



## Occupational Health and Wellbeing Policy

Document Status	Final
<b>Version:</b>	<b>V5.0</b>

<b>DOCUMENT CHANGE HISTORY</b>		
Initiated by	Date	Author
Tracey Leghorn	17 July 2010	Sarah Greatorex
Version	Date	Comments (i.e. viewed, or reviewed, amended approved by person or committee)
V0.1	25 May 2011	HR Policy Group for NHSLA review
V0.2	3 June 2011	Sent to SPF for approval
V0.3	20 June 2011	Sent to EMT for approval
V1.0		Approved
V1.1	6 January 2012	Sent to SPF for extension of review period (6 months)
V2.0		Approved
V2.1	20 June 2012	Review by HR Policy Group
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V2.3	August 2012	Sent to EMT for approval
V3	30 October 2012	Approved
V3.1	1 August 2013	Reviewed following appointment of new Occupational Health provider.
V3.2	November 2013	Change on EPP and Eye Tests section Deborah Stockdale/Sarah Greatorex
V3.3	4 December 2013	Addition made to Section 6.2 regarding staff responsibility for EPP status.
V4.0	6 December 2013	SPF approved changes related to new OH provider
V5.0	10 December 2015	Approved extension to review date by SPF to July 2016

Names and roles of contributors, user engagement etc.	
Document Reference	Standards For Better Health – Relevant to standard(s) Relevant Trust objective: To provide a 'Fit for Purpose' workforce. To assist in the Trusts target of reducing sickness absence. HR Directorate
Recommended at Date	Staff Partnership Forum 6 July 2012
Approved at Date Approved	Executive Management Team 30 October 2012
Review date of approved document:	July 2016
Equality Impact Assessment	20 June 2012
Linked procedural documents	Infection Prevention and Control Policy Sickness Absence Policy (under review) Induction Policy PDR Policy Vaccination Transport and Storage Managing Stress and Enhancing Psychological Well-being Display Screen Equipment (DSE Users Procedure) including Visual Display Unit (VDU) Alcohol and/or Drug Misuse. Trust Guidance Documents: Prevention and management of occupational exposure to blood-borne viruses Safe handling and disposal of sharps Guidance for staff requested to attend an inquest as a witness Procedure for Trust staff attending inquests
Dissemination Requirements	All Trust employees via the intranet

The Trust will not tolerate unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups.

## Contents

1.0 Policy Statement

2.0	Scope
3.0	Access to the Policy
4.0	Roles and Responsibilities
5.0	Occupational Health Service
6.0	Mandatory Trust Requirements
7.0	Statutory Requirements
8.0	Additional Services Provided by Occupational Health
9.0	Support to Staff
10.0	Monitoring
11.0	Review
12.0	References

## **Appendices**

Appendix 1	Monitoring Table
Appendix 2	Equality Impact Assessment

## **1. Policy Statement**

- 1.1 This document outlines the Occupational Health and Wellbeing Policy for The East of England Ambulance Service NHS Trust (the Trust).
- 1.2 The Trust recognises that it has a responsibility towards safeguarding and promoting the health, safety and welfare of employees and others that work with the Trust under the Health and Safety at Work Act 1974.
- 1.3 The Trust recognises the recommendations made by Dr Steve Boorman in the Boorman Report 2009 and in doing so is committed to the wider Health and Wellbeing of its employees.
- 1.4 Occupational Health Service (OH Services) is an independent, confidential advisory service, which is available to support staff and provide advice to managers with the aim of improving the health, safety and welfare of all individuals within the organisation.
- 1.5 This policy outlines the purpose and functions of the Occupational Health Service in meeting the Trust's organisational needs in the context of its commitment to the Health and Wellbeing of its staff as well as its legislative and Department of Health (DH) guidance requirements.
- 1.6 This policy has been written in partnership by management and staff side.

## **2. Scope**

- 2.1 This policy applies to:
  - All Trust employees;
  - Prospective employees;
  - Volunteers.

2.2 Non-compliance with this policy may be managed in accordance with the Trust's Disciplinary Policy (Managing Conduct and Performance).

### **3. Access To The Policy**

3.1 All employees are entitled to access to this policy, which is located in the HR Policies and Procedures Folders and/or on the Trust's Intranet. However, if you require this policy in any other format please seek guidance from the Human Resources Department (HR), your line management or trade union representative.

