

## Sickness Policy & Risk Assessments

---

Reference Number: RDF1621-23

Date of Response: 23/06/23

Further to your Freedom of Information Act request, please find the Trust's response(s) below:

Please be aware that the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) has existed since 1<sup>st</sup> April 2022 following the integration of the Northern Devon Healthcare NHS Trust (known as Northern Services) and the Royal Devon and Exeter NHS Foundation Trust (known as Eastern Services).

- 1. I am requesting a copy your Sickness Policy from 2022, Grievance Process/Policy along with any risk assessments (including COVID 19) carried out when the Bladder & Bowel Care Service was transferred from Crown Yealm House, South Molton to South Molton Community Hospital, along with information if any, kept on the consultation period for this relocation.*

Answer: Please find documents 1 – 5 attached relevant to 2022, as requested.

1. Sickness Policy (Maximising Attendance).
2. Grievance Process/Policy.
3. Covid Secure Area Risk Assessments.
4. Working safely during COVID 19 pandemic - Bladder and Bowel Office area in South Molton Community Hospital.
5. Consultation/briefing paper relating to the relocation of staff from Crown Yealm House to South Molton Community Hospital.
6. Relocation Proforma to ensure suitable space, telephony and IT considered.

## Document Control

| <b>Title</b><br><b>Maximising Attendance Policy (Incorporating Sickness Absence Guidelines)</b> |                    |                                                       |                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Author</b>                                                                                   |                    | <b>Author's job title</b><br>Assistant Director of HR |                                                                                                                                                                                                                                                                                  |
| <b>Directorate</b><br>Workforce                                                                 |                    | <b>Department</b><br>HR Operations                    |                                                                                                                                                                                                                                                                                  |
| <b>Version</b>                                                                                  | <b>Date Issued</b> | <b>Status</b>                                         | <b>Comment / Changes / Approval</b>                                                                                                                                                                                                                                              |
| 2.10                                                                                            | Dec 2012           | Superseded                                            | Sickness Absence Management Policy (NDHT) Update of contact details in Appendix C (Occupational Health Referral Form).                                                                                                                                                           |
| 9.0                                                                                             | Sep 2012           | Superseded                                            | Absence Management Policy (NHS Devon) Updated OH email address (App 6)                                                                                                                                                                                                           |
| 0.1 – 0.10                                                                                      | July 2011          | Draft                                                 | Initial version for consultation by Tim Robinson, amends made following review by HR Operations Team (Jan 2012); changes arising from AfC pay Circular 2/2013 (Mar 2013) Sickness CIP group (Sept 2012); staff-side feedback from Joint Policy Development Group (Sept-Oct 2013) |
| 3.0                                                                                             | Nov 2013           | Final                                                 | Tabled for approval at Partnership Forum on 14 <sup>th</sup> November 2013                                                                                                                                                                                                       |
| 3.0                                                                                             | Dec 2013           | Final                                                 | Tabled for ratification at WODC on 17 <sup>th</sup> December 2013                                                                                                                                                                                                                |
| 3.1                                                                                             | Jan 2014           | Revision                                              | Minor amends to formatting to headings and subheadings to support document map and semi-automatic table of contents.                                                                                                                                                             |
| 3.2                                                                                             | Jan 2014           | Revision                                              | Correction to Appendix 1 Absence Management Flowchart – duration of warning amended from 24 to 12 months.                                                                                                                                                                        |
| 3.3                                                                                             | March 2014         | Revision                                              | Amendments following feedback from using the policy and training sessions.                                                                                                                                                                                                       |
| 3.4                                                                                             | April 2014         | Revision                                              | Final amendments following review at Policy Development Group                                                                                                                                                                                                                    |
| 4.0                                                                                             | June 2014          | Final                                                 | Final version published on Bob                                                                                                                                                                                                                                                   |
| 4.1                                                                                             | Nov 2014           | Revision                                              | Standardisation of timescales for appeal. Addition of appeal procedure and levels of authority as appendixes and cross-referencing in text. Additional clarification of text following user feedback.                                                                            |
| 4.2                                                                                             | Dec 2014           | Revision                                              | Revision of Section 11 to make clearer and simpler                                                                                                                                                                                                                               |
| 4.3                                                                                             | Jan 2015           | Final                                                 | Approved by the Policy Group and Partnership forum. Final minor changes and published on Bob.                                                                                                                                                                                    |
| 4.4                                                                                             | Mar 2015           | Final                                                 | Minor amendment to Appendix 9 – footnote added                                                                                                                                                                                                                                   |
| 4.5                                                                                             | April 2015         | Final                                                 | Minor amendments to text and appendixes to make consistent throughout; toolkit updated to reflect policy                                                                                                                                                                         |

|                                                                                                                                             |              |               |                                                                                                                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                             |              |               | text.                                                                                                                                                                                                                                                                                                                                           |
| 4.5                                                                                                                                         | Oct 2015     | Final         | Inclusion of Staff Physiotherapy Service                                                                                                                                                                                                                                                                                                        |
| 4.6                                                                                                                                         | January 2016 | Final         | Minor amendments to text for the purposes of clarity of process; template letters & forms relocated from Policy Appendixes to Sickness Absence Toolkit to ensure managers access the most up to date version.                                                                                                                                   |
| 4.7                                                                                                                                         | July 2016    | Review        | Addition of sections 8.1 and 8.2 relating to managing pregnancy related sickness absence.                                                                                                                                                                                                                                                       |
| 4.8                                                                                                                                         | August 2016  | Review        | Amendment to wording on Appendix 2 – Long Term Absence Flowchart for clarification purposes (Final Review Meeting)                                                                                                                                                                                                                              |
| 4.9                                                                                                                                         | Jan 2017     | Final         | Minor amend to Section 22 – first paragraph                                                                                                                                                                                                                                                                                                     |
| 5.0                                                                                                                                         | August 2017  | Review        | Amended following full review at Pay & Reward Group                                                                                                                                                                                                                                                                                             |
| 6.0                                                                                                                                         | May 2018     | Final         | Amended following full review at Pay and Reward Group<br>Triggers for patient facing and non-patient facing staff amended<br><br>Amended part shifts contributing to an episode of sickness.<br><br>When no more than one episode of no more than two days during the target period the monitoring period will reduce from six to three months. |
| 6.1                                                                                                                                         | Jan 2019     | Review        | Reviewed at Pay & Reward and amended to clarify where responsibility for sickness absence management lies for Senior Clinicians.<br><br>Amendments made to Record of Absence and Return to Work Record/Discussion Form and to the Long Term Sickness Meeting Agenda in the Sickness Absence Toolkit.                                            |
| 6.2                                                                                                                                         | May 2019     | Review        | Reviewed at Pay & Reward and minor amendments made relating to ensuring that timelines for planned sickness should be agreed and confirmed in writing beforehand.                                                                                                                                                                               |
| 6.3                                                                                                                                         | Oct 2019     | Review        | Minor amendment made to Appendix 1 as flowchart did not match the main policy.                                                                                                                                                                                                                                                                  |
| 6.4                                                                                                                                         | June 2021    | Extension     | In April-21 Governance Committee it was agreed that this document would have extended due dates until 31st May 2022.                                                                                                                                                                                                                            |
| <b>Main Contact</b>                                                                                                                         |              |               |                                                                                                                                                                                                                                                                                                                                                 |
| Assistant Director of HR<br>Suite 4, Chichester House<br>NDDH                                                                               |              | <b>Email:</b> |                                                                                                                                                                                                                                                                                                                                                 |
| <b>Lead Director</b><br>Director of People                                                                                                  |              |               |                                                                                                                                                                                                                                                                                                                                                 |
| <b>Superseded Documents</b><br>NDHT Sickness Absence Management policy v2.10 December 2012<br>NHS Devon Absence policy v 9.0 September 2012 |              |               |                                                                                                                                                                                                                                                                                                                                                 |

| <b>Issue Date</b><br>June 2021                                                                                                                                                                                                                                         | <b>Review Date</b><br>May 2022                                              | <b>Review Cycle</b><br>Extension |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|----------------------------------|
| <p><b>Consulted with the following stakeholders: (list all)</b></p> <ul style="list-style-type: none"> <li>• Head of Learning &amp; Development</li> <li>• Equality &amp; Diversity Lead</li> <li>• Staff-Side</li> </ul>                                              |                                                                             |                                  |
| <p><b>Approval and Review Process</b></p> <ul style="list-style-type: none"> <li>• Human Resources Operations Team</li> <li>• Staff-side</li> <li>• Strategic Workforce Development Committee</li> </ul>                                                               |                                                                             |                                  |
| <p><b>Local Archive Reference</b><br/>G:\HRAdmin\Policies,Personnel\Maximising Attendance Policy</p> <p><b>Local Path</b><br/>G:\HRAdmin\Policies,Personnel\Maximising Attendance Policy</p> <p><b>Filename</b><br/>Maximising Attendance Policy V6.3 October 2019</p> |                                                                             |                                  |
| <p><b>Policy categories for Trust's internal website (Bob)</b><br/>Staff Intranet Site – Bob<br/>Human Resources, personnel &amp; development</p>                                                                                                                      | <p><b>Tags for Trust's internal website (Bob)</b><br/>Sickness, absence</p> |                                  |

## CONTENTS

---

|                                                                                                                                                           |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <b>Document Control</b> .....                                                                                                                             | <b>1</b>  |
| <b>1. Introduction</b> .....                                                                                                                              | <b>6</b>  |
| <b>2. Purpose</b> .....                                                                                                                                   | <b>6</b>  |
| <b>3. Roles and Responsibilities</b> .....                                                                                                                | <b>7</b>  |
| <b>4. Legal Framework</b> .....                                                                                                                           | <b>12</b> |
| <b>5. Reporting Sickness Absence</b> .....                                                                                                                | <b>12</b> |
| <b>6. Contact between Employer and Employee</b> .....                                                                                                     | <b>13</b> |
| <b>7. Non Reporting of Absence</b> .....                                                                                                                  | <b>13</b> |
| <b>8. Sickness Absence Reporting</b> .....                                                                                                                | <b>14</b> |
| <b>9. Sickness Absence Occurring During a Shift</b> .....                                                                                                 | <b>16</b> |
| <b>10. Managing Absence Processes</b> .....                                                                                                               | <b>16</b> |
| <b>11. Process for Managing Frequent Episodes / High Cumulative Levels of Sickness Absence</b> .....                                                      | <b>17</b> |
| <b>12. Progression within the Maximising Attendance /Sickness Absence Process</b> .....                                                                   | <b>30</b> |
| <b>13. Managing Long-Term Absence</b> .....                                                                                                               | <b>30</b> |
| <b>14. Stress / Mental Wellbeing</b> .....                                                                                                                | <b>35</b> |
| <b>15. Referral to Occupational Health / Staff Physiotherapy Service</b> .....                                                                            | <b>36</b> |
| <b>16. Planning the Return to Work including “Phased Return to Work”</b> .....                                                                            | <b>38</b> |
| <b>17. Redeployment due to Ill Health</b> .....                                                                                                           | <b>39</b> |
| <b>18. Termination of employment due to Ill Health</b> .....                                                                                              | <b>40</b> |
| <b>19. Attendance at General Practitioner (G.P) / Dentist / Hospital Appointments and follow-up Appointments booked through Occupational health</b> ..... | <b>40</b> |
| <b>20. Overtime, Bank or NHSP work when under Maximising Attendance /Sickness Absence Process (as described in Section 11.1)</b> .....                    | <b>41</b> |
| <b>21. Patterns of absence preceding or following additional work (overtime, Bank or NHSP) or annual leave</b> .....                                      | <b>42</b> |
| <b>22. Working and other activities whilst off sick</b> .....                                                                                             | <b>42</b> |
| <b>23. Medical Certificates and Documentation</b> .....                                                                                                   | <b>43</b> |
| <b>24. Sickness and Annual Leave</b> .....                                                                                                                | <b>45</b> |
| <b>25. Sick Pay</b> .....                                                                                                                                 | <b>46</b> |
| <b>26. Medical Suspension</b> .....                                                                                                                       | <b>47</b> |
| <b>27. Injuries, Infections and Diseases at Work</b> .....                                                                                                | <b>48</b> |
| <b>28. Planned Sickness Absence</b> .....                                                                                                                 | <b>49</b> |
| <b>29. Road Traffic Accidents and sickness as a result of a Third Party</b> .....                                                                         | <b>49</b> |
| <b>30. Treatment for Non-Medical Reasons</b> .....                                                                                                        | <b>50</b> |
| <b>31. Surgery and Treatment for Gender Reassignment</b> .....                                                                                            | <b>50</b> |
| <b>32. Reasonable adjustments</b> .....                                                                                                                   | <b>50</b> |
| <b>33. Ill Health Retirement</b> .....                                                                                                                    | <b>50</b> |
| <b>34. Training Requirements</b> .....                                                                                                                    | <b>51</b> |
| <b>35. Monitoring Compliance with and the Effectiveness of the Policy</b> .....                                                                           | <b>51</b> |
| <b>36. Equality Impact Assessment</b> .....                                                                                                               | <b>52</b> |
| <b>37. References</b> .....                                                                                                                               | <b>52</b> |
| <b>38. Associated Documentation</b> .....                                                                                                                 | <b>53</b> |

---

|                                                                 |           |
|-----------------------------------------------------------------|-----------|
| <b>Appendix 1 – Absence Management Process Flowchart</b> .....  | <b>54</b> |
| <b>Appendix 2 - Long Term Sickness Absence Flow Chart</b> ..... | <b>55</b> |
| <b>Appendix 3 - Stress Related Absence Flowchart</b> .....      | <b>56</b> |
| <b>Appendix 4 – Unauthorised Absence Flowchart</b> .....        | <b>57</b> |
| <b>Appendix 5 – Appeal Procedure</b> .....                      | <b>58</b> |
| <b>Appendix 6 – Levels of Authority</b> .....                   | <b>62</b> |

## 1. Introduction

Northern Devon Healthcare NHS Trust recognises that the health and welfare of its staff is of the utmost importance.

Although the overall target should be 100% attendance, it is recognised that some absence due to sickness is inevitable and sickness absence needs to be dealt with in a sympathetic and understanding way on a case-by-case basis.

This policy applies to all Employees of Northern Devon Healthcare NHS Trust. Nothing contained within it is intended to contravene or reduce any statutory or contractual sickness entitlements.

Quick reference flowcharts for the Maximising Attendance Process detailed in Sections 10 to 13 are available within Appendixes 1 and 2.

## 2. Purpose

The policy applies to all Trust staff. The purpose is to maximise attendance and operational effectiveness, ensure consistency of approach and reduce costs to the organisation in respect of sickness absence.

This policy does not differentiate between genuine and non-genuine sickness absence, as the underlying assumption, unless there is evidence to the contrary is that sickness absence reported by any employee is genuine. Therefore all sickness absence falls within the scope of this policy.

The aims of this policy are as follows:-

- to implement and maintain a system for monitoring and managing absence
- to ensure that a fair and consistent approach is operated throughout the organisation when reviewing and managing absence
- to provide support and assistance wherever possible to employees
- to assist line managers in developing strategies to reduce absence rates or maintain low rates
- to identify any environmental and work-related problems which may be contributing to high levels of sickness absence
- to assist the organisation in ensuring that it meets its legal obligations

**Note:** For the purposes of logging employee absence **all** days of the week are to be included.

For the purposes of the procedural timescales within this Policy, where the expression ‘working day’ refers to Monday through Friday and does not include Saturdays or Sundays, this relates **only** to documentation to be issued prior to or following meetings/hearings.

### 3. Roles and Responsibilities

Northern Devon Healthcare NHS Trust has responsibility for ensuring that all employees are given the appropriate support to deal with health problems and will encourage staff to obtain help and advice. The Trust will always aim to provide a healthy and safe working environment.

To help prevent absences, support staff and keep people healthy at work, the Trust will encourage physical activity; promote mental well-being initiatives along with providing healthy working conditions and guidance for various health issues such as smoking cessation and obesity prevention etc.

#### 3.1. Role & responsibilities of the Chief Executive

The Chief Executive has the overall responsibility for all matters of Human Resources and ensuring that all mechanisms are in place for the overall implementation, monitoring and revision of this Policy. The Chief Executive has nominated the Director of Workforce and Organisational Development as lead for all Human Resources matters.

#### 3.2. Role & Responsibilities of Human Resources Department / HR Operations Team

The Human Resources Department/HR Operations Team are responsible for:

- Offering advice in relation to Maximising Attendance and sickness absence to both managers and employees. This will include the provision of data, advice and support in the application of the policy including guidance to enable managers to take appropriate action.
- Advising managers on the procedure that should be followed, depending on whether the issue is persistent “Short Term” or “Long Term” absence.
- Supporting line managers and Trade Union representatives in developing maximising attendance and sickness absence management plans for employees who require support.
- Identifying service areas where sickness absence is above the Trust’s target and working with line managers to implement a corrective action plan.
- Providing training for managers in the management of sickness absence



- Monitoring trends in sickness absence across the Trust; highlighting any issues to appropriate committee/forums i.e. Health and Safety Committee, Partnership Forum, Local Consultative Committees and Directorate Meetings.
- Working in partnership with the Occupational Health Service to promote a culture of “Health and Wellbeing”
- Ensuring managers consider all relevant HR policies and procedures when managing an employee’s absence including the Trust’s Domestic Violence & Abuse Policy, Managing People with a Disability Policy etc. (this list is not exhaustive).
- Monitoring line manager adherence to process and where necessary refer those not complying to the relevant Divisional General Manager or Director to consider appropriate performance management actions.
- Ensuring the Maximising Attendance policy (Incorporating sickness absence) remains fit for purpose and recommending changes where necessary.

### 3.3. Role & Responsibilities of Occupational Health

The Occupational Health Service is responsible for:-

- Providing a preventative and advisory service to employees and line managers which supports and enables the proactive management of all sickness cases
- Offering confidential support and advice in relation to maximising attendance and sickness absence and medical issues to both managers and employees in need of physical and/or mental health assessment, support and guidance about their health and fitness for work
- Ensuring that the employee’s right to view any correspondence/report is exercised prior to forwarding to the line manager and Human Resources representative (providing consent has been given)
- Following an Occupational Health Management Referral, producing and sending an “Occupational Health Report” to the line manager so subsequent discussion can take place
- Taking a Trust wide lead in promoting “Health and Wellbeing” initiatives and good practice throughout the Trust
- Providing counselling or psychological therapy to members of staff who are experiencing psychological difficulties
- Providing critical incident debriefing (see Supporting Staff Policy)

### 3.4. Role & Responsibilities of Line Managers

Line managers are responsible for:

- The health, safety and welfare of their staff whilst at work under the Health and Safety at Work Act 1974
- Ensuring they fully understand and remain competent in carrying out the Trust's Maximising Attendance and Sickness Absence Processes as set out in this and associated Policies.
- Ensuring staff are made aware of the procedure for reporting absences and that employees are aware of their own responsibilities as part of this policy.
- Keeping comprehensive, timely and accurate records of each employee's absence to enable them to identify sickness absence patterns at an early stage. And recording outcomes on personnel files. (See Absence Record Form in Toolkit).
- Maintaining records as to whether the employee has worked a bank/NHSP shift in the week prior to their absence or have a bank/NHSP shift booked for the week after their absence ends (see Sections 20 & 21).
- Taking appropriate action to ensure that absence levels are managed
- Ensuring that every member of staff is informed of the standards expected and is aware of the consequences of not reporting sickness absence i.e. that loss of pay and/or disciplinary action may result
- Sensitively highlighting sickness absence statistics at departmental meetings to emphasise how absence affects the department and the service.
- Maintaining contact and holding meetings with employees off sick to keep them informed of developments within the Trust and the team.
- Monitoring the sick pay entitlements of employees who are off sick, informing them when their pay is due to decrease to half pay and nil pay. This information must be given prior to the change in sick pay.
- Conducting 'Return to Work' discussions (See Section 10.1 and Record of Absence and Return to Work Discussion Form in the Toolkit) on each occasion of sickness absence
- Recognising potential health problems at an early stage identifying additional sources of advice/help for employees with health problems
- Referring employees to Occupational Health whenever necessary or appropriate, and ensuring that this is discussed with the employee prior to referral.
- Taking affirmative action to resolve long term absence through phased return, reasonable adjustments, alternative employment arrangements including flexible working arrangements and/or redeployment etc. early retirement on the grounds of ill health or termination of employment on the grounds of capability due to ill health, where appropriate.

- Ensuring that decisions about an employee on long term absence are made and implemented prior to the expiry of their sick pay entitlement;
- Actively managing sickness absence to support the Trust in achieving its target (at the time of publication this is 3.0%).
- Providing assurance to Human Resources that they are proactively managing sickness absence within their department in line with this policy
- Ensuring consideration is given to how attendance is managed and to make any reasonable adjustment(s) for employees qualifying under the Equality Act 2010 as having a disability.
- Working with employees, Occupational Health, Human Resources and Trade Union Representatives to identify appropriate ways to support the employee to remain in work or return to work at the earliest opportunity by taking early action
- Updating payroll/E-Roster/Electronic Staff Record (ESR) as appropriate and in a timely manner, ensuring that absence commencement and return to work dates are entered with the correct absence reason and code (see Absence Codes on Payroll Department Section of Bob which are regularly revised).
- Where the absent member of staff is a Senior Clinician who has both a Lead Clinician and Operational Manager the day-to-day absence management will be the responsibility of the Group Manager for the division unless otherwise agreed with the individuals concerned. Group Managers will link in with the Lead Clinician for the directorate to discuss any workplace restrictions/amendments.

### 3.5. Role & Responsibilities of Employees

Employees are responsible for:

- Their attendance at work
- Taking appropriate actions to ensure good health and wellbeing are maintained and ensuring that they take appropriate steps to remedy any health problem to enable them to return to work as soon as possible.
- Reporting absence to their line manager in a timely manner
- Keeping their line manager informed as to progress and their intentions to return to work. Notice of intention to return to work must be given as soon as they are aware of the date they will be fit to return to work. Failure to do so may, at the line manager's discretion, result in the employee being sent home without pay.

- Informing their line manager at an early stage if they have a health issue or disability which may affect their attending work on a regular basis. This will enable the line manager to ensure this is taken into consideration when managing absence.
- Informing their line manager if they have worked a bank/NHSP shift in the week prior to their absence or have a bank/NHSP shift booked for the week after their absence ends (see Sections 20 & 21).
- Notifying their manager if they intend to continue working for another employer whilst absent due to sick leave. See Section 22 for further details.
- Meeting with their line manager at a mutually agreed location to discuss their health and the management of their absence in line with the policy
- Attending any Occupational Health appointments and complying with advice given. Failure to attend Occupational Health appointments could result in decisions or actions being taken without full knowledge of the employee's circumstances. It may also lead to the suspension of occupational sick pay

### **3.6. Role & Responsibilities of Trade Union Representatives**

Trade Union Representatives are responsible for:-

- Working in partnership to promote effective attendance and case management
- Providing advice, guidance and support to the employee during this process and assisting members in preparing for meetings.
- Accompanying or representing members at specific management of absence discussions/interviews, including those which may result in the employee being issued with a warning or termination of their contract of employment due to ill health.

### **3.7. Confidentiality – Responsibility of All**

All individuals involved in a sickness absence management issue or in any hearings or other associated processes have a duty and responsibility to treat all information provided or received in the strictest confidence.

## 4. Legal Framework

There is a legal framework, which guides absence management considerations with reference to the 'duty of care' placed upon every line manager under the Health and Safety at Work Act and the need to consider 'reasonable adjustments' for employees with a disability in order to comply with the Equality Act 2010. At the time of publication, the Trust is developing a Managing People with a Disability Policy which will provide further guidance.

'Reasonable adjustments' should include consideration of the following, albeit this list is not exhaustive:

- Rearranging working methods, giving another employee minor tasks that the employee can no longer undertake, providing practical aids or adaptations to equipment or premises and allowing the employee to work at different times or at different places from those with equivalent jobs. Occupational Health may provide guidance on this following a referral.
- All factors relevant to the case in question must be taken into consideration to enable the organisation to demonstrate that it has been reasonable.

The Access to Medical Reports Act stipulates that the organisation needs the consent of the employee to access medical records and under the auspices of both the Access to Medical Reports and the Data Protection Act the employee has a right to see any report about them.

## 5. Reporting Sickness Absence

When notified of a period of absence, the Line Manager must complete the Record of Absence and the Return to Work Discussion Form (see Toolkit).

Where an employee is too ill to contact their manager, it will be appropriate for someone else to make the call on their behalf, but the employee must arrange to speak with their manager as soon as possible. Employees should, where possible (unless previously agreed), refrain from sending a text message or e-mail notifying their manager of their absence. However, where this is the only practical communication method (or previously agreed method), the employee must ensure a contact telephone number is provided so that the manager may contact them as necessary.

When speaking to their manager, the employee must let their manager know the reason for their sickness absence and if possible, give an indication of how long he/ she is expecting to be absent. Employees should inform their manager of any outstanding work/deadlines that need to be covered in their absence including any meetings that they were due to attend. This will allow the manager to make appropriate arrangements to cover the employee's sickness absence.

## **6. Contact between Employer and Employee**

When contacting an employee who is off sick, care must be taken to ensure that any conversation is reasonable, sensitive, appropriate and not intrusive, with the aims of establishing how the employee is doing and whether any support is needed. The line manager should keep a record of this conversation on the Record of Absence and Return to Work Discussion Forms (see Section 10.1 and Toolkit).

Where an employee is off work with a stress related illness or other mental health condition, advice should be sought from the Occupational Health Service regarding the most appropriate way of making contact with the employee (see Appendix 3).

Where an employee, without reason, fails to report their absence, or fails to produce medical certificates on time, this may result in loss of pay. If, after further discussion there appears to be no justifiable reason for the non-compliance with the policy, disciplinary action may be taken.

If the employee is absent for a longer period longer than is originally communicated they must maintain either verbal or written communication with their manager. Such communication may include submission of medical certificates (see Section 25).

If an employee is not contactable or fails to make contact as agreed, the line manager will follow this up by telephone. The manager may seek advice from the Human Resources Department as to whether a family member or next of kin should be contacted.

## **7. Non Reporting of Absence**

If the line manager and/or Human Resources Department are not able to establish contact with the employee, and after considering the points in Section 6 above, deem no further immediate intervention is required a letter should be sent to the employee at their home address expressing concern for their welfare, requiring them to make contact with their line manager and/or Human Resources Department by a specified date.

The employee will be informed that if communications from the Trust are not acknowledged, then the Trust will follow the ‘Absence without Authorisation’ process which may result in occupational sick pay being withheld and disciplinary action being instigated (See Appendix 4 - Absence without Authorisation Flowchart).

A copy of the Maximising Attendance Policy (incorporating Sickness Absence Guidelines) will be available on request.

## 8. Sickness Absence Reporting

Individual sickness absence records will be retained for each employee by line managers and by the Trust. These will usually detail the broad reasons for absences, the associated dates and whether they are self-certified or medically certified. The reasons for recording this includes:-

- The ability to better support the employee including any adjustments they may need now or in the future.
- Building the picture of the reasons for sickness absence across the workforce as a whole to help inform the proactive “wellbeing” agenda.
- Supporting the wider Health & Safety agenda ensuring organisational interventions are put in place where required.

Where the exact reason for absence is sensitive and the employee does not wish to disclose the specific details, a broader less specific reason can be recorded. For example a planned gynaecological operation or a vasectomy could be simply recorded as elective surgery etc.

Sickness records that identify individual employees must be treated in confidence. Access to them should normally be restricted to the employee’s line manager, the employee in question and those responsible for carrying out any stage of this procedure on a need to know basis.

Disability related sickness absence will be reviewed, in line with HR, on its own merits.

Line managers have a responsibility to accurately record sickness either directly on the Electronic Staff Record (ESR), if the manager is authorised for self service, or via the payroll department using the monthly Absence Returns Form, stating the reason for absence (see above) and appropriate absence code (see Absence Codes on Payroll Department pages of Bob which are regularly updated), along with the absence commencement date and return to work date, as soon as is reasonably practical.

### 8.1. Managing Pregnancy Related Sickness Absence

In determining how much sickness absence an employee has had, the Trust is not allowed to take into account

- Pregnancy related illness during pregnancy
- For women, time off for ante-natal appointments for their pregnancy (see Family Leave Policy)

Pregnant employees have a period during which they are protected against pregnancy and maternity discrimination. This starts when the employee becomes pregnant and ends when they go back to work after they have had their baby, if they are entitled to maternity leave. If the employee is not entitled to maternity leave the protected period ends two weeks after the end of the pregnancy. It is unlawful to dismiss an employee because of a pregnancy-related illness; it does not matter that the Trust would have dismissed someone else who had been off sick for the same amount of time.

If an employee is sick during pregnancy the Trust's normal sickness processes and rules apply; the Trust is entitled to require the employee to provide medical evidence of her incapacity to work and to follow normal sickness absence procedures e.g. reporting their absence according to the department's procedures. If the illness is pregnancy-related it should be recorded as such, it does not count towards the employee's sickness record, must not be used for the purposes of attendance management and the employee cannot be dismissed for it. For this reason it is important for the employee's doctor, or treating practitioner, to state specifically on their fit notes when an illness is pregnancy-related.

Therefore managers must ensure that they record any pregnancy-related sickness absence, but do so separately from other sick leave so that pregnancy-related sickness absence is not used as a reason for disciplinary action e.g. the issuing of warnings or, dismissal.

The Trust will not take into account any periods of pregnancy-related sickness absence when reviewing an employee's sickness absence record and making decisions about whether or not an employee has triggered any Step, or failed to achieve any target set during any Step, of the Maximising Attendance Policy.

Managers will meet with employees suffering with pregnancy-related sickness in order to ensure that appropriate support and advice is being provided and to carry out appropriate risk assessments.

## 8.2. Miscarriage



Where an employee is off sick from work because they have had a miscarriage their sickness absence directly related to that miscarriage should be treated in the same way by the Trust as if they were off because of pregnancy-related illness.

## 9. Sickness Absence Occurring During a Shift

If more than 50% of the shift has been completed then that shift will be considered completed and will not be classed as an episode of sickness absence unless a health indicator of “two part days in a 12 month rolling year” is reached. Staff will not be required to make up the lost time but the line manager should make a note of the lost time on the Return to Work Discussion Form (see Toolkit) to enable them to monitor whether any patterns emerge.

After the second occasion of leaving a shift early, any subsequent occasions of only part of a shift being completed due to sickness will count as an episode of absence for both the targets and monitoring purposes.

If less than 50% of the shift has been completed then the shift will be classed as not completed and will be counted as an episode of sickness absence. This will not apply if the requirement to leave the shift early is agreed to be the result of a work related injury or work related acquired infection or illness (see Section 16).

These arrangements apply to both full and part-time members of staff.

## 10. Managing Absence Processes

### 10.1. Return to Work Meeting

It is Trust policy that line managers conduct discussions with employees on each occasion they return to work after an episode of sickness absence.

The aim of the meeting is to:-

- welcome the employee back to work
- clarify the nature and cause of absence (see Section 8 above)
- understand an employee’s fitness for work
- review an employee’s absence record in order to determine whether further action is required
- find out if any support is required by the employee with regard to their absence or return to work.

The Record of Absence and Return to Work Discussion Form (see Toolkit) should be completed during the informal meeting, signed by the employee and line manager and the employee should be provided with a copy for their reference with a further copy placed on the personal file.

If the illness is of a sensitive or personal nature, the employee may choose to discuss their medical condition with another manager from the service area/Division (e.g. a manager of the same gender).

Where an employee has been signed off with stress, depression or a psychological condition please follow the guidance contained within Section 14.

## 10.2. Health and Wellbeing Indicators

There are three strands of the Trust's management procedures that are designed to support employees through ill health and to improve attendance. These are:

- Maximising Attendance management process for frequent episodes of sickness absence or high cumulative levels of absence. The health indicators for commencing this process are either 4 episodes of absence or a cumulative total equivalent to 2 working weeks or more in a rolling twelve-month period for staff providing direct front line patient care and 3 episodes of absence or a cumulative total equivalent to 2 working weeks or more in a rolling twelve-month period for all other staff (see Section 11)
- Long term sickness absence management process for absences lasting over 28 calendar days (see Section 13)
- Stress related absence management process for absence of 1 week or more related to psychological factors (see Section 14)

## 11. Process for Managing Frequent Episodes / High Cumulative Levels of Sickness Absence

For the purposes of this policy the following health indicators identifies the need for management of absence is defined as: -

Staff providing direct ("front line") patient care: -

- four or more occurrences in a rolling twelve-month period;  
OR
- a cumulative total of equivalent to 2 working weeks or more in a rolling twelve-month period

OR

- where an employee is not performing their role to a satisfactory standard due solely or substantially to ill health

All other staff:-

- three or more occurrences in a rolling twelve-month period;  
OR
- a cumulative total of equivalent to 2 working weeks or more in a rolling twelve-month period  
OR
- where an employee is not performing their role to a satisfactory standard due solely or substantially to ill health

It is not acceptable for employees to be continually absent from work or to be at work but incapable of carrying out the role for which they are employed.

Managers should refer to the Maximising Attendance Management Toolkit (on the Trust's Intranet, Bob) for template letters to use when managing staff under the Maximising Attendance Policy (Incorporating Sickness Absence Guidelines) .

### 11.1. Steps for Managing Absence

Line managers can access advice and guidance on the application of the steps for managing sickness absence from the HR Operations Team. Although staff do not have the right of Trade Union representation at Step 1, they may of course seek advice and guidance from their Trade Union representative.

NOTE: Reference must be made at each Step to other appropriate HR / Trust Policies and Procedures including Managing Stress, Domestic/Sexual Violence & Abuse, Family Leave, Employing People with a Disability, Special Leave etc. (this list is not exhaustive).

#### 11.1.1 Step 1 – A Health and Attendance Meeting with Line Manager

**This meeting must be held as soon as possible following the employee's return to work from the absence which triggered this Step of this Policy. This must be no later than 1 calendar month following this**

**return to work. Where in exceptional circumstances this is not possible advice should be sought from HR.**

The first “Health and Attendance” meeting should highlight concerns and clarify the reason for the absence(s) and whether there is any welfare or health aspect (including disability) on which the organisation can offer assistance or make a ‘reasonable adjustment’, which had not been previously raised at any “Return to Work” discussions.

Within this step, line managers should check the sickness records are accurate and whether there are any patterns or trends relating to the employee’s absence.

During this discussion the manager should use the ‘Health and Attendance Meeting form (Steps 1 and 2)’ in the Toolkit.

The line manager will set a clear standard for improvement and advise the employee that there will be a 12 month period of monitoring (with the potential to be reduced to 9 months – see below for details); their sickness absence during this 12 month period (not their sickness over the rolling 12 months) will be counted towards absence targets which will be set as follows:

1. In the first six months “target period”: No more than two episodes of sickness absence totalling no more than four days. Or where there is only a single episode of sickness absence this must not exceed 1 working week.
2. In the second six months “monitoring period”: No more than two episodes of sickness absence totalling no more than four days. Or where there only a single episode of sickness absence this must not exceed 1 working week. **NOTE:** Where, during the first six months “target period” the employee has had no more than one episode of sickness absence totalling no more than 2 days, the “monitoring period” will be reduced from 6 months to 3 months with the target being retained as no more than two episodes of sickness absence totalling no more than four days. Or where there is only a single episode of sickness absence this must not exceed 1 working week.

The twelve-month (with potential to be reduced to 9 months) “target and monitoring” period will commence from the date of the Step 1 Health and Attendance meeting unless specifically agreed otherwise. Appropriate review dates will be set, as a minimum for the end of the six month “target period” and the end of the six month “monitoring period”.

**NOTE**, the standards above may be varied in extenuating circumstances (e.g. as a reasonable adjustment for a disability or domestic violence/abuse), having sought advice from HR as every case will need to be considered on its own specific merits. Detailed notes must be made on the form, which both the manager and employee will sign and keep a copy of. Examples of extenuating circumstances could include:-

### **Extenuating Circumstances Example Scenario 1**

*Reasonable adjustment for a disability e.g. an employee who has developed epilepsy but where medication levels have not yet been optimised for maximum stability.*

It is predicted that it could take a further 6 months to optimise the medication levels for stability. Therefore taking this extenuating circumstance in to account the standard for improvement may be relaxed from a target of no more than two episodes of sickness absence totalling no more than four days (or a where there is only single episode of sickness absence that it must not exceed 1 working week in each six-month period) **to**, say, no more than four episodes of sickness absence totalling no more than four days (or where there is only a single episode of sickness absence it must not exceed 2 working weeks) in each six-month period.

### **Extenuating Circumstances Example Scenario 2**

*Where an employee is not disabled but has a time limited curable illness that is predicted to result in additional periods of absence for a definable time period.*

The illness is predicted to take 12 months to cure and will likely result in additional periods of absence but on an improving basis over the 12 month period. In this scenario it may be appropriate to set the standard for improvement over a 12 month period as follows: e.g. For the first 6-month period, no more than four episodes of sickness absence totalling no more than up to four days (or where there is only a single episode of sickness absence that it must not exceed 2 working weeks) and for the second 6-month period, no more than three episodes of sickness absence totalling no more than three days or where there is only a single episode of sickness absence it must not exceed 1.5 working weeks.

### Extenuating Circumstances Example Scenario 3

*Where an employee has elective surgery planned within the review period.*

A clear standard for improvement comprising of no more than two episodes of sickness absence totalling no more than 4 days (or where there is only a single episode of sickness absence it must not exceed 1 working week) in each six-month period is set **but** with agreement that the period of absence linked directly to the elective surgery and post-operative recovery is not included.

***This list and the associated scenarios are intended to be illustrative and are not exhaustive. Advice must be sought from HR where there may be extenuating circumstances.***

Where the employee does not achieve the attendance targets set by their line manager further discussion must be held with the employee and a decision made whether it is appropriate to make a referral (or re-referral) to Occupational Health. Alternatively the employee may complete the Pre-Referral Question Sheet (see Toolkit) to determine whether a referral is appropriate. Once the Occupational Health report is received (or the pre referral question sheet is completed indicating a referral is not appropriate), the “Health and Attendance” meeting at Step 2 should take place.

If by the review date at the end of the first three or six months (depending on the attendance in the target period) , the “target period”, the employee’s absence record has improved to an acceptable level they should be commended on their improvement. The employee should be reminded that further monitoring will take place (the “monitoring period”) - such that:

- If they have more than two episodes of sickness absence totalling four or more days (or a single episode of sickness absence which exceeds 1 working week) in the six-month “monitoring period”, the process will recommence at Step 2.

If by the review date at the end of the three or six months (depending on the attendance in the target period) “monitoring period” the employee’s absence record has maintained the improvement to an acceptable level they

should be commended on their improvement. The employee should be advised that no further formal action will take place unless they once again breach the Trust's standard health and wellbeing indicators where upon the process would recommence at Step 1. For this purpose the clock is reset from the date the employee successfully concludes their (second) six month Step 1 monitoring period.

### **11.1.2 Step 2 – 2<sup>nd</sup> Health and Attendance meeting**

**This meeting must be held as soon as possible following the employee's return to work from the absence which triggered this Step of this Policy. This must be no later than 1 calendar month following this return to work. Where in exceptional circumstances this is not possible advice should be sought from HR.**

Employees are encouraged to seek advice and/or support at this stage from a Trade Union Representative or workplace colleague who may accompany them to any meetings.

The manager should contact HR to discuss the case at this stage and HR will provide advice and may attend meetings, if required.

During this discussion the line manager should use the Health & Attendance Meeting Form (Steps 1 and 2), in the Toolkit. The aim is to try and prevent any further absence by identifying and addressing issues and considering support required as part of the return to work interview.

The line manager will set a further standard for improvement and advise the employee that there will be a further fixed 12 month period of monitoring; their sickness absence during this 12 month period (not their sickness over the rolling 12 months) will be counted towards absence targets which will be set as follows:

1. In the first six months "target period": No more than one episode of sickness absence totalling no more than three working days.
2. In the second six months "monitoring period": No more than one episode of sickness absence totalling no more than three working days.

**However, again, this may be varied in extenuating circumstances (See 11.1.1 for examples) having sought advice from HR.**

The twelve-month Step 2 target/monitoring period will commence from the date of the Step 2 Health and Attendance meeting unless specifically agreed otherwise. Appropriate review dates will be set, as a minimum for the end of the six month “target period” and the end of the six month “monitoring period”.

Detailed notes must be made and confirmed in writing to the employee. The employee will be notified of the implications of not achieving the required standards including the fact that if the matter progresses to Step 3 then at that stage they could be issued with a Final Written Warning and if Step 4 is reached their employment could be terminated.

Where the employee does not achieve the attendance target set by their line manager during Step 2, a Health and Attendance Hearing at Step 3 will take place.

If by the review date at the end of the “target period” the employee’s absence record has improved to an acceptable level they should be commended on their improvement. The opportunity should be taken to reiterate the organisation’s approach to absence management. It should be confirmed that further formal monitoring will take place – the “monitoring period” – such that: -

- If they have more than one episode of sickness absence (or a single episode of sickness absence totalling three or more working days) in the six month “monitoring period” the process will recommence at Step 3.

If by the review date at the end of the “monitoring period”, the employee’s absence record has improved to an acceptable level they should be commended on their improvement. The employee should be advised that no further formal action will take place unless they once again breach the Trust’s standard health and wellbeing indicators where upon the process would recommence at Step 1. For this purpose the clock is reset from the date the employee successfully concludes their (second) six month Step 2 monitoring period.



### 11.1.3 Step 3 – 3<sup>rd</sup> Health and Attendance Hearing (with senior manager, line manager and HR)

**This hearing must be held as soon as possible following the employee's return to work from the absence which triggered this Step of this Policy. This must be no later than 1 calendar month following this return to work. Where in exceptional circumstances this is not possible advice should be sought from HR.**

Employees have the right to be accompanied at this hearing by a workplace colleague or Trade Union Representative.

The manager must contact HR who will be involved at this stage.

The manager's line manager (or another manager of an equivalent level) will also be present to oversee proceedings, hear the case from both sides and determine whether a Final Written Warning on the grounds of ill health capability should be issued.

In preparation for the Step 3 hearing the Line Manager must, in liaison with HR, collate a management case for the manager overseeing the proceedings and the employee. This will include all relevant paperwork including medical certificates, return to work interview notes, Health and Attendance Meeting notes and Occupational Health or Medical letters/reports. This should be referenced in a report, which outlines the ill health concerns, which have resulted in the continued poor levels of attendance. The report must include the specific dates and monitoring targets that were set and when they were breached and must outline the supportive steps taken by the employee and the line manager/ Trust to seek an improvement. The pack may also include details of the cost of the cumulative absence to the Trust. The pack must be distributed to all parties no less than 7 working days in advance of the hearing.

If the employee wishes to submit, prior to the hearing, any written response to the management pack for consideration at the hearing, this must be received at least 2 working days before the hearing. This information will be provided to the senior manager and to the presenting manager. **Note**, however that is not a requirement that the employee submits a written response.

Consideration should be given to the provision of an interpreter or facilitator if there are understanding or language difficulties on the part of the employee. This person may need to attend in addition to the trade union representative or workplace colleague.

Provision should be made for any reasonable adjustments to accommodate the needs of a person with disabilities

During this hearing the manager should use the form Health and Attendance Hearing, from the Toolkit.

At this hearing the line manager along with HR will present to the senior manager the steps taken to date by the Trust to try and improve the employee's health and attendance.

The employee will then have an opportunity to state their case.

It may be necessary to take a short adjournment to consider the information provided by both sides. The senior manager may seek *technical advice from the HR representative present at the Hearing* if required.

The senior manager will then determine whether a Final Written Warning should be issued and confirm their decision. *There may be circumstances where the senior manager considers that based on the circumstances of the case an alternative action to issuing a Final Written Warning may be appropriate. This could include: -*

- *Setting a further review period to ensure a clear improving trend is sustained.*
- *Resetting the Step 2 targets and monitoring period.*

If issued with a Final Written Warning on the grounds of ill health capability, this will remain on the employee's Personal File for 12 months at which point it will be struck through as spent but not removed from the personal file.

The employee has the right to appeal against the outcome of this process. To exercise this right, the employee must write to the Director of Workforce and Organisational Development within 10 working days of the date of the hearing, detailing the grounds of their appeal. The appeal will be held in line with the Trust's Appeals Process as provided in Appendix 5. Appendix 6 confirms the Level of Authority for managers involved in chairing maximising

attendance / sickness absence hearings and Appeal Panels.

The line manager will then set a further standard for improvement as follows:

1. In the first six months “target period”: No more than one episode of sickness absence totalling no more than three working days
2. In the second six months “monitoring period”: No more than one episode of sickness absence totalling no more than three working days

The twelve month Step 3 target/monitoring period will commence from the date of the Step 3 Health and Attendance hearing unless specifically agreed otherwise.

In exceptional circumstances there is the facility to issue a Final Written Warning of shorter duration should the senior manager consider it appropriate to do so.

An example of where a Final Written Warning of shorter duration may be agreed is where there has been a delay in convening the hearing through no fault of the employee and no sickness absence has occurred in the period between the employee returning to work and the hearing date. In these circumstances the senior manager may consider issuing a Final Written Warning of a shorter duration.

Appropriate review dates will be set, as a minimum for the end of the six month “target period” and the end of the six month “monitoring period”.

The employee should be advised that if this target is not met then the matter will proceed to the next step, which will be a Step 4 Hearing which may result in dismissal. Detailed notes must be made on the form. The Final Written Warning, right of appeal and expected standards must be confirmed in writing to the employee by letter normally within 5 working days and no longer than 7 working days from the Step 3 hearing unless an alternative agreed date is provided during the hearing.

If by the review date at the end of the “target period” the employee’s absence record has improved to an acceptable level they should be commended on their improvement. The opportunity should be taken to reiterate the organisation’s approach to absence management. It should be confirmed that further formal monitoring will take place – the “monitoring period” – such that: -

- If they have more than one episode of sickness absence (or a single episode of sickness absence totalling three or more working days) in the six month “monitoring period” and/or within the period of the Final Written Warning the process will recommence at Step 4.

If by the review date at the end of the “monitoring period”/end of the Final Written Warning period, the employee’s absence record has improved to an acceptable level they should be commended on their improvement. The employee should be advised that no further formal action will take place unless they once again breach the Trust’s standard health and wellbeing indicators where upon the process would recommence at Step 1. For this purpose the clock is reset from the date the employee successfully concludes their (second) six month Step 3 monitoring period/ end of the Final Written Warning period.

#### **11.1.4 Step 4 – 4<sup>th</sup> Health & Attendance Hearing**

In preparation for the Step 4 hearing (at which dismissal may be considered) the line manager must collate a management case for the panel and employee with all relevant paperwork including medical certificates, return to work interview notes, Health and Attendance Meeting notes, Occupational Health or Medical letters/reports and details of any Final Written Warning. This should be referenced in a report, which outlines the ill health concerns, which have resulted in the continued poor levels of attendance. The report must include the specific dates and monitoring targets that were set and when they were breached and must outline the supportive steps taken by the employee and the line manager/ Trust to seek an improvement. The pack may also include details of the cost of the cumulative absence to the Trust. The pack must be distributed to all parties no less than 7 working days in advance of the hearing.

If the employee wishes to submit, prior to the hearing, any written response to the management pack for consideration at the hearing by the panel, this must be received at least 2 working days before the hearing. This information will be provided to the panel and to the presenting manager. **Note**, however that is not a requirement that the employee submits a written response.

The line manager should ensure that up to date written medical advice is included within the management case. This may require a follow up referral to Occupational Health.

The employee must be informed by the line manager of the Step 4 Hearing in writing and be provided with a copy of the management case relating to their sickness absence.

The Panel for the Hearing will comprise of a Divisional General Manager, or equivalent, another appropriate manager and HR support to the panel (not previously involved in the case). Appendix 6 confirms the Level of Authority for managers involved in chairing Maximising Attendance and Sickness Absence Hearings and Appeal Panels.

The employee must be given the opportunity to be accompanied by a Trade Union Representative or workplace colleague.

Consideration should be given to the provision of an interpreter or facilitator if there are understanding or language difficulties on the part of the employee. This person may need to attend in addition to the trade union representative or workplace colleague.

Provision should be made for any reasonable adjustments to accommodate the needs of a person with disabilities

During the Step 4 Hearing the line manager should:

- present how the employee is failing to meet expectations in relation to their absence from work;
- outline the steps taken to manage the sickness absence of the employee;
- detail what support has been given to the employee to support them to achieve the required standards;
- confirm that the employee was aware of what was expected.

The employee and/or their Representative should:

- present any extenuating circumstances or underlying factors relating to their absence;

- present any information or evidence to suggest their absence has improved, or is going to improve;
- present any suggestions for further action/support that will assist the employee to improve their attendance.

The hearing panel will: -

- review the absence record and presentations provided by both the employee and the line manager and make a judgement as to whether there has been a satisfactory improvement. This will be assessed by considering whether the absence level is less than the employee's previous level of absence and by comparing against the Trust's sickness target.
- adjourn to make a decision after hearing the case and determine whether:
  - the employee's contract is terminated with due notice on the grounds of ill health capability, or;
  - the process reverts to an earlier step within the Absence Management Process.
  - consideration may be given to redeployment if this is likely to improve attendance and where a current vacancy is available.
- ensure that detailed notes are taken and the decision will be confirmed in writing to the employee normally within 5 working days and no longer than 7 working days of the Hearing unless an alternative agreed date is provided during the hearing.

### **11.1.5 Right of Appeal against Dismissal**

The employee has the right to appeal against the dismissal. To exercise this right, the employee must write to the Director of Workforce and Organisational Development within 10 working days of the date of the hearing confirming the termination of employment. The appeal will be held in line with the Trust's Appeals Process as set out in Appendix 5.

## 12. Progression within the Maximising Attendance /Sickness Absence Process

The process set out in Section 11 of this policy will be followed step by step. It is not possible to progress to a higher step until the previous step has been completed.

## 13. Managing Long-Term Absence

Long Term absence is defined as a single period of continuing absence of 28 or more calendar days.

Line managers should deal with Long Term sickness absence in a sensitive way. In the majority of cases employees will be able to return to their normal duties following Long Term absence. If at any stage within the Long Term Absence Process the employee returns to work then as their absence will have been over 2 working weeks in total they need to have a Step 1 Health and Attendance Meeting as per Section 11.1.1 (*or relevant Step if attendance already being managed through the persistent short-term absence process*). **This meeting must be held as soon as possible following the employee's return to work and no later than 1 calendar month following the return to work. Where in exceptional circumstances this is not possible advice should be sought from HR. Depending on the circumstances of the particular case, it may be appropriate to combine a meeting held under the long term absence process (e.g. 4 month case conference) with the relevant "short term" Health & Attendance Meeting /Hearing to avoid the employee attending 2 separate meetings. Advice should be sought from HR on this.**

There may be occasions when it will not be possible for the employee to return to their normal duties following long term absence and line managers should be aware that they must consider either adjusting the employee's duties or offering suitable alternative employment within the Trust. This is of particular importance when the employee has a chronic illness, or a disability as defined within the Equality Act 2010. **Advice must be obtained from the Human Resources department and Occupational Health.**

### 13.1. Long Term Absence Process

The Long Term Sickness Process is outlined in a flow chart in Appendix 2.

NOTE: Reference must be made at each stage to other appropriate HR / Trust Policies and Procedures including Managing Stress, Domestic Violence & Abuse, Family Leave,

Employing People with a Disability, Special Leave etc. (this list is not exhaustive).

When an employee has been absent over 28 days without a clear date for return, or it is known that they will be absent for over 28 days without a clear date for return, the manager must refer them to Occupational Health and inform the employee of this referral.

It is important that each case of long-term sickness **must** be managed on a case by case basis and with the best interests of both the employee and the service taken into consideration.

### **13.1.1 Months 1 to 3**

The manager must maintain regular contact with the employee (at least once a month). If the employee is not able to travel to their place of work for meetings then alternative arrangements such as home visits or telephone discussions can be organised. A record of all contact must be kept. See the Long Term Sickness Meeting Agenda in the Toolkit for points to cover at Long Term Sickness Absence meetings.

The purpose of this contact will be to discuss the individual's health situation and likely prognosis; to offer support; to ensure the employee is made aware of the Trust's Maximising Attendance Policy steps and changes in sick pay as well as keeping the employee up to date with work.

If a return to work is anticipated within this period this can be discussed, agreed and recorded in a letter. See Section 16 for further details on phased return to work arrangements. Occupational Health reports and any relevant medical information should be discussed along with any recommendations or adjustments.

In preparation for the case conference meeting to be held no later than after 4 months absence (see below) an up to date Occupational Health report should be sought to identify any changes in the employee's health, any adjustments that would enable a return to work, the prognosis of their health and the likely return date.

### **13.1.2 At no later than 4 months - Absence/Case Conference Meeting**

A Case Conference Meeting should take place for all employees who have either:



- been absent for 4 months consecutively (or 4 months cumulatively, where the period of absence has been broken due to attempted return to work programme) or;
- where it has been identified that they will be unable to return to their contractual post, even though they may not yet have been absent for 4 months.

**Note:** it is not necessary to always wait till 4 months before holding the case conference. There may be occasions where it is appropriate to hold the case conference earlier. Advice can be sought from HR in relation to this.

Attendance at the case conference could comprise: the employee (if able), their line manager, their trade union representative or workplace colleague (if requested by the employee) and a representative from HR. Up to date Occupational Health advice must be available and a representative from Occupational Health may be requested to participate in the case conference if considered appropriate. A suggested agenda for the Case Conference Meeting is contained within the Maximising Attendance Management Toolkit.

Where the employee is able to attend the case conference they will have the opportunity to be accompanied.

The purpose of the case conference is to discuss the employee's sickness absence and to consider:

- Return to work within specified period of time based on Occupational Health evidence
- Any additional actions to enable the return to work
- Alternative working patterns, phased duties, hours or other adjustments required under Equality Act 2010
- Changes of any duties, if medical condition prevents continuing in current role
- Application for ill health retirement, if not previously considered
- Any options put forward by the individual
- Should return within 2 months be deemed unlikely, a final review meeting must be arranged unless the employee accepts that immediate termination on ill health is appropriate (e.g. through an application for ill health retirement).

A plan detailing what actions need to be progressed, by whom and within what timescales should be agreed and a copy given to the individual.

In preparation for the 6 month final review meeting (see below) an up to date Occupational Health report should be sought to identify any changes in the employee's health, any adjustments that would enable a return to work, the prognosis of their health and the likely return date.

### **13.1.3 At 6 months - Absence/ Final Review Meeting**

If it is identified that the employee will be unable to return to their contracted post, or at the very latest when they have had five months of absence from work without a return date being finalised, the manager will arrange a final review meeting where a decision can be made on the appropriate way forward.

The employee must be informed in advance of the final review meeting date in writing (minimum 7 working days), reminding them of their right to representation and that termination of their contract on the grounds of ill health may occur. In exceptional circumstances, with the prior agreement of all parties, the meeting may proceed without the employee attending. Advice must be sought from HR.

A senior manager with the authority (or delegated authority) to dismiss will chair the meeting supported by an HR representative.

Consideration should be given to the provision of an interpreter or facilitator if there are understanding or language difficulties on the part of the employee. This person may need to attend in addition to the trade union representative or workplace colleague.

Provision should be made for any reasonable adjustments to accommodate the needs of a person with disabilities

The line manager will be asked to present orally, supported by a written report and documentation, the chronology of the employees absence, the Occupational Health and/or medical reports; the meetings that have taken place along with information regarding any adjustments or redeployments considered or sought.

The employee or their representative will then be asked to talk through their treatment/ recovery and prognosis.

The Chair must then consider:

- What, if any, reasonable adjustments could be implemented to support the employee returning to their contracted post.
- Redeployment – on the advice of Occupational Health, redeployment can be considered (to an existing vacancy) on the grounds of ill health. For more clarity on this process see the redeployment process/policy.
- Whether, based on Occupational Health advice, a postponement of a final decision is appropriate e.g. where between reaching the decision to set up the final review meeting and it being held the employee's health has improved to the point where it is anticipated the employee will be able to return to work within a period usually no greater than 3 months.
- Termination of employment (as a last resort) - where an employee is not able to return to their substantive post, or be redeployed to another post then their employment will be terminated on the grounds of ill health capability. In order for this decision to be made, a final referral to Occupational Health must have been made following the Case Conference Meeting and prior to the Final Review Meeting to seek advice on up to date medical evidence, the prospect of a likely return to the substantive post, with or without adjustments, a phased return to work with, or without adjustments, redeployment and the possibility of a successful ill health retirement application.

The outcome of the Final Review Meeting and right of appeal must be confirmed in writing to the employee by letter normally within 5 working days and no longer than 7 working days of the Final Review Meeting unless an alternative agreed date is provided during the Meeting.

#### **13.1.4 Right of Appeal against Dismissal**

An employee may appeal against dismissal. To exercise this right, the employee must write to the Director of Workforce and Organisational Development within 10 working days of the date of the Final Review Meeting confirming the termination of employment. The appeal will be held in line with the Appeals Process as set out in Appendix 5.

## 14. Stress / Mental Wellbeing

The Trust is committed to supporting employees with their mental wellbeing and has signed a Charter with Mindful Employer. Further guidance and support is available from Workways via [www.mindfulemployer.net](http://www.mindfulemployer.net). Reasons for stress related absence may or may not be work related. However, establishing the causes early will enable appropriate support to be provided. The Trust has a Managing Work Related Stress Policy.

The process for assisting employees absent due to stress or other mental health reason such as anxiety, or depression is included as a flow chart at Appendix 3 and is as follows:

### 14.1. Absent for more than 1 week due to stress, anxiety, depression or another psychological reason

If an employee is signed off for more than 1 week due to stress, anxiety, depression or another psychological reason, in order to support the employee, they should be referred to Occupational Health immediately. The referral must be discussed with the employee before being made so that the employee is aware the referral is being made.

If the reason for absence is cited as “Stress” the manager should also send the employee the Stress Audit (See Maximising Attendance Toolkit) and guidance for its completion. The manager should arrange to meet with the employee to discuss their stress audit ideally within 2 weeks of the start of their absence. At the meeting the stress audit should be discussed and any actions agreed and implemented within 1 week of the meeting. If it is not possible to agree an action plan the manager may seek further advice and guidance from HR. If the employee is absent for 28 days or more the long-term sickness process should be followed.

Where it is indicated that the line manager is perceived by the employee as a contributor to the cited “stress”, the line manager will arrange for an alternative manager to meet with the employee to discuss the stress audit (see the template letter in the Maximising Attendance Toolkit).

If the employee’s absence triggers a Health and Attendance indicator then the Manager will need to hold a Health and Attendance meeting (at the applicable step) as per Section 11.1 as part of their return to work process.

## 15. Referral to Occupational Health / Staff Physiotherapy Service

Contact details for Occupational Health are available under the [Occupational Health pages](#) on Bob.

### 15.1. Management Referral to Occupational Health

- It is a condition of employment that the Trust has the right to refer staff, as required, for medical examination during the course of their employment;
- Referral to the Occupational Health Service must be discussed with the employee, either in person or by telephone, prior to the referral being completed and sent to the Occupational Health Service. A copy of the referral form will be provided to the employee by the manager;
- When considering the referral of an employee to the Occupational Health Service, the line manager may initially request the employee to complete the Pre Referral to Occupational Health Questions Sheet (see the Toolkit) to determine if a referral is appropriate and if it is, then complete the Occupational Health Management Referral Form in full (available within the Maximising Attendance Toolkit and/or from Occupational Health pages on Bob).
- The Occupational Health Service may examine the employee and will normally investigate all possible reasons for the absence, taking into account psychological and personal factors;
- Medical information relating to employees may be obtained with the employee's consent.
- Where alternative work is being sought for an employee due to medical fitness issues, the line manager of the post being considered as a potential redeployment option may be required to complete a "Redeployment Checklist" (see Maximising Attendance Management Toolkit). The purpose of this form is to provide Occupational Health with essential information about the nature of the post to assist their assessment of its suitability.

- Where a manager makes the referral to Occupational Health for an employee the time to attend the appointment(s) will be classed as working time and the employee will not be expected to make up the time.

### 15.2. Employee Self-Referral to the Counselling Service

Employees may contact the Occupational Health Counselling Service directly for counselling support. This contact and any subsequent appointment(s) is/are confidential and there is no requirement for the line manager to receive a written report unless the employee wishes for that to happen. If the employee requires time off work to attend the staff counselling service they should follow the process for requesting time off for a medical appointment (see Section 19). They are not obliged to specify to their manager that they are attending the staff counselling service.

### 15.3. Management Referral to the Counselling Service

A manager may make a referral for an employee to the Counselling Service. In this situation as with a referral to the wider Occupational Health Service, the referral must be discussed with the employee, either in person or by telephone, prior to the referral being completed and sent to the Counselling Service.

Where a manager makes the referral to the Counselling Service for an employee the time to attend the initial (assessment) appointment will be classed as working time and the employee will not be expected to make up the time. **However**, if the employee requires time off work to attend the staff counselling service for follow up appointments, they should follow the process for requesting time off for a medical appointment (see Section 19).

### 15.4. Management Referral to the Staff Physiotherapy Service

Contact details for the Staff Physiotherapy Service are available on the Trust intranet. There are two separate Staff Physiotherapy Services for the North and East which are both currently managed through the North Devon Occupational Health Service.

A manager may make a referral for an employee to the Staff Physiotherapy Service. In this situation, as with a referral to the Occupational Health Service, the referral must be discussed with the employee, either in person or by telephone, prior to the referral form being completed and sent to North Devon's Occupational Health Service office.

Where a manager makes the referral to the Staff Physiotherapy Service for an employee the time to attend the initial (assessment)

appointment will be classed as working time and the employee will not be expected to make up the time. **However**, if the employee requires time off work to attend the Staff Physiotherapy Service for follow up appointments, they should follow the process for requesting time off for a medical appointment (see Section 19).

## 16. Planning the Return to Work including “Phased Return to Work”

Line Managers should consider a range of options when planning a return to work including the possibility for the employee to:

- Return to their role on normal substantive hours (the need for any reasonable adjustments should be considered as necessary);
- Return to their role on a phased return to work (see below);
- Return to their role with either a substantive or temporary reduction in working hours (with pay adjustment);
- Application for retirement on the grounds of ill health (if applicable), ensuring that the Employee is directed to the Pensions Manager for advice;
- Whether, after Occupational Health advice, redeployment options need to be considered in line with the Trust’s policy/process relating to redeployment

Occupational Health may advise that an employee returns from Long Term sickness on a rehabilitation programme (phased return) that may involve reduced hours.

Normally the phased return to work period will be a maximum of 4 weeks. The Trust will contribute up to the equivalent of 2 weeks of the employee’s paid contract hours (in a rolling 12 month period) to support the shortfall in actual hours worked during the phased return to work period. **Please see the examples below which illustrate how this works in practice.**

Example 1: - A part time employee whose contract hours are 30 hours per week with a 4 week phased return to work programme as follows:-

Week 1 – 10 hours worked  
Week 2 – 15 hours worked  
Week 3 – 20 hours worked  
Week 4 – 25 hours worked  
Week 5 – Normal contract hours worked

The total contract hours for this period = 120 hours. The actual hours worked = 70 hours. The deficit = 50 hours. The maximum contribution from the Trust would be 60 hours (i.e. 2 x 30 hours). As the deficit is within this the employee will be paid their full contract hours and will not need to contribute any annual leave.

Example 2: - A full time employee (37.5 hours per week) with a 4 week phased return to work programme as follows:-

Week1 – 10 hours worked  
Week 2 – 10 hours worked  
Week 3 – 20 hours worked  
Week 4 – 25 hours worked  
Week 5 – Normal contract hours worked

The total contract hours for this period = 150 hours. The actual hours worked = 65 hours. The deficit = 85 hours. The maximum contribution from the Trust would be 75 hours (i.e. 2 x 37.5 hours). As the deficit exceeds this the employee would have to contribute 10 hours of annual leave to receive full pay or would have to take 10 hours unpaid leave over this period.

In some exceptional cases a phased return to work period exceeding 4 weeks may be appropriate. The maximum contribution from the Trust would still be the equivalent of 2 x the weekly contract hours increasing the likelihood of the employee having to contribute annual leave to maintain full contractual pay.

Where annual leave has been exhausted an employee may need to take unpaid leave or temporarily reduce their contract hours to support an extended phased return to work programme. A [Change of Circumstances form](#) will need to be submitted to payroll if unpaid leave is to be used or if there is to be a temporary reduction in contract hours.

In cases where the employee is in receipt of Injury Allowance (see Sections 9, 25.2 and 27) they will continue to receive this benefit if otherwise during the phased return to work period they would receive less than the injury allowance level of benefit.

## 17. Redeployment due to Ill Health

Where Occupational Health have advised that the employee will recover sufficiently to return to work but not to their substantive post then further information should be obtained, to ascertain what type of work the employee could undertake.



The line manager and a representative from the Human Resources Department should then arrange to meet with the employee and their workplace colleague or Trade Union representative (if required by the employee) to discuss the Occupational Health advice and possible alternative opportunities.

The Redeployment Policy/Process will be applied and the employee will be placed on the redeployment register to ensure that they receive priority consideration for suitable alternative employment.

## **18. Termination of employment due to Ill Health**

Where Occupational Health have advised that the employee will be unable to return to work in any capacity in the reasonable near future, or when all other available options for redeployment have been exhausted, the issue of terminating employment must be considered. For further information please refer to Section 13.1.3.

## **19. Attendance at General Practitioner (G.P.) / Dentist / Hospital Appointments and follow-up Appointments booked through Occupational health**

### **Routine Appointments**

Wherever possible General Practitioner (G.P.), Dentist, Hospital appointments, or any follow-up appointments booked through Occupational Health, including for the Staff Physiotherapy Service should be arranged outside of duty hours. However it is acknowledged that staff may need to attend such appointments during working hours, and are therefore encouraged to make such appointments at the start or end of their working day, or during their lunch break, to minimise disruption to service delivery.

Where appointments are arranged during working time, the employee must inform their line manager in advance and obtain approval to attend the appointment in work time.

Where appointments are attended during work time managers should apply flexibility in determining how the lost working time is managed. For example staff that accrue formal TOIL it can be deducted from that. Where staff don't accrue formal TOIL but often work over their contract hours it can be recognised against this. Where staff don't usually accrue TOIL or work over their contract hours arrangements can be made for the time to be worked back within an agreed period of time.

### **Emergency Appointments**

The Trust appreciates that staff may have urgent medical or dental problems on occasion, which may require time off during working hours to attend an emergency appointment. Paid time off will be granted in these circumstances, on the understanding that permission must be obtained from the immediate line manager before the employee leaves the workplace to attend the medical or dental appointment for urgent treatment.

### **Minor Medical Procedures**

In instances where a minor medical procedure may be involved and the employee is unable to resume work immediately following the medical appointment it may be necessary for the employee to self-certify or obtain a medical certificate for the whole episode as a period of sickness absence due to the length of time away from work.

### **Repeat Treatment**

Where repeat treatment is required for an on-going condition covered by the Equality Act 2010 then further guidance should be sought by the employee from their line manager or HR.

For information regarding antenatal appointments and parental leave of all types, please refer to the Trust's Family Leave & Pay Policy.

## **20. Overtime, Bank or NHSP work when under Maximising Attendance /Sickness Absence Process (as described in Section 11.1)**

Any employee who is being monitored under Step Two or higher of this policy (see 11.1.2) will not usually be permitted to work additional shifts/hours, including on the Trust's bank or NHSP. In addition, a review of any secondary employment arrangements should be undertaken and a decision made as to whether those arrangements can continue under the circumstances.

## 21. Patterns of absence preceding or following additional work (overtime, Bank or NHSP) or annual leave

Where line managers identify a pattern of sickness absence prior to or following overtime/Bank or NHSP shifts or periods of planned leave, this should be raised with the employee to identify the concern and agree standards and improvement expected. Should the required improvement not occur then the line manager should consider whether this would be more appropriately dealt with as a conduct issue under the Trust's Disciplinary Policy.

## 22. Working and other activities whilst off sick

Whilst on sick leave employees will generally be regarded as unfit to undertake any work and the employee must not undertake (in any capacity) paid or unpaid/voluntary work, unless the Occupational Health Service have advised that to do so would be therapeutically beneficial to recovery and this has been agreed as acceptable by the line manager. As detailed below, if approval is not obtained it will be deemed to amount to fraud.

Where an employee is considering undertaking any paid or unpaid/voluntary work, whilst off sick, they must put this request in writing to their line manager for approval, prior to commencing the activity. Express permission must be granted by the manager in advance of undertaking any such activities. The line manager will take the necessary advice from Human Resources and Occupational Health prior to confirming whether this activity is acceptable. The line manager will then confirm this in writing to the employee, keeping a copy of the letter on the employee's personal file.

It is recognised that there will be some situations where an individual is employed by both the Trust and another employer and that, particularly where the nature of the two employments is very different, the individual could be medically unfit for one role but fit to undertake the other. In this situation where an employee intends to take sick leave from the Trust but continue working for another employer, they must make their line manager aware of this so that there can be no misunderstanding. In turn the manager should refer the employee to Occupational Health for the situation to be assessed and to ensure that the individual continuing with their other employment whilst off sick from the Trust is not going to be prejudicial to their recovery and return to work for the Trust. Under no circumstances should the employee extend his/her working for the other employer in to hours they are contracted for the Trust. This will amount to fraud and will be referred to the Trust's Local Counter Fraud Specialist may ultimately lead to dismissal.

Similarly if an employee holds two or more different positions with the Trust, the Trust reserves the right if the individual is absent from one, and not the other(s) to obtain an Occupational Health assessment regarding the employee's fitness to work in the various positions. Subject to medical advice, if fit for one role but not the other(s) the employee may be required to work additional hours (up to their total contract hours) in the post(s) they are medically fit to undertake.

Whilst on sick leave employees should not engage in any other activities such as sports and leisure activities that could suggest that the reason given for their absence is no longer incapacitating them from returning to work or could be interpreted as being prejudicial to their recovery. If there is any potential for confusion advice should be sought from Occupational Health as to whether the activities could be deemed to be therapeutically beneficial to recovery.

If employees are considered to be potentially fraudulently claiming sickness benefits from the Trust, the matter will be referred to the NHS Counter Fraud Service for investigation and action that can range from internal disciplinary action through to criminal prosecution.

## 23. Medical Certificates and Documentation

### 23.1. Self-Certification

- Employees who are absent through sickness for more than four consecutive calendar days and up to seven consecutive calendar days must complete a Trust Self Certification Form (see Toolkit), on the first day they return to work;
- Self-certificates will be retained on the employee's personal file, but the self-certified absence must be recorded on time sheets and monthly returns.

### 23.2. Medical Certificates (MED3)/Fit Notes

- Employees who are absent through sickness for eight or more consecutive calendar days must be certified by a registered medical practitioner and submit the certificate to their line manager at the earliest opportunity. The medical certificate must be retained on the employee's personal file;

- the medical certificate/Fit note aims to focus on what an employee may be able to do at work rather than what they cannot do. The certificate offers a new option - **'may be fit for work taking account of the following advice'**. A General Practitioner may be able to suggest ways of helping an employee get back to work. This might mean discussing: **a phased return to work, flexible working, amended duties and/or workplace adaptations**. The General Practitioner will also provide general details of the functional effect of the employee's condition;
- if it is not practical to accommodate the adjustments detailed on the MED 3 (if for example the suggestions cannot be accommodated due to service needs), the employee will continue to be considered unfit until such time as the medical certificate expires and the employee is fit to resume their normal duties;
- if it is possible to temporarily accommodate adjustments on the MED 3 that involve only a limited amount of working, advice should be sought from HR as to how this should be managed in terms of pay;
- if the restrictions detailed on a Fit Note are likely to be permanent or long term it may be necessary to consider substantive reasonable adjustments including permanent reduction of contract hours, modifications to duties and/or redeployment;
- employees must ensure that successive certificates are provided to ensure continuous cover. Line managers must monitor each case;
- if upon returning to work, there is any concern regarding fitness for work the line manager may request an employee to attend Occupational Health. In the event that an employee wishes to return to work, but the organisation does not consider it appropriate for them to return at this time and prevents them from doing so, medical suspension may be initiated (See Section 26), or the employee may be moved to a temporary alternative role.

## 24. Sickness and Annual Leave

Where, due to “Long Term” sickness absence, staff have been unable to use their annual leave entitlement within a financial year advice should be sought from HR to ensure they receive their statutory annual leave entitlement which, at the time of publication, is 5.6 weeks (of contract hours).

### 24.1. Sickness Whilst on Annual Leave

Where an employee falls sick whilst on annual leave, the employee must report that sickness to their line manager in line with Section 5 - Reporting Sickness Absence. The annual leave days lost to sickness can only be reclaimed if the absence is covered by a medical certificate (not self-certification) and this is submitted as soon as the employee returns to work. Employees will not be entitled to an additional day off if they are sick on a Bank/Public holiday.

### 24.2. Annual Leave Whilst on Sickness Leave

- Annual leave will accrue for the duration of all paid sick leave
- Employees on Long Term sick leave may go on holiday, including overseas holidays, during the period of sick leave if they have notified their line manager of this intention. Failure to do so may lead to disciplinary action. Advice should be sought from HR regarding how annual leave during a period of “Long Term” sick leave is managed and recorded;
- There may be occasions where an employee on sickness absence takes a period of annual leave e.g. to assist with recovery. They should request annual leave following the normal process. For recording purposes, line managers should ensure that the employee’s record reflects that they have returned from sick leave, moved to annual leave for the approved period, and then back on to sick leave at the end of the annual leave period, if still appropriate;
- Where, due to “Long Term” sickness absence, there is a risk that staff will not be able to use their accrued statutory (Working Time Regulations) annual leave entitlement within a financial year line managers should consider this risk and seek advice from HR to ensure the employee receives their statutory entitlement, as detailed within the Trust’s Annual Leave Policy;
- On returning to work, the employee will be required to take their annual leave in accordance with the Trust’s Policy relating to Annual Leave

### 24.3. Sickness prior to childbirth and following the end of Maternity Leave

Absence prior to the last four weeks before the expected week of childbirth, supported by a medical certificate of incapacity for work, or a self-certificate, shall be treated as sick leave in accordance with normal leave provisions.

For further details please refer to the Trust's Family Leave & Pay Policy relating to Maternity Pay and Leave.

## 25. Sick Pay

### 25.1. Occupational Sick Pay entitlements and exclusions

Entitlements to Occupational Sick Pay are as detailed in contracts of employment and the Agenda for Change: NHS Terms and Conditions of Employment Handbook available on NHS Employers website.

Northern Devon Healthcare NHS Trust reserves the right to withhold the payment of sick pay, except for any statutory sick pay entitlement, where it is considered that the Employee has: -

- undertaken actions which are considered to be prejudicial to their recovery;
- failed to co-operate with the organisation's attempts to facilitate an early return to work;
- unreasonably refused to attend an appointment with the Occupational Health Service or has failed to attend an appointment made without just cause;
- unreasonably refused to undertake reasonable alternative duties identified to facilitate an early return to work

### 25.2. Work related injury, disease or other health condition Injury Benefit Arrangements

Where eligible employees are on authorised sickness absence or a phased return to work, with reduced pay or no pay, due to an injury, disease or other health condition sustained in the discharge of their work duties they will be entitled to receive an Injury Allowance. The injury allowance will "top up" an employee's income to 85% of normal pay, restricted to a period of up to 12 months per episode, subject to local absence management, return to work and rehabilitation arrangements. The allowance is limited to the period of the employment contract only.

### 25.3. Agenda for Change - Pay allowances during sickness:

| Years of Service            | Full pay | Half pay |
|-----------------------------|----------|----------|
| During 1 <sup>st</sup> year | 1 month  | 2 months |
| During 2 <sup>nd</sup> year | 2 months | 2 months |

|                                                |          |          |
|------------------------------------------------|----------|----------|
| During 3 <sup>rd</sup> year                    | 4 months | 4 months |
| During 4 <sup>th</sup> & 5 <sup>th</sup> years | 5 months | 5 months |
| Over 5 years                                   | 6 months | 6 months |

Full pay is inclusive of any statutory benefits so as not to make sick pay greater than normal working pay. The combined addition of statutory sick pay to half pay must not exceed full pay.

Pay during sickness absence will be paid at basic salary level (not including any allowance or payments linked to working patterns or additional commitments). This provision will not apply to staff paid on spine points 1-8 of AfC (who will receive sick pay based on their average earnings), or to those whose absence is due to a work related injury (see Injury Allowance, Section 25.2).

Late submission of medical certificates or claim forms may result in an employee losing some or all of their payments, as retrospective payments will not be made by the Department of Work and Pensions.

Where there is evidence to suggest that an employee has been fraudulently claiming sick pay, this will be considered sufficient grounds for disciplinary action up to and including summary dismissal. Where cases are proven it is the Trust's policy to prosecute.

Any suspicions of fraud should be initially referred to the Trust's officer responsible for Counter Fraud who will determine if the matter needs to be escalated to any related agencies such as the NHS Counter Fraud Service or the Department of Work and Pensions Counter Fraud Team. The employee should not be approached until this has been done.

For further information please contact the Human Resources Operations Team.

## 26. Medical Suspension

It may be necessary to consider suspending an employee on medical grounds.

When line managers have a concern that an employee is not fit for duty due to ill health they may wish to send them home whilst they arrange for an Occupational Health review.

It is not appropriate for line managers to medically assess staff themselves. Occupational Health will be responsible for deciding whether the employee is fit to return to work following medical suspension.



Medical suspension will be on full basic pay.

The purpose of considering suspension of an employee on medical grounds is to ensure that the Trust exercises its duty of care to the employee under the Health & Safety at Work Act 1974 and its Regulations and Approved Codes of Practice.

Instances when suspension of an employee on medical grounds might be appropriate would include: -

- when the job could be prejudicial to the health of the employee
- when the job could have some other adverse effect upon the employee;
- when the health of others could have an adverse effect upon the employee
- when the employee is a new or expectant mother and the continuation in their role could cause harm to themselves or to their baby
- when the mental health condition of the employee is an impairment to undertaking their duties
- when a line manager considers that an employee may not be fully recovered from a previous medical condition
- when an employee's health could have an adverse effect upon other employees, patients and/or members of the public
- when an employee, although not ill themselves, has been in contact with another person who has a contagious disease
- during the 48-hour exclusion period after an employee has been absent as a result of a contagious disease as referenced in the Trust's Infection Control Policy & Procedures

## 27. Injuries, Infections and Diseases at Work

If absence is suspected to have been caused by an injury sustained at work and results in absence of seven days, the line manager must notify the Trust's Risk Department in order that the Health and Safety Executive can be informed.

Where an employee has been requested to stay away from the workplace following a period of diarrhoea and vomiting or another infection for which advice has been sought from the infection control department, the employee should be recorded as being sick for the period of sickness absence and then on paid medical suspension for the 48 hour exclusion period afterwards where they were requested to stay away from the workplace.

All incident and accident forms must be completed as near to the incident/accident date as possible.

Injuries, infections or disease or other health conditions sustained in the discharge of an employee's duties must be recorded as sickness but line managers should ensure it is indicated on the Electronic Staff Record (ESR) and/or the relevant Payroll Department documentation, as being work related.

In aggregating periods of absence due to illness when monitoring sickness absence consideration will be given to injuries, infections or diseases sustained at work. Reference should also be made to Section 22 of the NHS Terms & Conditions of Service Handbook pertaining to "Injury Allowance".

## **28. Planned Sickness Absence**

For planned sickness absence, such as surgery, chemotherapy or convalescence, a discussion should be held with the employee, prior to commencing their period of sickness absence. This will allow the employee to be fully involved in the planned Return to Work Programme and to agree the duration of the planned sickness absence. Any absence in excess of the agreement may count as unplanned sickness. The duration of the planned sickness should be confirmed in writing to the employee.

## **29. Road Traffic Accidents and sickness as a result of a Third Party**

Road traffic accidents (RTA) and sickness as a result of a Third Party are covered within the Agenda for Change: NHS Terms and Conditions of Employment Handbook and the Medical and Dental Handbook. RTA's must be recorded as sickness but line managers should ensure it is indicated on the Electronic Staff Record (ESR) and/or the relevant Payroll Department documentation, to show Third Party involvement. The employee is required to ensure that any sickness benefits/payments paid by the Trust is recovered from the Third Party and repaid to the Trust.

## 30. Treatment for Non-Medical Reasons

Staff planning to be absent from work to undertake any treatment for non-medical reasons (e.g. cosmetic surgery) will be referred to Occupational Health for advice. Unless it is confirmed that such treatment will be beneficial to the employee's health and wellbeing by their General Practitioner and this is confirmed by Occupational Health, the absence (for the treatment and post-operative recovery period) will be unpaid and therefore the line manager should discuss with the employee whether they wish to take the time as Annual Leave.

## 31. Surgery and Treatment for Gender Reassignment

Absence 'because of gender reassignment' will not be treated less favourably than if it was sickness related absence, or some other cause, with which reasonable comparison could be made. For further information please refer to the Special Leave Policy.

## 32. Reasonable adjustments

Employers have a responsibility to ensure that they make reasonable adjustments in the workplace or to the duties of a post to ensure that an individual with a disability is not at a disadvantage in comparison with employees who are not disabled. The Trust is developing a Managing People with Disabilities Policy which provides further guidance.

Where the employee may be eligible to access support from the Government "Access to Work Scheme", it is the responsibility of the employee to make the application as this needs to be made by the individual rather than the employer. However support and assistance in doing this can be gained from the line manager or HR.

Whilst it is always the hope that the individual will be able to resume their normal duties with or without such adjustments, if this is not the case, following advice from occupational health and HR, termination of employment on the grounds of ill health may need to be considered.

## 33. Ill Health Retirement

If an employee makes an application for ill health retirement (whether successful or not) this will be deemed to be a 'mutual resignation' as the employee is effectively stating that they are unfit to perform their job, as per their contract of employment.

In the event this occurs the employee will be deemed as having mutually resigned with notice from the date of the ill health retirement application being submitted to the NHS Pensions Agency and they will no longer be employed by the Trust at the end of the notice period regardless of whether their ill-health retirement application is approved.

## **34. Training Requirements**

All managers will undertake Maximising Attendance management training provided through the HR Department.

## **35. Monitoring Compliance with and the Effectiveness of the Policy**

### **35.1. Process for Monitoring Compliance and Effectiveness**

Monitoring compliance with this policy will be the responsibility of Managers and Directors, in relation to the staff they line manage.

It is also their responsibility to ensure absence of their staff is monitored using the monthly Electronic Staff Record (ESR) Reports and that any shortfalls are addressed with the Employees on a one to one basis. The Human Resources Department will provide advice and support for on-going issues and any difficulties experienced by the Line Managers of the employees.

The organisational overview of Sickness Absence is managed by the Human Resources Director reporting to the Executive Directors Group on an annual basis or in any exceptional circumstances. Exception reports are taken the Trust Board.

The Human Resources Department will monitor the overall compliance with the policy by undertaking an audit every 3 years to ensure the procedures laid down in the policy have been followed. Any incidents of non-compliance will be fed back to the individual Line Managers to ensure the correct procedures are used in all cases

Where non-compliance is identified, support and advice will be provided by the Human Resources Team to improve practice.

### **35.2. Standards/Key Performance Indicators**

Key performance indicators comprise:

The Trust will set target levels for sickness absence. At the date of publication the target is a sickness absence level no higher than 3% (calculated over a rolling 12 month period).

Where non-compliance is identified, support and advice will be provided to improve practice.

## 36. Equality Impact Assessment

Table 1: Equality impact Assessment

| Group                                                                          | Positive Impact | Negative Impact | No Impact | Comment                                                                                                                                                       |
|--------------------------------------------------------------------------------|-----------------|-----------------|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age                                                                            |                 |                 | X         |                                                                                                                                                               |
| Disability                                                                     | X               |                 |           | Requirement to make reasonable adjustments for disabled staff. Incorporation of Stress and Mental Health section to enhance early OH involvement and support. |
| Gender                                                                         |                 |                 | X         |                                                                                                                                                               |
| Gender Reassignment                                                            | X               |                 |           | Inclusion of specific guidance in Section 31 on Surgery and Treatment for Gender reassignment                                                                 |
| Human Rights (rights to privacy, dignity, liberty and non-degrading treatment) |                 |                 | X         |                                                                                                                                                               |
| Marriage and civil partnership                                                 |                 |                 | X         |                                                                                                                                                               |
| Pregnancy                                                                      | X               |                 |           | Includes specific guidance in Section 24 on Sickness and Annual Leave/Maternity Leave                                                                         |
| Maternity and Breastfeeding                                                    | X               |                 |           | As above                                                                                                                                                      |
| Race (ethnic origin)                                                           |                 |                 | X         |                                                                                                                                                               |
| Religion (or belief)                                                           |                 |                 | X         |                                                                                                                                                               |
| Sexual Orientation                                                             |                 |                 | X         |                                                                                                                                                               |

## 37. References

Agenda for Change: NHS Terms and Conditions of Employment Handbook

## 38. Associated Documentation

Annual Leave Policy

Capability Policy

Employing People with a Disability

Domestic Violence & Abuse Policy for Staff

Drug & Alcohol Use & Misuse Policy

Equal Opportunities Policy

Flexible Working Policy

Special Leave Policy

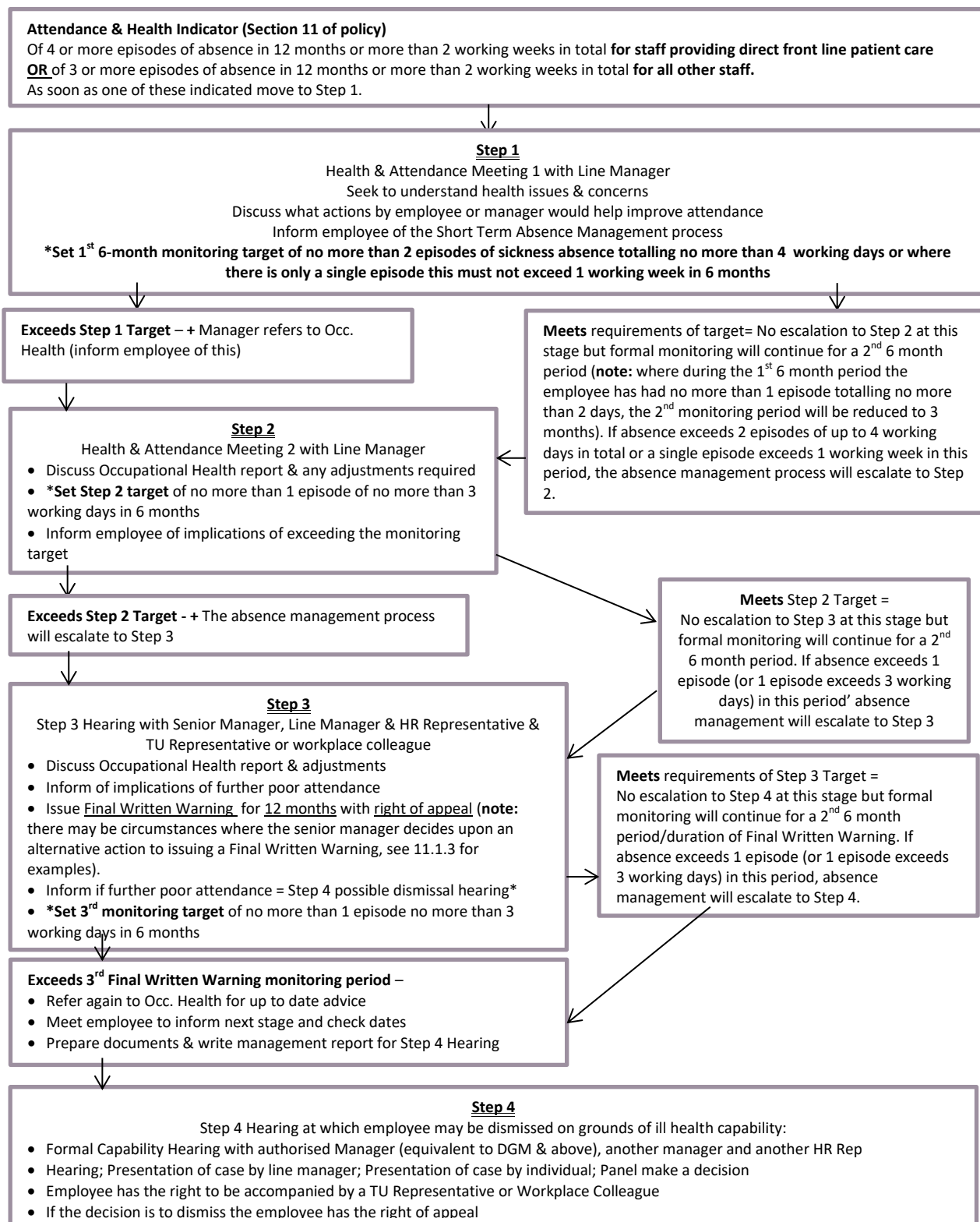
Family Leave & Pay Policy (replaces Maternity Leave & Pay Policy and incorporates Paternity, Adoption, Parental Leave etc)

Redeployment of staff Procedure

Management of Work Related Stress Policy

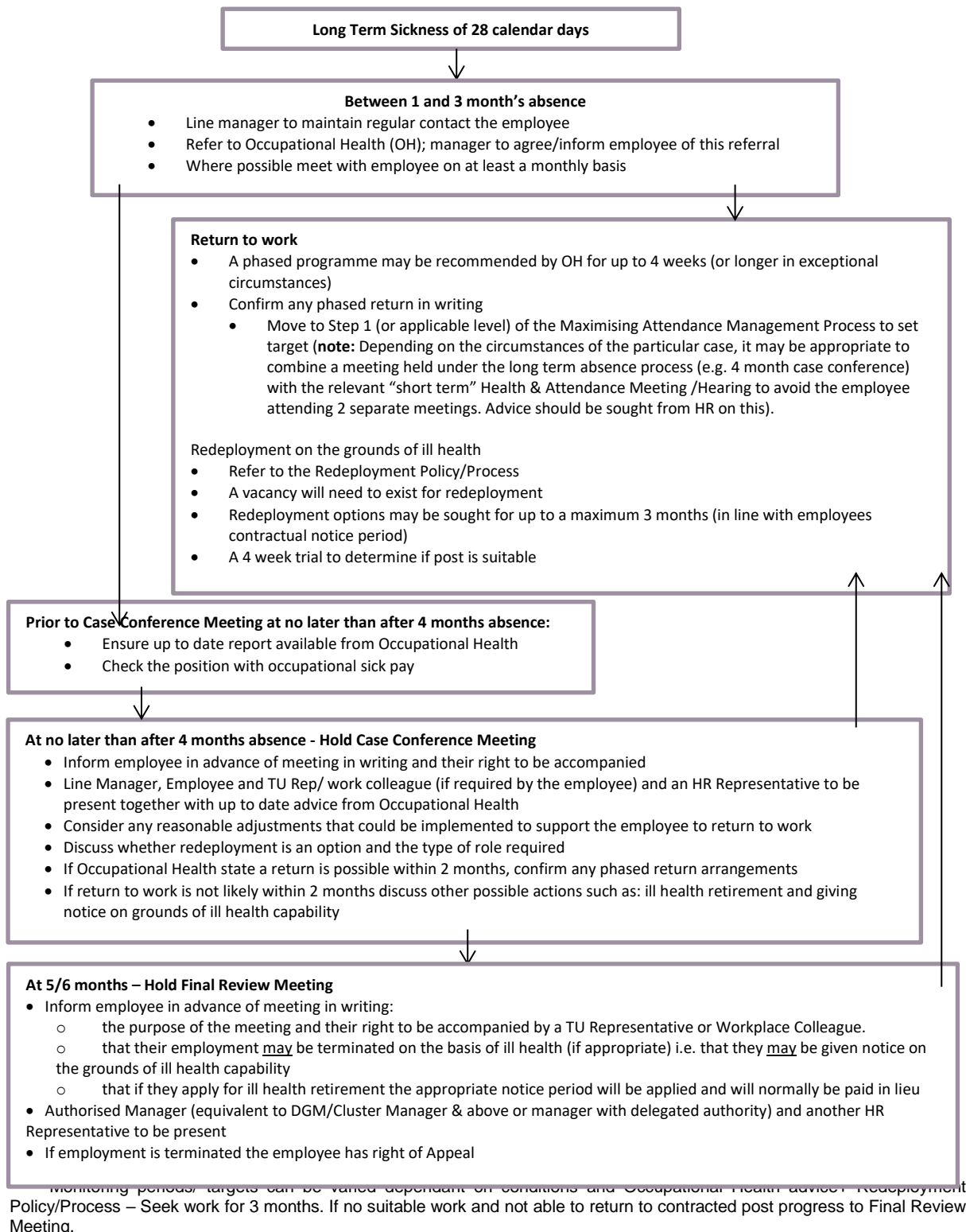
Disciplinary Policy

## Appendix 1 – Absence Management Process Flowchart



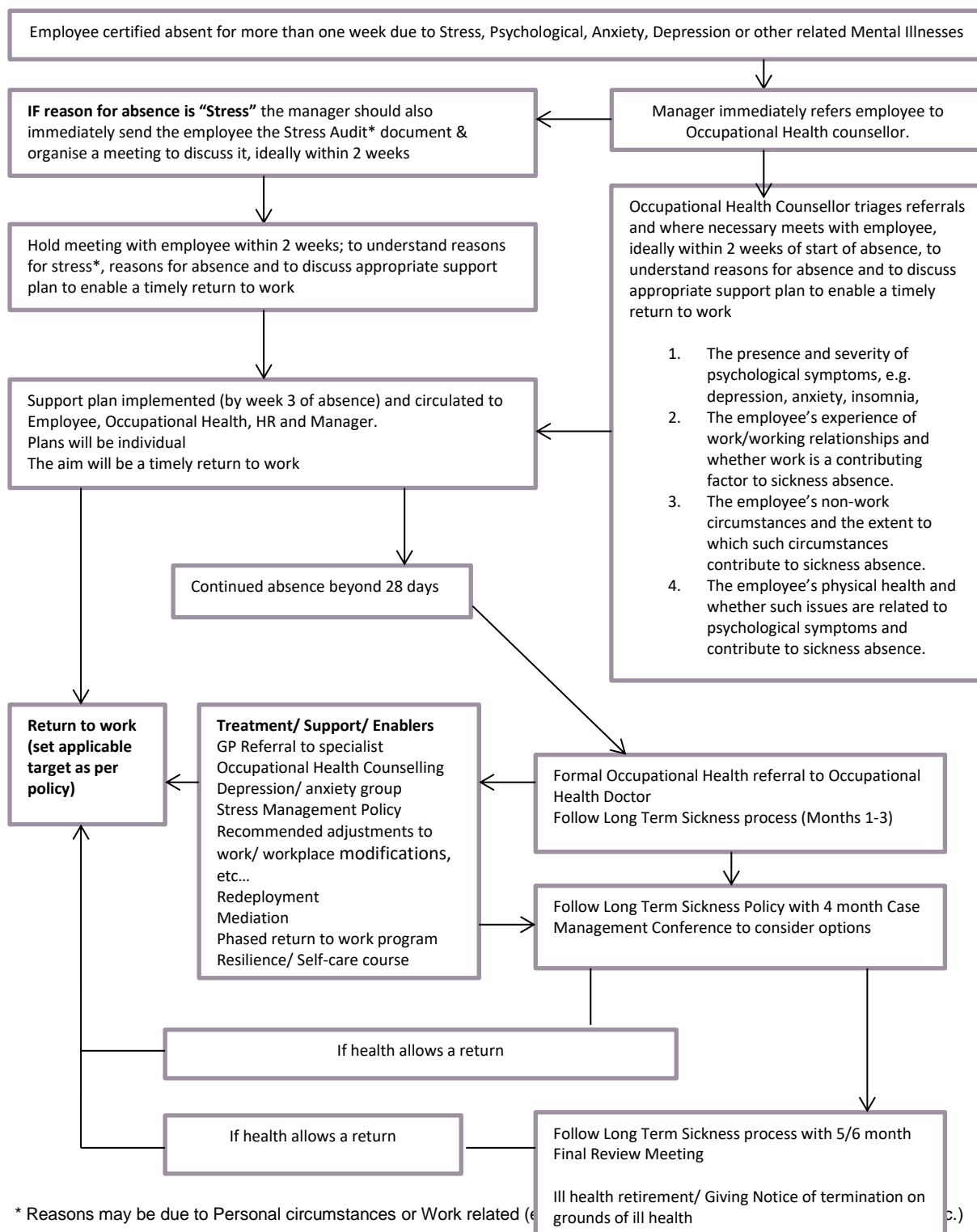
\*monitoring periods / targets can be varied dependant on conditions and OH advice + - an employee can opt out of OH referral at Step 1 however if they exceed their target and escalate to Step 2 a referral to OH must be actioned by the manager. – Managers to check on pay situation.

## Appendix 2 - Long Term Sickness Absence Flow Chart





## Appendix 3 - Stress Related Absence Flowchart



## Appendix 4 – Unauthorised Absence Flowchart

**Applies where an employee either fails to inform their manager of their absence OR ceases to maintain contact having initially reported their absence.**

Manager attempts to contact the employee by telephone, ideally leaving a voice mail message for them to return the call.



If no contact received within 24 hours manager to repeat attempt to contact by phone, inform their HR Representative and then follow-up with a letter to the employee's home address (see Managers Toolkit for sample letter). Letter to express concern for employee's welfare and requirement for them to make contact with their line manager/HR by a specified date. A copy of this flowchart should be enclosed. A copy of this letter should also be emailed to the employee's nhs.net account and if known their personal email account.



If no response received by the specified date, manager to discuss approach with their HR Representative. Consideration should be given to previous absence history, reason (if known) for absence (e.g. mental health issues); and whether Occupational Health input should be sought. If there are significant concerns regarding the employee's wellbeing then consideration should be given regarding attempting to contact them via next of kin or work colleagues. In exceptional circumstances a home visit or involvement of the police may be deemed appropriate.



If after 48 hours of the specified date no contact has been made a further letter should be sent to the employee (by post and e-mail) advising them of the attempts the Trust has made to contact them and that their absence is now being classed as unauthorised absence and therefore will be unpaid. As the absence is unauthorised this matter is now considered a misconduct issue which could result in disciplinary action being taken if/when they return to work. The request for contact by a specified date should be repeated and employee informed that if no contact is made the Trust will be left with no option but to commence proceedings to terminate the individual's employment contract. A copy of this flowchart should be enclosed. (See Managers Toolkit for sample letter)



If no contact is made by the specified date a further letter will be sent to the employee (by post and email) confirming the process the Trust will follow regarding the termination of their contract of employment and the timescales that will apply.



A dismissal level hearing to be convened and decision taken regarding termination of employment. Letter to be issued to employee confirming decision, right of appeal and if applicable confirmation of last day of employment and any annual leave entitlement to be paid. Termination form submitted to Payroll.



Appeal Hearing (if appeal lodged)

## Appendix 5 – Appeal Procedure

### 1 Lodging an Appeal

- 1.1 All appeals must be lodged in writing to the Director of Workforce and Organisational Development and be received within 10 working days of the date of the meeting/hearing where the decision under appeal was notified unless a longer timeframe is agreed at the original meeting/hearing.

All appeals must also be copied to the manager who made the initial decision.

In the exceptional circumstances where the outcome of a maximising attendance / sickness absence management process is not given at the meeting/hearing and is only notified in writing then the deadline shall be 10 working days from the date of the letter/communication containing the outcome of the maximising attendance / sickness absence management meeting/hearing.

The date by which the written notice of appeal must be lodged with the Director of Workforce and Organisational Development should be stated in the letter confirming the outcome of the disciplinary process.

- 1.2 The written appeal must include a clear and detailed statement of the issues such as:-
- Whether the procedure was followed correctly
  - Whether the action taken or outcome reached was fair and reasonable, e.g. in the case of sickness absence, the level of sanction being applied against an individual
  - Whether the action taken or outcome reached was within the band of reasonable responses

The written appeal should include the employee's desired outcome.

- 1.3 Any evidence from the employee in support of their appeal must be provided at least 7 working days before the appeal hearing. If the management side wish to make a written response to the information provided by the employee this must be submitted no later than 2 working days prior to the hearing.

### 2 Responding to an Appeal

- 2.1 The Director of Workforce and Organisational Development will acknowledge receipt of the appeal and will put in place arrangements for the appeal hearing to be held.
- 2.2 All appeals lodged will be heard as soon as possible, ideally within 28 working days from the date that the appeal notification is received, unless an extension to this period is agreed by both parties. As far as reasonably practicable, appeals against dismissal will take precedence.

### 3 Right to be accompanied

- 3.1 The employee has the right to be accompanied by either a trade union representative or a workplace colleague at the appeal hearing.
- 3.2 The manager who made the initial decision (the Trust's representative at the appeal) may be accompanied by an HR Representative.

## 4 Constitution of the Appeal Panel

- 4.1 Appeals relating to a **decision to dismiss** will be heard by an appeal panel Chaired by an Executive Director or Non-Executive Director accompanied by a manager with the designated authority to dismiss e.g. a DGM, Community Services Manager or equivalent level manager. Appendix 6 confirms the Level of Authority for managers involved in Hearings and Appeal Panels. An HR Representative will also attend to provide procedural advice.
- 4.2 In the case of the Chief Executive Officer being the dismissing manager the appeal panel should comprise of two Board members one of whom will be the Chair of the Trust.
- 4.3 All **other appeals** will be heard by a manager more senior to the manager who made the initial decision. The senior manager will act as Chair.

## 5 Appeal Hearing Procedure

All Appeal Hearings will be undertaken in accordance with the following process:-

### 5.1 General provisions:

Consideration should be given to the provision of an interpreter or facilitator if there are understanding or language difficulties on the part of the employee. This person may need to attend in addition to the trade union representative or workplace colleague though ideally one person should carry out both roles.

Provision should be made for any reasonable adjustments to accommodate the needs of a person with disabilities.

The Trust may at its discretion choose to make a digital audio recording of the proceedings at the Hearing. Alternatively notes will be taken and this may include a note-taker being present at the Hearing.

### 5.2 Introductions:

The Chair of the Panel will:

- introduce the panel and then ask the employee and management sides to introduce themselves
- confirm the Hearing is being held in accordance with the Trust's Maximising Attendance Policy
- summarise the steps below
- explain any housekeeping issues
- check that both sides are in possession of all paperwork pertinent to the case
- summarise the grounds of appeal to set the scene

### 5.3 The Case in support of the Employee:

- The employee or their representative shall put their appeal case to the Hearing Panel, in the presence of the Trust's representative i.e. management side. The employee may call witnesses in support of their case.
- The Trust's representative shall have the opportunity to ask questions of the employee, their representative and any witnesses.
- In circumstances where the Trust's representative wishes to ask questions of any witnesses, these should be directed through the Chair of the Panel. This is to avoid the witness feeling harassed or intimidated by cross questioning. It is for the Chair of the Panel to decide whether questions can be allowed.
- The Hearing Panel shall have the opportunity to ask questions of the employee,

- their representative and any witnesses.
- The employee will have the opportunity to ask their witnesses further questions on any matter that has been raised in this stage of the hearing.
- Witnesses for the case in support of the employee will be present only when required to be and shall withdraw immediately afterwards. However, if necessary, they must be readily available for recall until the Hearing is concluded.

#### 5.4 The Case in support of the Trust

- The Trust's representative will present the Trust's management case to the Hearing Panel, in the presence of the employee and their representative, and may call witnesses.
- The employee or their representative will have the opportunity to ask questions of the Trust's representative and any witnesses they have called.
- In circumstances where the employee and/or their representative wish to ask questions of any witnesses, these should be directed through the Chair of the Panel. This is to avoid the witness feeling harassed or intimidated by cross questioning. It is for the Chair of the Panel to decide whether questions can be allowed.
- The Hearing Panel will have the opportunity to ask questions of the Trust's representative and any witnesses.
- The Trust's representative will have the opportunity to ask their witness further questions on any matter that has been raised in this stage and the stage above.
- Witnesses for the case in support of the Trust will be present only when required to be and shall withdraw immediately afterwards. However, if necessary, they must be readily available for recall until the Hearing is concluded.

#### 5.6 Summing Up

- The Trust's representative will have the opportunity to sum up their case if they so wish.
- The employee or their representative will have the opportunity to summarise their case or speak last.
- Neither party may introduce any new evidence/information at this stage.

#### 5.7 Adjournments

- Either side may request an adjournment during the appeal hearing and should do so if time is needed to gather thoughts or if things take an unexpected turn. Permission should be sought through the Chair who will give timescales for adjourning and reconvening.
- The Hearing Panel may at their discretion adjourn the Hearing in order that further evidence may be produced by either party, or adjourn for any other reason.
- During an adjournment, the employee, their representative, the Trust's representative and all witness shall withdraw.

#### 5.8 Reaching a decision:

- Nothing stated above will prevent the Hearing Panel from seeking amplification on any statement made or from asking questions to ascertain whether statements will be supported by evidence.

- Where it is identified that insufficient evidence has been submitted to support the case, or that a decision cannot be made due to lack of material evidence, then the Hearing Panel have the right to suspend a decision until appropriate evidence is provided. In such circumstances, the hearing will be reconvened at the earliest opportunity or the final decision will be communicated in writing.
- The Hearing Panel will deliberate in private only recalling both parties to clear points of uncertainty on evidence already given. If recall is necessary both parties shall return notwithstanding only one is concerned with the point giving rise to doubt.
- Where possible decisions will be made on the day of the Hearing and will be communicated to both parties by recall. Where this is impractical the Hearing Panel has discretion to make alternative arrangements (e.g. re-convene at a later date or inform outcome by telephone, email or letter).
- Written confirmation of a decision will normally be provided within 5 working days and no longer than 7 working days from the appeal hearing unless an alternative agreed date is provided during the Hearing.
- The employee will be advised that the outcome of the appeal marks the end of the internal consideration of the case.

## **6 Possible Outcomes of appeal hearings:**

### **6.1 The potential outcomes of an Appeal Panel are:**

- I. To fully overturn the initial management decision or sanction
- II. To fully uphold the initial management decision or sanction
- III. To uphold aspects of the management decision or sanction and overturn others
- IV. To recommend an alternative solution or outcome where all or part of a decision is overturned
- V. To downgrade the sanction in place e.g. dismissal to final written warning
- VI. To recommend further investigation and reconsideration of the initial decision
- VII. To recommend a new investigation

### **6.2 The decision of the Appeal Panel will be final.**

### **6.3 The Appeal Panel will normally confirm the outcome of the Hearing within 5 working days and no longer than 7 working days of the hearing unless an alternative agreed date is provided at the hearing. In exceptional circumstances the outcome may be provided in writing only; should this be necessary it will be agreed at the hearing. A copy of the outcome will be recorded on the employee's personal file.**

## Appendix 6 – Levels of Authority

### Managerial levels at which suspension or disciplinary action may be taken

#### **ACTION MANAGEMENT LEVEL**

##### **Suspension**

Normally the Line Manager with the authorisation of an appropriate Director, Assistant Director, Divisional General Manager, Cluster Manager, Community Services Manager, equivalent level specialist manager or higher level of management

##### **Written Warning**

Line Manager (or other manager hearing the case)

##### **Final Written Warning**

Line Manager (or other manager hearing the case)

##### **Dismissal**

Appropriate Assistant Director, Divisional General Manager, Cluster Manager, Community Services Manager, equivalent level specialist manager or higher level of management.

#### **APPEALS**

##### **Written Warning**

One level above that of the manager who chaired the Disciplinary Hearing.

**Final Written Warning** One level above that of the manager who chaired the Disciplinary Hearing except where the manager who chaired the Hearing was a Director in which case the Appeal Hearing will be chaired by an alternative Director.

##### **Dismissal**

Panel of two Directors or Non-Executive Directors of the Trust.

Where the Chief Executive is the Dismissing Officer, the Panel should comprise two Trust Board Members one of whom will be the Chair of the Trust.

## Document Control

| Title                                 |             |                          |                                                                                                                                                                                                                               |
|---------------------------------------|-------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Grievance Policy and Procedure</b> |             |                          |                                                                                                                                                                                                                               |
| Author                                |             | Author's job title       |                                                                                                                                                                                                                               |
|                                       |             | Assistant Director of HR |                                                                                                                                                                                                                               |
| Directorate                           |             | Department               |                                                                                                                                                                                                                               |
| Workforce Development                 |             | Human Resources          |                                                                                                                                                                                                                               |
| Version                               | Date Issued | Status                   | Comment / Changes / Approval                                                                                                                                                                                                  |
| 1.0                                   | July 2009   | Final                    | Approved and published on Tarkanet                                                                                                                                                                                            |
| 1.1                                   | Nov 2009    | Revision                 | Extension of the review date to October 2010.<br>Approved by Joint Negotiating Consultative Committee (JNCC) on 02.11.09                                                                                                      |
| 1.1                                   | Nov 2009    | Revision                 | Document control report added to front of document to show extension to review date and contact details.<br>Procedure as previous version. Published on Tarkanet.                                                             |
| 1.2                                   | Jan 2010    | Revision                 | Procedure drafted in new template by Corporate Affairs.                                                                                                                                                                       |
| 1.3                                   | May 2010    | Revision                 | Updated in line with new policy format                                                                                                                                                                                        |
| 1.4                                   | Jul 2010    | Revision                 | Minor amendments by Corporate Affairs to document control report and formatting for document map navigation.                                                                                                                  |
| 1.5                                   | Jan 2013    | Revision                 | Harmonised Policy as a result of the merging of Northern Devon Healthcare NHS Trust and NHS Devon community services. The Policy has been strengthened with regards to procedures.                                            |
| 2.0                                   | Mar 2013    | Final                    | Ratified at March 2013 Partnership Forum                                                                                                                                                                                      |
| 2.1                                   | Oct 2013    | Revision                 | Minor amends incorporated following Partnership Forum and WODG feedback. Amended "Executive Director" to "Board Level Director (including Associate Director)" and incorporated Dispute Resolution Template within Appendix F |
| 2.2                                   | Jun 2015    | Revision                 | Equality Impact Assessment Screening Form added                                                                                                                                                                               |
| 3.0                                   | July 2019   | Final                    | Reviewed and approved at Pay & Reward then approved at Partnership Forum.                                                                                                                                                     |
| 3.1                                   | June 2021   | Extension                | In April-21 Governance Committee it was agreed that this document would have extended due dates until 31st May 2022.                                                                                                          |
| Main Contact                          |             | Tel: Direct Dial –       |                                                                                                                                                                                                                               |
| Assistant Director of HR              |             |                          |                                                                                                                                                                                                                               |



|                                                                                                                                                                                       |                                |                                                                                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------|--|
| Suite 4 Chichester House<br>Raleigh Park<br>Barnstaple EX31 4JB                                                                                                                       |                                | <b>Tel: Internal –</b><br><b>Email:</b>                                                |  |
| <b>Lead Director</b><br>Darryn Allcorn, Director of Nursing, Quality & Workforce                                                                                                      |                                |                                                                                        |  |
| <b>Superseded Documents</b><br>Grievance/Dispute Procedure                                                                                                                            |                                |                                                                                        |  |
| <b>Issue Date</b><br>June 2021                                                                                                                                                        | <b>Review Date</b><br>May 2022 | <b>Review Cycle</b><br>Extension                                                       |  |
| <b>Consulted with the following stakeholders: (list all)</b> <ul style="list-style-type: none"> <li>• Partnership Forum</li> <li>• Pay &amp; Reward</li> </ul>                        |                                |                                                                                        |  |
| <b>Approval and Review Process</b> <ul style="list-style-type: none"> <li>• Partnership Forum</li> <li>• Pay &amp; Reward</li> </ul>                                                  |                                |                                                                                        |  |
| <b>Local Archive Reference</b><br>G:\HR ADMIN<br><b>Local Path</b><br>Personnel and Development \Policies, Personnel<br><b>Filename</b><br>Grievance Policy and Procedure V1.9 July18 |                                |                                                                                        |  |
| <b>Policy categories for Trust's internal website (Bob)</b><br>HR – People Matters                                                                                                    |                                | <b>Tags for Trust's internal website (Bob)</b><br>grievance, complaint, problem, issue |  |

---

## CONTENTS

---

|                                                                                        |           |
|----------------------------------------------------------------------------------------|-----------|
| <b>Document Control</b> .....                                                          | <b>1</b>  |
| <b>1. Introduction</b> .....                                                           | <b>4</b>  |
| <b>2. Purpose</b> .....                                                                | <b>4</b>  |
| <b>3. Definitions</b> .....                                                            | <b>5</b>  |
| <b>4. General Principles</b> .....                                                     | <b>6</b>  |
| <b>5. Duties and Responsibilities</b> .....                                            | <b>8</b>  |
| <b>6. Procedure – See Grievance Procedure Flowchart at Appendix G</b> .....            | <b>9</b>  |
| <b>7. Proceedings</b> .....                                                            | <b>12</b> |
| <b>8. The Development of the Policy</b> .....                                          | <b>13</b> |
| <b>9. Consultation, Approval and Ratification Process</b> .....                        | <b>13</b> |
| <b>10. Review and Revision Arrangements including Document Control</b> .....           | <b>14</b> |
| <b>11. Dissemination and Implementation</b> .....                                      | <b>14</b> |
| <b>12. Document Control including Archiving Arrangements</b> .....                     | <b>15</b> |
| <b>13. Monitoring Compliance with and the Effectiveness of the Policy</b> .....        | <b>15</b> |
| <b>14. References</b> .....                                                            | <b>15</b> |
| <b>15. Associated Documents</b> .....                                                  | <b>16</b> |
| <b>16. Equality Impact Assessment</b> .....                                            | <b>16</b> |
| <b>Appendix A – Notification of Grievance Form</b> .....                               | <b>18</b> |
| <b>Appendix B – Draft Letter of Invitation to Level 2 Grievance Meeting</b> .....      | <b>20</b> |
| <b>Appendix C – Draft Letter to Confirm Outcome of Level 2 Grievance Meeting</b> ..... | <b>21</b> |
| <b>Appendix D – Draft Letter of Invitation to Appeal Hearing</b> .....                 | <b>22</b> |
| <b>Appendix E – Draft Letter to Confirm Outcome of Appeal Hearing</b> .....            | <b>23</b> |
| <b>Appendix F – Management Notes &amp; Dispute Resolution Templates</b> .....          | <b>24</b> |
| <b>Appendix G – Grievance Procedure Flowchart</b> .....                                | <b>26</b> |

## 1. Introduction

This document sets out Northern Devon Healthcare NHS Trust's procedure for dealing with staff grievances or disputes. It provides a robust framework to ensure a consistent approach across the whole organisation. This procedure applies to all Trust staff.

All grievances and disputes should be resolved as near to their source as possible. The grievance/dispute may be raised by an employee(s) and/or their representative.

In the vast majority of instances it is preferable that any concerns are appropriately and speedily addressed by having an informal and constructive discussion and it is expected that the line manager will instigate this as a matter of course as part of their normal line management duties.

Where an employee has a grievance about a work related problem e.g. environmental conditions, performance evaluation etc., this should be raised in the first instance with their line manager. Staff concerns regarding the application of Terms and Conditions of Employment will be properly pursued through this procedure.

Where an employee has a grievance that concerns their line manager or one they do not wish to discuss with their manager e.g. a personality clash or personal disagreement, this should be raised in the first instance with the next level of management, an independent manager or an appropriate member of the HR Operations Team who will refer it to the next level manager. The concerns should be put in writing and should set out the nature of the grievance and the preferred outcome you are looking for.

## 2. Purpose

This procedure is aimed at ensuring the fair, early and successful resolution of concerns raised by Trust staff where it has not been possible to settle the difference with the immediate supervisor/manager. These concerns cover grievances and/or disputes raised by any member of Trust staff.

The Procedure has been written to define the formal procedure for resolving a staff grievance or dispute.

## 3. Definitions

### Grievance

- 3.1. Grievances are concerns, problems or complaints that employees raise with their employers. A grievance may be defined as a difference between an individual and the employer affecting duties, interpretation of conditions of service, working conditions, procedures or alleged unfair treatment. A grievance can relate to action that the Trust has taken or is contemplating taking in relation to staff employment.

### Dispute

- 3.2. A dispute may be defined as a collective grievance where more than one employee has a common difference, which if considered on an individual basis, would be deemed to be a grievance. A dispute may be registered by the staff members themselves, a recognised Trade Union Representative or Staff Organisation Representative where an issue concerning one employee may be deemed to have wider implications for their membership.

### Status Quo

- 3.3. The status quo, i.e. the working and management arrangements that applied before the grievance/dispute, will prevail at all stages of this procedure other than in those exceptional circumstances where operational needs determine that this cannot be the case. Where exceptional circumstances mean that the status quo cannot apply, the rationale for this will be clearly explained.

Neither side will take any action that could prejudice the outcome, excluding lawful Trade Union activity, until the outcome is reached.

### Manager

- 3.4. For the purposes of this Policy and Procedure the term “manager” is used to cover any employee who has responsibility for staff.

### Facilitated Discussion and/or Mediation

- 3.5. A facilitated discussion and/or mediation is essentially part of the informal procedure, but can, under certain circumstances, be used instead of the formal procedure. A facilitated discussion between the parties can be supported by HR or a senior manager. It involves working through the issues to try and reach an agreement. Mediation further builds on the principles of a facilitated discussion to try and bring about a resolution. Mediation should only be undertaken by an individual trained in mediation and independent of the issues concerned. Such mediation can only take place with the agreement of both parties.

## 4. General Principles

All grievances/disputes will be treated by all parties as confidential unless mutually agreed otherwise. However, it is recognised that it may not be possible to prevent a certain amount of gossip where some details are already more widely known. Breach of confidentiality will be taken extremely seriously and action may be taken under the Trust's Disciplinary Policy.

The following issues are excluded from this Grievance Procedure because separate mechanisms exist:

- Bullying and Harassment
- Freedom to Speak Up (Whistle-blowing)
- Redeployment and Organisational Change unless it pertains to unfair implementation of the change following conclusion of the consultation process
- Dismissal or warnings issued under any other formal process
- Appeal procedures under any other formal process
- Matters where specific Agenda for Change and/or other Trust policies are applicable
- Matters over which the Trust has no control e.g. income tax and national insurance payments etc.

Private grievances between employees which are not related to the working environment are outside of the scope of the employment relationship and authority of the Trust to resolve.

If any employee is unclear about how to proceed, a member of the HR Operations Team or a Trade Union representative may be contacted to provide guidance on process.

Where an employee raises a grievance during a disciplinary process HR may determine that the disciplinary process may be temporarily suspended in order to deal with the grievance. Where the grievance and disciplinary cases are related it may be appropriate to deal with both issues concurrently.

At any stage in the procedure set out below employees have the right to seek the help of and to be represented by an accredited Trade Union Representative or accompanied by a workplace colleague. It would not normally be reasonable for employees to insist on being accompanied by a companion whose presence could prejudice the meeting, nor would it be reasonable for an employee to ask to be accompanied by a companion from a remote geographical location if someone suitable and willing was available on-site or locally. The employee is entitled to be accompanied by one appropriate person (unless an additional attendee is required as a reasonable adjustment for a disability e.g. a signer attending as well as a Trade Union representative to support a deaf employee). If the employee is a member of a trade union or professional body, the employee should obtain representation at the beginning of the process. A representative of the HR Operations Team may also be present at any stage where appropriate.

The Trade Union representative may address the meeting, ask questions and confer privately with the employee but has no legal right to answer questions on behalf of the employee or to address the meeting if the employee does not wish it or to prevent the employee from explaining their case.

Where a grievance against another employee is upheld, subject to the appeal process, the disciplinary process may need to be implemented from that point.

Where a group of employees wish to raise a collective grievance i.e. a dispute, the Trust will not consider subsequent grievances on the same issue(s) from individual members of the group at a later date.

The Trust recognises that unproven accusations could have serious effects on innocent individuals. Anyone who is found to have made an unfounded, deliberately malicious complaint or allegation may be subject to disciplinary action.

A grievance that refers to a matter that occurred three months or more before the grievance was raised shall normally be considered to be time expired (subject to the exceptions below) and will not be dealt with under this procedure. The exceptions are:

- If an individual is incapacitated through certified ill health and is thereby prevented from raising the grievance within the three-month time limit; or
- If there is evidence to prove that the time lapsed is solely due to an attempt to resolve the issue informally; or
- The issue complained of occurred more than 3 months before the grievance was lodged but the issue of concern was not apparent to the individual at that time. In this situation the 3-month time limit will be deemed to run from the date it was reasonable to expect the employee to be aware of the subject of the grievance.

The timescales determined within this policy should be adhered to. However, should there be unavoidable delays or if by mutual agreement the timescales are extended the employee should be provided with a written explanation and should be advised of the anticipated timescales.

The Trust will seek mutually convenient dates for meetings in accordance with the timescales in this procedure. In the event that an employee or their representative unreasonably delays (e.g. by being unresponsive to attempts to organise meetings or by either the individual or their representative being repeatedly unavailable to attend meetings) a grievance meeting at any level then the grievance may be deemed to be withdrawn and the employee will be notified accordingly.

Wherever possible a grievance should be dealt with before an employee leaves employment. However a modified procedure may be applied where:

- an employee has already left employment

or

- the standard procedure has not been commenced or completed before the employee left employment

and

- both parties agree in writing that it should be used instead of the standard procedure.

The modified procedure consists of two stages as set out below:

- 1 The employee sends written confirmation to the Director of Nursing, Quality & Workforce that they wish to pursue their grievance;
- 2 Where appropriate the Trust responds within 28 calendar days of receipt of the letter giving responses to the points raised.

NOTE: The shortened procedure will only be implemented if the grievance is capable of resolution even though the employee has left the employ of the Trust. The employee will be required to clearly set out the outcome they are looking for. Claims for non-contractual monetary payments cannot be considered under this policy.

## 5. Duties and Responsibilities

### Employee

#### 5.1. The Employee is responsible for:

- Lodge their grievance as soon as practically possible and no later than 3 months (unless the exceptional circumstances set out in Section 4 above apply) of the incident in writing to their line manager
- Indicate at the outset of the process their expectations relating to the outcome of their grievance (NB: it would not be appropriate to request the termination of another staff member's employment. Neither can claims for non-contractual monetary payments be dealt with under this policy).
- Engage in attempts to resolve any issues before invoking the policy if practical and if not practical to attempt resolution at the "informal" level of the policy.
- Where such attempts fail, submit a formal grievance in writing, using Notification of Grievance Form at Appendix A
- Contact their trade union representative or workplace colleague as appropriate for support.
- Take all reasonable steps to attend the meeting(s).
- Present written evidence in support of their grievance at the meeting.
- Treat the matter confidentially at all times.

### Line Manager

#### 5.2. The Line Manager is responsible for:

- Make every effort to resolve any issues informally wherever possible. If it is not feasible to resolve the issues informally follow the Formal Procedure laid out in this Policy
- Ensure meetings are promptly arranged
- Document the process appropriately
- Treat the matter confidentially at all times

## HR Operations Team Representative

5.3. The HR Operations Team Representative is responsible for:

- Provide advice and guidance on the grievance process and attend formal grievance meetings as necessary
- Attend appeal meetings in all complex cases, such as discrimination
- Advise managers that they may choose to be accompanied by an experienced manager where they have not previously undertaken a grievance meeting
- Treat the matter confidentially at all times.

## Trade Union representative/workplace colleague

5.4. The Trade Union representative/workplace colleague is responsible for:

- Represent/support employees through the formal process (Level 2 onwards)
- Where possible to hand over cases during periods of leave to avoid unnecessary delays
- Assist and represent the employee in stating their case, but not answer questions on their behalf
- Treat the matter confidentially at all times.

## 6. Procedure – See Grievance Procedure Flowchart at Appendix G

### Level One: Informal Procedure

6.1. All grievances and disputes should be resolved as near to the source as possible.

Most grievances should be able to be resolved by having an informal and constructive discussion between the employee and their manager. This should occur as soon as possible and no longer than 30 calendar days from the issue being raised.

The line manager will, if appropriate, notify in writing to the employee(s) the proposed action to resolve the concern, including agreed time limits within 15 calendar days of the meeting.



If it has not been possible for the Manager and employee to resolve the grievance before moving to Level 2 of the formal process consideration should be given to whether a facilitated discussion or mediation may resolve the issues. Facilitated discussion and/or Mediation are confidential and voluntary processes that bring people together to discuss the issues. A facilitated discussion between the parties can be supported by a senior manager, a trained mediator or HR and involves working through the issues to try and reach an agreement. Mediation further builds on the principles of a facilitated discussion to try and bring about a resolution. Mediation should only be undertaken by an individual trained in mediation. Requests for the mediation service must be made to the HR Operations Team.

If, after the review, the concern or issue still remains, the employee should notify the line manager that they wish to progress to Level Two and the formal procedure should be followed.

## Level Two: Formal Procedure

- 6.2.** Where the employee has attempted to resolve the issues at the informal stage, level 1 above, however remains aggrieved they can escalate their grievance to the formal stage at Level 2.

The employee must provide written notification of their grievance on the Notification of Grievance Form (see Appendix A) to their line manager. This must include:

- A clear and detailed statement of the issues
- The desired outcome

This must be done within a maximum of 15 calendar days following confirmation of the outcome of the informal stage.

This time limit may be extended only at the discretion of the line manager with advice from the HR Operations Team, when circumstances make it impracticable for written notification to be lodged within 15 calendar days.

On receipt of the written notification, the line manager will inform the HR Operations Team and arrange for a Level 2 Grievance Meeting to be convened without unreasonable delay and, where possible, within 28 calendar days of receipt of the formal grievance, at which the matter will be considered further. This Level 2 Grievance Meeting will be conducted by a manager at least one level higher than the manager who dealt with the matter at Level One, as determined by the Trust.

When arranging the Level 2 meeting(s) the manager should discuss with HR whether their presence is required (e.g. if the case appears complex) and ensure the grievance meeting takes place along with an appropriate manager/supervisor or a representative from the HR Operations Team. The format of the meeting will follow the format as detailed within section 7.

In exceptional circumstances (i.e. complex and wide ranging grievances), an investigation may be commissioned on receipt of the formal notification of grievance. An investigation for these purposes is a process of gathering information and establishing the facts of the grievance and the proposed resolution so that the manager hearing the grievance can make a sound judgement on whether or not the grievance should be upheld and consider the proposed resolution.

The nominated manager will conduct the Level 2 Grievance Meeting with the aggrieved employee(s) and other parties as appropriate. If they believe that further investigations are required as a result of issues raised at the meeting (especially where no separate investigation has already taken place) this will be done. It may therefore be necessary to adjourn the meeting with the employee and meet again at a later date.

The nominated manager will confirm the outcome decision from the Level 2 Grievance Meeting verbally as soon as possible, but in writing to the employee using the template letter at Appendix B, attaching a copy of the original grievance form, within 10 calendar days of the meeting. They shall, where appropriate, set out what action should be taken to resolve the grievance, unless it has been decided by mutual agreement to vary this date when the anticipated date of response should be confirmed in writing. The employee should be advised that they can lodge an appeal against the decision if they are not satisfied with the outcome.

### Level Three: Appeal Hearing

- 6.3.** If following the Level Two Grievance Meeting, the concern or issue has not been resolved, the matter will be referred to an Appeal Panel comprised of a Manager at Band 8C level or higher and a Board Level Director (including Associate Director) or Non-Executive Director plus a member of the HR Directorate to provide HR advice to the panel.

To invoke a Level Three Appeal Hearing the employee must write a letter to the Director of Nursing, Quality & Workforce within 15 calendar days of the date of the letter confirming the outcome of the Level Two Grievance Meeting, stating clearly the grounds of appeal. They must attach a copy of the original grievance lodged and the written outcome letter from the Level 2 Grievance Meeting to their appeal letter.

On receipt of the appeal letter the Director of Nursing, Quality & Workforce will refer the matter to an Appeal Panel who will attempt to hear the appeal within 28 calendar days from the date of receipt of the appeal letter. Arrangements for the Appeal Hearing will be confirmed at least 7 calendar days prior to the Appeal hearing using template letter attached at Appendix C.

The manager who previously considered the grievance at Level Two will be required to explain the reasons for their decision.

The Appeal Panel may, at their discretion, adjourn an appeal in order that further evidence may be produced.

The Appeal Panel should consider their decision in private. A decision will be reached by a majority. The Chairperson will have the casting vote if necessary. The Appeal Panel will confirm the outcome verbally as soon as possible. If an immediate decision cannot be given it shall be communicated in writing to both parties within 10 calendar days of the Appeal Hearing (see template at Appendix D).

The decision of the panel for all grievance/dispute appeals shall be final and there will be no further reference for consideration.

## 7. Proceedings

The proceedings at each of the meeting(s) at each Formal Level would typically be as follows:

1. Introductions and 'housekeeping'
2. The aggrieved employee(s) and/or representative will put their case, and call any witnesses
3. The Trust's representative may put questions to the aggrieved employee(s) and/or representative and any witnesses
4. The nominated Manager or Panel may put questions to the aggrieved employee(s), their representative and any witnesses
5. The Trust's representative will put their case, and call any witnesses
6. The aggrieved employee(s) or their representative may put questions to the Trust's representative and any witnesses
7. The nominated Manager or Panel may put questions to the Trust's representative and/or witnesses
8. The Trust's representative summarises their case
9. The aggrieved employee(s) and/or their representative summarises their case
10. The nominated Manager or Panel asks both sides to withdraw whilst the case is considered.
11. When a decision has been reached, both sides rejoin the nominated Manager or Panel to be informed of the outcome of the Meeting/Hearing.

12. The nominated Manager or Chair of the Panel records the result of the Review in writing, which will be conveyed to the aggrieved employee and their representative within 10 calendar days of the review.

These proceedings are indicative only of the way in which matters may be progressed. They will always be subject to confirmation and/or variation by agreement with the employee initiating proceedings.

Notes of the meeting can be recorded using the template documents within Appendix F (See Grievance Notes and Dispute Resolution Template).

## **8. The Development of the Policy**

### **Document Development Process**

- 8.1. As the accountable Director, the Director of Nursing, Quality & Workforce is responsible for developing the policy and for ensuring stakeholders were consulted with.

Draft copies were circulated for comment before approval was sought from the relevant committees.

### **Equality Impact Assessment**

- 8.2. The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. An Equality Impact Assessment has been undertaken (see Appendix H) and there are no positive or negative impacts.

## **9. Consultation, Approval and Ratification Process**

### **Consultation Process**

- 9.1. The policy has been drawn up in partnership with Staffside and formally approved by:
  - The Pay & Reward Group
  - Partnership Forum

### **Policy Approval Process**

- 9.2. Formal approval of the policy will be sought from the Partnership Forum  
The policy does not require further ratification by the Trust Board

## 10. Review and Revision Arrangements including Document Control

### Process for Reviewing the Policy

- 10.1. The policy will be reviewed every three years. The author will be sent a reminder by the Corporate Affairs Manager four months before the due review date. The author will be responsible for ensuring the policy is reviewed in a timely manner

### Process for Revising the Policy

- 10.2. In order to ensure the policy is up-to-date, the author may be required to make a number of revisions, e.g. committee changes or amendments to individuals' responsibilities. Where the revisions are minor and do not change the overall policy, the author will present the revised version to Partnership Forum via the Pay & Reward Group for approval.

Significant revisions will require final approval by Partnership Forum.

All revisions will be recorded by the author in the document control report.

### Document Control

- 10.3. The author will comply with the Trust's agreed version control process, as described in the organisation-wide Guidance for Document Control.

## 11. Dissemination and Implementation

### Dissemination of the Policy

- 11.1. After ratification by Partnership Forum, the author will provide a copy of the policy to the Corporate Affairs Manager to have it placed on the Trust's intranet. The policy will be referenced on the home page as a latest news release.

### Implementation of the Policy

- 11.2. Line managers are responsible for ensuring this policy is implemented across their area of work.
- 11.3. Support for the implementation of this policy will be provided by the Personnel and Development Directorate.

## 12. Document Control including Archiving Arrangements

### Library of Procedural Documents

- 12.1. The author is responsible for recording, storing and controlling this policy.

Once the final version has been ratified, the author will provide a copy of the current policy to the Corporate Affairs Manager so that it can be placed on BOB. Any future revised copies will be provided to ensure the most up-to-date version is available on BOB.

### Archiving Arrangements

- 12.2. All versions of this policy will be archived in electronic format within the Personnel and Development policy archive. Archiving will take place by the HR Manager once the final version of the policy has been issued.

Revisions to the final document will be recorded on the Document Control Report. Revised versions will be added to the policy archive held by Personnel and Development.

### Process for Retrieving Archived Policy

- 12.3. To obtain a copy of the archived policy, contact should be made with the Personnel and Development Directorate.

## 13. Monitoring Compliance with and the Effectiveness of the Policy

### Process for Monitoring Compliance and Effectiveness

- 13.1. Monitoring compliance with this policy will be the responsibility of the Personnel and Development Directorate. This will be undertaken by liaising with line managers and staff to ensure they are appropriately applying the policy.

Annual auditing by Personnel and Development will be undertaken to check that managers are maintaining appropriate records within personnel files.

Where non-compliance is identified, support and advice will be provided to improve practice.

## 14. References

- Employment Act 2006
- ACAS 2009 Code of Practice 1 Disciplinary and Grievance Procedures

## 15. Associated Documents

Northern Devon Healthcare NHS Trust Policies for:

- Disciplinary Policy
- Raising Concerns and Complaints Policy
- Bullying and Harassment Policy

## 16. Equality Impact Assessment

| Equality Impact Assessment Screening Form |                                                                                                                                                                                                                                                                                                                                                                                                                      |                   |                    |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|
| <b>Title</b>                              | Grievance Policy and Procedure                                                                                                                                                                                                                                                                                                                                                                                       |                   |                    |
| <b>Author</b>                             | Tim Robinson, Assistant Director of HR                                                                                                                                                                                                                                                                                                                                                                               |                   |                    |
| <b>Directorate</b>                        | Workforce and Organisational Development                                                                                                                                                                                                                                                                                                                                                                             |                   |                    |
| <b>Team/Dept.</b>                         | HR Operations                                                                                                                                                                                                                                                                                                                                                                                                        |                   |                    |
| <b>Document Class</b>                     | <b>Document Status</b>                                                                                                                                                                                                                                                                                                                                                                                               | <b>Issue Date</b> | <b>Review Date</b> |
| Policy & Procedure                        | Final version                                                                                                                                                                                                                                                                                                                                                                                                        | July 2018         | 3 years            |
| <b>1</b>                                  | <b>What are the aims of the document?</b>                                                                                                                                                                                                                                                                                                                                                                            |                   |                    |
|                                           | This document sets out Northern Devon Healthcare NHS Trust's procedure for dealing with staff grievances or disputes. It provides a robust framework to ensure a consistent approach across the whole organisation. This procedure applies to all Trust staff.                                                                                                                                                       |                   |                    |
| <b>2</b>                                  | <b>What are the objectives of the document?</b>                                                                                                                                                                                                                                                                                                                                                                      |                   |                    |
|                                           | This procedure is aimed at ensuring the fair, early and successful resolution of concerns raised by Trust staff where it has not been possible to settle the difference with the immediate supervisor/manager. These concerns cover grievances and/or disputes raised by any member of Trust staff.<br><br>The Procedure has been written to define the formal procedure for resolving a staff grievance or dispute. |                   |                    |
| <b>3</b>                                  | <b>How will the document be implemented?</b>                                                                                                                                                                                                                                                                                                                                                                         |                   |                    |
|                                           | The Grievance Policy/Procedure is already published on the Trust's Intranet and this Equality Impact Assessment will be published alongside it until the Policy/Procedure is formally reviewed at which point the EIA will be incorporated into the Policy/Procedure as an appendix.                                                                                                                                 |                   |                    |
| <b>4</b>                                  | <b>How will the effectiveness of the document be monitored?</b>                                                                                                                                                                                                                                                                                                                                                      |                   |                    |
|                                           | Monitoring compliance with this policy will be the responsibility of all Managers and Directors. The Director of HR and Development will maintain regular review of the numbers / nature of grievances and produce an annual report for key stakeholders.                                                                                                                                                            |                   |                    |
| <b>5</b>                                  | <b>Who is the target audience of the document?</b>                                                                                                                                                                                                                                                                                                                                                                   |                   |                    |

|          | All staff                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                |                 |                 |           |         |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------|-----------------|-----------|---------|
| <b>6</b> | <p><b>Is consultation required with stakeholders, e.g. Trust committees and equality groups?</b></p> <p>EIA update agreed as a result of Equality and Diversity Audit in 2015 and EIA's will be monitored via Organisational Development Committee as part of equality and Diversity Action Plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                |                 |                 |           |         |
| <b>7</b> | <p><b>Which stakeholders have been consulted with?</b></p> <ul style="list-style-type: none"> <li>• Organisational Development Committee</li> <li>• Workforce and Organisational Development Committee</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                |                 |                 |           |         |
| <b>8</b> | <p><b>Equality Impact Assessment</b></p> <p>Please complete the following table using a cross, i.e. <b>X</b>. Please refer to the document "A Practical Guide to Equality Impact Assessment" on the Trust's Intranet site (Bob) for areas of possible impact.</p> <ul style="list-style-type: none"> <li>• Where you think that the policy could have a <b>positive</b> impact on any of the equality group(s) like promoting equality and equal opportunities or improving relations within equality groups, put a cross in the 'Positive impact' box.</li> <li>• Where you think that the policy could have a <b>negative</b> impact on any of the equality group(s) i.e. it could disadvantage them, put a cross in the 'Negative impact' box.</li> <li>• Where you think that the policy has <b>no impact</b> on any of the equality group(s) listed below i.e. it has no effect currently on equality groups, put a cross in the 'No impact' box.</li> </ul> |                                                                                                                |                 |                 |           |         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Group                                                                                                          | Positive Impact | Negative Impact | No Impact | Comment |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Age                                                                                                            |                 |                 | X         |         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Disability                                                                                                     |                 |                 | X         |         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Gender                                                                                                         |                 |                 | X         |         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Gender Reassignment                                                                                            |                 |                 | X         |         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Human Rights (rights to privacy, dignity, liberty and non-degrading treatment), marriage and civil partnership |                 |                 | X         |         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Marriage and civil partnership                                                                                 |                 |                 | X         |         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Pregnancy                                                                                                      |                 |                 | X         |         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Maternity and Breastfeeding                                                                                    |                 |                 | X         |         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Race (ethnic origin)                                                                                           |                 |                 | X         |         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Religion (or belief)                                                                                           |                 |                 | X         |         |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Sexual Orientation                                                                                             |                 |                 | X         |         |



Appendix A – Notification of Grievance Form

**NOTIFICATION OF GRIEVANCE**

|                                                                                     |       |
|-------------------------------------------------------------------------------------|-------|
| <b>Strictly Private &amp; Confidential</b>                                          |       |
| To - Name:                                                                          | ..... |
| Job Title:                                                                          | ..... |
| Copy to (HR Operations Department):                                                 | ..... |
| FROM - Surname:                                                                     | ..... |
| First Name:                                                                         | ..... |
| Job Title:                                                                          | ..... |
| Department/Directorate:                                                             | ..... |
| Base:                                                                               | ..... |
| Contact Number:                                                                     | ..... |
| e-mail Address:                                                                     | ..... |
| Name of Trade Union Representative or Workplace Colleague:                          | ..... |
| Contact Number of representative:                                                   | ..... |
| <b>Please detail the substance of your grievance (attach a sheet if necessary):</b> |       |
|                                                                                     |       |
| <b>Please detail the desired outcome you are looking for:</b>                       |       |
|                                                                                     |       |

|                           |
|---------------------------|
| Employee's signature..... |
| Date submitted: .....     |

*This form should be passed to your line manager, or more senior manager if appropriate.  
Please retain your own copy.*

Manager's Name (CAPS):.....

Manager's Signature: ..... Date received:.....

*Once received by relevant Manager a copy of this form should be sent to the employee with a covering letter acknowledging receipt. The original should be placed on the personal file along with any other related correspondence.*

## Appendix B – Draft Letter of Invitation to Level 2 Grievance Meeting

Date

### Private & Confidential

To be sent to employee at home address

Dear

I am in receipt of your notification of grievance form dated on .....

I note that the grounds of your grievance are as follows:

- (.....)
- (.....)

I am writing to advise you that a Level 2 Grievance Meeting has been arranged to discuss this in accordance with the Trust's Grievance Policy (copy enclosed).

You are required to make every effort to attend the meeting, which will take place on ..... at (time)..... At (venue).....

*(State who will be present at the Level 2 Grievance Meeting)*

You have the right to be accompanied at the Meeting by a trade union representative or workplace colleague.

The format of the Grievance meeting is set out in Section 7 and the intended outcome of this meeting will be to determine whether the grievance should be upheld or not and where applicable set out any action(s) to be taken.

Please confirm your attendance at the Grievance Meeting with ..... and advise whether you will be accompanied by a colleague or representative and, if so, who it will be.

Yours sincerely

## Appendix C – Draft Letter to Confirm Outcome of Level 2 Grievance Meeting

Date

**Private and Confidential**

Send to employee's home address

Dear

I am writing to confirm the outcome of the Level 2 grievance meeting which was held on ..... to discuss your grievance, a copy of which is attached. I note that your grievance was:

- 
- 
- 

Having listened carefully to the information presented by you and after having investigated/considered\* the facts I confirm that I have decided your grievance is founded/unfounded\* (\*delete as appropriate) and would like to outline the reasons for this decision.

*(insert reasons)*

*(If overturned)*

Please note that you do have the right of appeal against this decision and this should be done within 15 calendar days of the date of this letter. Your appeal should be in writing to the Director of Nursing, Quality & Workforce.

Yours sincerely

Cc: Trade Union representative where known

## Appendix D – Draft Letter of Invitation to Appeal Hearing

Date

### Private & Confidential

To be sent to employee at home address

Dear

I am in receipt of your letter of appeal against the outcome of your grievance issued on .....

I note that your reason(s) for appeal is/are as follows:

- (.....)
- (.....)

I am writing to advise you that an Appeal Hearing has been arranged to discuss this in accordance with the Trust's Grievance Policy (copy enclosed).

You are required to make every effort to attend the meeting, which will take place on ..... at (time)..... At (venue).....

*(State who will be present at the Appeal Hearing)*

You have the right to be accompanied at the Hearing by a trade union representative or workplace colleague..

The format of the Appeal Hearing is set out in Section 7.

Please confirm your attendance at the Appeal Hearing with ..... and advise whether you will be accompanied by a colleague or representative and, if so, who it will be.

Yours sincerely

## Appendix E – Draft Letter to Confirm Outcome of Appeal Hearing

Date

### **Private & Confidential**

To be send to employee at home address

Dear

I write to confirm the outcome of the recent Appeal Hearing which was held on

.....

Having listened carefully to the information presented by both yourself and the management side I confirm that I have upheld/overturned\* (\*delete as appropriate) your appeal and would like to outline the reasons for this decision.

(insert reasons)

Please note that this decision is final.

Yours sincerely

Cc: Trade Union representative where known

**Appendix F – Management Notes & Dispute Resolution Templates**

**GRIEVANCE MEETING MANAGEMENT NOTES**

**To be completed in all cases**

|                               |
|-------------------------------|
| Employee name:                |
| Present at meeting:           |
| Date:                         |
| Meeting Chair:                |
| Key points raised at meeting: |

**Signed** .....  
**Meeting Chair**

**Date:**.....

## Dispute Resolution Template

Reaching Local Agreement principles:

- Parties must be driven by the objective of seeking to reach agreement
- Joint consultation can promote consent and understanding and assist in the joint aim of developing employee participation and involvement in the Trust
- Discussion is most effective when participants are well informed and have confidence in each other - there must therefore be a willingness to share information, e.g. in relation to quality of service, productivity and costs
- Any proposals put forward by one party should always be considered by the other - they should never be rejected out of hand but, in all cases where they are not acceptable, a reasoned response should be made.

|                                                                     |                            |                           |
|---------------------------------------------------------------------|----------------------------|---------------------------|
| <u>Parties present</u><br>(Name and Position Title)                 | <u>Management</u>          | <u>Staffside</u>          |
|                                                                     |                            |                           |
| <u>Date of meeting</u>                                              |                            |                           |
| <u>Points of agreement:</u>                                         |                            |                           |
| <u>Issue of disagreement:</u>                                       |                            |                           |
| <u>Points of disagreement:</u>                                      | <u>Management Position</u> | <u>Staffside Position</u> |
|                                                                     |                            |                           |
| <u>Outputs of meeting:</u>                                          |                            |                           |
| <u>Agreed next steps toward resolution (including target dates)</u> |                            |                           |

Signatories/date:

.....

.....



## Appendix G – Grievance Procedure Flowchart

### Level 1 – Informal Procedure

Employee raises grievance with line manager.  
Line manager attempts to resolve informally within 30 working days  
Facilitated meeting or mediation to be considered  
Line manager and employee resolve grievance or proceed to Level 2



### Level 2 – Formal Grievance Procedure

Employee or accredited trade union representative (on behalf of the employee) writes to line Manager giving details of the grievance/dispute

On receipt of the written notification, the line manager will inform the HR Operations Team and arrange for a Level 2 Grievance Meeting to be convened without unreasonable delay and, where possible, within 28 calendar days of receipt of the formal grievance. The employee will receive written confirmation of the receipt of their grievance and arrangements for the Grievance Meeting.

Following the Level 2 Grievance Meeting the line manager responds to employee verbally. The decision will be confirmed in writing within 10 calendar days of the verbal decision.

If the matter is not resolved the employee(s) can appeal in writing within 15 calendar days of receipt of written decision of the outcome of the Level 2 Grievance Meeting



### Level 3 – Appeal Hearing

Employee(s) writes to Director of Personnel and Development within 15 calendar days of receipt of written decision of the Level 2 Grievance meeting setting out reasons for appeal

The Appeals Panel will normally be arranged within 28 calendar days of the notification of appeal and the employee(s) will be given a minimum of 7 calendar days' notice of the Appeal Hearing date. The employee will receive written confirmation of the receipt of their grievance and arrangements for the Appeal Hearing.

Following the Appeal Hearing the Chair of the Appeal Panel writes to both parties within 10 calendar days with the final decision.

**Covid Secure Area (Green) - Managers checklist**

Successful completion of this form will sign off that your area is a Covid Secure Area (Green), which will enable staff to remove their facemasks whilst working. Therefore, so that we can help keep each other safe, we ask that you please work through this checklist in a comprehensive manner.

|                                                                                                            |                                                               |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Department: Bladder &amp; Bowel (North)</b>                                                             | <b>Room number/ area name: Room 82, South Molton Hospital</b> |
| <b>Person completing checklist:</b> <span style="background-color: black; color: black;">XXXXXXXXXX</span> | <b>Date: 07/07/2021</b>                                       |

When carrying out the assessment below, please consider these key points for minimising risk and maximising social distancing:

- Maintain social distancing
- Regular hand hygiene
- Minimise face-to-face meetings by using MS Team or phone calls
- Greet one another without physical contact
- Ensure good ventilation by opening windows and doors where possible
- Frequently clean and disinfect objects and surfaces that are touched

| Areas to consider   | Options                                                                                                                                                                                                                                                                                                        | Yes | No | NA | Options Identified                                                                                                                                                                           |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Access</b>       | Is this area open to the public or patients?                                                                                                                                                                                                                                                                   | √   | √  |    | - If yes, This cannot be a Covid Secure (Green) area                                                                                                                                         |
| <b>Ventilation</b>  | Can windows be opened to provide ventilation?<br><br><i>There are large French doors leading to the gardens.</i>                                                                                                                                                                                               | √   | √  |    | - If staff feel uncomfortable by windows move to another seated location if possible                                                                                                         |
| <b>Comms</b>        | Where staff use shared office phones can the mitigating options identified be implemented?                                                                                                                                                                                                                     | √   | √  |    | - Have available wipes to clean phones<br>- Use mobile phones/ MS Teams instead?                                                                                                             |
| <b>Desk Spacing</b> | Will staff be at least 2 meters apart when seated at desks?<br><br>If sat opposite are screens/dividers in place?<br><br><i>Staff can sit sufficiently far away from each other, due to the depth of the desks. There are two desks on either side of the room with a space in excess of 2 meters between.</i> | √   | √  |    | - If not, this cannot be a covid secure (Green) area<br><br>Can dividers be fitted between opposing seating / side by side desks. If no local solution available refer to Estates/Facilities |
| <b>Hand hygiene</b> | Is hand gel (Alcohol 70%) available in the office?<br>Or are facilities for hand washing easily accessible?<br><br>Are patient notes and shared documents handled?                                                                                                                                             | √   | √  |    | - Supply hand gel for shared use in office<br><br>- Increase hand washing, use of hand gel, possible use of gloves considering however that hand washing is a more effective process         |
| <b>Cleaning</b>     | Are cleaning wipes available?<br><br>Are desks free from clutter and cleanable?                                                                                                                                                                                                                                | √   | √  |    | - Provide wipes for staff to carry this out independently and regularly<br><br>- De-clutter desks to carry out cleaning<br>- Encourage wipe down of desks before                             |

|                            |                                                                        |   |  |                                                                                                                                                                 |
|----------------------------|------------------------------------------------------------------------|---|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            |                                                                        |   |  | <i>and at end of shift</i>                                                                                                                                      |
|                            | Can shared desks be minimised?                                         | √ |  | - <i>If not, clean down after each handover</i>                                                                                                                 |
|                            | Are bins available to dispose of wipes and facemasks?                  | √ |  | <b><i>In accordance with ██████████ black sacks are acceptable for disposal as this is a non-clinical office suite with no clinical SCRL waste service.</i></b> |
| <b>Food / Drinks areas</b> | Are shared tea / coffee / sugar dispensers covered and safely managed? | √ |  | - <i>If not remove and have individual dispensers</i>                                                                                                           |
|                            | Are drinking cups / mugs just for each individual?                     | √ |  | - <i>If not, remove to individual use only</i>                                                                                                                  |

## Outcomes of manager checklist

Once assessed, review this form.

1. If the checklist responses are all in the green boxes, this area can be certified as Covid Secure area (Green).

This checklist needs to be signed off by the assessor and the SDG-level manager below, and you need to follow the Covid Secure area (Green) process to ensure all steps are completed before making changes to the area

2. If the responses are **not** in the green sections the area **cannot be** Covid Secure (Green), and staff must continue to wear facemasks in line with trust policy. If there are actions to be taken please carry these out and reassess

|                                                                              |                          |                      |
|------------------------------------------------------------------------------|--------------------------|----------------------|
| Signed off by Assessor (name)<br>██████████                                  | Signature:<br>██████████ | Date:<br>07/07/2021  |
| Signed off by Divisional Director or equivalent manager (name)<br>██████████ | Signature:<br>██████████ | Date:<br>07/07/02021 |

**Northern Devon Healthcare NHS Trust  
Working safely during COVID 19 risk assessment**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|
| <b>Division: Bladder &amp; Bowel Care Service</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Location: Room 82 South Molton Hospital</b> | <b>Risk Assessor:</b> [REDACTED] (desktop RA due to move) |
| <b>Type or Risk: Departmental</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Date: 07/07/2021</b>                        | <b>Review Date: Following Trust Guidance</b>              |
| <p><b>Risk Title: Working safely during COVID 19 pandemic. Administrative and supporting roles, office environments</b></p> <p>The government have produced guidance for employers, titled <b>working safely during COVID 19 in offices and contact centres</b>. There is a risk failing to protect staff and others due to lack of risk assessment or implementation of adequate control measures to mitigate the risk of transmission of COVID 19.</p> <p>Consultation with staff and safety representatives is encouraged during completion of the risk assessment. The aim being, the identification of control measures to reduce workplace risks to the lowest reasonably practicable level by the implementation of preventative measures and mitigating actions.</p> <p>Refer to the government guideline <b>working safely during COVID-19 in offices and contact centres</b> whilst completing this risk assessment. Each number below correlates with the section in the government guideline which will provide the risk assessor further information and the full guidance which must be applied.</p> <p>Working safely during COVID 19 assessments are part of business continuity planning to enable the continued delivery of critical and essential services.</p> |                                                |                                                           |

| No. | Hazard / potential issue                              | Who might be harmed and how                 | Actions required / comments                                                                                                                  | Reasonable adjustments, additional controls & timescale                                                                                                                                                                                                          | Date completed |
|-----|-------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1.1 | Assess and manage COVID 19 risks in the workplace     | Staff and others - COVID 19 infection risks | Consultation with staff referring to government and trust guidance                                                                           | <i>Staff are aware of both government and trust guidance.</i>                                                                                                                                                                                                    |                |
| 1.2 | Sharing the results of the risk assessment with staff |                                             | Display "five steps to safer working together" poster once risk assessment completed                                                         | <i>Poster displayed</i>                                                                                                                                                                                                                                          |                |
| 2.1 | Protecting high risk staff                            |                                             | Identify vulnerable employees & those with protected characteristics. Working from home or when not possible taking extra care is essential. | <i>Due to the nature of the service being paper patient record led, the option for staff to work at home is very limited.<br/><br/>Measures have been put in place to reduce exposure to the office environment with a rota to work from home when possible.</i> |                |

Working safely during COVID 19  
Risk assessment template 30.03.2020

|     |                                   |                                                   |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                              |  |
|-----|-----------------------------------|---------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 2.2 | Staff who need to self-isolate    | Staff and others<br>- COVID 19<br>infection risks | Ensure staff who must stay at home in accordance to current government advice are supported                                                                                        | <i>Weekly support telephone calls are made at scheduled times to incorporate those staff who are shielding and in other service areas which cannot be visited under the current Government guidelines.</i>                                                                                                                                                   |  |
| 2.3 | Equality in the workplace         |                                                   | Treat everyone fairly and equally                                                                                                                                                  | <i>In accordance with the NDHT Policy, all staff are treated with equity and fairness. There are HR Advisors and Union/Staffside available to them should they have any concerns in this regard.</i>                                                                                                                                                         |  |
| 3.0 | Social distancing at work         |                                                   | Assess the workplace, aim to maintain 2 metre social distancing wherever possible, implement mitigating actions to reduce risk of transmission where this cannot be fully achieved | <i>Mitigating actions have been taken to reduce the amount of clinical staff in their office to a maximum of two people.<br/><br/>The admin office has been rearranged to ensure a distance of 2m between staff.</i>                                                                                                                                         |  |
| 3.1 | Coming to and leaving work        |                                                   | Maintain social distancing coming to and leaving work                                                                                                                              | <i>All staff have their own vehicles.</i>                                                                                                                                                                                                                                                                                                                    |  |
| 3.2 | Moving around buildings and sites |                                                   | Maintain social distancing whilst moving around site                                                                                                                               | <i>All staff are adhering to social distancing around the office area.</i>                                                                                                                                                                                                                                                                                   |  |
| 3.3 | Workplaces and workstations       |                                                   | Assess workstations, aim to achieve 2 metre distancing                                                                                                                             | <i>Admin staff based on site, have their own designated desks. Other clinical / managerial staff have a rota to adhere to, to ensure there are no more desks used than have been designated 'safe' within the parameters of the 2m distancing rule.<br/><br/>All desks are cleaned thoroughly before and after use with trust provided antiseptic wipes.</i> |  |
| 3.4 | Meetings                          |                                                   | Avoid face to face meetings, or where not possible ensure social distancing requirements are achieved during meetings                                                              | <i>All meetings have been moved over to Conference Calling or MS Teams.</i>                                                                                                                                                                                                                                                                                  |  |
| 3.5 | Common areas                      |                                                   | Maintain social distancing in common areas such as corridors, kitchens and lobbies                                                                                                 | <i>Corridors offer a clear visual, offering staff the opportunity to wait or pass wide with other staff.</i>                                                                                                                                                                                                                                                 |  |
| 3.6 | Accidents, security & other       |                                                   | Review emergency plans such as escape                                                                                                                                              | <i>All staff on site accepts that during an emergency, social distancing may be secondary to the</i>                                                                                                                                                                                                                                                         |  |

|     | incidents,                                   |                                             | plans in the event of an emergency                                                                      | <i>circumstances (balance of risk).</i>                                                                                                                                                                                                                                                       |  |
|-----|----------------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 4.1 | Managing contacts e.g visitors               | Staff and others - COVID 19 infection risks | Avoid visitors to the workplace.                                                                        | <i>There are no visitors to this room other than scheduled emptying of confidential waste, collection and delivery of post and any estates works that may be raised. At this time staff are able to socially distance from the visitor or elect to leave the area.</i>                        |  |
| 4.2 | Providing and explaining guidance            |                                             | Ensure everyone is aware of social distancing requirements in the workplace                             | <i>There should be no visitors without prior arrangement.</i>                                                                                                                                                                                                                                 |  |
| 5.0 | Cleaning                                     |                                             | Assess workplaces including those who may have been temporarily closed                                  | <i>The cleaning staff attend daily. In addition staff clean areas with Clinell disinfectant wipes with frequency (door handles, desks, filing cabinets, etc) and have access to hand gel in communal areas.</i>                                                                               |  |
| 5.1 | Re-opening workplaces                        |                                             | Identify any work areas that were temporarily closed                                                    | <i>This service has continued to be on site during the lockdown period, therefore this is not applicable.</i>                                                                                                                                                                                 |  |
| 5.2 | Frequency of cleaning                        |                                             | Keep the workplace clean. Prevent transmission via touching of contaminated hard surfaces               | <i>In accordance with NDHT Infection Control guidelines on cleaning and hygiene, staff are accountable to supplement scheduled cleaning and have been issued with Clinell disinfectant wipes, e.g. staff wipe down frequently touched hard surfaces, door handles, sink taps and desks.</i>   |  |
| 5.3 | Hygiene – handwashing, sanitisation, toilets |                                             | Help everyone to achieve good hygiene standards                                                         | <i>Staff acknowledge that good hand hygiene is paramount to warding off the infection rate.</i>                                                                                                                                                                                               |  |
| 5.4 | Changing facilities                          |                                             | Minimise risk of transmission in changing rooms and showers                                             | <i>Staff do not use changing rooms or showers at this location.</i>                                                                                                                                                                                                                           |  |
| 5.5 | Handling goods and deliveries                | Staff and others - COVID 19 infection risks | Identify any goods or items that are delivered, aim to reduce risk of transmission from delivered items | <i>Staff wash their hands after receiving patient records back from the courier and after receiving post.<br/><br/>Web Basket deliveries are delivered to the hospital reception and staff are responsible to collect and unpack into the store cupboard, hand washing immediately after.</i> |  |

|       |                                    |                                             |                                                                                                   |                                                                                                                                                                                                                                                                                  |
|-------|------------------------------------|---------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|       |                                    |                                             |                                                                                                   |                                                                                                                                                                                                                                                                                  |
| 6.1   | PPE & protective face coverings    |                                             | Wearing face covering by non-clinical staff outside of clinical settings is not necessary         | <i>Effective 15/06/2020, face masks have been deemed compulsory to be worn at any NDHT site.</i>                                                                                                                                                                                 |
| 7.1   | Shift patterns and work groups     |                                             | Review how work is organised, create work groups                                                  | <i>Due to the nature of the paper patient records, staff have been working throughout the lockdown period, with the exception of those who are home working/shielding. All other staff have been sat within a safe distance and in accordance with Government guidelines.</i>    |
| 7.2.1 | Work related travel                |                                             | Eliminate work related travel where feasible                                                      | <i>Currently, there is no work related travel. Staff meetings are conducted by conference calling or via MS Teams.</i>                                                                                                                                                           |
| 7.2.2 | Work related travel – deliveries   |                                             | Eliminate work related travel where feasible                                                      | <i>N/A – the service has a courier service to eliminate this risk.</i>                                                                                                                                                                                                           |
| 7.3.1 | Returning to work                  | Staff and others - COVID 19 infection risks | Ensure all staff returning to the workplace understand COVID 19 safety precautions and procedures | <i>Staff have been working as usual or office/home rota.</i>                                                                                                                                                                                                                     |
| 7.3.2 | Ongoing communications and signage |                                             | Ensure staff are up to date with the latest guidance, updates and changes to measures             | <i>The SMT meet weekly on MS Teams. Any actions from this meeting are cascaded.<br/><br/>All admin staff are contacted on a scheduled weekly call to incorporate those shielding (for inclusion to decision making).<br/><br/>The clinicians have team meetings on MS Teams.</i> |
| 8.0   | Inbound and outbound goods         |                                             | Maintain social distancing and avoid surface transmission when goods enter and leave site         | <i>Web Basket orders, post and couriers returning patient notes are all handled by staff and then they undertake thorough hand washing (hand sanitiser is also provided for staff). All surfaces are cleaned with Clinell wipes frequently throughout the day by staff.</i>      |
|       |                                    |                                             |                                                                                                   |                                                                                                                                                                                                                                                                                  |

**Risk assessment completed by:** [REDACTED], Specialist Services Business Manager, 7 July 2021 (following the move from Crown Yealm House)

### ACTION PLAN

| Item | Recommendations | Action Required<br>(SMART Objectives to be used) | Monitoring/<br>measurable<br>How we know we<br>have succeeded?<br>(Evidence) | Lead Responsible for<br>completing action | Date to be<br>completed | Update on action /<br>comments<br><insert date> |
|------|-----------------|--------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------|-------------------------|-------------------------------------------------|
| 1    |                 |                                                  |                                                                              |                                           |                         |                                                 |
| 2    |                 |                                                  |                                                                              |                                           |                         |                                                 |
| 3    |                 |                                                  |                                                                              |                                           |                         |                                                 |
| 4    |                 |                                                  |                                                                              |                                           |                         |                                                 |



## Northern Devon Healthcare NHS Trust - Workplace Risk Assessment Statement

Employers have a duty to reduce workplace risk to the lowest reasonably practicable level by taking preventative measures. Employers must work with any other employers or contractors sharing the workplace so that everybody's health and safety is protected. In the context of COVID-19 this means working through these steps in order:

- In every workplace, **increasing the frequency of handwashing and surface cleaning.**
- Businesses and workplaces should make every reasonable effort to **enable working from home** as a first option. Where working from home is not possible, workplaces should make every reasonable effort to comply with the social distancing guidelines set out by the government (keeping people 2m apart wherever possible).
- Where the social distancing guidelines cannot be followed in full, in relation to a particular activity, businesses should consider whether that activity needs to continue for the business to operate, and if so, **take all the mitigating actions possible to reduce the risk of transmission between their staff.**

Further mitigating actions include:

- Increasing the frequency of hand washing and surface cleaning.
- Keeping the activity time involved as short as possible.
- Using screens or barriers to separate people from each other.
- Using back-to-back or side-to-side working (rather than face-to-face) whenever possible.
- Reducing the number of people each person has contact with by using 'fixed teams or partnering' (so each person works with only a few others).
- Finally, if people must work face-to-face for a sustained period with more than a small group of fixed partners, then you will need to assess whether the activity can safely go ahead. No one is obliged to work in an unsafe work environment.
- In your assessment you should have particular regard to whether the people doing the work are especially vulnerable to COVID-19. (Individual Risk Assessments)

## Departmental Manager Risk Assessment Declaration

1. We have carried out a COVID-19 risk assessment and shared the results with the people who work here
2. We have cleaning, handwashing and hygiene procedures in line with guidance
3. We have taken all reasonable steps to help people work from home
4. We have taken all reasonable steps to maintain a 2m distance in the workplace

Working safely during COVID 19  
Risk assessment template 30.03.2020

5. Where people cannot be 2m apart, we have done everything practical to manage transmission risk
  
6. The appropriate manager has signed and displayed the Staying COVID 19 secure in 2020 poster in the workplace
  
7. The completed Working safely during COVID 19 risk assessment will be incorporated into existing business continuity plans. The risk assessment will be reviewed as is necessary, subject to changes in guidance and circumstances

Managers Name ..... Signature..... Date.....

# Staying COVID-19 Secure in 2020

We confirm we have complied with the government's guidance on managing the risk of COVID-19

## • FIVE STEPS TO SAFER WORKING TOGETHER •

- ✓ We have carried out a **COVID-19 risk assessment** and shared the results with the people who work here
- ✓ We have **cleaning, handwashing and hygiene procedures** in line with guidance
- ✓ We have taken all reasonable steps to **help people work from home**
- ✓ We have taken all reasonable steps to **maintain a 2m distance** in the workplace
- ✓ Where people cannot be 2m apart, we have done everything practical to **manage transmission risk**

Employer \_\_\_\_\_ Date \_\_\_\_\_

Who to contact: \_\_\_\_\_ Your Health and Safety Representative  
(or the Health and Safety Executive at [www.hse.gov.uk](http://www.hse.gov.uk) or 0300 003 1647 )

**NORTHERN DEVON HEALTHCARE TRUST**

**BRIEFING PAPER**

**Relocation of Bladder and Bowel team from Crown Yealm House to South Molton Hospital**

|                         |                |
|-------------------------|----------------|
| <b>Document Status:</b> | Briefing Paper |
| <b>Version:</b>         | V1             |

| <b>DOCUMENT CHANGE HISTORY</b> |             |                                                                         |
|--------------------------------|-------------|-------------------------------------------------------------------------|
| <b>Version</b>                 | <b>Date</b> | <b>Comments (i.e. viewed, or reviewed, amended, approved by person)</b> |
| V1                             | 21.06.21    | Final                                                                   |
|                                |             |                                                                         |
|                                |             |                                                                         |
|                                |             |                                                                         |
|                                |             |                                                                         |

|                 |  |
|-----------------|--|
| <b>Authors:</b> |  |
|-----------------|--|

**TABLE OF CONTENTS**

| <b>Section</b>   | <b>Description</b>                               | <b>Page Number</b> |
|------------------|--------------------------------------------------|--------------------|
| <b>Section 1</b> | <b>Background &amp; Rationale For The Change</b> | <b>3</b>           |
| <b>Section 2</b> | <b>Proposed Plan</b>                             | <b>3</b>           |
| <b>Section 3</b> | <b>Timelines and Next Steps</b>                  | <b>4</b>           |

## 1 Background & Rationale For The Change

- 1.1 Currently the NDHT Bladder and Bowel north facing service have a team of staff located within Crown Yealm House on Pathfields Business Park near South Molton.
- 1.2 The lease for this building is held by Devon CCG however, a decision has been made not to renew this lease and to vacate the office by the 7<sup>th</sup> July 2021. The Bladder and Bowel Team will therefore need to be relocated to alternative office premises.
- 1.3 This consultation document is for NDHT Bladder and Bowel staff based at Crown Yealm House and sets out proposed relocation arrangements.

## 2. Proposed Plan

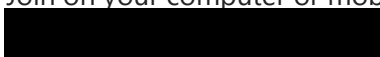
- 2.1 Currently the BBC office within Crown Yealm House houses 7 desks and has dedicated telephone lines for inbound BBC patients.
- 2.2 The following 6 staff members have been identified as currently being based at CYH and requiring a new base:

| NDHT BBC TEAM                 | Number                           |
|-------------------------------|----------------------------------|
| Admin                         | 2 staff members                  |
| Adult BBC clinical staff      | 3 staff members (plus 1 vacancy) |
| Paediatric BBC clinical staff | 1 member of staff                |

- 2.3 A recent options appraisal paper was submitted to the NDHT Operational Board whereby it was agreed that the BBC team would permanently relocate to refurbished offices within South Molton Hospital.
- 2.4 However, the planned refurbishment will not be completed before 7<sup>th</sup> July 2021, and as such, temporary office space has been found, in room 82, the current ward day room, also within South Molton Hospital, in the interim. The proposal is for the team to move on July 6<sup>th</sup> 2021.
- 2.5 IT managers from both NDHT are being involved in the relocation process to ensure that appropriate access to IT systems can be provided wherever required. The plan is for room 82 to house 4 desks, and 2 dedicated phone lines for the BBC team/service.
- 2.6 Any required suitable office furniture will be arranged and a removal company has been organised.
- 2.7 Excess mileage protection will be provided, where relevant, according to individual circumstances. For NDHT staff this will be for a 4 year period from the date of move.

**3. Timelines and Next Steps**

**3.1** The proposed time table described in this paper has been developed to ensure that staff have the opportunity to seek clarity on the proposal, but the short timeframe is acknowledged.

| <b>Action</b>                                                    | <b>Achieved by</b>                                                                                                                                                                                  |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Briefing paper to team                                           | 21 <sup>st</sup> June 2021                                                                                                                                                                          |
| Meeting for BBC team and Management<br>Leads to discuss proposal | Microsoft Teams meeting<br>Join on your computer or mobile app<br><br>Tuesday 22 <sup>nd</sup> June 2021 at 12:15 |
| Individual Meetings with relevant line manager (if required)     | By 1 <sup>st</sup> July 2021                                                                                                                                                                        |
| Relocation date                                                  | 6 <sup>th</sup> July 2021                                                                                                                                                                           |

# New Site

## Project details:

|                                 |                                        |
|---------------------------------|----------------------------------------|
| Project name                    | Bladder and Bowel North Team – AT RISK |
| Service desk call number (s)    | [REDACTED]                             |
| Internal IT officer responsible | [REDACTED]                             |
| Project manager (email, phone)  | [REDACTED]                             |
| Site contact (email, phone)     | [REDACTED]                             |
| Estates officer responsible     | [REDACTED]                             |
| Formal site name                | South Molton Hospital                  |

## Project outline:

|                                                                                                                                                                            |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| What is the planned move date                                                                                                                                              | 06/07/2021                                                                   |
| Is this a move to an existing NDHT managed site? Or the commissioning of a new site?<br>(Current site infrastructure to be considered)                                     | Existing NDHT managed site – South Molton Hospital                           |
| Is this site shared with other organisations?                                                                                                                              | Yes                                                                          |
| Office hours                                                                                                                                                               | Monday to Friday 09:00-17:00                                                 |
| Is the move dependant on another project / move - For example who is moving the furniture?                                                                                 | [REDACTED] Removals Company                                                  |
| Are any other projects/moves dependant on this move?                                                                                                                       | This service will be 'AT RISK' on 06/07/2021                                 |
| Is move temporary or permanent?                                                                                                                                            | Unsure awaiting Exec decision making                                         |
| If temporary, anticipated return date?                                                                                                                                     |                                                                              |
| When will the "from" site be available for survey                                                                                                                          | Immediately (Crown Yealm house)                                              |
| When will the "to" site be available for survey/first entry                                                                                                                | Immediately (South Molton Hospital)                                          |
| Requested move date?                                                                                                                                                       | 06/07/2021 (not negotiable)                                                  |
| Please confirm when the site will be ready for IT actions. (i.e. please have removal company confirm when desks and equipment will be on new site ready for IT to deploy.) | Unsure if you are wishing [REDACTED] to move IT equipment – please advise    |
| Number of Staff moving?                                                                                                                                                    | 6                                                                            |
| Numbers of PCs/laptops?                                                                                                                                                    | 6                                                                            |
| Number of printers?                                                                                                                                                        | 0                                                                            |
| Number of MFD's?                                                                                                                                                           | 1                                                                            |
| Any other                                                                                                                                                                  |                                                                              |
| Is Secure printing on MFD requested?                                                                                                                                       | Yes                                                                          |
| Number of telephone extensions?<br>I.e. phone lines, fax lines, franking machines.                                                                                         | Awaiting confirmation from [REDACTED] regarding retaining current system x 6 |
| Primary roles of team/s involved?                                                                                                                                          | Specialist Nurses & Admin                                                    |
| Will the site receive patients?                                                                                                                                            | No                                                                           |
| Is there a budget available for this move?<br>Please state budget code and budget holder                                                                                   | Yes, [REDACTED]                                                              |



**Old Site details:**

|                                                                                          |                                                            |
|------------------------------------------------------------------------------------------|------------------------------------------------------------|
| Address (including trust name for building)                                              | Crown Yealm House                                          |
| Opening Hours                                                                            | 09:00-17:00                                                |
| Access Control Method                                                                    | Lift to 1 <sup>st</sup> floor available                    |
| CAD drawing of final layout                                                              | TBC                                                        |
| Is new site an NDHT managed building?                                                    | Yes                                                        |
| Will site shared with any other parties? If so who? (RD&E, DPT, DCC, other please state) | NDHT Services                                              |
| If a site move is old site being decommissioned?                                         | Returned to landlord – removed from NDHT property register |

**Old Site Contact Details:**

|               |                              |
|---------------|------------------------------|
| Name          | [REDACTED] on behalf of team |
| Telephone no. | [REDACTED]                   |
| Email         | [REDACTED]                   |
| Working hours | Monday to Friday             |

**New Site details:**

|                                                                                          |                                                                             |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Address (including trust name for building)                                              | Ward Therapy Gym, South Molton Hospital (Room 82)                           |
| Opening Hours                                                                            | 24/7                                                                        |
| Access Control Method                                                                    |                                                                             |
| CAD drawing of final layout                                                              | See Appendix B for general floorplan. More details of desk layout to follow |
| Is new site an NDHT managed building?                                                    | Yes                                                                         |
| Will site shared with any other parties? If so who? (RD&E, DPT, DCC, other please state) | NDHT                                                                        |
| If a site move is old site being decommissioned?                                         | Yes, Returned to Property Owner                                             |

**New Site Contact Details:**

|               |                              |
|---------------|------------------------------|
| Name          | [REDACTED] on behalf of team |
| Telephone no. | [REDACTED]                   |
| Email         | [REDACTED]                   |
| Working hours | Monday to Friday             |

---

# IT Project Notes

---

NSD Call Reference:



## Brief description of plan:

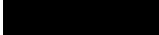
To move the North Bladder and Bowel Team out of Crown Yealm House on 06/07/2021, as the building is being returned to the landlord. Service has no alternative but to move to South Molton Hospital to the Ward Therapy Gym (room name) on this date. Awaiting notification if telephones may be retained, as failure to retain them would result in money spent on website/leaflet/Trakcare letters etc being changed. Also unsure of IT network ports in that room TBA.




SPECIALIST SERVICES BUSINESS MANAGER

## Project Notes Updates:

**2021/06/21 NM** – the Bladder & Bowel Team will be moving to **room 82** (former Day room) at South Molton Hospital. There are to be 4 desks in this room, each with a PC asset and telephone. A canon MFD will also be installed in this room. Remaining PC assets not able to be situated in room 82 will be placed in storage for the short term. Refer to **Appendix A** for equipment list.

A quick check by SMH staff has confirmed there are no network points in this room and mitigations have been put in place as detailed in the Network section below.  has confirmed there is enough switching capacity at SMH, Wi-Fi AP coverage has not yet been determined. A power socket uplift has been ordered through facilities by SMH.

Telephony provision is currently a work in progress owing to the SMH system being tight on resources. There are no telephone points in room 82.  have confirmed that they can support us in retaining the current phone numbers, both via a short term forward or potentially a porting of the numbers to our supplier. This will come away from the Skype system that is currently in use. The majority of staff **does not** have a Trust mobile phone.

**Network Requirements:-**

Site surveyed date? **18/06/2021 (Network point audit)**

|                                       | In Place | Required | Requirements |
|---------------------------------------|----------|----------|--------------|
| Power                                 | YES / NO | YES / NO |              |
| UPS                                   | YES / NO | YES / NO |              |
| By-Pass                               | YES / NO | YES / NO |              |
| Power Bar                             | YES / NO | YES / NO |              |
| Power Leads                           | YES / NO | YES / NO |              |
| Cabinet present                       |          |          |              |
| Cab space required                    |          |          |              |
| Is cab secure? Extra measures needed? | YES / NO | YES / NO |              |
| Cooling / Ventilation                 | YES / NO | YES / NO |              |

|                               | In Place | Required | Requirements |
|-------------------------------|----------|----------|--------------|
| BB link                       |          |          |              |
| HSCN Link                     | YES / NO | YES / NO |              |
| PSN Link                      | YES / NO | YES / NO |              |
| Fibre Links                   | YES / NO | YES / NO |              |
| Infrastructure Cabling        | YES / NO | YES / NO |              |
| Firewall                      | YES / NO | YES / NO |              |
| Proxy                         | YES / NO | YES / NO |              |
| Switches                      | YES / NO | YES / NO |              |
| Patch Leads                   | YES / NO | YES / NO |              |
| IP Range                      | YES / NO | YES / NO |              |
| WiFi AP's                     |          |          |              |
| Cross organisation Link (VPN) |          |          |              |
|                               |          |          |              |

**Notes:**

**21/06/2021 NM** A quick check of room 82 was carried out on our behalf by [REDACTED] at South Molton Hospital. It has been confirmed that currently there are **NO** network points in this room. We have confirmed from our end that there is switching capacity in the network to facilitate extra ports, but these will need cabling. A power socket uplift has been ordered through Facilities by [REDACTED], and [REDACTED] has engaged with [REDACTED] to get the network cabling works done. We have recommended 2 network points per desk and a separate port for the Canon MFD. [REDACTED] will meet with [REDACTED] and [REDACTED] (Bladder & Bowel staff) on 22<sup>nd</sup> June to discuss desk arrangements and network point locations. It is thought there will be 4 desks. A Wi-Fi AP coverage check **has not** been carried out to date.

**Server requirements:**

|                                         | In Place | Required | Requirements |
|-----------------------------------------|----------|----------|--------------|
| Power                                   | YES / NO | YES / NO |              |
| Cabinet space                           | YES / NO | YES / NO |              |
| Network points                          |          |          |              |
| IP address's                            |          |          |              |
| Server<br>(Small or large)              |          |          |              |
| Printers Make/model<br>for print server |          |          |              |
|                                         |          |          |              |

**Notes:**

**Desktop Requirements:**

**Asset number of all equipment to be moved:**

**Desktop PC's:**  
[REDACTED] plus keyboard & mouse for each

**Monitors:**  
[REDACTED]

**MFD:**  
Canon MFD s/n 2 [REDACTED] - [REDACTED]

**Assets to be stored:**

**Desktop PC's:**  
[REDACTED] (screen [REDACTED]), [REDACTED], [REDACTED] plus keyboard & mouse for each

**Assets to be returned:**  
Laptop [REDACTED] Laptop [REDACTED]  
Canon MFD s/n [REDACTED] - [REDACTED]

*Any new equipment to be delivered? (Ticket Refs.)* **No**  
*Details of any special IT equipment.* **N/A**  
*Is there any equipment in non standard user Vlan (i.e. medical equipment)* **N/A**  
*Are any generic accounts in use?* **No**  
*If so do they need to be changed for the new location?* **N/A**  
*Printers and MFD's – networkable/serviceable, Equipment due for replacement.* **MFD on lease, to be moved to South Molton**  
*Identify any PAS/PATH queues:* **TBC**  
*Network Ports audit (From site (to de-patch) to site for switch planning. No network points in room 82. Call raised with [REDACTED] to sort. 2 ports per desk recommended plus MFD*  
*Power sockets ok? Power uplift ordered by [REDACTED]*  
*CMDB updates required? Yes – some Equipment being stored or used at home. See Appendix A*  
*Applications – any firewall considerations* **NO**

\*\*\*\* all infrastructure equipment names, software versions, IP's, overview of configurations to be recorded on this form and signed off at end of project.

**Telecoms Requirements:**

|                                                                                             |                                                                                                   |                                              |                                              |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------|
| Is the current phone system moving, does it have current maintenance?                       | <b>Yes</b>                                                                                        | Current maintenance provider                 | ████                                         |
| What Handsets are in use: - Tel number, make, model.                                        | Number <b>7</b>                                                                                   | Make <b>Skype</b>                            | Model: ( <b>Existing Provided by █████</b> ) |
| What Headsets are in use: – Tel number, make, model.                                        | Number                                                                                            | Make                                         | Model                                        |
| Which tel. numbers have Voicemail (and require it going forwards?)                          | Username                                                                                          | Telephone number                             |                                              |
| Which tel. numbers have Call forwarding (and require it going forwards?)                    | Call forwarding group name: <b>N/A</b>                                                            | Telephone numbers in group                   |                                              |
| Which tel. numbers have Hunt groups, what is the configuration of the hunt group?           | Hunt group name: <b>N/A</b>                                                                       | Telephone numbers in group, in order of hunt |                                              |
| Which tel numbers have Pickup groups, what is the configuration of the Pickup group?        | Pickup group name: <b>N/A</b>                                                                     | Telephone numbers in group                   |                                              |
| Do any users have Special requirements?                                                     | Equipment requirement, <b>N/A</b>                                                                 | Telephone number                             |                                              |
| Is there any call centre functionality required at the new site?                            | <b>TBC</b>                                                                                        |                                              |                                              |
| Do any lines need to be moved?                                                              | <b>████ to provide number retention and short/long term forwarding or porting to new supplier</b> |                                              |                                              |
| Is new cabling required within the new building? If so what type, how many, potential cost. | <b>TBC – Provision at SMH is tight</b>                                                            |                                              |                                              |

**Notes:**

**21/06/2021** █████ Telephony is currently supplied by █████ as a Skype solution. Going forwards █████ have confirmed that they can support us in retaining the phone numbers, both via a short term forward or potentially a porting of the numbers to our supplier. This is good news, as these numbers feature on printed stationary and within TrakCare letters. This however excludes the continued usage of Skype. Resources of SMH phone system are very tight and with this in mind, the telephony solution is still a work in progress and will be picked up by our Telecoms Manager.

## Appendix A:

Assets currently held by Bladder & Bowel Team

| Staff member                                     | Station/<br>Desk ID | PC Asset<br>No. | Laptop Asset<br>No. & Model       | 2nd Screen<br>Asset No | Docking station<br>Asset No | Phone<br>Asset No. |
|--------------------------------------------------|---------------------|-----------------|-----------------------------------|------------------------|-----------------------------|--------------------|
| [REDACTED]                                       | 1                   | [REDACTED]      | Lenovo T460 -<br>[REDACTED]       | [REDACTED]             | N/A                         | N/A                |
| [REDACTED]                                       | 2                   | [REDACTED]      | N/A                               | [REDACTED]             | N/A                         | N/A                |
| [REDACTED]                                       | 3                   | [REDACTED]      | TBC                               | N/A                    | N/A                         | TBC                |
| [REDACTED]                                       | 4                   | [REDACTED]      | TBC                               | N/A                    | N/A                         | TBC                |
| Physiotherapist<br>Post – formally<br>[REDACTED] | 5                   | [REDACTED]      | Lenovo / [REDACTED]<br>[REDACTED] | [REDACTED]             | N/A                         | N/A                |
| [REDACTED]                                       | 6                   | [REDACTED]      | TBC                               | N/A                    | N/A                         | TBC                |
| Hot Desk PC                                      | 7                   | [REDACTED]      | N/A                               | N/A                    | N/A                         | N/A                |
| Canon MFD Printer                                | s/n:<br>[REDACTED]  | [REDACTED]      | N/A                               | N/A                    | N/A                         | N/A                |
| Return Laptop                                    | N/A                 | N/A             | [REDACTED]                        | N/A                    | N/A                         | N/A                |
| Canon MFD Printer<br>(old issue)                 | s/n:<br>[REDACTED]  | [REDACTED]      |                                   |                        |                             |                    |

|                |                                    |
|----------------|------------------------------------|
| [Green]        | Assets moving to South Molton      |
| [Yellow]       | Assets returning to NDDH           |
| [Light Yellow] | Assets used for Home/other working |
| [Light Orange] | Assets being placed in storage     |

## Appendix B

Plan of South Molton Hospital – Bladder & Bowel Team to have 4 desks in room 82 (Dayroom)

