

Employee Wellbeing and Attendance Management Guidance

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This guidance **must** be read in conjunction with the Trust Policy:

W22 - Wellbeing and Attendance Management Policy

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1. Introduction

This guidance has been compiled in order to help Managers and employees to understand how absence will be managed and how employees will be supported with their wellbeing. This guidance must be read in conjunction with the Employee Management of Wellbeing and Attendance Policy.

Over the last two years (2023/24) the Trust has lost over 150,000 calendar days per year to absence and over 38,000 of those have been due to mental health issues. Therefore, it is important for us all to take responsibility for our health and wellbeing and to be supported through the different interventions that are available.

Whilst recognising that sickness absence may be higher in the NHS compared to other sectors, stress and musculoskeletal disorders have found to be the main cause of absence and ill health. In addition, the average age of the NHS workforce is increasing and this is going to impact on both the physical and mental wellbeing of the workforce. More work can be done to prevent the work-related and lifestyle causes of ill health and the organisation is keen to promote and support employee's health and wellbeing. This guidance read in conjunction with the Trust policy contains information on how to support employees, to manage and encourage early return to work and what interventions can assist through our wellbeing offer to reduce the impact that absence has across the Trust.

As an organisation we seek to go beyond legal minimums in managing the health, safety and wellbeing of our workforce, by providing opportunities for employees to improve their own health and wellbeing. We are committed to engage with employees in decisions that affect them and promoting the services we provide either individually, through representative organisations and through local partnership working arrangements with regards health and wellbeing interventions.

We are all responsible for our own health and wellbeing, supporting our colleagues and engaging in processes that result in a well-motivated, supported and healthy workforce.

It is recognised that employees will be absent from time to time due to ill health, and therefore it is essential to provide all reasonable help and support to assist an early recovery and return to work. Our focus is on what employees can do, or might be capable of doing with reasonable help, rather than what they cannot do due to illness or injury. Work is generally good for the physical and mental health and wellbeing of employees, even when they are unable to carry out their full role. Reasonable temporary workplace adaptations may need to be considered to enable employees to work rather than to take sick leave, because employees do not always need to be fully fit to undertake work. As far as is reasonable possible, we are committed to retaining employees in employment should they become disabled. Our emphasis is on supporting the employee within the context of our need to deliver a high quality service to our patients.

The aim is to ensure that sickness absence and the impact it has on employees, teams and the service is minimised. All sickness absence should be dealt with appropriately, sensitively, fairly, confidently and in accordance with Trust policies.

Managing sickness absence is about ensuring that employees are supported and able to maximise the contribution they can make and have access to the appropriate support services that the Trust offers. Evidence shows that the earlier a manager is involved in managing sickness absence of an employee, the better the outcome for the employee. Managing sickness absence is also about supporting the rest of the team by maximising attendance, managing sickness absence levels and addressing the causes of absence. Managers must be reasonable, fair and equitable – which also means ensuring that managers and their teams understand and follow the Trust policy W22: Employee Wellbeing and Attendance Management Policy.

It is important to handle sickness absence issues for all employees in a positive, supportive, fair and consistent way, taking account of relevant circumstances in each individual case.

The need for confidentiality must be respected in all cases. Information regarding the health of an employee should not be shared with those involved in supporting or managing their case. It is the

manager's responsibility to ensure that where they delegate the daily responsibility for the management of sickness absence to team leaders, they also ensure that confidentiality is respected. It is imperative that:

- Information about employee's sickness absence is confidential and is not shared inappropriately with others.
- Meetings to discuss absence are held in confidential spaces.
- Employees are managed fairly, consistently and in a positive manner.
- Cases are progressed in a timely and effective way.
- Paperwork or documents concerning employee's information is not able to be accessed by anyone other than those involved in the management of the case.
- That there is governance over information that is shared so that individual employees are not identified i.e., sickness levels of the department, information placed on notice boards.
- Procedures for managing sickness absence are applied equally and fairly across the whole department.

Further advice and guidance when dealing with specific cases, is available from the HR Advisory team. Training is available for anyone who has a responsibility for managing employees.

2. Creating a Healthy Workplace

There are moral, legal and business reasons for creating a healthy workplace. Firstly, society expects good standards of health and safety and it is the right thing for us as an organisation to do. Secondly, there are legal requirements to protect workers from the hazards they face at work. Thirdly, it makes good business sense. When an accident occurs, there will be direct and indirect costs associated with the event. The direct and indirect costs include:

Direct

- The time lost through sickness;
- Recruitment and training of temporary staff to cover the injured party;
- Potential NHS injury benefit and other compensation claims;
- Subsequent increased insurance premiums

Indirect

- Impact on remaining workforce colleagues
- Adverse effects on the quality of patient care

Absence, including sickness absence, can often be a symptom of broader organisational issues and there are a number of ways that high levels of sickness absence can be prevented. These include:

- Ensuring the physical working environment is managed, maintained and safe;
- Ensuring the psychosocial environment is managed effectively e.g., the organisation of work is fair and equitable, the organisational culture, attitudes, values and beliefs demonstrated in each department reflect those of the organisation and positively affect the mental and physical well-being of the employees;
- Establishing a positive attendance culture by demonstrating good attendance is valued and appreciated.
- Ensuring that poor attendance is dealt with promptly and effectively;
- Tackling work related problems by acting promptly when legitimate concerns are raised;
- Promoting employee wellbeing by working with each other to develop a positive and healthy work environment.

3. Induction

It is important that all new employees (this includes those moving between departments, bank/agency/locum staff) understand the Trust's standards and procedure in relation to managing sickness absence. During the local induction, employees should be informed of the procedures for reporting sickness absence and advised that, whilst the Trust would seek to be supportive if employees fall ill, any sickness absence will be managed in accordance with the Trust policy W22, Employee Wellbeing and Attendance Management Policy.

4. Developing a Local Sickness Absence Reporting Procedure

Each department should have a local procedure for the reporting of sickness absence and senior line managers should ensure that this is communicated and understood by all team members as they may differ from department to department dependent upon their service-specific requirements. When developing a local procedure, it may be useful to consider;

- Who the employee needs to speak to, to report their absence;
- The method of notification (notification by text message or email is not acceptable (except in cases where the employee is unable to communicate in person for example if involved in a car accident, however a follow up call should be made when the employee is able to do so));
- What information needs to be gathered (i.e., the nature of the illness, the expected length of absence, the likely return to work date);
- The time the department require notification to take place, bearing in mind the needs of the service i.e. no later than 1 hour prior to the start of a day shift, 4 hours prior to a night shift;
- Provision for employees who may have a disability that prevents them from making a call in person i.e., an employee with a hearing impediment may be permitted to send a text message.

5. Reporting and recording Sickness Absence

Unless reliable records are maintained it is very difficult to tackle an employee about their unsatisfactory attendance levels, therefore all absences must be recorded **immediately or as soon as possible the same day.**

This applies to whether a part day or full day/s are taken.

5.1 Recording of sickness absence

Managers are responsible for ensuring that all episodes of sickness absence are properly notified to Pay Services through the details being entered into the ESR or E-rostering system.

Reasons for absence must be given at the time an employee contacts the department to advise they are absent; this is to ensure that the employee is supported as necessary and to ensure that records are accurate. On the return to work absences any absence previously recorded as 'other absence' or 'unknown' should be amended to the correct reason. In exceptional circumstances employees may not wish a reason to be detailed, in which case the manager must take advice from the HR Advisor team.

This ensures that sick pay is correctly calculated and paid, that a correct record is maintained and that patterns of absence can be more readily reviewed, and problems identified.

Managers will also complete return to work discussions for all episodes of absence, (including part days). Managers are encouraged to keep notes of telephone conversations and meetings related to absence for the employee's personnel files. The employee will be provided with copies of notes taken and asked to sign these notes to confirm they are accurate.

6. Initial Management of Sickness Absence

6.1 What do we monitor and why?

The Trust monitors episodes (defined as a single continuous period of sickness absence of one or more days) and days (defined as a shift) of sickness absence.

When the number of days or episodes reaches particular levels (known as trigger points) a management action is triggered.

The trigger points must be applied consistently across all staff groups. For some employees, this means pro-rating. Examples of where pro-rating should be applied include:

- For part time employees based on the number of days worked per week;
- For full time employees working fewer than 5 shifts/days per week;

Trigger points have been set on the basis that 5 working days = a week. Therefore, a trigger point of 10 working days is intended to equate to two working weeks and a trigger point of 5 working days is intended to equate to one working week.

To apply the triggers equitably across all employees- full time, part time or flexible working arrangements – they will require pro-rating.

The formula used to calculate a pro-rated trigger point is as follows:

No of Normal Working days
per week for the employee

$$\frac{\text{-----}}{5} \quad \times \quad \text{Trigger in working days} \quad = \quad \text{Pro-rated trigger for the employee}$$

7. Self-Certification and Fit Notes

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7.1 Self-Certification

For all episodes of absence, including part day absences, a Return to Work Form (Appendix C) must be completed to cover absence up to and including the first 7 calendar days. This will be completed jointly with the employee and their manager on the employees return to work and placed on the employee's personal file. Where a monitoring stage has been triggered, a copy of the Return to Work Form will be given to the employee and can be given on request at any point.

7.2 Fit Notes

For all absences of 8 calendar days or more the employee must ensure that sickness absence is also certified by a Statement of Fitness for Work (Fit Note) issued by a GP or other Health Professional from the 8th calendar day of absence onwards. These Fit Notes need to be continuous until the employee returns to work or is no longer employed by the Trust.

During a period of long-term absence, the employee will need to provide up to date Fit Notes to their manager. This must be provided within 3 calendar days of the expiry of the previous note, (even during periods of no pay), unless there are justifiable reasons for a delay as agreed with their line manager.

Where there are specific adjustments relating to an employee's sickness absence the employee must ensure that their Fit Note details these.

The fit note medical statement issued by a doctor either indicates that a person is not fit for work, or that they might be fit for some work under certain circumstances. The GP will also be able to suggest changes that would assist a return to work. On the form, doctors will advise one of two options:

- Not fit for work – this means that the doctor's assessment is that the employee has a health condition that prevents them from working for the stated period of time.
- May be fit for work taking account of the following advice – this means that the doctor's assessment is that although the employee's condition does not necessarily stop them from returning to work, their return is conditional on certain conditions being met. The form contains the following options:
 - a phased return to work: a gradual increase in work duties or hours
 - altered hours: changes to the times or duration of work.
 - amended duties: changing duties to take account of a health condition, such as no heavy lifting.
 - workplace adaptations: changing aspects of the workplace, such as working from home.

Once a fit note expires an employee should recommence work on the following day to end date stated on the note. An employee may also return to work prior to the fit note expiring if they feel able to and with the managers agreement.

Managers and employees may need to discuss the advice on the note and where possible, facilitate the return. If it is not possible to facilitate adjustments, managers must contact the HR Advisory team for advice.

Fit notes must be provided promptly so that the absence can be managed appropriately. Occasionally, where an employee is unable to obtain a doctor's appointment straight away, they may be able to obtain a fit note immediately. Employees are responsible for obtaining a Fit Note by an appropriate health professional. Private medical certificates will not normally be accepted as evidence of sickness, other than where it is not possible to obtain an NHS certificate (e.g., when sickness occurs abroad).

Where a late or backdated Fit Note is submitted with no reasonable justification for the delay or no certificate is provided and the absence continues, this may be considered as unauthorised absence and may therefore lead to the withdrawal of sick pay and could lead to action under the Disciplinary Policy.

Fit notes may be obtained from a GP if an employee needs adjustments to their role but may not be absent as a result. Therefore, a discussion between the employee and manager needs to take place as to how these can be facilitated.

For information on Unauthorised absence refer to section 7.1 of the policy

8. Return to Work discussion.

It is important for the line manager or most senior person on duty at the time the employee returns to work to meet with the employee as soon as possible following **EVERY** episode of sickness absence (including part days) this is to confirm that the employee is fit enough to be at work, that there are no special considerations to take into account on their immediate return (for example where they are taking medication and should avoid using machinery), whether any reasonable adjustments should be made and to ensure that appropriate action is taken in dealing with their absence record. At this point a Return to Work discussion should be scheduled on the employee's first day back and no later than 72 hours of return.

If managers do not talk to every employee upon their return, this becomes inconsistent and may lead to accusations of unfair treatment. It is also useful to establish whether further advice is needed e.g. Occupational Health. It is anticipated these meetings should take no longer than a few minutes however they should be tailored to individual needs. The tone of the discussion should be positive and compassionate and must take place in a private space to aid discussion and retain confidentiality.

Depending on the circumstances, it may be helpful for a manager and employee to discuss how they can be supported and reintegrated into the workplace following absence, particular for difficult and/or after long periods/episodes of absence.

The manager and employee must complete the relevant return to work documentation (Appendix C). Remember that the discussion provides an opportunity to praise and encourage the employee to attend work regularly. The important message to every employee is a valued member of the team, that they are supported and that any underlying reasons may be investigated and appropriate action taken to prevent recurrence.

In some circumstances it is not always possible for managers and employees to meet face to face to conduct the return to work discussion. Where this is the case, it would be acceptable to conduct the discussion over the phone/via teams. In some circumstances an alternative manager (or the allocated buddy if appropriate) may be identified to undertake the discussion. If there are any queries managers/employees should refer to HR Advisory team for advice.

A return to work discussion may include the informal review but must not be used for any formal process.

What support if any is required will be agreed with the employee and the manager jointly.

Reference should be made to Appendix F on Early Interventions and other supportive measures.

8.1 Return to work discussion process.

Discussion preparation

In preparation for the discussion, the manager or most senior person on duty should establish the following important facts:

1. What reason was given when the absence was first reported?
2. Did the employee follow the correct reporting/notification procedures?
3. Is there anything in their home/domestic background to be aware of before this absence?
4. What other absences has the employee had during the previous 12 months?
5. Are there any emerging trends?
6. Can anyone else provide any relevant information?
7. Are there any concerns that may be relevant at work that may have contributed to this absence?

The Return to work form (Appendix C) should be completed by the manager and signed by both the manager and the employee, with a copy given to the employee (paper copy or electronic as per employee's preference) and the original kept in the employee's personal file.

The purpose of the discussion is to:

- welcome the employee back to work.
- Establish/check the reason for absence and check that they are well enough to be back at work.
- where relevant, agree any temporary reasonable adjustments that may be required to support the employee in returning to work.
- whether support from Occupational Health or other services may be helpful e.g. counselling, coaching, psychological support.
- Suggest whether it would be helpful to complete a wellbeing conversation by completing the wellbeing wheel and action plan (Appendix J and K)

- where relevant inform them of any changes that have taken place or arisen during the absence
- whether trigger points have been reached/exceeded
- the possible consequences of further sickness absence i.e., informal or formal action is required.

If an employee is able to return to work but is not rostered for duty on that day, e.g., it is their non-working day/day off or they are on annual leave, it is important that they telephone their manager to confirm that they are fit to return to work to ensure that their sickness absence is correctly recorded. Guidance and podcasts are available to support managers in completing return to work discussions in the Managers Resources Folder.

9. Management of Sickness Absence

Reasons for sickness absence will vary and it is important that employees are supported on a case by case basis. The overriding test will be “was management action **reasonable** in the circumstances”.

It is important to ensure that the following factors are taken into account in deciding how a sickness absence matter should be managed:

- The continuing length of absence
- Frequency of absences and reasons
- The employee’s previous attendance record
- Occupational Health and other medical reports
- Prognosis on a return to work
- The impact of making reasonable adjustments (whether temporary or permanent)
- Impact on service provision

At each stage, it is important that employees understand the consequences of continued absence (i.e. that their employment may be at risk) and it is critical that managers act in a timely manner to follow through management of absence to ensure a consistent approach and that employees do not become confused regarding the stage of the policy at which they are being managed.

In taking any action, managers must demonstrate that they have attempted to find out whether there is an underlying medical cause for the absences, both through discussion with the employee (at the Return to Work discussions) and where applicable by referral to Occupational Health.

In addition, managers will need to review the following before deciding what action needs to be taken:

- Previous Return to Work discussion documentation
- The employee’s preceding attendance record (where annual patterns of absence may be established)
- Any other information which may be relevant e.g Occupational Health reports
- Any information that has been supplied through the employee from their consultant or GP
- Any referrals to treatment or for expected operations

No absence should be discounted because of any of the above factors, but these factors should be taken into consideration in deciding how to manage the situation and support the employee.

At all stages of the procedure, and particularly stage 3 (Formal review), managers will be expected to demonstrate that all action has been taken to support the employee. Therefore, it is essential to maintain accurate records of all action taken.

9.1 Management of Short Term Sickness Absence

If employees are absent repeatedly over a short period of time with the same sickness, it would normally be classed as the same episode of sickness absence. If there are repeated examples of this type of absence consideration must be given to exploring the reasons the employee feels they need to be back at work, as well as whether a pattern is building that requires specific management action. In accordance with definition of episode in section 4 of the Employee Wellbeing and Attendance Management Policy if anything outside of the 7 days, management discretion may be applied.

9.2 Management of Long Term Sickness Absence

Long term sickness absence is a period of absence that is or is likely to extend to a period of 4 weeks or more. Normally it relates to the same medical condition, but it may commence with one reason and then change to a different reason as time moves on. Any employee who is unable to attend work because of a long term sickness must be referred to Occupational Health immediately the situation is identified, as research demonstrates that the earlier management intervention is taken, the better the outcome for the employee. Advice must be sought from the HR Advisory team on how to support and manage the case.

In such cases it is important for regular contact to be maintained between the manager and the employee. The purpose of the contact is to:

- Reassure the employee that there is concern for their welfare and wellbeing;
- Establish the situation regarding treatment and prognosis;
- Identify any help or guidance which can be offered;
- Undertake any assessment which may be helpful such as stress risk assessments;
- Keep the employee informed of what is happening at work, particularly if there are changes;
- Advise as necessary, of any referral to Occupational Health

This will also help to establish when or if a return to work is imminent.

Once advice has been sought from Occupational Health there will be a need to discuss the content of the report with the employee, consider implications and decide how the situation is to be managed. If temporary reasonable adjustments are suggested by Occupational Health these should be actioned and if for some reason they **cannot** be, then advice **must** be sought from the HR Advisory Team.

10. Departmental Absence Trends

Recognising that some degree of absence is unavoidable, the Trust has a benchmark of acceptable overall absence levels and this is reviewed regularly.

Where an acceptable rate of absence in any ward/department is exceeded management should review all absence records to determine what action needs to be taken. Such action might include:

- Seeking views from all members of the team on how their work environment and condition might be improved to raise morale.
- Reminding all members of the team of the wellbeing offers available.
- Ensuring return to work discussions are undertaken after every absence and if there is an emerging pattern or trend that these are investigated and appropriate action is taken to alleviate the cause.
- Reviewing all employee records to ensure appropriate action is being taken to deal with absence levels in a fair and consistent and timely manner (action cannot be taken to manage absence if it happened some time previously) in accordance with the trigger points set out in the Employee Wellbeing and Attendance Management Policy (W22)

11. Taking Action

Every case will be set within a different context, and managers must always take into account the circumstances of every case when arriving at a decision on appropriate management action.

Good practice suggests:

- Early contact with the employee
- Early and thorough health assessment
- Development of an agreed rehabilitation plan
- Flexible work options either temporary or permanent
- Work adaptations and adjustments

In reaching a decision as to whether formal action, if any, should be taken, managers should consider factors potentially affecting the employee's work or ability to attend work which require remedial action and if so, what support can be given and action can be taken. Such factors may include:

- Working environment;
- Patterns of absence for example where episodes tend to precede or follow long shifts/days, periods of night duty, days off or holidays;
- Working patterns such as long shifts/days;
- Extra work being undertaken by the employee such as bank shifts, excessive overtime, or work undertaken with external employers such as agencies;
- Domestic circumstances;
- Whether any absence is as a result of work-related injury or disease;
- Whether any absence is due to inability to return to work for health and safety reasons (e.g., diarrhoea and vomiting);
- Whether the employee has an underlying medical condition;
- Any other factor affecting the employee that they themselves have identified;
- What support has been provided in order to improve attendance;
- Whether the employee has a disability which may be covered by the Equality Act 2010; (refer to the Health Passport in Appendix H)
- Absence levels of colleagues which may increase the workload of the employee;
- Managerial issues such as organisational change;
- Hospital wide or department wide infection or illness causing higher than usual absence amongst the workforce.

11.1 Informal and Formal Reviews

Once an employee has reached or exceeded a trigger point, immediate action must be taken and a review carried out. Any action considered by the manager including plans that are agreed on how the employee is to be supported is live from the date the trigger point is reached.

For stage 1 (Informal Review), these may be undertaken face to face, via teams or by telephone. It is essential that a file note is made of the conversation. An example of the form which may be used for recording these conversations is included at Appendix D.

For stage 2 (Formal Review), these should be undertaken face to face or via teams with the outcome confirmed in writing. An example of the format to be used for recording these outcomes is included in Appendix D.

For stage 3 (Final Formal Review) are only initiated where there is a possibility that an employee's employment will be terminated. Advice must be sought from the HR Advisory Team if an employee is approaching the trigger point at stage 3. These should be undertaken face to face unless there are extraordinary circumstances (terminal illness). Where an employee cannot attend for good reasons, they may be rescheduled. However, failure to attend the rescheduled hearing means that decisions will be taken at that time in the absence of the employee based on the evidence available.

The approach taken in circumstances where a dismissal is a possibility should be sympathetic, understanding and compassionate.

12. Management Discretion

Circumstances may arise where managers discretion may be applied either to discount a particular absence when calculating whether a trigger point has been reached, extend a monitoring period or undertaking more than one formal review before taking a case to final formal review.

12.1 Types of Discretion

Examples of such circumstances could be (this list is not exhaustive):

- Injuries that have occurred at work.
- Pregnancy related illness
- A medical condition that comes under the remit of the Equality Act 2010 (Refer to the Health Passport Appendix H)
- Where staff are awaiting imminent or recovering from surgery or other treatments
- Terminal Illness
- Infection that are proven (through appropriate testing) to have been contracted during the course of employment.

12.2 Examples of discretion

Employee A – Cancer Diagnosis

Employee has recently been diagnosed with breast cancer. They are due to undergo chemotherapy treatment and their Dr has advised that they may need to refrain from working for the week immediately after treatment. Their manager may apply discretion in this scenario to discount any absences attributed to the treatment and each absence would be reviewed on a case by case basis as the treatment may impact their immunity. Occupational Health advice should be sought in order to support the manager and employee in this situation.

Employee B – Fibromyalgia

Employee B has had a poor attendance record due to suffering symptoms which has been diagnosed as fibromyalgia. The manager refers the employee to Occupational Health and is advised that the employee is likely to have frequent absence due to their condition. The manager reviews previous absence related to their condition and agrees with the employee that their trigger points may be amended to reflect what could be supported and what is sustainable for the department. The manager also agrees to an adjusted work pattern because the employee struggles with morning when they have a flare up.

Employee C – Menopause

Employee C has recently been suffering with perimenopausal symptoms manifesting in poor sleep and regular hot flushes which they are struggling to cope with. The manager and Employee may agree an adjusted temporary work patten whilst waiting for recently prescribed medication to take effect. As the employee works in a role that can be done at home, the manager may agree regular working from home temporarily if the employee suffers from a disturbed night's sleep. Regular reviews are put in place and support from wellbeing initiatives are explored, and time out to attend menopause interventions.

The circumstances of the employee at the heart of each case must be weighed against the need to deliver patient services, and decisions on the most appropriate management action must be taken accordingly.

The most appropriate way to manage an employee with a terminal illness will alter depending on the employee and the nature of the illness. It is important to support the employee, they are a member of staff and must be treated equitably with other staff.

The decision to discount absence will need to be taken on a case by case basis and further information may be sought via the HR Advisory Team.

13. Benefits of Working and Conflicting Medical Advice

Employees do not always need to be 100% 'fit' to be able to do some work. Work can help recovery from health problems or support employee's wellbeing if employees have a long-term health condition. Research shows that work can be good for employees' physical and mental health, lowers the risk of experiencing financial difficulties, and improves their overall quality of life.

A healthcare professional is there to help employees with their health. Healthcare professionals understand that work can be good for employees' health and will talk to employees about what they can do and whether they could return to work without making their health worse.

At times there may be a conflict between the GP's advice and that of Occupational Health. If this occurs managers should seek advice from the HR Advisory team. Where possible, though, the manager should consider the advice given by both healthcare providers and facilitate any adjustments suggested so that the employee can return to work as early as possible with the necessary adjustments in place so as not to exacerbate their condition. Again, if there is any query advice should be sought from the HR Advisory team.

14. Occupational Health

Occupational Health (OH) services provide support by offering professional advice in assisting employees and line managers to prevent potential sickness absence and returning the employee to work as soon as practicable following sickness absence. They have a dual responsibility to both the employee and the employer and are required to be impartial whilst balancing the needs of the employee against the needs of the organisation.

The Trust will refer employees to OH for an independent clinical opinion and assessment regarding an employee's health and, as far as possible, seek advice on supporting the employee to undertake their contractual duties and/or suitable alternative duties. The purpose of a referral is to gain an understanding of the health issues affecting the employee's ability to do their role and to ensure that the Trust is offering the employee all appropriate support in this respect. Employees do not need to be absent due to sickness/ill health in order to be referred to OH.

The manager must discuss and agree the referral content with the employee prior to making the referral and direct them to the Occupational Health Service Privacy Statement which is available within useful documents on the Occupational Health intranet site. A copy of the referral form can be made available to the employee, should they wish to receive a copy. As a condition of employment, employees are expected to co-operate with the OH assessment and attend the OH service when asked to do so by their manager. It is essential that the employee attends the occupational health appointment which will be either online via Teams or by phone or exceptionally, face to face, so that management can take informed decisions about them based on accurate and current information on their health.

Failure to attend their appointment may result in the manager making decisions on the employee's employment based on the information available. If an employee is unable to attend an appointment arranged, they must contact their manager in advance to discuss the reasons for being unable to attend. They must then contact Occupational Health directly to ask for this to be rescheduled at the earliest possible opportunity. Referrals should be made via the online Portal however in exceptional circumstances appointments can be made directly over the phone. Referrals must include as much

detail as possible to enable the OH professional to make a clear assessment and offer relevant support and advice, a copy of the job description may assist this process. The clearer and more relevant the reason behind the referral the better the report and advice from the referral.

Employees may also refer themselves to the Trust's OH service at any time about their own health concerns, although they are encouraged to discuss their circumstances with their line manager to ensure that appropriate workplace support can be provided. Self-referral means a report will not be sent to the manager.

The Trust supports managers in making an early referral to OH to support early intervention in the management of health problems adversely affecting work attendance or performance and can facilitate a quicker return to work or assist in offering advice to allow the employee to remain in work. This will allow the OH service to signpost early to the appropriate support services.

Management referrals should not be made for needlestick injuries, in these circumstances please follow the process outlined in the Health and Safety Policy in the section Prevention and management of needlestick injuries.

Also, Occupational Health may provide clearance, where appropriate, for Food Handlers to return to work, please refer to the Food Safety Policy for further information.

14.1 What makes a good Reference to Occupational Health

- Early intervention is crucial as part of employee wellbeing
 - **To support Mental Health:** There is significant evidence to show that stress can very quickly develop into anxiety or depression.
 - **To support Musculoskeletal (MSKs):** An acute musculoskeletal disorder can quickly develop into a chronic problem if left.
 - **To support those going for planned surgery:** To set expectations about the recovery period, in line with evidence based recovery period, and what to expect from the surgery.
- Ensure that the management referral is fully completed with correct details, employee's home address, email addresses, phone numbers etc.
- Ensure that the employee knows exactly what they are being referred for in order that the consultation is productive.
- Provide as much information as possible about the reason for referral. The clearer and more relevant the reason behind the referral, the better the report and advice from the referral will be.
- **Managers must share what information they are including in the referral (purpose and content of the referral) with the employee prior to sending the referral to OH. Managers will need to confirm that this action has been taken by ticking the box on page 1 of the OH Referral which states that "I confirm that I have made the employee aware that I am making this referral, and I can confirm that the employee is aware of the purpose and content of the referral".**
- Recognise that Occupational Health will endeavour to give as much information as possible. If there are specific questions that need to be answered – they must be included in the referral.
- Recognise that Occupational Health have a limited amount of time to spend with each employee and write the report (45/60 minutes). OH are keen to balance what the employee tells us with the manager's perspective. Please provide as much background to the absence and the case as possible.
- Before a referral is made it would be good practice to undertake a Stress Risk Assessment with the employee – this may draw out issues that management were unaware of, and an Occupational Health referral may therefore not be appropriate.
- If a Stress Risk Assessment has been carried out, include this in referral and articulate what the key stressors appear to be.
- Whilst phased returns and adjustments are not always necessary to facilitate a return to work, they can sometimes help to get someone back to work successfully and prevent further periods of absence.

- Proactively suggest adjustments that could consider if the Occupational Health Adviser feels it will be helpful – and those that can't be. Write this into the referral in the appropriate section.
- Include what action has already been taken to support the employee.
- Try not to medicalise a management issue.
- Any disciplinary, grievance, performance, capability or conduct issues should be mentioned.

14.2 Occupational Health Report

- The advice should be evidence based and in line with best practice.
- OH will always advise if the Equality Act 2010 is **likely to apply**. (Please note only an Employment Tribunal can decide if an employee is covered under the Act).
- The report should enable the manager to take the case forward and manage the work/health issues.
- Impartial advice, supporting the needs of the employee as well as protecting the organisation/employer.
- Clear advice around fitness to work and fitness for management processes, or if there are no medical issues OH will state that this is clearly an issue for management to address.
- OH will identify the issues in line with consent to disclose. OH may also advise on the employee's perceptions just so that the Manager is aware of how the employee sees things so that this can be managed appropriately.
- All management questions answered.
- OH will advise on reasonable adjustments.
- If there is anything in the report that is not clear – OH can be contacted by speaking to the Occupational Health Advisor (OHA) who wrote the report. This may assist to take action to move the case forward.

15. Extension of Sick Pay

In accordance with the Agenda for Change Terms and Conditions of Service Handbook, sick pay for those employees who have exhausted sick pay entitlements will be reinstated at half pay, after 12 months of continuous sickness absence, in the following circumstances:

- employees with more than five years' reckonable service: sick pay will be reinstated if sick pay entitlement is exhausted before a Final Formal Review Meeting for long term absence has taken place;
- employees with less than five years' reckonable service: sick pay will be reinstated if sick pay entitlement is exhausted, and a Final Formal Review Meeting does not take place within 12 months of the start of their sickness absence.

Reinstatement of sick pay should continue until the Final Formal Review Meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.

These arrangements will only apply where the failure to undertake the Final Formal Review Meeting is due to delay by the employer. In cases where the Trust decide to adopt a supportive approach and not progress to a Final Formal Review Meeting prior to 12 months this will not be considered as a delay by the employer. This will be to give employees further time to recover and hopefully return to work. Therefore, sick pay will not be reinstated when absence reaches 12 months.

In other circumstances the Trust has the discretion to extend the period of sick pay on full or half pay beyond the scale set out in the Agenda for Change Terms and Conditions of Service. Requests for extensions to sick pay should be made in writing addressed to the Divisional Director or Head of Service for the area where the employee works. On receipt of a request, they should seek HR advice, and the Approval for Sick Pay Extensions Form (Appendix E) must be completed to aid decision making. Decisions will be confirmed to the employee in writing.

- Where there is the expectation of a return to work in the short term and an extension would materially support a return and/or assist recovery, particular consideration should be given to those employees without full sick pay entitlements.
- In any other circumstance that the Divisional Director or Head of Service deems reasonable.

Employees will have the right to appeal against a decision not to extend sick pay. The appeals process will be detailed in the outcome letter.

16. Ill Health Retirement

Any application for ill-health retirement must be made by the employee. It cannot be made by the employer. An application must be supported by a medical opinion which may be obtained from Occupational Health or from the employee's medical advisor.

17. Terminal Illness

In the case of a terminally ill employee, there is a need to consider the employee's circumstances and their continued employment in a sensitive and compassionate way as possible. Advice should always be sought from the HR Advisory Team on the issue of continued employment and the details of pension benefits for a spouse/civil partner or dependents. It is important to consult the employee about their wishes and also to be in a position to provide them with all the information they might require about the options available to them.

In some cases, employees suffering from terminal illness may wish to remain working for as long as possible.

18. Disability

There is an obligation to take all reasonable steps to support an employee who is covered by the Equality Act 2010. Only an employment tribunal can determine if an employee is covered by the Equality Act 2010 however, it is best practice to support an employee and facilitate them to work effectively.

The Equality Act 2010 defines disability as a physical or mental impairment which has a substantial and long term adverse effect upon a person's ability to carry out 'normal day to day' activities.

A cornerstone of the Act is the duty on employers to make "reasonable adjustments" and to take positive action to ensure that disabled employees can access and progress in employment.

Examples of reasonable adjustment include: (this is not an exhaustive list)

- Adjustments to premises
- Reorganisation of tasks and duties
- Altering hours of work
- Acquiring and modifying equipment
- Consideration of workplace i.e. hybrid working

If there is a failure to comply with the duty to make reasonable adjustments imposed in relation to a disabled employee, the law may deem to have been broken. The Equality Act 2010 defines three types of disability discrimination:

- Indirect discrimination through a provision, criterion or practice applied to everyone, but which put people with a disability at a particular disadvantage.

- Treating a disabled person unfavourably because of something arising from, as opposed to because of their disability.
- In the case of discrimination “arising from disability” there is no need to compare a disabled person’s treatment with that of another person. It is only necessary to demonstrate that the unfavourable treatment is because of something arising in consequence of their disability. However, unlike with both direct and indirect discrimination, if the employer can show that they did not know that the disabled person had a disability, it will not constitute discrimination arising from a disability. As with indirect discrimination, the employer may avoid a claim of discrimination if the treatment can be objectively justified as a proportionate means of achieving a legitimate aim.

It is critical that as soon as a manager is made aware of an employee falling within the scope of the Equality Act, they must seek advice from the HR Advisory Team on managing the situation.

A risk assessment with the employee must be undertaken as soon as possible to establish the risks that may exist for the employee and to determine what adjustments might be suitable and reasonable.

19. Reasonable adjustments

Reasonable adjustments that may be appropriate include:

- Allowing reasonable paid time off for hospital appointments, counselling, or other treatment, or to have disability aids such as wheelchairs or hearing aids repaired/maintained.
- Delaying formal management under this policy to allow for reasonable adjustments to be put in place.
- Flexing the triggers to be met during monitoring periods. This should be set as a reasonable achievable target with reference to the employee’s absence record,
- Agreeing temporary or permanent adjustments to hours or duties.

Please refer to our reasonable adjustment guidance for further information: [here](#). This includes advice on accessing external support from Access to Work.

In order to access the support available to employees they should bring any underlying health condition or disability to the Trust’s attention which they believe may affect their attendance or ability to perform their duties, either through their line manager, HR or OH.

Where it is identified that an employee is unable to carry out the full duties of their role or attend work regularly due to a disability, reasonable adjustments should be considered as above. Further support can also be accessed through Government-funded programmes, including Access to Work, which aims to help disabled people stay in work.

If it has not been possible to make any recommended adjustments to the existing role or following adjustments the employee is still unable to effectively carry out the amended duties or attend work regularly, redeployment opportunities should be considered. Redeployment should be explored in conjunction with the HR team, the employee, the manager and OH and in line with the process outlined in the Trust Guide to Managing Alternative Employment. If alternative options have been exhausted and the employee is unable to fulfil their duties or contracted hours, then a Final Formal Review will be held.

The Health Passport in Appendix H is a helpful document on which to capture information.

20. Menopause

With over 80% of our workforce being female, it is important that managers are aware of the effects the menopause can have on a woman and be able to signpost them to the support that is available

to them. The Menopause Guide for Managers and Employees available on the Intranet provides further information and support links. Any absence related to menopause should be recorded on ESR.

21. Neurodiversity

The Trust recognises that there are increasing numbers of employees who are neurodivergent. Employees can access information via the Health and Wellbeing pages on the intranet. [SaTH Intranet - Health and Wellbeing](#)

22. Gastroenteritis

Where employees develop gastroenteritis, even though they might feel better after the initial period of illness has passed NHS Choices health advice states that employees may remain infectious for up to 48 hours after symptoms stop. This being the case, the entire period of absence from work will be defined as sickness absence.

Food Safety have produced a flowchart which should be referred to by managers and employees to assess if Food Handlers have appropriate symptoms or clearance to return to work, available in the Managers Resources folder. Where a Food Handler has absence related to diarrhoea and/or vomiting they are advised to refer to the Trust's Food Safety Policy: Code of Practice No 1: Reporting and Notification of Conditions of Illness Employment Practices.

[CODE OF PRACTICE ANDPROCEDURE](#)

23. Rapid Access to Treatment

Rapid access, or fast tracking, is a system which provides rehabilitation and treatment for employees. This enables staff to remain in the workplace or enables a return to work which is, fast, practical, and reasonable. Each circumstance should consider the needs of the employee, the service where they work and the wider organisation as appropriate.

Decisions about rapid access should be made by Occupational Health. This decision should be made after an assessment of the employee's case. Consideration should be given to whether the employee is absent from work due to the illness or injury, and how contact will be maintained with them throughout the process.

All parties involved should be clear that rapid access does not necessarily mean immediate access to services. It is intended to produce a care plan that will bring about staff being cared for and remaining in work, or to support a safe and accelerated return to work. Following referral and assessment, if the case is viewed as appropriate for rapid access a care plan should be developed.

To be considered for Rapid Access to Treatment the employee must discuss the need for treatment with their manager discussing the impact on their wellbeing and work. The manager must then complete a referral to Occupational Health requesting that the employee is offered Rapid Access to Treatment.

Occupational Health must assess the request and following an appointment make recommendations to either accept or decline the request for rapid access to treatment. If it is agreed that rapid access to treatment should be provided the Manager must complete the form in appendix G with the employee's authorisation. The form is sent to the relevant department for an earlier appointment to be offered. These appointments are most likely to be cancellation appointments.

The flowchart in appendix G outlines the process to be followed.

24. Medical appointments

Medical appointments including GP, hospital, consultant, and specialist appointments should all be taken in line with the Special Leave Policy Chapter 8. Reference may also be made to the Health Passport Document [here](#).

25. Trade Union/Workplace Colleague Representation

Employees are entitled to representation with either a trade union representative or workplace colleague at all formal stages of the sickness management procedure. Employees can also be represented at informal meetings by their trade union representative for support.

26. Management Statement of Case

Documentation for final formal (Stage 3) meetings should be supplied as early as possible/in a timely manner to allow the employee to prepare for the meeting and to allow for any discussion with their trade union representative/workplace colleague. This must be **no later** than 10 working days in advance of the meeting.

Documentation will be sent to the employee only and they should make arrangements to provide their trade union representative with the relevant information. If the employee wishes for their trade union representation to receive copies of any documentation about the case they must put this in writing to the manager.

The statement management of case should include:

- Detailed summary of the Case History
- Details of all absence covering the last 2 years
- Details of all informal and formals reviews undertaken
- Information on occupational health referrals
- Information on reasonable adjustments/temporary resolutions/permanent resolutions
- Details of other support agencies involved.
- Ill Health retirement consideration/outcomes
- Current Health conditions
- Any other relevant information

27. Early interventions and supportive measures

We encourage managers to have early discussions with employees to help prevent absence or support when an employee becomes unwell. Please refer to the Framework for Supportive Conversations document (appendix I) and section 29 – Associated documentation and other useful documentation.

In addition to Occupational Health, the Trust uses a number of early interventions and supportive measures to try and support employees during periods of ill health, whilst either remaining at work or during absence from work. These can be found in appendix F.

28. Local and National support available on the intranet

There is a wealth of local and national support groups available to employees, for a full, up to date list, please refer to the [Health and Wellbeing Intranet Pages](#).

29. Associated Documentation

Ill Health Retirement Process and Guidance
Injury Benefits Process
Guidance for Managing Alternative Employment
Code of Practice No. 1: Reporting and Notification of Conditions of Illness – Employment Practices: [CODE OF PRACTICE AND PROCEDURE](#)
Agenda for Change T&Cs re sick pay
<https://www.nhsemployers.org/publications/tchandbook>
Injury Allowance – A Guide for Employers. Available from
<https://www.nhsemployers.org/articles/nhs-injury-allowance-guidance>

Other Useful Documentation for all employees

Reasonable Adjustments Guide
https://issuu.com/sath.nhs/docs/reasonable_adjustments_booklet_-_dec24_-_v2?fr=sMWQ5MDYyOTYzMjA
Menopause leaflet available via the intranet: [Menopause Booklet v5.pdf](#)
Health Passport: Appendix H
Supportive Conversations: Appendix I
Wellbeing Wheel: Appendix J
Wellbeing Action Plan: Appendix K

Other Useful Documentation which can be obtain either from Managers or requesting via the People Advisory Service:

Mind Wellness Action Plan and Guidance for Employees and Managers
Framework for Creating a Healthy Workplace
Health and Wellbeing Conversations
Neurodiversity
Domestic Abuse Guidance
National and Local Support Groups
Line Managers guide on Mental Health
Annual Leave and public holiday ready reckoner and examples:
Risk Assessment for Food Handlers
Access to work Mental Health Support Service

Podcasts:

How to...complete a Return to Work Interview:
How to....Manage long term sickness:
How to...Manage short term sickness:
How to....Take a sickness phone call:

Return to work form

Appendix C

- To be completed after EVERY episode of sickness absence, including part days.
- For absences of up to 7 calendar days, this form will also act as the self-certification form.
- For absences of 8 calendar days or more, the employee must also provide Statement of Fitness for Work (Fit Note).

PART 1 To be completed when employee first reports their sickness absence

Name:		ESR Number:	
Job Title		Ward/Dept:	
Absence reported to:		Date & Time:	
First day of illness:		First day of absence:	
If the employee attended work, what time did they leave		What shift were they working:	

Reason for absence: (list symptoms and causes)			
If diarrhoea/vomiting have IPC confirmed outbreak on ward / department at the time of absence?	Yes	No	NA
Does the employee hold additional employment either inside or outside of the Trust? (If yes, is it appropriate for the employee to undertake work in other posts?)	Yes - Add Details :		No
Adjustments considered to allow the employee to attend work if appropriate e.g. reduced shift length, alternative duties, alternative work, location			
Agreed method and frequency of contact:			
Date of expected return to work:			

Early interventions for discussion (refer immediately if required):			
Occupational Health	Yes	No	Declined
Fast-Track Physio Fasttrack physio form	Yes	No	Declined
HELP Employee Assistance programme (0800 047 8843) www.sath.workplacewellbeing.com	Yes	No	Declined
Individual Stress Risk Assessment	Yes	No	Declined
Sign Posting to Other Support	Yes	No	Declined
Additional Notes / Comments:			

PART 2

To be completed when the employee returns to work

Last day of illness:		Return to Work Date:	
Total number of working days absent for this episode: (if over 7 calendar days fit note required)			
Fit Note been provided	Yes	No	Not Applicable

Is the absence the result of an accident where damages may be claimed from a third party (e.g. road traffic accident, professional sport injury)? (If yes, please give further details and notify pay services)	Yes - Details	No
Does the employee believe the absence is the result of an injury at work, or work-related accident or illness?	Yes – Details :	No (If no, move to summary below)
Datix No:		Reported to HSE under RIDDOR
		Yes
		No
Food Handlers: if the employee is classed as a Food Handlers (directly touches surfaces that food is handled) – Please refer to IPC flowchart and complete risk assessment in completing their welcome back meeting: X:\Workforce\ManagersResources\Managing Attendance & Employee Wellbeing\Food Handler Risk Assessment and Process when D&V Symptoms		

Next steps for supporting individual wellbeing and improving attendance				
Wellbeing wheel given to employee to complete ? Wellbeing Wheel	Yes	No	Declined	Date:
Wellbeing wheel action plan discussion planned ?	Yes	No	Declined	Date:
Occupational Health Referral Agreed ?	Yes	No	Declined	
Fast-Track Physio Referral Agreed ? Fasttrack physio form	Yes	No	Declined	
Individual Stress Risk Assessment	Yes	No	Declined	
Sign Posting to Other Support : HELP (EAP), Psychology Service, Disability Employment Advisory Service, Health & Wellbeing Page, Job Centre Plus, Access to Work, Moodzone, MIND	Yes – details :		No	
If there is a likelihood that the condition will recur, require further treatment or become part of an ongoing health condition, please detail the agreed support arrangements in the wellbeing action plan and agree date for reviewing this with the individual. The Health Passport could also be used here.				
Additional Notes / Comments:				

TRIGGER REVIEW

Does this episode trigger a review?	Yes		No			
If yes, will this discussion be used as an Informal Review ?	Yes		No			
If yes, at what stage and what are the monitoring dates ?	Stage triggered ?		Monitoring Start Date	6-month monitoring end date	12-month monitoring end date	Date discussion took place
	Informal / Stage 1	Formal / Stage 2				
If attendance at work does not improve, the individual will reach the trigger point for the next stage once the following number of days/episodes is reached						
AND / OR The employee will reach the trigger point for the next stage if the following pattern of absence continues						

EMPLOYEE DECLARATION

I certify that I have been unable to work during the above period due to sickness that I am now fit for work and the content of this form is an accurate account of the welcome back meeting.			
Date:		Employee Signature:	
If applicable: I understand that this form is a record of my Stage 1 Informal Meeting and new targets have been set	Yes / No / N/a	Employee Signature:	

MANAGER CONFIRMATION

I certify that this form represents an accurate account of the welcome back meeting.			
Manager Signature:		Date:	
Absence opened and closed on ESR / E-Rostering (tick box and date when complete)			
If new targets at stage 1 Informal or stage 2 Formal have been set, a copy MUST be given to the employee.			Tick here to confirm copy given to employee.

PLEASE RETAIN THIS FORM ON THE PERSONAL FILE. PLEASE PROVIDE A COPY TO THE EMPLOYEE

Employee Wellbeing & Attendance Management

Stage 1 Informal / Stage 2 Formal and / or ST or LTS review meeting

(delete as appropriate)

Name of Employee:		Date of Meeting:	
Position:		Time of Meeting:	
Ward/Department:		Meeting Format, i.e. call, Teams call or face to face meeting:	
Manager:		Date of last OH report(s):	
If formal meeting: <ul style="list-style-type: none"> • Advise right to be accompanied • Note names of individuals present: 			
Confirm why the meeting has been arranged? e.g. absence has exceeded or is likely to exceed 4 weeks or frequent short- term episodes/pattern.			
Start date of absence if long term episode:			
If applicable: Date current fit note is up to:			
If applicable: Inform of current Trust sick pay. Refer to Appendix E of Employee Wellbeing and Attendance Management Guidance for application for extension of pay if applicable.	Half Pay date = Nil Pay date =		
If applicable: Inform of reduction in accrual rate of Annual leave, if absence over 12 weeks and/or an annual leave reduction if a bank holiday has occurred whilst absent. Refer to Employee Wellbeing & Attendance Management W22 policy, section 9.4.2			
If applicable: If applicable:			

<p>Car parking</p> <p>If long term episode, advise employee that parking permit can be temporarily cancelled</p>	
<p>Is absence related to injury at work?</p> <ul style="list-style-type: none"> • If yes, date Datix completed. • 	
<p>Does employee have other employment?</p> <ul style="list-style-type: none"> • If yes, discuss at meeting. 	

Please document the following:

- Previous absence dates in last 12 months.
- Reasons for absence.

Discuss the following:

- Current health condition.
- Reason for absence(s).
- Patterns of absence.

Discuss the following:

- Any underlying medical conditions.
- Treatment(s).
- Upcoming medical appointments (specialists/GP etc).

Discuss the Occupational Health Report or OH referral needs.

When referring to OH, direct employees to the Optima Health Privacy Statement via the Intranet or the link below: [Privacy Policy - Optima Health](#)

<p>If appropriate:</p> <p>Is a phased RTW required? If so, is this supported by OH/GP?</p> <p>Discuss the following:</p> <ul style="list-style-type: none"> • Temporary restricted duties. • Reduced hours. • Alternative work pattern. • Alternative workplace. • Any adjustments. 	
<p>Is there any other support we can offer that may help them either:</p> <ul style="list-style-type: none"> • During their ongoing absence. • On their RTW. • Help improve their attendance. 	
<p>Does the employee have a medical condition that would or is likely to (specify) be classed as a disability under the Equality Act 2010? <i>(OH can advise)</i></p>	
<p>Is there anything in the workplace contributing to their absence? If so, what actions need to be taken in relation to this?</p>	
<p>If unable to RTW or difficulties in working in their current role, what support is required.</p> <p>(if appropriate) Does redeployment need to be considered and is it supported by OH/Medical Practitioner?</p>	

<p>Alternative Employment Form issued/Date added to Alternative Employment Register.</p>	
<p>Inform them of next steps if a RTW remains uncertain or continued absence episodes/patterns eg Stage 2 Formal Review or Stage 3 Final meeting.</p> <ul style="list-style-type: none"> • Explain process. • Explore all options. • Consider special circumstances. 	
<p>Actions from completion of Well-being Wheel?</p>	
<p>Any additional information:</p> <p>Do any risk assessments need to be completed? e.g. Stress Risk assessment.</p>	

Assessment for the Extension of Sick Pay Application

Appendix E

This assessment is taken alongside the Employee Wellbeing & Attendance policy (W22) section 9. The member of employees whose pay is being considered must have sent in a written request to extend their sick pay. The Assessor must be in possession of all the relevant facts regarding the circumstances. This form is to aid that exploration and to ensure fairness and consistency within the Trust.

The Assessment must be completed prior to any decision taken.

The Assessment is completed by the Budget Holder for the Division: It is not decided locally by the direct manager of the employee.

The budget holder for the Division will give the member of employees their decision in writing.

The factors to consider when making a decision to extend sick pay are

- Has there been full engagement with the absence policy by the member of employees?
- Have they actively pursued treatment by medical professionals?
- Have they taken up offers of support from the Trust including HELP, Occupational Health...?
- Have they communicated effectively with their manager, giving information about treatment plans and their outcomes in a timely way?
- Is there a clear plan in place to return to work with a timeframe to work with?
- There are no other issues that could negatively impact the Trust if pay was extended?

Employee Name		Application receipt date	
Job Title		Method of application (direct email / letter / through employees side rep / Manager / other)	
Manager		Division	
Start Date with SaTH		Start Date in current Role	
Reckonable Service:	<hr/>	Years	Months
		<hr/>	

Criteria for application	Tick One
Greater than 5 years reckonable service :- (sick pay will be reinstated if sick pay entitlement is exhausted before a final review)	
Less than five years reckonable service (sick pay will be reinstated if sick pay entitlement is exhausted and a final review does not take place within 12 months of the start of their sickness absence)	

Is the employee's written request attached?	Y/N
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Assessment Information Capture	Considerations	Comments
<p>When did the absence start?</p> <p>When did half pay commence?</p> <p>When will half pay end?</p> <p>Has the employee been notified?</p>	<p>How soon will the employee be impacted by no pay</p>	
<p>What is the reason for the current period of absence?</p> <p>What treatment or interventions have occurred to date?</p> <p>Is the employee able to demonstrate engagement?</p> <p>What support has been offered to the employee regarding their health and wellbeing?</p>	<p>Has this been consistent? What proactive steps has the employee taken?</p>	
<p>When did the Informal Meeting(s) take place? Dates:</p> <p>When did a Formal Meeting(s) take place? Dates:</p> <p>What is the treatment plan going forward?</p> <p>What is the prognosis from the latest Occupational Health report?</p> <p>What does the report say about a return to work?</p> <p>Does the employee agree with this conclusion?</p>	<p>Consider if communication has been effective. All parties understand what is expected. Has it been done in a reasonable timeframe? Does the OH report align with the plan to return?</p>	
<p>Is there a likely plan to return to the employee's substantive role?</p> <p>When is that?</p> <p>Is it conditional on other factors?</p> <p>If so what are they?</p>	<p>E.g.;</p> <p>Is there a plan to return on a phased basis or a temporary adjustments that will aid full recovery to return to the established role?</p>	
<p>How would the extension of pay help the return to work?</p> <p>If there is no clear plan to return what are the grounds for the application being made?</p>		
<p>Has the employee engaged with the manager and Occupational Health throughout their absence?</p>	<p>Has the employee fulfilled their responsibilities?</p>	

Will a decision about an extension have an impact on any other employment relations issues?	Is the manager aware of complex issues that this decision may impact on?	
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Manager's Additional Comments to support the above assessment information

Decision Outcome (complete as necessary)

1. To extend sick pay	Y/N If YES, end day of extension of sick pay: ____ / ____ / ____
2. To reject application	Y/N
3. Need further info from manager	Y/N

Reason to Support Application	
Reason to Reject Application	

Date Application Returned to Manager	Managers Actions
____ / ____ / ____	<ul style="list-style-type: none"> • ESR/Health Roster/Payroll instructions • Decision maker to inform employee in writing, cc manager, personal file. This will include signpost to grievance policy • Manager to inform HR Team

Budget holder/Divisional Lead	
Signature:	
Date:	
<p>This decision is to be held on the personal file of the individual and therefore may be seen by authorised personnel or the employee.</p>	

HELP Employee Assistance Programme - The Trust provides an Employee Assistance Programme (EAP) named HELP. This is a 24-hour, 7 days per week service available to all employees and their immediate family. The EAP provides a completely independent, confidential, and off-site professional counselling and advice service which provides information regarding legal, financial, and work issues. Leaflets are available and further information can be obtained on the Trusts intranet. Please call **0800 047 8843** to access the service or visit: <http://www.sath.workplacewellbeing.com>

Fast Track Physiotherapy - The service is available to all employees who are suffering from muscle or joint pain allowing employees to self-refer for Physiotherapy. You will be contacted within 2 days of your referral and offered an appointment within 2 weeks. For more information please visit <http://intranet/therapy/physiotherapy/Fastrackphysio.asp>

Shift Your Stress - Five weeks intervention based on CBT. This is a self-managed therapeutic intervention that is focussed on the development of psychological resilience. For more information please visit: http://intranet/library_intranet/documents/hr/h&w/stressposter.pdf

Resilience Videos - Resilience is our ability to deal with, and recover from, difficult times. It's about how we cope with challenging situations and manage stress so that we can emerge stronger and wiser. These short e-learning videos looks at four different ways to build your resilience and bounce back when things go wrong: <X:\Workforce\ManagersResources\Managing Attendance & Employee Wellbeing\Support>

Local and National Support Groups - The Trust has put together a list of national and local support groups including, domestic abuse, debt advice and mental health/behaviour support. The list can be found on this page: <X:\WorkforceManagersResources\Managing Attendance & Employee Wellbeing\Support\National and Local Support Groups.pdf>

Access to Work – this organisation can provide support to employees with a physical or mental health condition or disability to enable them to stay in work. Support such as grants towards specialist equipment, support workers, or physical changes to the working environment can be provided.

Mental Health Champions - Mental Health Champions are a point of contact if you, or someone you are concerned about, are experiencing a mental health issue or emotional distress. They are not therapists or psychiatrists, but they can give you initial support and signpost you to appropriate help if required. For a list of Mental Health Champions visit http://intranet/Library_Intranet/documents/HR/H&W/H&W_new/Mental%20Health%20Champions.pdf

Mindfulness - The Trust runs a one day and eight-week structured stress reduction mindfulness programme to alleviate the suffering associated with stress and anxiety. You can book onto these directly via the Training Diary. <https://sathtrainingdiary/SelectCourse.aspx>

Peer 2 Peer - We have trained a group of employees from across our two hospitals as volunteer listeners to support other colleagues. Volunteers are trained to provide confidential, non-judgemental, peer support; signposting to other agencies. <http://intranet/hr/p2p.asp>

Coaching - The Trust has a number of coaches throughout the organisation. If you are looking for a coach to help you work through some current issues and challenges please visit: <http://intranet.sath.nhs.uk/learning/CoachingandMentoring.asp>

Workstation Assessment - Employees can request a work station assessment; more information can be found here
http://intranet/health/display_screen_equipment.asp

Moving and Handling Risk Assessment / Training - It's important that all of us have the right skills in order for us to do our jobs as effectively and safely as possible, as such the Moving and Handling Training is delivered as part of statutory training for all employees. Training courses are listed on the Training Diary here <https://sathtrainingdiary/SelectCourse.aspx> There is also some Advice for supporting and managing employees who are struggling with manual handling tasks available on the Managers Resources Folder: <X:\Workforce\ManagersResources\Managing Attendance & Employee Wellbeing\Supporting and managing individuals struggling with manual handling tasks.docx>

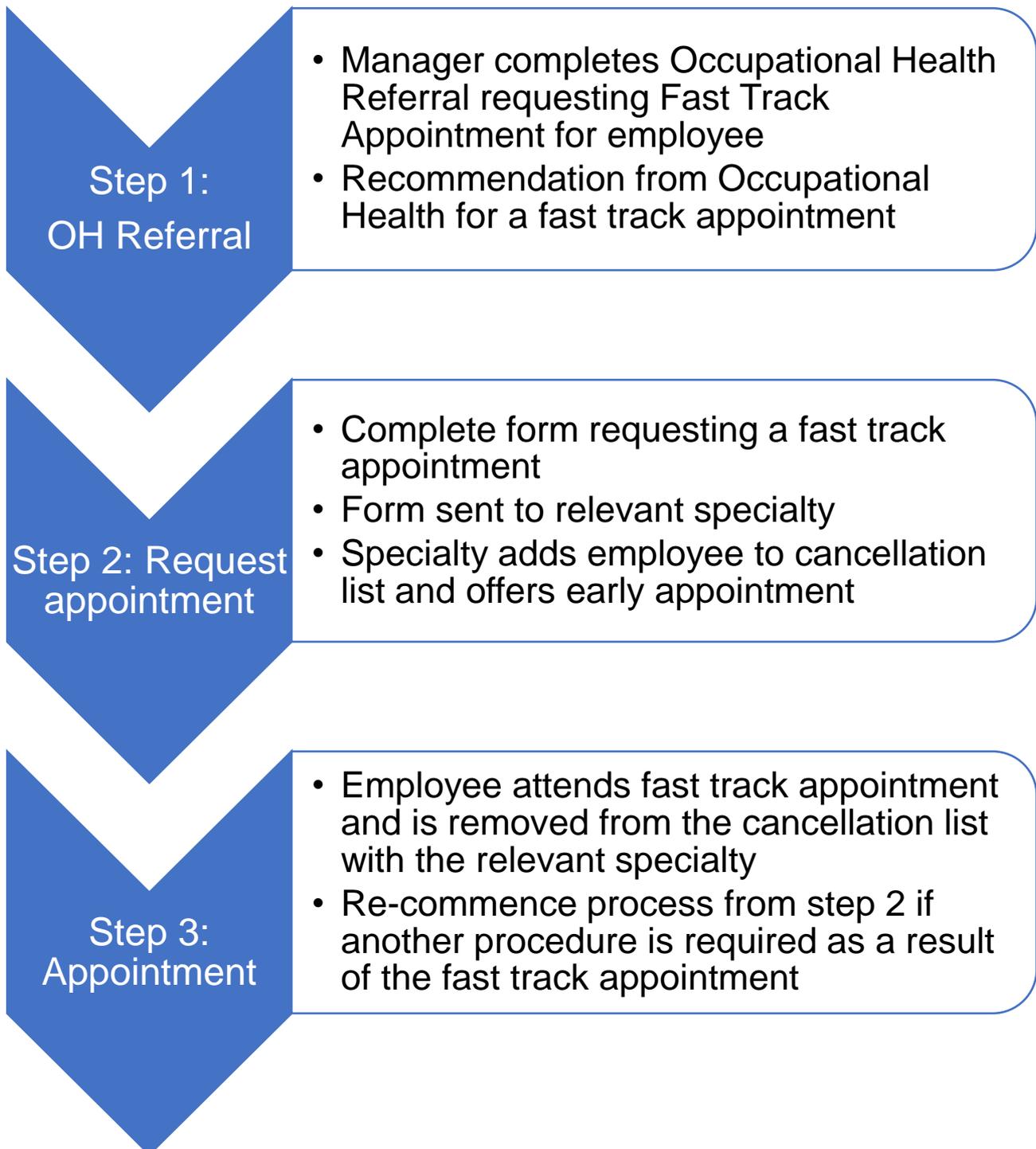
Stress Risk Assessment - It's important that we take all reasonably practicable measures to protect the health, safety, and welfare of our employees at work. The Stress Risk Assessment process allows for the assessment of the causes of work-related stress and the introduction of prevention and control measures. For more information click here http://intranet/health/stress_at_work.asp

Other supportive measures to consider

- **Permanent Redeployment** - enabling the retention of employees unable to do their own job through ill health or injury as an alternative to ill health retirement or termination. Employees should be made aware of the provisions within the NHS Pension scheme to assist this process through “step down and wind down” arrangements. Temporary or permanent redeployment to another role internally. This would be following the advice from Occupational Health.
The redeployment process is detailed in the Trust Guide to Managing Alternative Employment (available on request/intranet).
- **Phased return** - enabling employees to work towards fulfilling all their duties and responsibilities within a defined and appropriate time period, whilst receiving their normal pay (see section 10.3).
- **Temporary Adjustments** - reasonable adjustments to enable the employee to return to/stay in work and/or prevent absence continuing, (for example, a reduction in hours, restricting certain duties/responsibilities/redeployment/change in location/site of work). These would vary by role, person and department as the service can accommodate.

Permanent adjustments – these should only be implemented after seeking advice from Occupational Health and discussing with the Senior Manager to ensure a permanent adjustment is reasonable for the needs of the service. Permanent changes to working arrangements should be requested using the Trust’s Flexible Working Policy. Agreed permanent adjustments should be documented using the Health Passport document with a copy signed by and given to the employee and a copy placed on the personal file. The intranet has further information on reasonable adjustments:
https://issuu.com/sath.nhs/docs/reasonable_adjustments_booklet_-_dec24_-_v2?fr=sMWQ5MDYyOTYzMjA

Fast track appointment process for employees living in the Shropshire, Telford Wrekin area and seeking medical support from SaTH



REQUEST FOR RAPID ACCESS TO TREATMENT FOR SATH EMPLOYEES	
Employee Name:	
Employee NHS Number:	
Employee ESR Number:	
Manager Name:	
Department:	
Confirmation of OH referral recommending fast track appointment:	
Appointment seeking fast track access for:	
<p>Declaration: I sign to confirm that I am seeking access to a fast track appointment and I understand that my status as an employee will be shared with the relevant team arranging the appointment and with the relevant clinician(s).</p>	
Employee (signed):	
I confirm that an Occupational Health referral process has been followed and it was recommended that a fast track appointment is accessed	
Manager (signed):	
<p>Send form to relevant team for the form to be processed and a cancellation appointment to be offered:</p> <p>For Haematology email: sath.haematologyappointments@nhs.net</p> <p>For Oncology email: Sath.ohco-ordinator@nhs.net</p> <p>For Physiotherapy RSH email: sth-tr.TherapiesAdminRSH@nhs.net</p> <p>For Physiotherapy PRH email: sth-tr.Therapycarecentre@nhs.net</p> <p>For Radiology email: sth-tr.radiologyenquiriesrsh@nhs.net</p> <p>For Ophthalmology email: Sath.Ophthalmologybookingsteam@nhs.net</p> <p>Sath.generalmedicinebookingsteam@nhs.net Diabetes Cardiology Care of the elderly</p>	

Respiratory
Dermatology
Endocrinology
Renal (nephrology)

Sath.Generalsurgerybookingsteam@nhs.net

Colorectal
General Surgery
Hepatology
Urology
Vascular
Upper GI
Gastro (not endoscopy)
Breast



The Shrewsbury and
Telford Hospital
NHS Trust

Health and Wellbeing Passport

Welcome to your Health and Wellbeing Passport

The purpose of 'The Passport' is to provide a documented record of your individual needs, which would allow you to function to your maximum capacity in a supportive environment, without prejudice or discrimination.

'The Passport' can be used for any member of staff who feels that they may need some additional support at work.

For example: a member of staff with a disability or long-term condition; those who have caring responsibilities for a relative with a disability or long-term condition; parents with young children; staff who observe religious festivals or celebrations such as Ramadan or daily prayers; staff who are in the process of gender reassignment.

'The Passport' can be requested by the employee or offered by the employer but is 'owned' by the employee. This Passport should be completed using the Health and Wellbeing Passport guidance document.

'The Passport' contains details of reasonable adjustments agreed between you and your line manager, ensuring that you are able to work to your full potential within a positive and supportive environment.

'The Passport' will need to be reviewed on an annual basis; this may be alongside the annual appraisal process.

It will also be necessary to review 'The Passport', and you are responsible for initiating a review if:

- Your disability or health condition changes
- Your personal circumstances change
- Your job requirements change
- You change role
- There is a change to the working environment.

A formal revision should be entered and signed by the employee and their manager or new manager as appropriate on page 3 in the Review section of the passport.

Passport confidentiality agreement

The information provided in the Health and Wellbeing Passport (or 'Passport') is confidential to the employee and their line manager and should not be shared with any other party without the written consent of the employee.

A copy of the Passport should be held by both the employee and their manager.

Name of employee:		
Employee/ payroll number:		
Employee's signature:		Date:
Name of line manager:		
Manager's signature:		Date:
Team / dept:		
Division:		

Review

Review Date:	Manager's signature:	Employee signature:

About my personal circumstances

Please use this space to give a brief description of your personal circumstances (e.g. your disability, health condition, caring situation, religion) and, if appropriate, how long you have had a diagnosis or been in these circumstances:

Please use this space to describe the impact that your personal circumstances may have on you at work:

Wellbeing at work

Please use this space to describe how your disability / health condition or other personal circumstances may affect you on a 'good day' or a 'bad day':

Good day:

Bad day:

If you have a disability or health condition, please use this space to describe any symptoms which may indicate that you need help or are not well enough to remain at work: (OH or access to work guidance if applicable). If you are not well enough to remain at work and need support to get home or to medical assistance (e.g. your GP), emergency contacts can be recorded on page 9.

Reasonable Adjustments

Please use this space to tell us about any formal assessments by a trained specialist, specific to your disability / health condition or personal circumstances (e.g. Occupational Health / consultant) and dates completed:

A 'reasonable adjustment' is a change to remove or reduce the effect of:

- An employee's disability so they can do their job
- A job applicant's disability when applying for a job

The reasonable adjustment could be to:

- The workplace
- The ways things are done
- Get someone to help the employee or job applicant

Please use this space to record any reasonable adjustments that have been discussed and indicate if the adjustment has been agreed with your line manager.

If an adjustment has not been agreed, your manager should provide information on the reason for rejection. (Further details can be found in the Passport guidance document):

Suggested reasonable adjustment	Agreed? (Please tick)	Reason (If not agreed)
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

NB: If a reasonable adjustment of flexible working is agreed, the appropriate application for flexible working must also be completed, as directed in the Flexible Working Policy, available on the intranet. A copy of this application must be kept with the Passport and reviewed in line with the policy.

Reasonable adjustments agreed: Please sign below in agreement of the reasonable adjustments discussed above.		
Employee Signature		Date:
Manager Signature		Date:

Keeping in touch

In accordance with the Managing Attendance and Employee Wellbeing Policy, you are required to contact your manager as soon as possible by telephone if you are unable to attend work due to ill health. Initial contact should be made by the employee.

In addition, the manager is required to keep in touch with their employee on a regular basis (a minimum of every two weeks in the case of long-term absence).

Notably it is the responsibility of both the employer and employee to comply with keeping in regular contact to inform on updates relating to sickness absence.

A manager's contact with their employee should be carried out in a sensitive and supporting manner.

If it has been identified as a reasonable adjustment that you have a carer as a named advocate, to support you when communicating with your manager, they can be named on the next the page.

The form on the next the page can be used to agree how often and with whom contact may be made.

Conversations while you are away from work may include:

- a. How are you feeling?*
- b. Have you been to the GP/other specialist?*
- c. What can the manager do to help?*
- d. Current work*
- e. Return to work date*
- f. Planned phased return to work*
- g. What are you able to do?*

Contact information

Who will your manager contact? (Please tick)	
<input type="checkbox"/>	Myself
<input type="checkbox"/>	Name of carer (advocate)
<input type="checkbox"/>	Relationship of carer (advocate)
<input type="checkbox"/>	My carer (advocate)
Phone number:	
Email address:	

How will contact be made? (Please tick)	
<input type="checkbox"/>	Email
<input type="checkbox"/>	Phone
<input type="checkbox"/>	Text
<input type="checkbox"/>	Text phone/ text relay
<input type="checkbox"/>	Other (please specify)

How often will contact be made? (Please tick)	
<input type="checkbox"/>	Daily
<input type="checkbox"/>	Weekly
<input type="checkbox"/>	Fortnightly
<input type="checkbox"/>	Other (please specify)

When will contact be made? (Please tick)	
<input type="checkbox"/>	Morning
<input type="checkbox"/>	Afternoon
<input type="checkbox"/>	Specific date/ time

Emergency contacts

If I am not well enough to be at work, and need support to return home, I am happy for my line manager to contact any of the following people.

Completion of this section is voluntary and can be left blank if you choose.

1	Name:	
	Relationship:	
	Phone number:	
	Mobile number:	

2	Name:	
	Relationship:	
	Phone number:	
	Mobile number:	

3	Name:	
	Relationship:	
	Phone number:	
	Mobile number:	

Review form

This form should be used to review previously agreed reasonable adjustments, either annually or following a change in the employees' circumstances, as described on page 3 of the Passport.

Each review should be signed, and a copy held by both employee and manager with the Passport document.

Reason for review: (Please tick all that apply)	
<input type="checkbox"/>	Annual review
<input type="checkbox"/>	Change in employees' disability or health condition
<input type="checkbox"/>	Change in employees' personal circumstances
<input type="checkbox"/>	Change in post / line manager
<input type="checkbox"/>	Change to the working environment
<input type="checkbox"/>	Other, please specify:

Current reasonable adjustments in place:

Please use this space to record any current reasonable adjustments that are in place and indicate if they are still required in their current form. If an adjustment requires amendment, please tick "No" and add it as a new amendment in the following section.

Suggested reasonable adjustment	Agreed? (Please tick)	Reason (If not agreed)
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

Additional/amended reasonable adjustments:

Please use this space to record any additional or amended reasonable adjustments that have been discussed and indicate if the adjustment has been agreed with your line manager. If an adjustment has not been agreed, your manager should provide information on the reason for rejection (Refer to the People Advisory Team if further advice is required):

Suggested reasonable adjustment	Agreed? (Please tick)	Reason (If not agreed)
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	
	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	

Additional information

Use this space to share any information not covered in the previous sections. You can also record the outcome of any discussions with your manager here:

NB: If a reasonable adjustment of flexible working is agreed, the appropriate application for flexible working must also be completed as directed in the Flexible Working Policy, available on the intranet. A copy of this application can be kept with the Passport.

Keeping you well at work

Physio 4 Staff: <https://intranet/therapy/physiotherapy/Fastrackphysio.asp>

The logo for Samaritans, featuring the word "SAMARITANS" in white capital letters on a green rectangular background.

Samaritans:
116 123, available 24/7
samaritans.org

The logo for the British Medical Association (BMA), featuring a circular emblem with a caduceus and the letters "BMA" in a bold, sans-serif font.

BMA:
[Employment Advice Form](#), available 24/7
BMA.org.uk

The logo for Cavell nurses' trust, featuring a stylized purple flower icon above the word "Cavell" in a large, bold font, with "nurses' trust" in a smaller font below it.

Cavell nurses trust:
01527 595999, see
website for times:
cavellnursestrust.org

The logo for Mind, featuring a stylized blue knot icon followed by the word "mind" in a lowercase, sans-serif font.

Mind:
0300 123 3393, Monday to
Friday 9:00 AM to 6:00 PM
mind.org.uk

The logo for Cruse Bereavement Support, featuring the word "Cruse" in a script font followed by "Bereavement Support" in a smaller, sans-serif font.

Cruse bereavement support:
0808 808 1677, see website
for times
Cruse.org.uk

Details of other wellbeing support is available on the staff intranet and also refer to our Reasonable Adjustments Guidance.

Access to work is a government grant scheme which helps pay for practical support so you can do your job. You may be able to apply if you have a disability, health or mental health condition. The grant can pay for: specialist equipment, travel when you can't use public transport or a communicator at a job interview. More information can be found at www.gov.uk/access-to-work

Equality Act 2010 can be viewed on, or downloaded from, the Governments Legislation website and guidance publications on the Equality Act 2010 are available through the governments website.

Staff Networks are in place to offer peer support to colleagues and managers, and information and signposting where appropriate. Contact information for all of the staff networks can be found on the staff intranet page home screen.

Notes

This section can be used to note any discussions, document any other support to signpost the individual to or to continue writing from earlier in the form where further space is required.



The **Staff Psychology Service** are available to provide support to teams across the trust including:

- Consultancy
- Formulation
- Team interventions
- Critical Incident Debriefing
- Reflective Practice
- Bespoke Training
- Embedding Psychological Thinking



Please contact The Staff Psychology Service to discuss how your team can be supported:
Sath.staffpsychology@nhs.net

HR/People Advisory Team

Support, advice and guidance to managers and staff on all employment issues. Email: sath.hradvice@nhs.net

Coaching

SaTH ILM Coaches have undergone accredited training and can support you to use your own skills and resources to move forward with current issues and challenges. Email: sath.coaching@nhs.net

Occupational Health (Optima Health)

A confidential advisory service to employers and employees on health issues relating to work and work issues relating to health.

Email: team1@optimahealth.co.uk

Tel: 01327 810777

Web: https://intranet.sath.nhs.uk/hr/make_an_appointment.asp

HELP (Employee Assistance Programme)

For confidential, independent and unbiased information and guidance from a team of trained wellbeing and counselling practitioners. They can offer support and information on health and wellbeing, money worries, carers, consumer and legal, family and home and work and lifestyle.

Tel: 0800 047 8843

Web: <https://sath.workplacewellbeing.com> and <https://sath.optimise.health>

(Please note: As of 31st January 2024, HELP will be replacing Care First).

Psychological Support For Your Team

Psychological Support For You



Practical Support & Problem Solving

Peer Support & Signposting

ISSUES RELATED TO WORK:

Staff Psychology Service

Confidential, highly specialist psychological assessment, formulation and evidence-based intervention available for any member of staff within the trust. Email: Sath.staffpsychology@nhs.net

FOR PERSONAL ISSUES:

HELP (Employee Assistance Programme)

For confidential, independent and unbiased information and guidance from a team of trained wellbeing and counselling practitioners. Tel: 0800 047 8843
Web: <https://sath.workplacewellbeing.com> and <https://sath.optimise.health>

ADDITIONAL SUPPORT FOR MEDICAL STAFF ONLY:

Phoenix Psychology

A confidential space to process the impact of work and personal experiences
Clare.thompson@phoenixpsychology.com (use SaTH referral as the email subject)

Postgraduate Resident Doctors in training posts can also access support from the [Professional Support and Wellbeing](#) through NHSE (Midlands)

Support for [Nurses and Midwives](#)

Mental Health First Aiders & Peer 2 Peer Listeners

Trained peer listeners available to provide confidential listening support and signposting.

Email: sath.staffpsychology@nhs.net

Freedom to Speak Up Guardians

Providing support and advice to those that want to raise concerns to ensure that any safety issue is addressed. Email: sath.fts@nhs.net

The Chaplaincy Team

Available for staff, visitors and patients of any faith, belief, or world view, providing listening support and signposting.

Email: Sath.chaplaincyteam@nhs.net

Tel: ext 3638 (RSH) / ext 4519 (PRH)

Well and Resilient Doctors (WARD)

Peer support and well-being service run by junior doctors for junior doctors. They are a signposting service that can refer you on for further help. Email: sath.ward@nhs.net



If you are unsure what help or support you might need please contact the **Staff Psychology Service**



My Wellbeing Plan: What I know about my Wellbeing

General self-awareness

I am at my best when ...
I feel...
I am doing...
I am with ...
I am thinking ...

The difference this makes for me is ...

My wellbeing is drained when ...
I feel ...
I am doing...
I am thinking ...
I face challenges of ...

Warning signs for a drop in my wellbeing are:
What I notice...
What others might notice ...

Snapshot: How things are right now

The things I am doing to maintain/enhance my wellbeing are:

The challenges for my wellbeing right now are:

**What would it be most helpful for me to focus on right now to enhance my wellbeing?
Where can I go to get help?**

The way forward

The things I am doing now that I should continue to do to enhance my wellbeing are ...

The things it would be helpful to start doing to maintain/ enhance my wellbeing.....

The things it would be helpful for me to stop doing to enhance my wellbeing are ...



Financial Wellbeing

Financial health is just as important as physical or mental health. What does financially healthy look like?

- being able to budget
- manage debts
- save for the future and retirement
- able to contribute to a pension
- being free from financial stress and worry

If you are in debt or struggling with money, it may lead to higher levels of stress and anxiety and impact on other areas of your life. There are lots of support out there who can help.

Work / Life Balance

This is concerned with how each aspect of your life is prioritised and managed to support your wellbeing. A healthy work/life balance will maintain mental health, ensure your physical health and wellbeing, increase productivity and allows you to live a fulfilled life

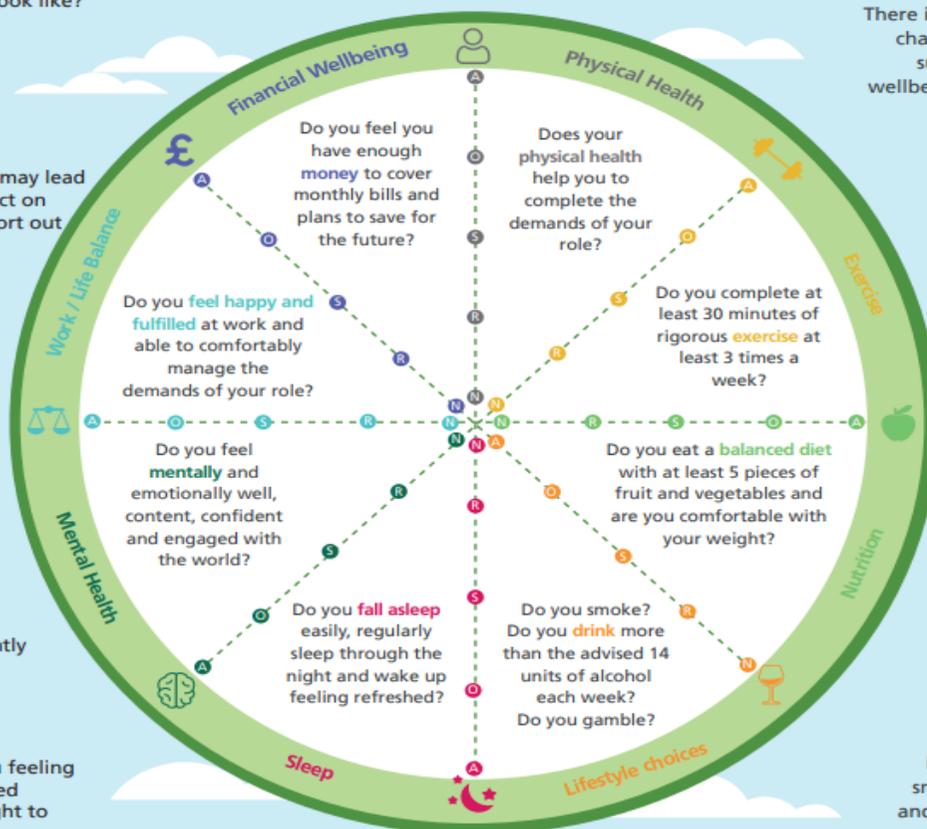
Mental Health

Feeling mentally fit to live your best life is so important. Good mental health means being generally able to think, feel and react in the ways that you need and want to live your life. But if you go through a period of poor mental health you might find the ways you're frequently thinking, feeling or reacting may become difficult or even impossible to cope with.

Sleep

Good quality sleep is so important to keep you feeling physically and mentally healthy. Most of us need around eight hours of good quality sleep a night to function properly.

YOUR WELLBEING WHEEL



With your answers marked on the lines, join the dots to form a wheel. The ideal position is having the biggest and most balanced wheel possible. If your wheel is not balanced then you may want to take some positive actions. There is an action plan over the page to help you make changes and improve your health and wellbeing. To support you in taking some steps to improve your wellbeing you may wish to share your action plan with your manager or a family member or friend

Physical Health

When you are physically well, your body can handle the everyday stresses of life to maintain good levels of physical and mental health. There may be times when a physical problem with your body may make work days difficult, there are lots of resources available to help.

Exercise

Being active is really good for your physical and mental health. Exercise ensures your body is strong and healthy and has a multitude of positive effects, including improved heart and lung efficiency and reduced stress and anxiety.

Nutrition

Good Nutrition can help reduce risks of heart disease and diabetes, reduce high blood pressure, lower high cholesterol and improve your ability to fight off illness.

Lifestyle choices

It is important to educate yourself on the effects smoking has on your body and look at ways to try and quit. Excessive alcohol consumption can impact on your wellbeing and other areas of your life. Ask yourself, are your lifestyle choices recreational or do you need them?

Self-Assessment ratings

(N being in the centre of the circle, A being on the outer edge of the circle)

- N = never
- R = rarely
- S = sometimes
- O = occasionally
- A = always



Wellbeing Conversation Action Plan

Managing my health and wellbeing

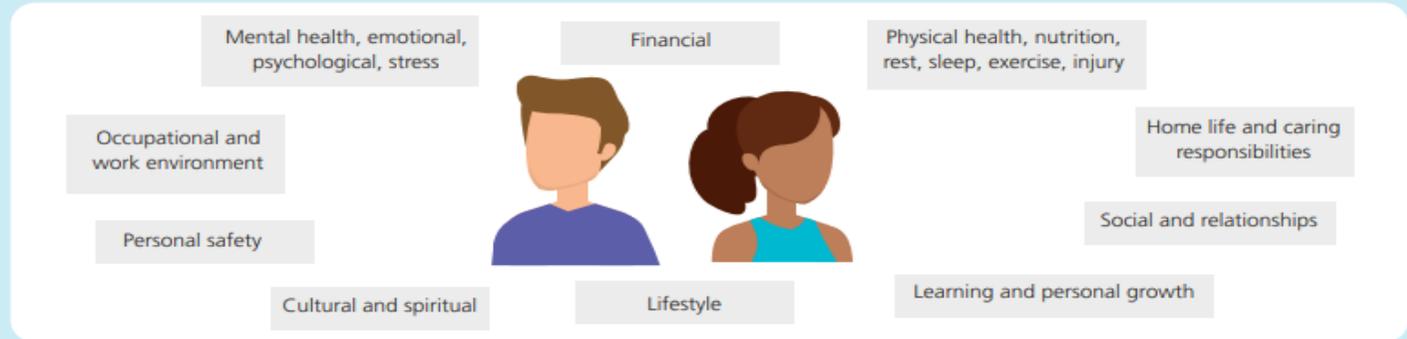
What helps me to stay healthy and look after my wellbeing at work?

What usually works for me to maintain and/or improve my health and wellbeing?

What hinders or reduces my wellbeing at work?

What steps can I take if I start to feel unwell in myself?

Aspects or my health and wellbeing to consider



Helping others to help you

What hinders or reduces my wellbeing at work?

What steps can I take if I start to feel unwell in myself?

My wellbeing action plan

Actions to maintain and improve my health and wellbeing include:

-
-
-

My manager, team and my organisation can support me by:

-
-
-



Name:

Date created:

Date to review:

Shared with: