

Occupational Health Policy

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Extended until April 2021

What is in this policy?

This policy sets out University Hospitals Bristol NHS Foundation Trust (UH Bristol's) Occupational Health Policy for supporting the health and wellbeing of all staff (as well as others), including the occupational health support available to staff.

Document Change Control				
Date of Version	Version Number	Lead for Revisions (Job title only)	Type of Revision	Description of Revision
11/05/10	2.1	HR Business Partner	None	Final
08/05/2018	2.2	Clinical Lead	Minor	Update Exec Lead Confirm KPIs Change of wording for self-referrals Confirm Physio pathway Change of template
15/10/2021	2.3	Clinical Lead	Minor	Update UHBristol to reflect Weston merger Notification of curtailment of out-of-hours contamination injury service Correction of revised number of counselling sessions offered as standard Minor textual corrections

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1. Introduction

The 'Healthy workplaces handbook: the NHS reference guide to staff well-being', published by NHS Employers in October 2007 states that occupational health services exist to:

- (a) 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;
- (b) Contribute to increasing the effectiveness of the organisation;
- (c) Maximise the opportunities for working-age people to access, retain or regain work with the trust;
- (d) 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 diseases.

The 2011 "NHS Health & Wellbeing Improvement framework" suggests that all occupational health services must work towards the Faculty of Occupational Medicine accreditation (SEQOHS), including a series of quality service levels specific to the NHS.

2. Purpose

UH Bristol and Weston (UHBW) endorses the guidance issued in 'The Healthy Workplaces Handbook' and fully recognises its responsibilities as set out in the Health and Safety at Work Act etc. 1974, under which there is a general obligation for the organisation to ensure, so far as is reasonably practicable, the health, safety and welfare of all Trust employees. The Trust is committed to supporting the health and wellbeing of staff. One of the ways in which UHBW meets these responsibilities is the provision of an Occupational Health Service, which it provides through the Avon Partnership Occupational Health Service (APOHS).

3. Scope

This document outlines the range of provisions provided by APOHS in support of the health and wellbeing of staff in work and is applicable to all staff.

4. Definitions

4.1 *Avon Partnership Occupational Health Service (APOHS)*

APOHS provides a range of occupational health practitioners including occupational health consultants and specialist registrars; occupational health nurses – specialist, trainee specialists and screening; physiotherapists and musculoskeletal specialists and counsellors. Their work is supported by a business manager and a team of administrative staff.

UHBW is the host Trust for the APOHS and clinical leadership is provided by the lead clinician who reports to the Partnership Management Board. Day to day management of the service is the responsibility of the business manager.

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APOHS is a founder member of NHS Health at Work Network, formerly NHS Plus and holds SEQOHS Accreditation (Safe Effective Quality Occupational Health Service). It holds a BS EN 9001: 2015 Registration Certificate until 2018 for its quality management systems.

4.2 *Honorary Contract*

An honorary contract holder is someone who is not directly employed and paid by the Trust. An individual will need an honorary contract if they are carrying out work on any UHBW site and are working through a third party or for a self-funded purpose.

5. Duties, Roles and Responsibilities

5.1 *APOHS Board of Directors, including the UHBW Director of People*

- (a) To oversee the provision of a high quality occupational health service to the Trust.
- (b) To ensure the service is cost effective and efficient.
- (c) To agree the annual APOHS business plan.

5.2 *Director of People*

- (a) To represent the needs of the Trust on the APOHS board.
- (b) To line manage senior APOHS managers.
- (c) To ensure that APOHS has sufficient resources to provide the identified and agreed Trust needs for Occupational Health Services.

5.3 *Deputy Director of People*

- (a) Responsible for monitoring compliance with this policy.

5.4 *Occupational Health Nurses*

- (a) Responsible for receiving and screening all health@work assessments electronically via the portal against the risks identified for each role on the risk assessment form which accompanies every new starter process.
- (b) Responsible for informing the Resourcing Team of the prospective employee's fitness to work via reporting from the portal. The Resourcing Team are responsible for relaying this information to the appointing manager and new starter.

5.5 *All Staff*

- (a) All staff have a responsibility for the health and safety of patients and to ensure their own wellbeing. The Occupational Health policy is intended to support both of these responsibilities.

6. Policy Statement and Provisions – Core Service Provision

6.1 *Advice Line*

The service provides an Occupational Health Advice Line staffed by both Occupational Health nurse specialists trainees under supervision, throughout normal working hours to respond to all general and workplace occupational health queries from managers and employees. The advice line is intended to resolve issues and provide support in the early stages of sickness management or workplace health problems, as well as preventative advice.

6.2 *On-Employment Screening*

The key performance indicator is for 80% of portal outcomes to be returned to the Resourcing Team within a maximum of two working days of receiving the assessment forms. The prospective employee may also need to attend for an appointment with a Physician or Nurse Specialist.

The portal outcome will include advice to managers about any adjustments or modifications that have to be made in relation to the prospective employee's health or disability as well as information about exposure prone procedures, vaccination updates or reviews and baseline health surveillance activities. The vaccination status of all new starters who attend the corporate induction session will be reviewed by APOHS. Those whose vaccination status is incomplete in respect of their role are booked into a vaccination clinic for update.

APOHS are responsible for maintaining a record of those new starters who are advised to attend Occupational Health for a vaccine review. The Resourcing Team provides information from this record to Divisions.

6.3 *Health clearance for UHBW staff changing post within the Trust*

If an existing member of staff is appointed to a different post within the Trust, a new assessment is only required if the risk/s to the employee will be greater or different in the new role. An Internal Candidate Transfer form should be used. Managers should use the Nurse Advice Line to clarify whether a new assessment is required in the circumstances and note the advice given on the personal file in a formal signed and dated file note.

6.4 *Health clearance for staff joining UHBW from other trusts in the South West*

Staff joining UH Bristol from other NHS trusts may have already been cleared as fit for work by another occupational health service.

Within the BNSSG (Bristol, North Somerset, South Gloucestershire) area there is a scheme for use when a substantive employee of a NHS employer is moving employment to another BNSSG employer or is undertaking a period of work, or training, within another BNSSG employer on an

honorary contract basis. This scheme determines whether the health@work new starter process should be fully implemented by the new employer, or whether there is sufficient information held by the current employer to allow some of the steps to be condensed.

For all NHS Trusts outside the BNSSG area then the full health@work new starter process should be implemented, because standards vary across the country. Evidence for immunisations from other sources will be individually assessed and actioned accordingly as per local occupational health standards.

6.5 Management Referrals

Management Referrals should be made when a clinical opinion is required to resolve sickness issues, particularly in the case of long-term absence or repetitive, short-term sickness when other interventions have not helped to do so. A referral can also be made as part of the ill health retirement process. Managers should complete the referral portal process in detail, giving relevant information about the role and working environment, outlining the case history and listing the questions on which the manager is seeking an opinion. Details of how to make a management referral are available on the APOHS Website referral page:

(<https://www.apohs.nhs.uk/services/referrals/making-a-management-referral-via-the-apohs-portal/>)

6.6 Self Referrals

If the expected outcome of a referral is a report to the line manager in most instances a management referral is the preferred route, so that the manager has an opportunity to ask any specific questions they may have.

However individual members of staff may refer themselves in circumstances where they would not find it appropriate to discuss the matter with their manager. Staff should telephone the Occupational Health Advice Line (██████████) to instigate the referral process.

6.7 Health Surveillance

There is a statutory requirement on UHBW as the employer to safeguard, so far as reasonably practicable, the health and safety of anyone on their premises. The manager should contact occupational health to discuss setting up a health surveillance programme once the need has been identified through their risk assessment process.

6.8 Occupational Infectious Diseases

(a) Immunisation

The service is responsible for providing a range of immunisations to individuals. Immunisations are provided on the basis of need as determined by the nature of the employee's work or workplace. Risk assessments of the work and/or workplace, beginning at the recruitment stage, should be undertaken by managers, supported by Occupational Health where necessary. The telephone Advice Line (██████████) may be used to check whether immunisation is required for a particular post, work activity or work place. All new patient-facing members of staff are required

to attend an immunisation review when joining the Trust. During employment, individual staff members known to the service will be sent a reminder to attend Occupational Health to receive immunisation updates as required. Managers are ultimately responsible for ensuring their employees are protected when in post. The protected status of individual members of staff should be confirmed by the manager at each annual appraisal using the Trust Health Appraisal form.

The service also supports the annual flu vaccination across the Trust.

(b) Management of blood and bodily fluids exposure incidents

The service provides an advice service in normal working hours for staff who have sustained contamination injuries. This service is run by our Occupational Health Nurses, with support from our Occupational Health Practitioners, Public Health England Virologists, microbiologists and the Emergency Department. Members of staff who have a contamination injury should contact the occupational health department during office hours, Monday to Thursday 08.00 – 17.00 hours and Friday 08.00 -16.30 hours to access appropriate support and treatment. Out of hours, contact the Clinical Site Manager (CSM) who will assist in assessing the level of risk attached to an injury

(c) Infection Control

All staff-related infection control issues are managed by the Occupational Health Service, working closely with the Infection Control Team. This is in order to protect those employees exposed to biological hazards; to meet the statutory requirements of personnel employed to carry out hazardous procedures as part of their everyday role; and, to protect against the effects of blood-borne virus exposure. This in turn protects patients.

6.9 Physiotherapy

(a) 'Physio Direct'

The service provides a telephone help line ([REDACTED]) for staff with musculoskeletal problems arising from or impacting on their work. Staff can call directly and do not require a referral from a manager.

(b) Physiotherapy

If the telephone advice provided by 'Physio Direct' does not resolve the condition, the employee may be referred to the Trust Physiotherapy department for treatment or their manager can make a referral for an appointment with the Musculoskeletal Specialist within Occupational Health for advice.

6.10 Counselling

Access to a confidential counselling service is available for all staff, providing up to 5 sessions. Staff can call ([REDACTED]) directly in confidence and do not need to be referred by a manager.

6.11 Other Occupational Health services

(a) Occupational Health Needs Assessment

An Occupational Health Specialist Nurse will visit the workplace at the request of a manager regarding workplace health issues following appropriate risk assessment and referral.

(b) Workplace Assessments

In the first instance the on line display screen assessments must be undertaken and any highlighted problems addressed. Then if a problem is identified and not able to be locally managed by local risk assessors a referral for assessment must then be made.

(c) Advice on Occupational Health policy and good practice

The service provides advice on current regulations, guidance and/or good practice in the workplace and contributes to working groups accordingly. Audit and research activities support this area of work.

(d) Sickness Absence Management

APOHS supports managers in dealing with sickness absence and the return to work process through provision of clinical advice on management referrals and case management meetings. It places a particular emphasis on rehabilitation to enable early and safe return to work.

The Equality Act 2010 is at the forefront of many considerations with regard to the management of sickness absence and rehabilitation. An Occupational Health professional will provide health related advice, opinion and make recommendations relating to the work-related management of an employee who may fall under the requirements of the Act.

(e) Health, Work & Wellbeing

UHBW recognises the importance of actively promoting health and wellbeing in the workplace for all its employees. In doing so it acknowledges and recognises the work being undertaken in the Trust, across multiple domains, which is readily accessible via the Trust intranet, without referral to the Occupational Health service.

(f) Confidentiality

All information provided to the Occupational Health Service is treated as confidential, unless in the Occupational Health Practitioner's judgement there is an overriding risk to the employee or others, in which case the employee must be advised about the practitioner's view and intention to pass on information to a third party. It is essential that the confidential nature of Occupational Health is respected and observed by employees, managers and the Trust.

Specific information related to a health condition will not be released to management about any employee, without the employee's consent.

7. Standards and Key Performance Indicators

On-Employment Screening.

CORE 1 & 2: ON-LINE NEW STARTER HEALTH SCREENING & CONDITIONS ARISING FROM PRE-EMPLOYMENT CHECKS			
<i>Please note: Non-Patient facing staff complete a Health @ Work Declaration Form and only complete the Health @ Work Questionnaire if any issues are identified</i>			
Action	KPI		
Step 1 New employee logs onto portal and completes Health@Work questionnaire (H@WQ) quoting the Risk Assessment (RA) number for role			
Step 2 OH Admin screen H@WQ and if all answers 'No', clearance given and visible on portal	Within 24 hours	1 day	2 days
Step 3 If some 'Yes' answers, Admin pass H@WQ to Occ Health Nurse (OHN) for triage and documented on portal	Within 24 hours		7 days
Step 4 OHN screens H@WQ, and if appropriate provides clearance advice and records actions on portal	Within 48 hours		12 days
Step 5 If cannot provide clearance, OHN refers to appropriate OH Practitioner ie. another OHN, MSK/Physio, OH Physician and records actions on portal		OHN - Seen within 7 days of receipt of H@WQ	14 days
		MSK/ Physio /OHP - Seen within 12 days of receipt of H@WQ	
Step 6 OHN, MSK/Physio, OHP provide clearance advice and record on portal			Within 48 hours of appointment with OHN/MSK/Physio/OHP
Step 7 OHN/OHP advise workplace adjustment required or immunisation and vaccinations or night worker / pregnant worker assessment / additional health examinations - hearing, vision, lung function, alcohol & drug testing			
Step 8 OHN/MSK/Physio/OHP request GP / Specialist report and records actions on portal n.b. Admin chase until received.			Subject to receipt of report
Step 9 GP / Specialist report received and assessed by clinician. Advice recorded on eOPAS and Portal			

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7.1 In-Service Management Referral

CORE 3: IN SERVICE MANAGEMENT REFERRAL PROCESS - Paper							
	Action	KPI					
Step 1	Manager decides to refer manager to OH following discussion with employee and forwards completed referral form to OH keeping a copy on file						
Step 2	OH admin support team registers referral details on database, referral form passed to OH nurse to ensure employee sees most appropriate practitioner, who passes back to admin to arrange appointment, sends to employee cc to referring manager	Within 24 hours of receipt of referral	1 day			6-11 days	9-16 days
Step 3	Employee receives appointment and attends to see OH practitioner n.b. Appointment confirmed by text 5 days before appointment and reminded by text 3 days before.	Within 5 days OHNS	Within 10 days OHP	Within 10 days MSK specialist			12-21 days
Step 4	OH provides report to employee if requested who is required to feedback on content. <i>If employee feedback is not received within time frame, report is released immediately to employer</i>				Within 3-5 days		
Step 5	OH Practitioner provides report to manager and employee. Recommendations may include ill health retirement, counselling, case conference, refer to GP, immunisation and vaccination, phased return, redeployment, physiotherapy, workplace adjustments, review appointment, night worker/ pregnant worker assessment etc.				Within 3-5 days		
Step 6	Specialist / GP advice required and OHP requests report from GP n.b. Admin chase until received.					Within 2 days	Subject to receipt of report
Step 7	Specialist report received by OH and reviewed					Within 2 days	

7.2 Immunisation and Vaccination

CORE 4: IMMUNISATION & VACCINATIONS (SEE CORE 1) PORTAL - SOME VARIATION TO FIT WITH TRUST INDUCTION							
<i>Please note: Flu campaign dealt with and reported on separately on a monthly basis</i>							
	Action	KPI					
Step 1	Induction clinic lists of Patient facing staff provided to APOHS by resourcing teams.						
Step 2	New starters whose vaccination status is incomplete are sent appointment for Immunisation update.					12 working days of start date	
Step 3	. On completion of the vaccination update, the employee is offered a copy of their vaccination status, to share with the employer.		Within 2 working days of appointment				
Step 4	Details of DNAs sent to managers				24 hours		

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7.3 Contamination Injuries (Normal Working Hours 8.30 am – 4.30 pm)

CORE 5: CONTAMINATION INJURY SUPPORT - Needlestick & body fluid exposure information, hotline & follow up					
DURING OFFICE HOURS (Monday to Thursday 08.00 – 17.00 hours and Friday 08.00 -16.30) -					
	Action	KPI			
Step 1	Incident reported to Occupational Health (OH) by ringing hotline 0117 3424987				
Step 2	OH Nurse provides advice, checks employee immunisation status and status of patient and determines appropriate action	Immediate		One hour	
Step 3	Assessment identifies risk of HIV. Where required OH doctor advises if post exposure prophylaxis to be administered to member of staff and arrange for source blood to be tested according to urgency	Within 1 hour of incident		24 hours	6 weeks / 12 weeks / 24 weeks
Step 4	Blood sample taken from member of staff for serum save and HepB vaccination booster administered if required		Within 24 hours of incident or next working		
Step 5	Where appropriate, OH Nurse contacts member of staff for follow up blood screening tests post injury: Hep B, Hep C, HIV antibodies. If on HIV PEP during 28 days treatment: Full blood count, liver function tests, etc			6 weeks post injury / 12 weeks post injury / 24 weeks post injury (or post stopping HIV PEP)*	
Step 6	Quarterly and annual needlestick and body fluid exposure report with details of incidents provided to employer				Quarterly & annual
<i>Where exposure to/infection control outbreaks e.g. Chicken Pox/Ebola/Meningitis/TB - a Trust process is followed with advisory input from OH</i>					

8. References

[Trust Supporting Attendance Policy](#)

[Trust Communicable Diseases Policy](#)

[Trust Recruitment Policy](#)

[Trust Health & Safety Policy](#)

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9. Associated Documentation

Trust Health Appraisal Document – Now included as part of on-line appraisal (Appendix E).

10. Appendix A – Monitoring Table for this Policy

The following table sets out the monitoring provisions associated with this Policy.

Objective	Evidence	Method	Frequency	Responsible	Committee
Provide level and standard of health at work support to staff in line with agreed KPIs.	Quarterly activity reports.	Occupational Health System produced reports	Quarterly	APOHS Business Management Team	Trust Services Divisional Management Board
Equality and Diversity	Complaints and Litigation	Provide information to The Equality and Diversity Group	As required	Clinical Operations Manager	The Equality and Diversity Group
SEQOHS ⁽¹⁾	Internal and external audits	Annual self-assessments. SEQOHS audit	1 yearly 5 yearly	APOHS Business Management Team	APOHS Board Directors
NHS Standards – Additional e.g. “Green Book”	Internal and external audits	Process audits. National Quality Audits	Ongoing	APOHS Clinical Lead, delegated to APOHS Clinical Operations Manager.	Partnership Board

- ¹ SEQOHS stands for Safe, Effective, Quality Occupational Health Service and is a set of standards and a voluntary accreditation scheme for occupational health services in the UK and beyond. SEQOHS accreditation is the formal recognition that an occupational health service provider has demonstrated that it has the competence to deliver against the measures in the SEQOHS standards.

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11. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Interim Deputy Director Of People, Workforce And OD
Is this document: A – replacing an expired policy, B – replacing an alternative policy, C – a new policy:	A
Alternative documentation this policy will replace (if applicable):	[DITP - Existing documents to be replaced by]
This document is to be disseminated to:	All
Method of dissemination:	HR Web
Is Training required:	No
The Training Lead is:	[DITP - Training Lead Title]

Additional Comments
[DITP - Additional Comments]

12. Appendix C – Document Checklist

Checklist Subject	Checklist Requirement	Document Owner's Confirmation
Title	The title is clear and unambiguous:	Yes
	The document type is correct	Yes
Content	The document uses the approved template:	Yes
	The document contains data protected by any legislation	No
	All terms used are explained in the 'Definitions' section:	Not Applicable
	Acronyms are kept to the minimum possible:	Yes
	The 'target group' is clear and unambiguous:	Yes
	The 'purpose and scope' of the document is clear:	Yes
Document Owner	The 'Document Owner' is identified:	Yes

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Checklist Subject	Checklist Requirement	Document Owner's Confirmation
Consultation	Consultation with stakeholders (including Staff-side) can be evidenced where appropriate:	Not Applicable
	The following were consulted	[DCL - Consulted]
	Suitable 'expert advice' has been sought where necessary:	[DCL - Suitable advice sought]
Evidence Base	References are cited:	Yes
Trust Objectives	The document relates to the following Strategic or Corporate Objectives:	Helping all Trust staff fulfil their potential
Equality	The appropriate 'Equality Impact Assessment' or 'Equality Impact Screen' has been conducted for this document:	Yes
Monitoring	Monitoring provisions are defined:	Yes
	There is an audit plan to assess compliance with the provisions set out in this procedural document:	Yes
	The frequency of reviews, and the next review date are appropriate for this procedural document:	Yes
	KPI Dashboard – Produced quarterly as a part of the activity report.	YES
Approval	The correct 'Approval Authority' has been selected for this procedural document:	Yes

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13. Appendix D – Equality Impact Assessment (EIA) Screening Tool

Query	Response
What is the main purpose of the document?	This policy details how UH Bristol meets its responsibilities in the provision of an Occupational Health Service to support the health at work of all staff, which it provides through the Avon Partnership Occupational Health Service (APOHS).
Who is the target audience of the document (which staff groups)? Who is it likely to impact on? (Please tick all that apply.)	Add <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/> All Staff <input checked="" type="checkbox"/> Patients <input checked="" type="checkbox"/> Visitors <input checked="" type="checkbox"/> Carers <input checked="" type="checkbox"/> Others <input checked="" type="checkbox"/>

Could the document have a significant negative impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment.
Age (including younger and older people)		X	All services uniformly available to all staff
Disability (including physical and sensory impairments, learning disabilities, mental health)		X	All services uniformly available to all staff
Gender reassignment		X	All services uniformly available to all staff
Pregnancy and maternity		X	All services uniformly available to all staff
Race (includes ethnicity as well as gypsy travelers)		X	All services uniformly available to all staff
Religion and belief (includes non-belief)		X	All services uniformly available to all staff
Sex (male and female)		X	All services uniformly available to all staff
Sexual Orientation (lesbian, gay, bisexual, other)		X	All services uniformly available to all staff
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		X	All services uniformly available to all staff
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading treatment)		X	All services uniformly available to all staff

Will the document create any problems or barriers to any community or group? YES / NO

Will any group be excluded because of this document? YES / NO

Will the document result in discrimination against any group? YES / NO

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If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Could the document have a significant positive impact on inclusion by reducing inequalities?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?	X		By providing advice to managers to support workplace adjustments when required.
Will it help to get rid of discrimination?	X		By supporting greater access to work
Will it help to get rid of harassment?	X		By supporting staff who may be suffering from the effects of harassment
Will it promote good relations between people from all groups?	X		By supporting staff and managers
Will it promote and protect human rights?	X		By highlighting inequalities to managers and the Trust if identified.

On the basis of the information / evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				Negative Impact		
Significant	Some	Very Little	NONE	Very Little	Some	Significant

Is a full equality impact assessment required? ~~YES~~ / NO

Date assessment completed: 7th May 2021

Person completing the assessment: XXXXXXXXXX

14. Appendix E – Health Appraisal Form

The Health@work form can be accessed on the Learning & Development portal, <https://uhbristol.kallidus-suite.com> and accessing the appraisal form within.

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