### **4. Roles And Responsibilities**

4.1 The Trust Board is responsible for ensuring:

- Adequate resources are available to support and promote the Occupational Health, Health and Wellbeing of its employees and volunteers in order that, as a minimum, it meets its statutory requirements;
- Compliance with the occupational health aspects of Health and Safety legislation, Department of Health and NHS Executive Standards.

4.2 Occupational Health is responsible for:

- Advising as to whether employees are sufficiently fit and healthy to be able to carry out the role they are employed (or engaged) to do;
- Recognising that employee health and well-being is more than just the absence of disease. Rather, it puts an emphasis on achieving physical, mental and social contentment;
- Being both efficient and responsive to the needs of employees and managers;
- Providing advice to managers and employees about health related issues;
- Ensuring that the process for managing the risks associated with inoculation incidents is implemented;
- Ensuring that the provisions outlined within this policy are implemented appropriately;
- Keeping the provisions within this policy in line with employment legislation, best practice people management principles and NHS guidelines.

4.3 Managers are responsible for:

- Ensuring they are aware of the range of Occupational Health services available in the Trust, such as, physiotherapy, Employee Assistance Programme (EAP) Services, eye sight tests etc. Details of the range of OH Services are provided on the Trust intranet site;
- Ensuring that any employees and/or volunteers for whom they are responsible has the appropriate EPP and/or immunisation/vaccination clearance necessary to undertake their role, and take appropriate action if clearance cannot be confirmed. Assessing health and safety risks to

employees and others and identifying preventative and protective measures as required by health and safety law;

- Ensuring that the correct reporting procedure following an inoculation incident is adhered to;
- Ensuring that no individual commences employment with the Trust without appropriate health clearance;
- Managing and supporting employees who experience health issues with advice from the Occupational Health Service and Human Resources, as appropriate;
- Ensuring that Trust employees and volunteers comply with this policy and any periodic health surveillance requirements;
- Encouraging individuals to attend Occupational Health when requested to do so in accordance with their contractual obligation to the Trust, taking appropriate action where they fail to comply;
- Championing the Health and Wellbeing agenda and encouraging employees to address their own health and wellbeing.

4.4 Management and trade union representatives are responsible for bringing any mutually beneficial improvements to this policy to the attention of the Trust.

4.5 Managers, HR staff and trade union representatives are responsible for providing advice and guidance to employees on the application of this policy and procedure.

4.6 Employees are responsible for:

- Ensuring they are aware of the range of Occupational Health services available to persons employed in the Trust. Details of the range of OH Services are provided on the Trust intranet site;
- Co-operating with the Trust's Health and Safety Policy and complying with any risk assessment requirements related to their role;
- Ensuring awareness of and complying with the Trusts guidance document 'Safe handling and disposal of sharps';
- Ensuring that they undertake/attend IPC training commensurate with their role and responsibilities as detailed at induction and staff PDR;
- Ensuring that they have the appropriate EPP and/or immunisation/vaccination clearance necessary to undertaken their role,
- Being available for telephone appointments or attendance in person appointments as requested in accordance with their contractual obligation and complying with OH advice on fitness to work and rehabilitation to work programmes;
- Contacting the Occupational Health provider on the first day of absence and maintaining contact as requested by the Occupational Health provider.

- Reporting to their manager and OH any aspect of their health which may affect their ability to work safely and competently whilst performing their role within the Trust;
- Co-operate fully with any reasonable requests made by OH Services;
- Being advocates of good health and wellbeing to the general public.

## 5. Occupational Health Service

- 5.1 Occupational Health is the area of health care that is concerned with the relationship between people's health and their work. Its role is an advisory one and it is not a substitute for a General Practitioner (GP) nor is it a treatment service for injury or illness.
- 5.2 All consultations are treated in confidence. Medical information will not be shared unless the explicit consent of the employee or volunteer has been obtained to do so.
- 5.3 Where a Report will be generated, an employee may demonstrate their consent in a number of ways e.g. verbally, in writing or by implying (by co-operating). Equally they may withdraw or refuse consent in the same ways. Verbal consent, or consent by implication, is considered suitable evidence for OH consultations and the format of consent will be documented in the record by the clinician. Written consent will always be obtained for consultations with PAM Physicians as required by Faculty of Medicine Guidance 17.02.2010 and where further medical evidence (FME) from the employee's health care provider is required. Where FME is required to assist with case management, it will always be conducted in line with the Access to Medical Reports Act (1988). Consent for clinical procedures may be written, verbal or implied according to relevant clinical guidelines and best practice.5.4 In exceptional circumstances, medical confidence can be breached where public interest outweighs patient interest in keeping the information confidential or where disclosure can be justified as a result of an interest which outweighs the patient's interest of confidentiality being maintained (see Section 12 References {1} {2}).

## 6. Mandatory Trust Requirements

- 6.1 The Trust aims to ensure that the OH Service provides a comprehensive, equitable and confidential service tailored to meet the specific needs of the organisation in respect to the specific work carried out by its employees and volunteers. A number of service provisions are mandatory and it is these requirements, which form the core Occupational Health services provided to the Trust.

These include:**Health Clearance on receipt of employment offer.**

Included in an offer of employment will be details which allow a candidate to submit their health declaration online. Questions will be job role specific and will include one or all of the following:

- Health questions aimed at assessing compliance with DVLA Group 2 requirements;
- Standard health check questions for workers who are new to the NHS in keeping with DH guidelines issued March 2007: *'Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: new healthcare workers'*.

- Questions to obtain information relating to their Occupational history detailing previous exposure to infections/infection risks.
- Questions to obtain relevant vaccination and immunisation history.

Occupational Health will assess these questionnaires and advise managers and HR on any reasonable adjustments or vaccinations that are required prior to commencement of employment.

## 6.2 Vaccination and Immunisations

The OH Service has a duty to ensure that employees and volunteers are assessed on their relevant vaccination and immunity history and to ensure that the individual is immunised appropriately according to the role undertaken in accordance with current DH guidance.

### 6.2.1 Hepatitis B Vaccination

Vaccination will be offered to all employees and volunteers whose role may involve contact with blood and body fluids unless they can show satisfactory evidence of immunity.

### 6.2.2 Refusal of Hepatitis B Vaccination

Employees who refuse to be vaccinated against Hepatitis B are required to commit to 6 monthly HbsAg blood tests and respond to the reminder letters issued by Occupational Health within the stated time period. Failure to do so will be managed in accordance with the Trust's Disciplinary Policy (Managing Conduct and Performance) which could result in dismissal.

### 6.2.3 'Non-Responders' to the Hepatitis B Vaccination

Where results indicate that an HBsAg immunity level is of less than 10miu/ml despite multiple vaccinations then individuals are likely to be deemed as 'Non-Responders'. Such individuals will be required to have a six monthly HbsAg blood tests and respond to the reminder letters issued by Occupational Health within the stated time period. Failure to do so will be managed in accordance with the Trust's Disciplinary Policy (Managing Conduct and Performance) which could result in dismissal.

## 6.3 Exposure Prone Procedures

Exposure prone procedures (EPPs) apply to employees/volunteers where there is a risk of them bleeding into a patient's open tissue. The DH directs that these procedures are applicable to Emergency Care Practitioners, Paramedics, Technicians, Emergency Care Assistants and other clinically qualified employees who attend incidents of pre-hospital trauma as part of their role

The Occupational Health Service are required to confirm to HR Services when a candidate is fully EPP cleared prior to that candidate's date of commencement of employment with the Trust.

Where applicable the OH Service will inform an employee of the date their EPP clearance will expire which should be within one month of the expiry date to allow sufficient time to attend an appointment for further tests. At the same time OH Service will notify the employee's line manager that their member of staff's EPP status is about to expire.

Staff are reminded that they have a personal responsibility for their own health and wellbeing and this includes ensuring that their EPP status does not expire.

The OH Service will comply with DH guidance on immunity and vaccination requirements for EPP clearance.

Further information can be found in the Trust's Infection Prevention and Control (IPC) Policy and the IPC Safe Practice guidelines

#### 6.4 **Blood Borne Virus (BBV) Transmission**

BBV's include Hepatitis B, Hepatitis C and HIV. The OH Service will aim to minimise the risk of BBV's in accordance with DH guidance according to the risks identified for a specific job role.

