Name of Policy: Occupational Health Policy

Effective From: 14/03/2016

Date Ratified 09/02/2016
Ratified Human Resources Committee
Review Date 01/02/2018
Sponsor Director of Strategy and Transformation
Expiry Date 08/02/2019
Withdrawn Date

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This policy supersedes all previous issues
## Version Control

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<th>Date</th>
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<td>Julie Orr</td>
<td>HR Committee</td>
<td>03/02/2014</td>
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<td>09/02/2016</td>
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Occupational Health Policy

1 Introduction

Occupational Health Departments exist to help Trusts to protect employees and others affected by the work of the Trust (patients, visitors, contractors, students, and so on) from health hazards arising from work activities or the work environment and contribute to increasing the effectiveness of the organisation. They maximise the opportunities for working-age people to access, retain or regain work with the Trust; help ensure that work is fitted to the applicant and that an employee does not pose a risk to others, by for example screening for infectious disease.

Gateshead Health NHS Foundation Trust places great importance on the health safety and welfare of its staff and recognises that having healthy and safe staff is crucial for the delivery of high quality patient care.

The management of occupational health, safety and well-being is now central to the effective running of the NHS. There is strong evidence linking patient safety, patient experiences and the quality of care with the safety, health and well-being of the workforce. The Boorman review into the health and well-being of the NHS workforce clearly illustrates this link. However, looking after the health and well-being of staff is far more than supporting staff to develop healthy lifestyles: there is a legal duty to protect the health and safety of staff.

Good occupational health and safety is an essential part of the effective management of the health of people at work. It can reduce ill health and accidents and should improve employee morale and performance. In its broadest function occupational health addresses the impact of health on work and work on health. The Occupational Health Department of Gateshead Health NHS Foundation Trust provides a wide range of functions for Trust employees which are outlined in this document. The multidisciplinary team provides holistic care for staff by working together to address the needs of the individual and the organisation. The department practices in accordance with the relevant Department of Health, Health and Safety Guidance and legislation as well as SEQOHS Standards (Safe Effective Quality Occupational Health Service).

The service provided is confidential for staff and Occupational Health records are kept securely and accessible only by Occupational Health staff.

2 Policy scope

This policy is Trust wide and applies to all members of staff employed/working within Gateshead Health NHS Foundation Trust. This includes any person who has a contract with the Trust (i.e. honorary contracts, volunteers, work experience students etc.). Others who are on placement within the Trust such as medical, nursing students, clinical attachments or medical staff employed by the LET or locum staff are able to access the department in event of an emergency such as a sharps injury or distress and in certain cases for vaccines. After initial advice and management of the situation they may be referred to their own occupational health provider for any necessary follow on care.

3 Aim of policy

To outline the services provided by the Occupational Health Department for Trust employees.
4 Duties - roles and responsibilities

Trust Board
The Trust Board have responsibility to ensure staff have access to a suitable and sufficient Occupational Health Department

Chief Executive
The Chief Executive is ultimately responsible for ensuring effective corporate provision of a suitable and sufficient Occupational Health Department within the organisation and therefore supports the Trust-wide implementation of this policy

Executive Director
The Director of Strategy & Transformation sponsors this policy and is responsible for its implementation

Deputy Director of HR/Head of OH has responsibility for ensuring provision of OH services and that appropriate skill mix is in place to support delivery.

Associate Directors
Associate Directors have responsibility for the implementation of the policy within their area and supporting line managers in exploring options for helping staff return to or remain at work when these are not readily available within the immediate work area.

