levels within the organisation. They are not counsellors or therapists but they will provide a confidential space to talk about the experience and carry out a simple risk assessment to gauge how much stress may have been taken on board. The staff member may be offered a referral for the most appropriate source of support if necessary.

5.4.2 Defuse

Defusing is the immediate actions managers and shift leaders can take to support their staff following a potentially traumatic event at work. These actions may be deemed as common sense but under stressful conditions can be used as a guide to ensure staff are supported appropriately and that any staff who are significantly impacted are identified quickly.

It involves practical actions such as: checking in with staff and being present if possible immediately after the event, offering them the opportunity to take a break, ensuring they are ok and safe to travel home, enquiring if they have support once they leave work, following up with them the next day. It also prompts managers to follow up on affected staff within the next day or so and referring them to the TRiM team, Occupational Health, Wellbeing team or other supportive services offered by the Trust.

5.4.3 Psychological Wellbeing & GREP, GTEP for teams
Group Resilience Episode Protocol (GREP)
Group Traumatic Episode Protocol (GTEP)

This intervention is delivered by appropriately trained Therapists experienced in Trauma working alongside the Occupational Health and Staff Engagement & Wellbeing teams. It is offered to teams of staff who have recently shared a work-based trauma or accumulative work pressure. This was initially offered to support ESHT staff who worked through the COVID pandemic but is now being used to support staff as we all move forward. This programme has already been successfully rolled out to personnel working within the armed forces, the Police force, humanitarian workers and many others who face traumatic experiences in their work.

The Psychological Wellbeing intervention consists of:

- **Session 1: Debrief (2 hours)** Reflective space to give you the opportunity to pause and consider recent events
- **Session 2: GREP (90 mins)** Focus on resilience
- **Session 3: GTEP 1 (90 mins)** Focus on self-care
- **Session 3 GTEP 2 (90 mins)** Continued focus on self-care. Evaluation & post screening

5.5 Violence & Aggression

Issues related to violence & aggression within the workplace and guidance for staff and managers within such situations is covered in the Trust Violence & Aggression Policy. Please also refer to the dedicated Violence & Aggression pages on the Trust extranet for further details.

5.6 Mental Health First Aid

The Trust has invested in the Mental Health First Aid training and offers a rolling programme to any staff within the organisation. This provides a comprehensive, evidence-based training programme, that raises awareness about mental health issues and symptoms whilst providing advice and guidance on action and support that can be offered to staff suffering from mental distress.

6.0 Training

6.1 Principles of risk assessment and the methodology for undertaking risk assessments are covered in risk assessment training

6.2 Resources, guidance and interventions related to work-related stress and psychological wellbeing & safety can be found on the Wellbeing pages of the Trust extranet.

7.0 Monitoring Compliance with the Document

<u>**Monitoring Compliance with Psychological Safety & Wellbeing Policy**</u>

Element to be Monitored	Process for monitoring Lead	Tool for Monitoring	Frequency of monitoring	Responsible Individual/Group Committee for review of results/report	Responsible individual /group /committee for acting on recommendations / action plan	Responsible individual/group/ committee for ensuring action plan/lessons learnt are implemented
Annual Team Stress Questionnaire compliance	Ward managers/ Matrons/Team Leaders to facilitate completion of the Team Stress Questionnaire annually or more regularly if indicated.	Evotix	Yearly	Divisional Governance Lead	Divisional Governance Lead	• Ward managers/ Matrons/Team Leaders • Divisional Leads
Managers Stress Audit and Action Plan	Ward managers/ Matrons/Team Leaders to complete Managers Stress Audit and Action Plan in response to the Team Stress Survey	Evotix	Yearly and in response to Team Stress Questionnaire	Divisional Governance Lead	Divisional Governance Lead	• Ward managers/ Matrons/Team Leaders • Divisional Leads
Individual Stress Risk Assessments	Ward managers/ Matrons/Team Leaders		As required	Ward managers/ Matrons/Team Leaders	Ward managers/ Matrons/Team Leaders	• Ward managers/ Matrons/Team Leaders
Effectiveness of Policy:	• Number of departments completing yearly Team Stress Questionnaires along with Managers Stress Audit and Action Plan. • Results of staff survey • Management Referrals to Occupational Health with a reason code of work-related stress	Evotix NHS Staff Survey eOPAS	Yearly Yearly Monthly	HSSG POD Workforce Insights Group	Divisional Leads Divisional Leads Line Manager/OH/ HRBP	Divisional Leads Divisional Leads Line Manager/OH/ HRBP

8.0   Useful references and resources

Edmondson, A, C. (2019) *The Fearless Organisation*. USA: John Wiley and Sons.

Health & Safety Executive. (2022). *What are the Management Standards?* Available from What are the Management Standards? - Stress - HSE

NHS. (2020) *NHS People Plan*. Available from NHS England » Online version of the People Plan for 2020/2021

NHS. (2022) *NHS People Promise.* Available from NHS England » The Promise

National Institute for Health and Care Excellence, (NICE). (2022) *Mental Wellbeing at Work*. Available from Mental wellbeing at work (nice.org.uk)

Scott, K. (2019) *Radical Candor. How to get what you want by saying what you mean.* New York: Pan Books.

West, M. (2021) *Compassionate Leadership: Sustaining Wisdom, Humanity and Presence in Health and Social Care.* UK: The Swirling Leaf Press

World Health Organisation. (2020) *Doing What Matters in Times of Stress. An Illustrated Guide.* Available from: Doing What Matters in Times of Stress (who.int)

World Health Organisation Mental health (who.int)

Health & Safety Executive. A Talking Toolkit: Preventing work-related stress. This guides managers into having problem and solution focussed conversations with teams of staff

Health & Safety Executive. Tackling Stress: workbook for managers; This is a large document at nearly 60 pages. This includes detailed information around solutions and expectations

A Guide to Communication and Stress by stress.org.uk. Useful information for every member of staff in how their communication is affected by stress

Chartered Institute of Personnel and Development, (CIPD). Top tips for having a conversation about stress; guidance to support managers when a team stress assessment has identified individuals who need further support

Appendix A: Equality Impact Assessment Form

NHS
East Sussex Healthcare
NHS Trust

Equality Impact Assessment Form
1. Cover Sheet

Please refer to the accompanying guidance document when completing this form.

Strategy, policy or service name	Psychological Wellbeing & Safety of Staff Policy
Date of completion	August 2022
Name of the person(s) completing this form	Liz Lipsham
Brief description of the aims of the Strategy/ Policy/ Service	To provide clarity on the Trusts commitment to promote psychological wellbeing and safety in every aspect of the organisation by providing direction and guidance to staff and managers on the identification, prevention and management of work-related stress alongside the promotion of psychological wellbeing for all our People
Which Department owns the strategy/ policy/ function	OD, Staff Engagement & Wellbeing Team.
Version number	V3
Pre-Equality analysis considerations	The Equality Act 2010, Human Rights Act 1998 and Public Sector Equality Duties 2011
Who will be affected by this work? **E.g. staff, patients, service users, partner organisations etc.**	All ESHT employees including temporary workforce staff and volunteers
Review date	3 years unless equality legislation changes
If negative impacts have been identified that you need support mitigating please escalate to the appropriate leader in your directorate and contact the EDHR team for	To whom has this been escalated? Name: Click here to enter text. Date: Click here to enter a date.

further discussion.	
Have you sent the final copy to the EDHR Team?	Yes

2. EIA Analysis

	☺ ☺ ☹	Evidence:
Will the proposal impact the safety of patients', carers' visitors and/or staff?	Choose: Positive	This policy sets out the Trusts position on supporting the psychological wellbeing of our staff whilst promoting a culture of psychological safety.
Equality Consideration *Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)*	Choose: Positive	(see equality table below)
Is the proposal of change effective?		Yes: That staff are enabled to work in an inclusive, compassionate and psychologically safe environment.
Equality Consideration *Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)*		(see equality table below)

First Equality Consideration table:

Race	Gender	Sexual orientation	Age	Disability & carers
☒	☒	☒	☒	☒
Gender reassignment	**Marriage & Civil Partnership**	**Religion and faith**	**Maternity & Pregnancy**	**Social economic**
☒	☒	☒	☒	☒

Second Equality Consideration table:

Race	Gender	Sexual orientation	Age	Disability & carers
☒	☒	☒	☒	☒
Gender reassignment	**Marriage & Civil Partnership**	**Religion and faith**	**Maternity & Pregnancy**	**Social economic**
☒	☒	☒	☒	☒

<table>
<tr>
<td>What impact will this have on people receiving a positive experience of care?</td>
<td>Choose:

Positive</td>
<td>There is a wealth of evidence that demonstrates that the creation of psychologically safe environments within Healthcare lead to better quality care and standards for patients and service users.</td>
</tr>
</table>

Race	Gender	Sexual orientation	Age	Disability & carers
☒	☒	☒	☒	☒
Gender reassignment	**Marriage & Civil Partnership**	**Religion and faith**	**Maternity & Pregnancy**	**Social economic**
☒	☒	☒	☒	☒

Equality Consideration

Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)

<table>
<tr>
<td>Does the proposal impact on the responsiveness to people's needs?</td>
<td>Choose:

Positive</td>
<td>The purpose of this policy, in creating an inclusive, compassionate and psychologically safe working environment for staff supports the ability for staff to access support when required and/or identify any issues of concern at an early stage.</td>
</tr>
</table>

Equality Consideration

Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)

Race	Gender	Sexual orientation	Age	Disability & carers
☒	☒	☒	☒	☒
Gender reassignment	**Marriage & Civil Partnership**	**Religion and faith**	**Maternity & Pregnancy**	**Social economic**
☒	☒	☒	☒	☒

<table>
<tr>
<td>What considerations have been put in place to consider the organisations approach on improving equality and diversity in the workforce and leadership?</td>
<td>Choose:

Positive</td>
<td>The trust have a number of programmes such as: New managers orientation, bite size training for managers where sessions on improving equality and diversity are delivered to managers

A robust governance structure is in place where reporting on workforce Equality Diversity and Inclusion objectives are reviewed at the People and Organisational Development Committee and Trust Board for assurance</td>
</tr>
</table>

Equality Consideration *Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)*		Race	Gender	Sexual orientation	Age	Disability & carers
		☒	☒	☒	☒	☒
		Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic
		☒	☒	☒	☒	☒

Access

Could the proposal impact positively or negatively on any of the following:

• Patient Choice	Choose: Positive	Psychologically safe environments are known to provide better care for patients and service users. This in turn may lead patients to engage more positively in ESHT services.
• Access	Choose: Positive	The purpose of the policy is to promote compassion and inclusivity: to support staff who are struggling with mental health or psychological distress in a non-judgemental and proactive way.
• Integration	Choose: Positive	This policy promotes a culture of positivity for ESHT, where all staff feel safe and belong, knowing that they will be supported if they do experience mental ill health of psychological distress.

Equality Consideration *Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)*		Race	Gender	Sexual orientation	Age	Disability & carers
		☒	☒	☒	☒	☒
		Gender reassignment	Marriage & Civil Partnership	Religion and faith	Maternity & Pregnancy	Social economic
		☒	☒	☒	☒	☒

Engagement and Involvement	Choose: Positive	• OD, Staff Engagement & Wellbeing Senior Leads
How have you made sure that the views of stakeholders, including people likely to face exclusion have been influential in the development of the strategy / policy / service:		• Chief People Officer • Deputy Director or Culture • Freedom to Speak up Guardians • Occupational Health Governance Group • Staff Networks • Health and Safety Steering Group • Workforce & People Policy Group • Policy Ratification Group

Equality Consideration *Highlight the protected characteristic impact or social economic impact (e.g. homelessness, poverty, income or education)*						
		Race	**Gender**	**Sexual orientation**	**Age**	**Disability & carers**
		☒	☒	☒	☒	☒
		Gender reassignment	**Marriage & Civil Partnership**	**Religion and faith**	**Maternity & Pregnancy**	**Social economic**
		☒	☒	☒	☒	☒

Duty of Equality Use the space below to provide more detail where you have identified how your proposal of change will impact.	Choose: Positive	The policy states expectations to all staff of the behaviours from them with regards to the culture in our organisation where psychological wellbeing, safety, compassion and inclusion is prioritised.

Characteristic	**Rating** ☺ ☹ ☺	**Description**
Race	Choose: Positive	This policy has a positive impact for all staff regardless of their race or ethnicity
Age	Choose: Positive	This policy protects staff from all age groups no matter what age they are as outlined in the Equality Act 2010

Disability and Carers	Choose: Positive	This policy has a positive impact on all staff that have a disability or long-term health condition. It links into the (Dis)Ability & Health Passport to enable adequate adjustment to take place and the Carers Passport to achieve a work life balance
Religion or belief	Choose: Positive	This policy has a positive impact on all staff who wish to observe religious practices and those that don't
Sex	Choose: Positive	This policy has a positive impact on staff no matter what their gender
Sexual orientation	Choose: Positive	This policy has a positive impact on staff no matter what their sexual orientation is.
Gender re-assignment	Choose: Positive	This policy has a positive impact on those that are transitioning from their gender assigned at birth to another gender.
Pregnancy and maternity	Choose: Positive	This policy has a positive impact on pregnancy, maternity and also including paternity rights with, The Employment Rights Act 1996 which sets out rights to health and safety, time off for ante-natal care, maternity leave and unfair dismissal.
Marriage and civil partnership	Choose: Positive	This policy does not have a negative impact on a member of staffs marital or civil partnership status

Human Rights

Please look at the table below to consider if your proposal of change may potentially conflict with the Human Right Act 1998

Articles		Y/N
A2	Right to life	**No**
A3	Prohibition of torture, inhuman or degrading treatment	**No**
A4	Prohibition of slavery and forced labour	**No**
A5	Right to liberty and security	**No**
A6 &7	Rights to a fair trial; and no punishment without law	**No**
A8	Right to respect for private and family life, home and correspondence	**No**
A9	Freedom of thought, conscience and religion	**No**
A10	Freedom of expression	**No**
A11	Freedom of assembly and association	**No**
A12	Right to marry and found a family	**No**
Protocols		
P1.A1	Protection of property	**No**
P1.A2	Right to education	**No**
P1.A3	Right to free elections	**No**

Appendix B: Infrastructure of Support

Pyramid of Staff Support

NHS
East Sussex Healthcare
NHS Trust

Trauma interventions
Psychological Wellbeing
Psychological interventions   TRiM

Visit GP
Additional Support
Referral to Occupational Health   Line manager

Wellbeing resources & conversations
Remploy   **Self Help**   Care first
Chaplaincy
Staff in Mind

Family   Line manager
Support Networks
Colleagues   Friends

Healthy work-life balance
Hydration   **Self- care**   Nutrition
Regular breaks inc. annual leave   Sleep

Appendix C

<div align="center">

Team Stress Questionnaire
Managers Stress Audit & Action Plan
Managers Guidance

</div>

The Team Stress Questionnaire is an opportunity for you and your team to consider any aspects of work that may be causing stress. It should be completed annually but you have the option to undertake this again for your team at any point during the year if you wish to.

The process consists of two parts:

1. **Team Stress Questionnaire** – completed by all members of your team via the link on the Evotix, Portal (formerly ASSURE). Responses are anonymised so please reassure your team that they can feel confident in giving true and honest answers to the questions. All responses are then collated into a report that provides an overall picture for your team. To increase accessibility, these can be completed by staff using a PC, laptop or alternatively, using the QR code for a smartphone or tablet in the timeframe you have given them.
   https://uk.sheassure.net/esht/portal/portal/index

2. **Managers Stress Survey and Action Plan** – completed by you as the line manager on the Evotix system. This is found under 'Audits' on Evotix.

1. Team Stress Questionnaire

Planning and preparation:

It's important to consider the following points in preparation for your team completing the Team Stress Questionnaire:

- Ensure that you and your team know where to find the Team Stress Questionnaire on the Evotix Portal. Please see the QR code above.

- Consider when would be the best time of year for your team to complete the Team Stress Questionnaire. You may want to avoid doing this at the same time as the NHS staff survey, (October/November), so as not to cause any confusion.

- Once you have decided when you want to do this, give your team a set time to respond and clearly communicate this to **all of your team**. Three weeks is a good time frame for your team to complete the questionnaire but you may need to be mindful of annual leave so you can extend this if preferable for you and the team but do be clear about the timings.

- Inform your team in a positive way about the Team Stress Questionnaire: that it is an opportunity to share their views and have a voice rather than it being a task-based assessment.

- Consider enlisting key team members to encourage and motivate their colleagues to complete the survey. You may want to allocate them time to support their colleagues to do this.

The Results:

The actions you take following the outcome of the Team Stress Questionnaire are as important as completing the questionnaire itself.

Once you have reached the closing date you have set for your staff to complete the Team Stress Questionnaire, the anonymised responses are collated into an overall score for each question. There is also an overall score for each of the 7 stress management standards with a risk factor for each.

What are the results telling you?

You need to look at the results for your team by clicking on the Insights+ link (view) on the side toolbar of the Evotix system after logging in. Please contact Health and Safety if you cannot see this or do not have access esh-tr.healthandsafety@nhs.net

Review guidance and information:

Have a look at the information below for guidance around stress conversations and how to put together an action plan with your team based on the priorities that have emerged from the questionnaires.

The Occupational Health section of the extranet has information and resources for you and your team to access including:

- o A Talking Toolkit: Preventing work-related stress. This guides managers into having problem and solution focussed conversations with teams of staff
- o HSE, Tackling Stress: workbook for managers; This is a large document at nearly 60 pages but does have detailed information around what we need to try and achieve as well as potential solutions
- o A Guide to Communication and Stress by stress.org.uk. Useful information for every member of staff in how their communication is affected by stress
- o CIPD, Top tips for having a conversation about stress; guidance to support managers when a team stress assessment has identified individuals who need further support

Discussing solutions and actions:

You will need to consider what actions you can take to mitigate any work-related stressors that have been identified by the team, by **eliminating** or **reducing** these. If this is not possible you should **escalate** concerns to your line manager.

Ensure that you discuss the overall results of the Team Stress Questionnaire with your team and ask for their ideas as they are likely to know of possible solutions to some of the challenges they face during the course of their work.

You can approach this engagement in a number of ways that suit you and your team but managers have found the following approaches helpful:

- Feeding back questionnaire results during a team meeting

- Printing out and displaying on staff notice boards, the Insights+ report that clearly illustrate the main causes of work-related stress reported by the team

- Picking out the top three work-related stressors that have been identified by the team; putting each one onto a poster and asking staff to contribute ideas and solutions by writing on the poster. The talking toolkit from the HSE provides good examples and ideas for this.

2. Managers Stress Audit and Action Plan

Finding the template to use on Evotix

The Managers Stress Audit and Action Plan is found on the Evotix system by clicking on the 'Audit' button and 'New Record'.

The template is divided into 7 sections with a single statement in each. Score each question from 1 – 5 based on what Insights+ is telling you. There are only 5 factors as 0 is not used in the HSE survey

There is an overall score for each of the management standards which you should use when you complete the Managers Stress audit. These range from 1.00 to 5.00, using the number closest to the 'Main Findings' chart on your Evotix Insights report.

You can use some degree of discretion when assigning priorities for the actions: low, medium or high, relevant to the level of risk.

Scoring your Audit on Evotix

Insights Score is closest to	What this potentially means for each of the Standards	What you should score on the audit
1	There is a significant problem around this question and the team clearly have a lot of concerns. Almost all staff have answered negatively. It is longstanding and likely to continue	1
2	The team have raised several issues which have been longstanding and with a common theme. There doesn't seem to be any clear progress or headway on getting where we need to be for this issue.	2
3	Some concerns noted which may be different or a common theme that has been raised by less than half of the team. We need to act on this before it starts to become a problem.	3
4	The team response to this is quite good but we might need to undertake some further work around this standard just to be sure.	4
5	We are in a pretty good place. The question and outcome is fully met or very close and we have very few concerns that stress is caused by this factor.	5

The Insights report will also give you the ability to view the answers to each question within the standard. From this, you will be able to see which specific issue staff are reporting problems with.

Under each section on the Managers audit and action plan you can add a single action or multiple actions. You should only allocate actions for people within your service. The actions need to be proportionate and SMART, (Specific, Measurable, Achievable, Realistic, Timely).

The Main Findings chart indicates the standards that you may need to prioritise and the importance of these standards in terms of risk factors.

Appendix D: Team Stress Questionnaire Managers Guidance

NHS
East Sussex Healthcare
NHS Trust

Team Stress Questionnaire
Managers Stress Audit & Action Plan
Managers Guidance

The Team Stress Questionnaire is an opportunity for you and your team to consider any aspects of work that may be causing stress. It should be completed annually but you have the option to undertake this again for your team at any point during the year if you wish to.

The process consists of two parts:

3. **Team Stress Questionnaire** – completed by all members of your team via the link on the Evotix, Portal (formerly ASSURE). Responses are anonymised so please reassure your team that they can feel confident in giving true and honest answers to the questions. All responses are then collated into a report that provides an overall picture for your team

4. **Managers Stress Survey and Action Plan** – completed by you as the line manager on the Evotix system. This is found under 'Audits' on Evotix.

Planning and preparation:

It's important to consider the following points in preparation for your team completing the Team Stress Questionnaire:

- Ensure that you know where to find the Team Stress Questionnaire on the Evotix Portal
- Consider when would be the best time of year for your team to complete the Team Stress Questionnaire. You may want to avoid doing this at the same time as the NHS staff survey, (October/November), so as not to cause any confusion
- Once you have decided when you want to do this, give your team a set time to respond and clearly communicate this to **all of your team**. Three weeks is a good time frame for your team to complete the questionnaire but you may need to be mindful of annual leave so you can extend this if preferable for you and the team but do be clear about the timings
- Inform your team in a positive way about the Team Stress Questionnaire: that it is an opportunity to share their views and have a voice rather than it being a task-based assessment
- Consider enlisting key team members to encourage and motivate their colleagues to complete the survey. You may want to allocate them time to support their colleagues to do this

The Results:

The actions you take following the outcome of the Team Stress Questionnaire are as important as completing the questionnaire itself.

Once you have reached the closing date you have set for your staff to complete the Team Stress Questionnaire, the anonymised responses are collated into an overall score for each question. There is also an overall score for each of the 7 stress management standards with a risk factor for each.

What are the results telling you?

You need to look at the results for your team by clicking on the Insights+ link (view) on the side toolbar of the Evotix system after logging in. Please contact Health and Safety if you cannot see this or do not have access esh-tr.healthandsafety@nhs.net

Review guidance and information:

Have a look at the information below for guidance around stress conversations and how to put together an action plan with your team based on the priorities that have emerged from the questionnaires.

The Wellbeing page of the extranet has a wealth of information and resources for you and your team to access including:

- o A Talking Toolkit: Preventing work-related stress. This guides managers into having problem and solution focussed conversations with teams of staff
- o HSE, Tackling Stress: workbook for managers; This is a large document at nearly 60 pages but does have detailed information around what we need to try and achieve as well as potential solutions
- o A Guide to Communication and Stress by stress.org.uk. Useful information for every member of staff in how their communication is affected by stress
- o CIPD, Top tips for having a conversation about stress; guidance to support managers when a team stress assessment has identified individuals who need further support

Discussing solutions and actions:

You will need to consider what actions you can take to mitigate any work-related stressors that have been identified by the team, by **eliminating** or **reducing** these. If this is not possible you should **escalate** concerns to your line manager.

Ensure that you discuss the overall results of the Team Stress Questionnaire with your team and ask for their ideas as they are likely to know of possible solutions to some of the challenges they face during the course of their work.

You can approach this engagement in a number of ways that suit you and your team but managers have found the following approaches helpful:

- Feeding back questionnaire results during a team meeting

- Printing out and displaying on staff notice boards, the Insights+ report that clearly illustrate the main causes of work-related stress reported by the team

- Picking out the top three work-related stressors that have been identified by the team; putting each one onto a poster and asking staff to contribute ideas and solutions by writing on the poster. The talking toolkit from the HSE provides good examples and ideas for this.

Managers Stress Audit and Action Plan

Finding the template to use on Evotix

The Managers Stress Audit and Action Plan is found on the Evotix system by clicking on the 'Audit' button. The template is divided into 7 sections with a single statement in each. Score each question from 1 – 5 based on what Insights+ is telling you. There are only 5 factors as 0 is not used in the HSE survey

There is an overall score for each of the management standards which you should use when you complete the Managers Stress audit. These range from 1.00 to 5.00, using the number closest to the 'Main Findings' chart on your Evotix Insights report. You can use some degree of discretion when assigning priorities for the actions: low, medium or high, relevant to the level of risk.

Insights Score is closest to	What this potentially means for each of the Standards	What you should score on the audit
1	There is a significant problem around this question and the team clearly have a lot of concerns. Almost all staff have answered negatively. It is longstanding and likely to continue	1
2	The team have raised several issues which have been longstanding and with a common theme. There doesn't seem to be any clear progress or headway on getting where we need to be for this issue.	2
3	Some concerns noted which may be different or a common theme that has been raised by less than half of the team. We need to act on this before it starts to become a problem.	3
4	The team response to this is quite good but we might need to undertake some further work around this standard just to be sure.	4
5	We are in a pretty good place. The question and outcome is fully met or very close and we have very few concerns that stress is caused by this factor.	5

The Insights report will also give you the ability to view the answers to each question within the standard. From this, you will be able to see which specific issue staff are reporting problems with.

Under each section on the Managers audit and action plan you can add a single action or multiple actions. You should only allocate actions for people within your service. The actions need to be proportionate and SMART, (Specific, Measurable, Achievable, Realistic, Timely).

The Main Findings chart indicates the standards that you may need to prioritise and the importance of these standards in terms of risk factors.

Appendix E: Team Stress Questionnaire Staff Guidance

NHS
East Sussex Healthcare
NHS Trust

Team Stress Questionnaire
Staff Guidance

The Team Stress Questionnaire is an opportunity for you and your colleagues to consider any aspects of work that may be causing you stress. It should be completed annually but you have the option to undertake this again at any point during the year if you wish to.

The process consists of two parts:

1. **Team Stress Questionnaire** – completed by all members of the team via the link on the Evotix Portal. Responses are anonymised but only if completed on the Portal so please be assured in feeling confident to give true and honest answers to the questions. All responses are then collated into a report that provides an overall picture for your team

2. **Managers Stress Audit and Action Plan** – completed by your line manager on the Evotix system. This is found under 'Audits' on Evotix.

Planning:

- Your line manager will advise you as to where to find the Team Stress Questionnaire on the **Evotix portal**

- Please choose your area of work and team from the drop-down menu on the Evotix system. Please do this carefully so that your questionnaire goes to the right area. (Ask your manager for guidance if you are unsure)

- Your line manager will allocate a set time for you to respond

- This is a great opportunity to share your views and have a voice about how work can impact on your wellbeing

Results:

- When the closing date for your Team Stress Questionnaire arrives, your line manager will access a report combining all the responses from everyone within your team

- Your line manager will then discuss the results of the Team Stress Questionnaire with you and your colleagues and ask you for your ideas as to how to eliminate or reduce any work-related stressors. If this is not possible, your line manager will agree with you what aspects may need to be escalated to your senior managers

- We encourage this approach as we know that you are likely to have solutions to some of the challenges you face during the course of your work that may be causing you stress

Please be aware that undertaking this Team Stress Questionnaire may cause you to feel unsettled so do seek out support from colleagues and your line manager or look at the Wellbeing resources on the Extranet for other sources of support.

Appendix F   - Responsibility Tree for Team Stress

Responsibility Tree for Team Stress

```
                      ┌─────────────────────────────┐
                      │  Divisional Leads include    │
                      │       in IPR Report          │
                      └─────────────────────────────┘
                                   ▲
                      ┌─────────────────────────────┐
                      │  Governance Leads/Managers   │
                      │   include in HSSG Report     │
                      └─────────────────────────────┘
                                   ▲
                      ┌─────────────────────────────┐
                      │  Governance Leads/Managers   │
                      │  review compliance and       │
                      │  outcomes for their areas    │
                      │  Hot spots – low compliance  │
                      └─────────────────────────────┘
                                   ▲
                      ┌─────────────────────────────┐                              ┌──────────────┐
                      │  Manager completes managers  │                              │  Specialist  │
                      │  stress audit and action     │                              │  services    │
                      │  plan                        │                              └──────────────┘
                      └─────────────────────────────┘                                    ▲
                                   ▲                          ┌─ ─ ─ ─ ─ ─┐             │
                      ┌─────────────────────────────┐         │ Manager   │─────────────┘
                      │  Manager reviews team report │────────▶│ considers │
                      │        on Evotix             │         │ solutions │─────────────┐
                      └─────────────────────────────┘         │ with the  │             ▼
                                   ▲                          │ team      │   ┌──────────────────────┐
                      ┌─────────────────────────────┐         └─ ─ ─ ─ ─ ─┘   │  Wellbeing/OD/       │
                      │  Team responses automatically│                        │  Retention/OH/Care   │
                      │  collated on Evotix          │                        │  first               │
                      └─────────────────────────────┘                        └──────────────────────┘
                                   ▲
                      ┌─────────────────────────────┐
                      │  Staff member completes team │
                      │  stress questionnaire on     │
                      │  Evotix                      │
                      └─────────────────────────────┘
```

Appendix G Individual Stress Risk Assessment.

NHS
East Sussex Healthcare
NHS Trust
Occupational Health
What matters to you, matters to us all

Individual Stress Risk Assessment

Please save a copy of this stress risk assessment on the employee's personnel file.
Individual stress risk assessments should not be recorded on Evotix

Stress Risk Assessment	
Demands: Employees are able to cope with the demands of their jobs	**Answer (Yes/No)**
1.1. The organisation provides employees (including managers) with adequate and achievable workload	
Comments:	
1.2. Job demands are assessed in terms of quantity, complexity and intensity and are matched to people's skills and abilities.	
Comments:	
1.3. Employees have the necessary competencies to be able to carry out the core functions of their job.	
Comments:	
1.4. Employees who are given high demands are able to have a say over the way the work is undertaken (see standard on Control).	
Comments:	
1.5. Employees who are given high demands receive adequate support from their managers and colleagues (see standard on Support).	
Comments:	
1.6. Repetitive and boring jobs are limited, so far as reasonably practicable.	
Comments:	
1.7. Employees are not exposed to poor physical working environment (the organisation has undertaken a risk assessment to ensure that physical hazards are under	

appropriate control).		
Comments:		
1.8. Employees are not exposed to physical violence or verbal abuse.		
Comments:		
1.9. Employees are provided with mechanisms which enable them to raise concerns about health and safety issues (e.g. dangers – real or perceived), working conditions and work patterns and where necessary appropriate action is taken.		
Comments:		
Control: Employees have a say about the way they do their work	**Answer (Yes/No)**	
2.1. The organisation provides employees with the opportunity to have a say about the way their work is undertaken.		
Comments:		
2.2. Where possible, the organisation designs work activity so that the pace of work is rarely driven by an external source (e.g. a machine).		
Comments:		
2.3. Where possible, employees are encouraged to use their skills and initiative to complete tasks.		
Comments:		
2.4. Employees are supported, even if things go wrong.		
Comments:		
2.5. Employees are able to exert a degree of control over when breaks can be taken.		
Comments:		
2.6. Employees are able to make suggestions to improve their work environment and these suggestions are given due consideration.		
Comments:		
Support: Employees receive adequate information and support from their Managers and Peers, (you may wish to comment separately for both).	**Answer (Yes/No)**	
3.1. The organisation provides employees (including managers) with adequate support at work.		
Comments:		

3.2. There are systems in place to help employees (including managers) provide adequate support with their staff or colleagues.	
Comments:	
3.3. Employees are encouraged to seek support at an early stage if they feel as though they are unable to cope.	
Comments:	
3.4. The organisation has systems to help employees with work-related or home-related issues and employees are aware of these.	
Comments:	
3.5. If there has recently been a traumatic or stressful event in the department the process for supporting staff has been followed: Datix completed, signposted to Wellbeing extranet page for TRiM or additional support, signposted to Violence & Aggression extranet page for guidance, referral to Occupational Health considered.	
Comments:	
Relationships: Employees are not subject to unacceptable behaviour e.g. bullying at work	**Answer (Yes/No)**
4.1. The organisation has in place agreed procedures to effectively prevent, or quickly resolve, conflict at work.	
Comments:	
4.2. These procedures are agreed with employees and their representatives and enable employees to confidentially report any concerns they might have.	
Comments:	
4.3. The organisation has a policy for dealing with unacceptable behaviour at work. This has been agreed with employees and their representatives.	
Comments:	
4.4. The policy for dealing with unacceptable behaviour at work has been widely communicated in the organisation.	
Comments:	
4.5. Consideration is given to the way teams are organised to ensure that they are cohesive, have a sound structure, clear leadership and objective.	

Comments:	
4.6. Employees are encouraged to talk to their line manager, employee representative, and external provider about any behaviour that is causing them concern at work.	
Comments:	
4.7. Individuals in teams are encouraged to be open and honest with each other.	
Comments:	

Role: Employees understand their role and responsibilities	**Answer (Yes/No)**
5.1. The organisation ensures that, so far as possible, the demands it places upon employees (including managers) do not conflict.	
5.2. The organisation provides induction for employees to ensure they understand their role within the organisation.	
Comments:	
5.3. The organisation ensures that employees (including managers) have a clear understanding of their roles and responsibilities in their specific job (this can be achieved through a plan of work).	
Comments:	
5.4. The organisation ensures that employees understand how their job fits into overall aims and objectives of the organisation/department/unit.	
Comments:	
5.5. Systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have in their role.	
Comments:	
5.6. Systems are in place to enable employees to raise concerns about any uncertainties or conflicts they have about their responsibilities.	
Comments:	

Change: Employees are engaged frequently by the organisation when undergoing an organisation change	**Answer (Yes/No)**
6.1. The organisation ensures that employees (including managers) understand the reason for proposed changes.	
Comments:	
6.2. Employees receive adequate communication during the	

change process.	
Comments:	
6.3. **The organisation builds adequate employee consultation into its change programme and provides opportunities for employees to comment on the proposals.**	
Comments:	
6.4. **Employees are made aware of the impact of change on their jobs.**	
Comments:	
6.5. **Employees are made aware of the timetable for action and the proposed first steps of the changing process.**	
Comments:	
6.6. **Employees receive support during the change process.**	
Comments:	

Conclusion	
Conclusion	
Risk:	
Actions to eliminate, reduce or escalate work-related stressors:	

Appendix H: Psychological Safety