All Trust employees and volunteers have a professional duty to report instances where the transmission of BBVs may have occurred so that testing may be performed, appropriate treatment commenced, if required, and restriction to practice applied if advised necessary by the OH Physician. OH will advise employees or volunteers who have been exposed to BBV's as a result of a 'sharps' incident or a body fluid splash of the appropriate course of action. In relation to the process for the management of inoculation incidents managers and employees should refer to the Trusts guidance document 'Prevention and management of occupational exposure to blood-borne viruses'.

OH will report all reported cases (anonymised) of BBV exposure and their causes to the Infection Prevention and Control (IPC) Full Group for possible changes in practice and for any lessons to be shared.

The People, Education and Development Unit, through the IPC full group, identifies training needs for employees in relation to inoculation incidents and utilises this information to draw up a training needs analysis.

All clinical employees are required to attend mandatory, corporate and local inductions which include information on the safe handling and disposal of sharps and the prevention and management of occupational exposure to blood-borne viruses.

### **7. Statutory Requirements**

7.1 NHS organisations are required to ensure that employees and volunteers have access to an Occupational Health Service as defined in the NHS Plus Standards which can be found at [www.nhsplus.nhs.uk](http://www.nhsplus.nhs.uk)

7.2 The statutory requirements that apply to OH Services provided within, or to, NHS organisations are as follows:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations (COSHH) 2000
- Equality Act 2010
- Access to Medical Records Act 1988
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995.

- Data Protection Act 1998
- Road Traffic Act 1988
- Working Time Regulations 1998

7.3 Further guidance that influences the service provision are as follows:

- DH Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV New Health Care Workers 2007
- NHS Executive Guidance for Clinical Health Care Workers: HSC 1998/063: Protection against Infection with Blood-borne Viruses
- NHS Executive Health Service Circular: HSC 1998/226 Guidance on the Management of AIDS/HIV Infected Health Care Workers and Patient Notification
- The Management of health, safety and welfare issues for NHS staff 2005, NHS Executive Health Service Guidelines: HSG (93) 40: Protecting health care workers and patients from hepatitis B
- NHS Executive Health Service Circular: HSC 2000/020 Hepatitis B Infected Health Care Workers Guidance on Implementation of Health Service Circular, NICE: Clinical diagnosis and Management of tuberculosis and measure for its prevention and control 2006
- Department of Health 2006 Immunisation Against Infectious Diseases
- Display Screen Equipment Regulations 1992 amended 2002
- Health and Safety Miscellaneous Amendments Regulations 2002
- HSE: New and Expectant Mothers at Work 2002
- Personal Protection at Work Regulations
- The Manual Handling Operations Regulations 1992
- Control Of Communicable Diseases 2002
- HSE Stress Management Standards 2002.

7.4 It is within these legislative requirements and guidelines as listed above, that the Occupational Health Service will base its service provision.

7.5 The Occupational Health Service will also be mindful to ensure future compliance with other relevant guidelines, which may come into existence, further legislative developments and relevant Government and DH Guidance.

## **8. Additional Services Provided By Occupational Health**

8.1 In addition to, and in support of, the Trust's mandatory and statutory requirements, Occupational Health will undertake the following:

- Provide advice in the event of ill health relating to its employees;
- Provide advice on rehabilitation for work and/or redeployment within the Trust;
- Provide advice on applications for ill health retirement;
- Provide information about the Trust's Health and Wellbeing Department including its Occupational Health Services as part of the Trust's corporate induction for new staff;
- Provide advice and information aimed at promoting the benefits of physical, social and mental wellbeing to its employees;
- Contribute to increasing the effectiveness of the organisation by enhancing staff performance and morale by reducing risks at work which lead to ill health, sickness absence and accidents;

- Undertake job specific individual health assessments as necessary and advise managers and individuals accordingly if any modifications or adjustments are required to fit the job or workplace to the individual;
- Formulate policies relating to Occupational Health;
- Contribute to Trust policies and procedures where Occupational Health advice is required;
- Administer and co-ordination the yearly programme of flu vaccinations;
- Co-ordinate services which promote physical and mental wellbeing.

## **9. Support To Staff**

These are provided on an equitable basis to all employees with the aim of assisting employees to maintain good health, assist in keeping employees at work or facilitate their timely return to work after a period of absence. The following support is offered and available to our employees.

### **9.1 Absence Reporting**

The Occupational Health Service will provide support to all staff on the first day of absence.

Employees are required to contact the Occupational Health provider on;

**0330 660365**

on the first day of absence or as soon as it is known that the employee is unwell.

Occupational Health will notify management of the absence and will offer advice and support to the employee. This could be discussions with a clinician or Nurse or referral onwards to physiotherapy for musculoskeletal problems.

### **9.2 Employee Assistance Programme (EAP)**

Access to a comprehensive EAP is available to all employees and anybody of significance to those employees. The service provides a variety of support mechanisms ranging from debt management, career support and dependent care advice.

Should an individual require counselling support the employee may self-refer to the EAP and access either face-to face or telephone counselling.

Should a manager identify an employee experiencing difficulties that may benefit from access to counselling support a referral may be made to the EAP only with the employee's consent. Referral forms are available on the Trust's intranet.

### **9.3 VDU Glasses**

On receipt of the completed Habitual VDU user form found as part of the Display Screen Equipment (DSE) Users Policy Including Visual Display Unit PAM Occupational Health will issue a corporate eye care voucher to be redeemed by the employee at the Trust's chosen Optician.

**10. Monitoring**

The Staff Partnership Forum will ensure that agreed monitoring processes are in place. See Appendix 2.

**11. Policy Review**

This policy will be reviewed on a three yearly basis or amended in the light of new legislation and/or guidance.

**12. References**

{1} Brazier M. Medicine, Patients and the Law. 3<sup>rd</sup> Edition Ch 3

{2} GMC Confidentiality: Protecting and Providing Information (2004)

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting on recommendations	Change in practice and lessons to be shared
<p><b>1.3.9 e</b></p> <p>Action for managers or individuals to take if the staff member is experiencing difficulties associated with the event</p>	<p>Health and Wellbeing Department</p> <p>EAP provider (Work Place Options)</p>	<p>Monitoring of anonymised statistical usage data from EAP</p> <p>Management survey</p>	<p>Quarterly</p>	<p>Usage report</p> <p>Survey findings</p>	<p>HRBP meetings</p>	<p>Health and Wellbeing Department and EAP provider will action recommendations within 1 month of identification</p>	<p>System or practice changes to be shared with all relevant stakeholders via internal communications plan</p>
<p><b>NHSLA 1.3.5</b> <i>The organisation has an approved documented process for managing the risks associated with inoculation incidents that is implemented and monitored.</i></p>							
<p><b>duties</b></p>	<p>Director of business transformation</p>	<p>Policy implementation</p> <p>Audit</p>	<p>Annually</p> <p>Monthly</p>	<p>Policy implementation</p> <p>Audit file</p>	<p>EMT by minuted meetings</p> <p>IPC Full Group</p>	<p>Director of Business Transformation</p> <p>DIPC</p>	<p>OHNA's and HRBP's to disseminate change in practice to managers for cascade</p>

<b>reporting arrangements in relation to inoculation incidents</b>	Occupational Health IPC	Audit	Monthly	Audit file	IPC Group	Occupational Health IPC Team	COM's to cascade to employees
<b>process for the management of an inoculation incident (including prophylaxis)</b>	Occupational Health IPC	Audit	Monthly	Audit file	IPC Group	Occupational Health IPC Team	COM's to cascade to employees
<b>organisation's expectations in relation to staff training, as identified in the training needs analysis</b>	LDU	Via feedback from the IPC Group	As identified	Audit Inoculation incident reports	AD of training education and OD	LDU each month	Clinical training and education team

## Appendix 2

Document Reference:	Document Title: Occupational Health and Wellbeing Policy
Assessment Date: 25 <sup>th</sup> November 2013	Document Type: HR Agreement
Responsible Director: Lesley Bradley	Lead Manager: Tracey Leghorn

### **Step 1: Identify main aims of policy**

Describe the main aim, objectives and intended outcomes of the proposed project/policy

Aim:

To support employees and provide advice to managers with the ideal of improving the health, safety and welfare of all individuals within the organisation.

Objectives:

The Trust has a responsibility towards safeguarding and promoting the health, safety and welfare of employees and others that work with the Trust under the Health and Safety at Work Act 1974.

Intended Outcomes:

To utilise the occupational health and wellbeing services available to staff to manage their health, safety and welfare.

### **Step 2: Collect and Analyse Information**

Has any previous work or research been done on equality issues in the area of the proposed project/policy? If so, what were they?

Ensuring that the OH Service complies with the Equality Act 2010.

You should ask relevant questions in relation to all the equality & diversity strands, but information gathered should be relevant to your needs that will inform your decisions around the topic you are reviewing. If you identify a need for information that is not available you should consider and plan with the relevant others how this information could be obtained.<sup>1</sup>

Gender including transgender	Do you have enough information?	Yes	No
	What else do you need to know?		
Race	Do you have enough information?	Yes	No
	What else do you need to know?		
Disability	Do you have enough information?	Yes	No
	What else do you need to know?		
Sexual Orientation	Do you have enough information?	Yes	No
	What else do you need to know?		
Age	Do you have enough information?	Yes	No
	What else do you need to know?		
Religion & Belief	Do you have enough information?	Yes	No
	What else do you need to know?		

<sup>1</sup> Refer your need for information and proposal to the Equality & Diversity Steering Group using a copy of this page with your information before proceeding to ensure all similar requests can be coordinated

<b>Step 3:</b>	<b>Identify the level of impact</b>
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To help you think about this, you should complete the High, Medium, Low table and give reasons/comments for where:

- (a) The policy/strategy/project could have a positive impact on any of the equality target groups or contributes to promoting equality, equal opportunities and improving relations within equality target groups.
- (b) The policy/project/procedure could have a negative impact on any of the equality target groups, i.e. disadvantage them in any way. **If the impact is high, a full Equality Impact Assessment should be completed.**

Equality target group	a. Positive impact			b. Negative impact			c. If NONE how did you evidence this?
	Low	None	High	Low	None	High	
Gender (including transgender)			X		X		Positive impact – it will affect all equally
Race			X		X		As above
Disability			X		X		As above
Sexual orientation			X		X		As above
Age			X		X		As above
Belief and Religion			X		X		As above

<b>Step 3<sup>a</sup>:</b>	<b>Decide if policy is equality relevant</b>
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Does the proposed project/policy have an explicit focus on inequalities, human rights and diversity? If so, how?

No

Is there a risk that the proposed project/policy may unintentionally mask or cause a negative impact on equality and diversity?

No

Is there a risk of adverse impact? If yes, please list the specific risks. If no, please explain the basis of your judgement.

No, the policy ensures that OH complies with all legislation relating to equality and diversity.

**Step 3<sup>b</sup>: Record findings and produce action plan**

If there are any potential or actual risks, what action will be undertaken to mitigate the specified risks, or to minimise the adverse impact. Within what timescales will this be done, what are the implications on resources and who will be responsible?

<b>Findings</b>	<b>Proposed action</b>	<b>Timescale</b>	<b>Implications on resources</b>	<b>Responsible lead</b>

Please state how the policy, procedure or process will be monitored for inequalities that may arise after the implementation:

At policy group meetings held regularly and during HR Business Partner meeting updates.

## Summary:

On the basis of the information/evidence/consideration so far, do you believe that the proposed project/policy will have a positive or adverse impact on equality or diversity? (please circle one)

Positive Impact		Adverse Impact	
Yes	No	Yes	No

### Basis for your judgement:

At this stage, positive impact as policy applies to all current employees and must meet legislation requirements as well as good practice. Improving the health, safety and welfare of all individuals.

### Has a significant adverse impact been identified that requires a Full Equality Impact Assessment?

NO

### Name of the project/policy lead completing this assessment:

Name: Barry Jarvis	Job Title: Staff partnership Co-ordinator
Signature:	Date: 20 June 2012

**Please email this completed draft document to the Equality & Diversity Lead for quality assurance purposes and record monitoring.  
*This form must accompany all policies and procedures when sent to Trust Board Committee or Group for approval***

<b>Executive Summary Page for Equality Impact Assessment:</b>	
Document Reference:	Document Title: Occupational Health and Wellbeing Policy
Assessment Date: 25 <sup>th</sup> November 2013	Document Type: HR Agreement
Responsible Director: Francesca Okesi	Lead Manager: Tracey Leghorn
Conclusion of Equality Impact Assessment:	
Recommendations for Action Plan:	
Risks Identified:	
<b>Approved by a member of the executive team:</b>	
<b>YES</b>	<b>NO</b>
Name: Francesca Okesi	Position: Director of HR and OD
Signature:	Date: