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Title: Policy for Supporting Employees with a Terminal Illness

Version:

Reference Number: | HR055

Scope:

This policy applies to all employees of the Trust including Temporary / Bank Staff.

Purpose:

As a consequence of signing up to the TUC Dying to Work Charter it is the aim of the Trust to:-

Recognise that employees diagnosed with a terminal illness require support and understanding and not additional and avoidable stress and worry.

Ensure that employees diagnosed with a terminally illness are secure in the knowledge that the Trust will support them following their diagnosis and any subsequent treatment and will recognise that, safe and reasonable work can help maintain dignity, offer a valuable distraction and can be therapeutic in itself.

Provide employees with the security of work, peace of mind and the right to choose the best course of action for themselves and their families which helps them through this challenging period with dignity and without undue financial loss

Ensure that all employees living with terminal illness have adequate employment protection and have their death in service benefits protected for the loved ones they leave behind.

Requirement for Policy

This policy is written as a requirement of the Trust signing up to the TUC Dying to Work Charter

Keywords:

Terminal Illness

Supersedes:

New Policy

Description of Amendment(s):

N/A

Owner:

HR Business Partner - Clare Marshall

Individual(s) & group(s) involved in the Development:

This document has been developed in collaboration with the following interested parties:

Clare Marshall

Individual(s) & group(s) involved in the Consultation:

The document has been circulated for consultation and comments have been taken into consideration and the document amended accordingly:

Consultation Meeting with the Partnership Officers (Unions)

Equality Impact Analysis:

Date approved: 12th of October 2018

Reference: HR055 – EIA055

Freedom of Information Exemption Assessment:

Date approved: 12th October 2018

Reference: POL2018-57

Information Governance Assessment:

Date approved: 12th October 2018

Reference: POL2018-57

JNCC:

Date Presented to Committee: 25th of September 2018

Presented by: Surrya Southworth

Date Approved by Committee: 25th of September 2018

Policy Panel:

Date Presented to Panel: 27th of September 2018

Presented by: Angela Sanderson

Date Approved by Panel: 27th of September 2018

Policy Management Team tasks:

Date Executive Directors informed: 23rd of October 2018

Date uploaded to Trust's intranet: 12th of October 2018

Date uploaded to Trust's internet site: 12th of October 2018

Review:

Next review date: October 2021

Responsibility of: HR Business Partner

Other Trust documentation to which this policy relates (and when appropriate should be					
read in conjunction with):					
HR014	Special Leave				
HR007	Managing Attendance at Work – Reasonable adjustments				
HR037	Capability				
HR015	Flexible Working				
HR011	Recruitment and Selection				
Policy As	secciated Documents:				
Policy Associated Documents:					
Other external documentation/resources to which this policy relates:					
	The TUC Dying to Work Charter, Equalities Act 2010				
CQC Regulations					
This guideline supports the following CQC regulations:					

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1. INTRODUCTION

The Equality Act 2010 offers some protection for terminally ill employees; however, it does still allow employers to dismiss a terminally ill employee if they fail a capability assessment with 'reasonable adjustments'.

The Dying to Work Campaign led by the TUC aims to see terminal illness recognised as a 'protected characteristic' where an employee cannot be dismissed as a result of their condition.

In support of this campaign the Trust has signed up to a voluntary charter that sets out an agreed way in which its employees will be supported, protected and guided throughout their employment, following a diagnosis of terminal illness.

2. OUTCOMES

- The distribution of this policy for employees and managers
- The amendment of relevant policies associated with this Policy.
- Advice and guidance to managers and employees
- Supporting the campaign through the voluntary charter.

3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

Chief Executive

The Chief Executive has overarching responsibility for ensuring that this policy is applied consistently and fairly across the Trust.

Managers are responsible for:

- Working in partnership with Workforce and OD to support employees with a terminal illness.
- Ensuring regular contact and support as negotiated with the employee.

Managers should:

- Notify their HR Business Partner when an employee advises them that they have been diagnosed with a terminal illness.
- Undertake an assessment of the employees work and workplace.
- Make a referral to Occupational Health to seek further advice on any changes that may be required to the employee's work place.

Support for Managers:

- Managers should seek support from their Line Manager or the Staff Health and Wellbeing Service when and if they feel they require assistance.
- Through the OD Team Managers can access Handling Difficult Conversations training if they require guidance in this area.

Workforce and OD:

- Provide ongoing advice guidance and support to managers and employees.
- Monitor and evaluate the cases supported by managers in the Trust in order to improve practice.
- Be responsible for providing accurate and timely advice to managers and employees to ensure the policy is appropriately utilised across the Trust.

Employees:

- Should, where they feel able, advise their line manager of their prognosis.
- Should work with their line manager to agree a way of working that reflects their requirements, but continues to support service delivery.
- Should inform their line manager if they have identified that further adaptations to the workplace or workload are required.

4. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy / procedure

5. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

6. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

7. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

8. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

9. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

10. REFERENCES

Freedom of Information Act (2000)

Equality Act 2010

TUC Dying to Work Charter