Heads of Department / Line Managers
The Trusts managing Attendance Policy PP 11 should be referred to in addition to the following points.
http://pandora/docs/policies/DOCUMENTS%20POLICIES/Managing%20Attendance%20Procedure.docx

Heads of Department / Line managers have responsibility for:
• Ensuring staff are referred to the Occupational Health Department appropriately and without delay when needed
• Ensuring and allowing attendance of all relevant staff at occupational health appointments
• Acting on occupational health reports in a timely manner
• Contacting the Occupational Health Department to clarify any referrals or reports when needed
• Making adjustments to workplaces and duties where feasible to support staff to remain at work or return to work as soon as possible following any absence or development of any health problems which affect their ability to manage at work and discussing this with more senior managers where this is not easily achievable
• Provision of updates and information to Occupational Health Department when requested to do so as appropriate
• Maintaining confidentiality of information given or received in relation to Occupational Health Services

All staff
All Staff have responsibility for:
• Contacting Occupational Health with concerns regarding their health if this is impacting on their ability to manage at work or if work is having an impact on their health. Staff are encouraged to raise these concerns initially with their manager if they are comfortable doing so
• Attending Occupational Health appointments or giving reasonable notice (24 hours) where ever possible of non-attendance to allow the appointment to be re booked
To be open and honest in their discussion with Occupational Health staff
To agree to Occupational Health staff working jointly to develop and implement a package of care suitable for their individual needs
Clinical staff who believe they may have been infected with HIV, Hepatitis B and/or Hepatitis C must discuss this in confidence with Occupational Health and refer to their obligations under their statutory body

**Occupational Health Department Manager**
Occupational Health Department Manager has responsibility for:
- Ensuring implementation and monitoring of this policy
- Provision of 4 monthly report to Trust Board re OH provision via HR Committee
- Ensuring services required are provided

**Occupational Health Department** has responsibility for:
- Provision of a comprehensive and confidential occupational health services to all employees including counselling and clinical ergonomics in line with standards set by Occupational Health and Safety Standards (Partnership for Occupational Safety and Health in Healthcare 2010) and The SEQOHS (Safe Effective Quality Occupational Health Service) standards for accreditation 2010.
- Provision of impartial assessment, guidance and advice to employees, managers and HR on appropriate measures to support the rehabilitation and redeployment of staff to enable a return to work or to advise when this may not be feasible
- Where an employee attends the Occupational Health Department without a management referral and is assessed as being unfit to return to the workplace, Occupational Health should communicate their advice to an individual’s Line Manager. It is the Managers decision as to whether the employee should be sent home, taking into account the Occupational Health advice. Where an individual deems themselves unfit to return to the workplace there is the same requirement to notify their manager of their absence in line with the Authorisation of Leave Policy and Managing Attendance at Work Policy.
- Provide advice on appropriate duties and tasks for employees who require redeployment or whether to support an employee’s application to the NHS Pensions Agency for ill health retirement or whether a person is likely to have a disability in accordance with appropriate legislation.
- Provision of reports via HR Committee re uptake or services, waiting times, identified trends etc.
- Ensuring services provided to external clients are not provided at the detriment of the Trust
- To support development and implementation of Trust policies
- To actively support relevant committees and working groups including Health and Safety, Infection Prevention and Control, Health and Wellbeing, Major Incident Planning
- To ensure manual handling and associated training is provided in line with relevant policies
- Participating in Trust, regional and national audits
- Achieving and maintaining national accreditation standards
- Identify and report identified occupational health risks to relevant committee (HR, H&S IPPC etc.)

**HR Department**
HR has responsibility for
- Ensuring all new appointments including Locums to the Trust undergo an appropriate Occupational Health Screening prior to unconditional offer of appointment in line with NHS Employers requirements and Department of Health Guidance.
- Providing support and advice to managers and staff on the fair and equitable application of this policy.
• Providing support and advice to managers and staff on the appropriateness of referrals to Occupational Health in line with PP11 Managing Attendance at Work Policy.
• Ensuring appropriate and relevant information is held within an employee’s personal file and recorded in ESR (Electronic Staff Record) where applicable.
• Work collaboratively with Occupational Health and Managers with regard to a range of Management of Attendance issues, in particular the achievement of the Trust’s corporate sickness absence target.

5 Definitions

• OHD Occupational Health Department
• OH Occupational Health
• OHP Occupational Health Physician
• OHNA Occupational Health Nurse Advisor
• HR Human resources
• SEQOHS Safe effective Quality Occupational Health Service (national accreditation scheme)

6 Occupational health policy

6.1 Confidentiality

Any information provided to the Occupational health Department is kept in confidence and will not be shared or made available to managers, HR or others without the employee’s consent. Exceptions to this are in line with professional and legal guidelines and there may be a need to share information with others if disclosed information suggests someone may be at risk of harm. This could be the employee being at risk of harm to self or a patient or other person. Where confidentiality may need to be breached, the Department will endeavour to discuss this initially with the individual to explain why this is needed.

6.2 Self Referrals

Any employee can self-refer themselves to the Occupational Health Department for advice, support and available services. Self-referrals will not automatically lead to a report or advice being issued to managers. Where it is thought this will be helpful, this will be discussed and agreed with the attending employee. If the employee does not consent to a report or advice being sent, it will be responsibility of manager to make a referral to the service should advice be required.

Exceptions to this are where it is felt that an employee is unfit to remain at work (either in normal job capacity or in any capacity) or that there is a risk to the safety of patients, colleagues, visitors or others by the employee remaining at work. In these cases, Occupational Health will inform the relevant manager that the employee is unfit to remain at work and where possible will advise on any alterations to duties that can be considered. No confidential information regarding reason for this advice will be shared.

6.3 Department Structure

The department consists of a multi-disciplinary team who hold the appropriate qualifications for their role. Unqualified / non specialist staff work under the supervision and guidance of staff with the appropriate knowledge, skills and experience.
6.3.1 **Occupational Health Nurses:**

The specialist nurse practitioners are qualified 1st level nurses with additional qualification and professional registration as Specialist Public Health Nurses in Occupational Health. The nurses specialise in assessing and advising on the impact of health on work and work on health. Any members of the nursing team who do not hold specialist qualifications are supervised by the specialist practitioners.

6.3.2 **Clinical Ergonomics**

This team has professionals from the background of Occupational Therapy, 1st Level Nurses. The team advises and assesses risks to staff or services from the way work is carried out and provides Manual Handling and associated training for employees.

6.3.3 **Counselling**

This team offer a confidential counselling service to all staff members on both work and non-work related issues. Counsellors are qualified and accredited with a Professional body.

6.3.4 **Occupational Health Physician**

Is a qualified doctor who holds a specialist qualification in Occupational Medicine and is a member of the Faculty of Occupational Medicine. The OHP specialises in assessing and advising on the impact of health on work and work on health.

6.3.5 **Administration**

The department and the above teams are supported by an experienced administration team.

6.4 **Contact details / location**

This information is provided on the Occupational health department intranet site – [Gateshead Health NHS Foundation Trust Intranet](#).

6.5 **Services Provided**

Our services are available to all Trust employees on a self-referral basis and following a referral made by managers (NB managers referring staff for counselling must have agreement from employee that they want to access this service). Staff who are not employed directly by the Trust are advised to contact the department to check what services are available to them. Suitable alternative arrangements will be made for staff that are unable to attend the department due to disability. The range of services provided are detailed on our intranet page [Gateshead Health NHS Foundation Trust Intranet](#).

Referrals to the department should be made using the appropriate referral form which can be accessed here [Gateshead Health NHS Foundation Trust Intranet](#).
6.6 Provision of Core Services.

The following core services will be provided in line with SEQOHS Requirements:

6.6.1 Prevention – the prevention of ill health caused or exacerbated by work. Examples of this include provision of vaccinations, work to reduce risk of sharps injuries, reduction of risk of musculo-skeletal injuries.

6.6.2 Timely intervention – easy and early treatment of the main causes of sickness absence in the NHS. This will include access to physiotherapy services and counselling/support services for staff. The OHD will also liaise with the employees treating Specialist/GP if absence is longer than 8 weeks by copying Manager report to them or by more specific request for information if felt clinically needed by OHD.

6.6.3 Rehabilitation – processes to help staff stay at work or return to work after illness. This will involve assessment of staff who have self-referred or who have been referred to the OHD by their manager and provision of reports and recommendations to managers to avoid absence or to enable early return.

6.6.4 Health assessments for work – supporting organisations manage attendance, retirement and related matters. Pre-placement screening will be undertaken for all new employees prior to appointment ensuring that all relevant Department of Health, NHS Employers, and HASWA (1974). Local protocols are in place dictating what health clearance is needed for each post and is regularly audited. This will also be carried out for volunteers and other staff, visitors as deemed necessary by the Trust.

6.6.5 Promotion of health and well-being – using work as a means of improving health and well-being and using the workplace to promote health. The OHD are active members of the Health and Wellbeing steering group and will undertake a number of health promotion campaigns each year to support this and will participate in work streams agreed by this group to support health and wellbeing of employees.

6.6.6 Teaching and training – promoting the health and wellbeing approach amongst staff and managers. The OHD will provide teaching and training on a number of topics including Managing Attendance, mental health in the workplace, sharps injuries, Manual Handling, flu vaccinator training.

6.7 Referrals to other health care professionals

OHD staff can make some referrals to some health care professionals e.g. physio, dietitians. This is dependent on individual circumstances and the OHNA will be happy to advise on whether this may be possible. The OHD is not however a replacement for a GP and staff will be advised to seek an assessment from their GP or walk in centre if they have concerns regarding their general health that OHD cannot assist with.

6.8 Information and its use

6.8.1 Security of information.

Information provided to the OHD by employees is kept in both paper and electronic format. This is retained securely within the Department and in line with Trust policies, professional codes of conduct and legal requirements (Data Protection Act 1998). No confidential information will be released to managers, HR or others without the employee’s informed consent.
6.8.2 Use of information

All information provided to the OHD by employees, managers or others is kept and used for the provision of occupational health care. Anonymised data may be used for audit purposes and in clinical supervision sessions. Any information provided by or obtained during discussions with managers or HR will be recorded within the OH records of the relevant employee.

6.8.3 Obtaining information from others

There may be times when it is necessary to seek information from others such as another OHD, GP, treating specialists. The need for this will be discussed with the employee and consent obtained in accordance with Access to Medical Records Act 1988 and Access to Health Records Act 1990.

6.8.4 Accessing information

Staff who require a full or part copy of their occupational health records should apply for this in writing to the department in accordance with the Access to Medical Records Act 1988 and Access to Health Records Act 1990. NB copies of immunisation records and associated tests can be collected in person from the department or posted to appropriate address after providing 24 hour notice and suitable identity checks being made. It is not possible to request or collect information on behalf of another colleague unless the individual whose data is being provided has contacted the department to arrange this. Information can be requested to be sent electronically to an employee’s NHS email address however employees are responsible for ensuring this cannot be accessed by others.

6.9 Case Management Meetings

On occasions OHD professionals will be asked to attend discussions with managers and HR to clarify issues, to progress a referral and to support managers with an employee. No confidential information is shared at these meetings and a file notes of these meetings will be made by HR and / management and a copy kept in the employee’s Occupational Health Records. At times where appropriate and felt necessary these meetings may involve the individual employee and any representative they may choose.

6.10 OHD Standards

The OHD will provide services in the following time scale

<table>
<thead>
<tr>
<th>Service</th>
<th>Time scale for delivery</th>
<th>Performance Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre placement health screening</td>
<td>Within 2 working days of receipt into Department</td>
<td>90%</td>
</tr>
<tr>
<td>Pre placement health screening (appointment with OHNA)</td>
<td>Appointment will be provided within 10 working days</td>
<td>90%</td>
</tr>
<tr>
<td>Service</td>
<td>Time scale for delivery</td>
<td>Performance Standard</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Pre placement health screening (appointment with OHP)</td>
<td>Within 15 working days of decision being made OHP appointment is needed and all required information e.g. reports etc. having been received</td>
<td>80%</td>
</tr>
<tr>
<td>Report or update to be issued to HR following screening</td>
<td>Within 2 working days</td>
<td>90%</td>
</tr>
<tr>
<td>Triage of management referral</td>
<td>Within 2 working days</td>
<td>90%</td>
</tr>
<tr>
<td>Management Referral to OHNA</td>
<td>Appointment will be provided within 10 working days of referral being received</td>
<td>90%</td>
</tr>
<tr>
<td>Management Referral to OHP</td>
<td>Appointment will be provided within 20 working days of referral being received</td>
<td>80%</td>
</tr>
<tr>
<td>Management Referral to Clinical Ergonomic Advisor</td>
<td>Appointment will be provided within 10 working days of referral being received</td>
<td>85%</td>
</tr>
<tr>
<td>Report or update to be issued to referring manager following management referral appointment</td>
<td>Within 2 working days of appointment</td>
<td>90%</td>
</tr>
<tr>
<td>Referral to Counsellor</td>
<td>Initial contact will be made with individual within 5 working days either by phone or letter</td>
<td>100%</td>
</tr>
<tr>
<td>Appointment for work related vaccination or blood test</td>
<td>Appointment will be provided within 5 working days of request</td>
<td>90%</td>
</tr>
<tr>
<td>Management of sharps injury</td>
<td>Within 3 hours of notification by employee during OHD opening hours</td>
<td>95%</td>
</tr>
<tr>
<td>Appointment for self-referral</td>
<td>Appointment will be provided within 5 working days of request</td>
<td>95%</td>
</tr>
<tr>
<td>Service</td>
<td>Time scale for delivery</td>
<td>Performance Standard</td>
</tr>
<tr>
<td>---------</td>
<td>-------------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Response to e mail / telephone enquiries</td>
<td>Within 1 working day of enquiries made via general office or OHD e mail address</td>
<td>95%</td>
</tr>
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</table>

6.11 **Services available to External Organisations.**

The OHD provide Occupational Health Services to external companies on a commercial contract basis as part of the Trust’s income generation approach. Any enquiries to the Trust in connection to this should be forwarded to the OHD. The department ensures that in undertaking any such services the Trust suffers no detriment.

7. **Training**

All staff employed in the OHD undergoes annual appraisal and Personal Development Plans (PDP) and attend Trust mandatory training and other relevant training to ensure they have the skills and knowledge needed to provide services. Training is provided to ensure competency in undertaking designated tasks. On induction all OHD staff undergo Trust and local induction with assessment of competency before working independently.

8. **Equality and diversity**

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. The OHD promotes equality and does not discriminate on the grounds of age, disability, sex, gender race/ethnicity, religion/faith and sexual orientation.

This policy has been appropriately assessed.

9. **Process(s) for monitoring compliance with the policy**

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Plus accreditation(achievement and retention of this status demonstrates evidence that the OHD provides a nationally accepted standard of care)</td>
<td>Achievement and retention of accreditation</td>
<td>OHD</td>
<td>HR</td>
<td>Annual</td>
<td></td>
</tr>
<tr>
<td>Achievement of waiting time standards</td>
<td>Review of times against standards via OHD electronic system</td>
<td>OHD</td>
<td>HR</td>
<td>4 monthly</td>
<td></td>
</tr>
<tr>
<td>Equality and Diversity</td>
<td>Attendance by Equality criteria will be sought.</td>
<td>OHD</td>
<td>HR</td>
<td>Annual</td>
<td></td>
</tr>
<tr>
<td>DNA rates</td>
<td>DNA rates will be reviewed against staff group and appointment reason</td>
<td>OHD</td>
<td>HR</td>
<td>4 monthly</td>
<td></td>
</tr>
</tbody>
</table>
### Monitoring and audit

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-employment health screening standards</td>
<td>A sample of pre-employment screenings are assessed against the Pre-Employment screening protocol to ensure that standards are being achieved.</td>
<td>OHD</td>
<td>HR</td>
<td>Annual</td>
<td></td>
</tr>
</tbody>
</table>

#### 10 Consultation and review

This policy has been reviewed and approved by JCC and HR committee.

#### 11 Policy implementation (including awareness raising)

The policy will be issued in line with normal Trust processes and awareness will be raised by internal communication routes.

#### 12 References

- SEQOHS (Safe effective Quality Occupational Health Service [SEQOHS](https://www.seqohs.org.uk/))
- The NHS Plus Quality Strategy 2009
- Access to Medical Records Act 1988
- Access to Health Records Act 1990
- The management of health, safety and welfare issues for NHS staff (2005) NHS employers.

#### 13 Associated documentation

The following policies are of relevance to this document: