**Contents**

1. [Introduction](#Introduction)
2. [Pathways to Support](#Pathways)
3. [Purpose](#Purpose)
4. [Principles](#Principles)
5. [Process](#Process)
6. [Referral Form](#ReferralForm)
7. [Occupational Health Appointment](#OccupationalHealthAppointment)
8. [Occupational Health Report](#OccupationalHealthReport)
9. [Review Appointments](#ReviewAppointments)
10. [Contacts](#WhoToContact)
11. [Feedback](#FeedbackandComplaints)
12. [Appendix 1](#Appendix1)

**1.** **Introduction**

During the course of our working lives, we will all experience fluctuations or changes to our individual health and wellbeing. There may be times when specific workplace support or changes to the workplace or type of work undertaken may need to be considered. Within the university, there are a range of internal and external services which aim to ensure that health and wellbeing matters are managed appropriately and effectively. A health and wellbeing referral system, managed by the Health, Safety and Wellbeing team, aims to ensure timely access to an appropriate pathway to support including, where indicated, onwards referral to external occupational health services.

Occupational Health (OH) is a specialist branch of medicine that exists to promote and maintain the health and wellbeing of employees and is concerned with the effects of work on health and vice versa. The [Society of Occupational Medicine](https://www.som.org.uk/resources-0) outlines that OH professionals can:

* Provide independent advice on staff unable to work due to long-term or short-term intermittent health problems, and organisational wide steps to reduce sickness absence.
* Assess fitness to work regarding ill-health capability dismissal or ill-health retirement.
* Advise on compliance under the Equality Act 2010 (including disability, pregnancy, and age discrimination) and temporary or permanent changes to the work or workplace ('reasonable adjustments').
* Carry out pre-employment or pre-placement health assessments.
* Develop health and wellbeing related strategy and policies and can provide health advice to employees.
* Carry out statutory health surveillance.

The Health, Safety and Wellbeing team work closely with [Dorset HealthCare University NHS Foundation Trust](https://www.dorsethealthcare.nhs.uk/patients-and-visitors/our-services-hospitals/physical-health/occupational-health) who provide external occupational health services to the university, with clinics based at Holdenhurst Road in Bournemouth and the Forston Clinic in Dorchester.

**2.** **Pathways to Support**

Within the university, there are a range of internal and external services which aim to ensure that health and wellbeing matters are managed appropriately and effectively. Review of all Health and Wellbeing referrals is undertaken by specified members of the Health, Safety and Wellbeing team to identify an appropriate pathway to support.

The Health, Safety and Wellbeing team can co-ordinate and provide individualised advice and support through a range of services including (but not limited to) specialist/complex DSE assessment; SportBU; Additional Learning Support and external specialist service providers. Advice can also be provided in relation to supportive working practices drawing from existing BU policies, processes, and guidelines. In many cases it can be beneficial to implement and evaluate such support prior to, or alongside, onwards referral to external occupational health services.

In all cases the Health, Safety and Wellbeing team undertake referral review in order to establish an appropriate route to support. The referring line manager and staff member will be notified of the outcome (i.e., the pathway to support), along with any additional advice where indicated.

Further details can be found in this [flowchart](https://newintranetsp.bournemouth.ac.uk/_layouts/15/DocIdRedir.aspx?ID=ZXDD766ENQDJ-737846793-3831).

**3.** **Purpose**

Bournemouth University is committed to providing a safe and inclusive workplace for all BU staff. In most instances this can be achieved through supportive working practices underpinned by existing BU policies, guidelines, and services however there may be circumstances in which the university may wish to seek the advice of an Occupational Health Practitioner to assist in planning the best way forward in the most appropriate and supportive way.

The university may reasonably require advice about the health of their staff in relation to their work in a variety of circumstances, for example: frequent or long-term sickness absence; where health may be affecting work performance or work capacity; where a work process may be affecting health; for advice about early retirement on health grounds; for information about fitness to work; for transfer to new duties or a new post; for the purpose of [health surveillance](https://www.hse.gov.uk/health-surveillance/overview.htm#:~:text=Health%20surveillance%20is%20a%20scheme,ill%20health%20caused%20by%20work.) or any combination of these factors.

Occupational health input is designed to support decision making in matters relating to staff health and wellbeing, through providing clear and objective advice:

* To suggest possible solutions where health affects work, or work affects health.
* To assess the potential impact of a health issue in relation to current and future performance or attendance.
* To seek advice on adjustments to the workplace or tasks that would assist in maintaining good health and reducing the adverse effects of a health issue on attendance and performance.
* To assist with short-term sickness absences where management action alone has not improved attendance.
* To assist with the management of long-term sickness absence.

An occupational health referral and appointment is NOT normally intended for diagnosis or treatment purposes. The referral should also not be used to:

* Explore the legitimacy of absences.
* Solely “comply with the university’s policy and procedure on managing absences”.
* Be a punitive or disciplinary process.
* Be a treatment service – occupational health does not duplicate services provided by GP or other specialists and is unable to influence NHS waiting lists.

This guide sets out what can be expected from a BU Staff Health and Wellbeing referral and the possible outcomes following external occupational health input.

**4.** **Principles**

BU is committed to providing a safe, inclusive, and supportive workplace in which all staff feel able to openly raise and discuss any matters or concerns. **Line managers** have a vital role in promoting a positive approach towards workplace health and wellbeing and in creating a supportive environment in which staff members feel able to share and discuss any matters or concerns, including those that may relate to their role. Open health and wellbeing conversations between staff members and line managers are often the first point of discussion, and are an essential aspect of workplace support, ensuring that the university can meet legal and moral responsibility to

* support the individual staff member, including making reasonable adjustments.
* protect the staff member from discrimination.

***Person-centred approach***

At BU we recognise the importance of an individualised approach to support, acknowledging that our experiences and needs are unique and that our health and wellbeing can vary at different stages of our working life. A **person-centred approach** underpins BU staff health and wellbeing provision, meaning that each staff member’s experiences, needs, values, and preferences are respected, and that they are empowered to actively participate in any matters relating to their health and wellbeing. A person-centred approach involves aiming to understand the impact of individual experiences from the perspective of the whole person, rather than focusing on a diagnosis, condition, or ‘label’. We recognise that workplace support is often most effective through building on individual strengths, abilities and skills and seeking to understand and address any challenges, barriers, or areas of individual need. ‘Active participation’ is an important feature of a person-centred approach, meaning that the individual remains central and empowered to participate in any discussions, planning and decisions relating to their health and wellbeing, including any workplace support requirements.

***Confidentiality and consent***

It is important to establish a shared understanding of the confidential nature of any health-related discussions. If a staff member shares information about their health, as with any personal information, **this must be treated as confidential**. The staff member’s permission, or ‘consent’, must be sought before you share or discuss any information. If information is going to be shared, the staff member should agree what they want to share, who to share it with and how it will be shared.

It is also important to recognise circumstances when confidentiality may be limited. Examples include in relation to specific support (for example, where visible assistance aids are required), or for health and safety reasons (for example, when others need to be aware in the event of an emergency). In such cases, a person-centred approach in which the staff member actively participates in any decision-making and/or discussions is essential. Breaking confidentiality without the individual’s consent can only occur in exceptional circumstances. Full details can be found in [appendix 1](#Appendix1).

Confidentiality and consent are integral to the health and wellbeing referral process. If staff members do not believe the referral process is confidential then they are unlikely to be honest and open about their health issues, which could undermine the effectiveness of the process.

The BU Staff Health and Wellbeing referral process is managed in confidence by a small number of named individuals within the Health, Safety and Wellbeing team. Please see [section 10](#WhoToContact) for further details. Advice in relation to referral content, particularly where employment matters or specific advice may be required, can be sought in confidence from the [HR Partnerships and Employee Relations team](https://staffintranet.bournemouth.ac.uk/aboutbu/professionalservices/humanresources/hrcontacts/) (HR contacts).

Referrals must only be made with the consent of the individual. If a staff member feels concerned or does not want external occupational health involvement this must be discussed before any referral can be made. If a staff member does not feel able to take part in the process, line managers will be supported by HR to make decisions without the assistance of occupational health advice or input.

Where onwards referral to external occupational health is indicated, the same principles of confidentiality apply. It is a requirement for all occupational health practitioners and administrators to respect patient confidentiality, but this requirement does not inhibit the quality of advice provided to line managers. When providing an occupational health report to the university, confidential clinical details are omitted unless expressly permitted/agreed by the referred staff member. It is, however, possible to provide responses to the referral questions asked without releasing confidential information. For example, a line manager can resolve a health-related issue without knowing the actual diagnosis providing they understand some of the key functional issues or impact and what they can do to assist.

An important aspect of BU’s person-centred approach is that the staff member is supported to exercise autonomy in sharing the content of their occupational health report. This is of particular importance due to the confidential and sensitive nature of any health information that may be included in the report. Further details can be found in [section 8](#OccupationalHealthReport).

The storage and handling of records relating to health falls under the remit of the **Data Protection Legislation** and must be managed accordingly as **sensitive personal data**. Information provided remains strictly confidential and will be held securely in accordance with the principles of the Data Protection Act (2018), UK General Data Protection Regulations (2018) and [Bournemouth University's Data Protection Policy](https://newintranetsp.bournemouth.ac.uk/_layouts/15/WopiFrame.aspx?sourcedoc=%7bb3c265d2-29ea-49af-babd-7045153ade82%7d&action=default). Further details around confidentiality and record-keeping arrangements can be found in [appendix 1](#Appendix1).

**5.** **Process**

Line managers and staff members are encouraged to openly discuss any matters that might indicate the need for health and wellbeing and/or occupational health advice. These guidance notes should be read to ensure all staff are fully informed of the referral process.

If you are uncertain as to whether a referral is indicated, or for advice in relation to the content of a referral, please discuss in confidence with your HR contact or the Health, Safety and Wellbeing team via [staffhealthandwellbeing@bournemouth.ac.uk](mailto:staffhealthandwellbeing@bournemouth.ac.uk) The [HR Partnerships and Employee Relations team](https://staffintranet.bournemouth.ac.uk/aboutbu/professionalservices/humanresources/hrcontacts/) can provide assistance where indicated. If consulted the HR contact name should be included as part of the referral information.

Line managers are responsible for completion of the referral form however this should be informed by discussions between the line manager and staff member (and HR contact if applicable). Line managers must make every effort to complete the referral form in full and carefully determine the advice to be sought, including any specific questions for consideration as part of an external occupational health assessment.

It is essential that any member of staff being referred is fully aware of the content of the referral. Referral confirmation and consent **must be completed** detailing both the line manager and staff member’s names. More details on completion of the referral form can be found in [section 6](#ReferralForm) of this document.

When complete, the referral should be emailed by the line manager to [staffhealthandwellbeing@bournemouth.ac.uk](mailto:staffhealthandwellbeing@bournemouth.ac.uk) and copied to the staff member (and HR contact if applicable). This email address and the referral process is managed **in strictest confidence** by a small number of named individuals within the Health, Safety and Wellbeing team who have signed a confidentiality agreement stating that they understand and will apply the principles of confidentiality. This includes not disclosing any information to a third party without the staff member’s prior consent.

Upon receipt of a completed health and wellbeing referral form the Health, Safety and Wellbeing team review the information to identify and facilitate an appropriate pathway to support, including onwards referral to external occupational health services when indicated. The referring line manager and staff member (and HR contact if applicable) will receive email notification of the outcome, along with any supplementary advice where relevant.

The following **approximate** timeframes can be expected.

|  |  |  |  |
| --- | --- | --- | --- |
| Receipt of referral by Health, Safety and Wellbeing team | *to* | Email notification of referral review outcome | *Up to 5 working days* |
| Onwards referral to external Occupational Health | *to* | Occupational Health appointment date confirmed | *Up to 15 working days* |
| Occupational Health appointment | *to* | Release of Occupational Health report to the university | *Up to 15 working days* |
| Release of Occupational Health report to the university | *to* | Email notification of report release | *Up to 10 working days* |

**6.** **Referral Form**

Please be advised that the standard of information provided at referral stage will have a bearing on any subsequent advice received. The referral form has been carefully designed to collate relevant detail needed to achieve appropriate breadth and depth of advice, which in turn, should inform supportive decision-making.

Line managers are responsible for completion of the referral form however this is always best achieved through open discussions between the line manager and staff member. Feedback indicates that a partnership approach to completing the referral form can promote and strengthen open line management discussions, leading to shared understanding and enhancing wellbeing support. It is also an important aspect of BU’s person-centred approach to staff health and wellbeing, ensuring the staff member is fully informed and empowered as an active participant throughout the referral process.

Please discuss and complete each section of the referral form carefully and sequentially. The aim is to provide a **comprehensive narrative** explaining the reason for referral, the current situation, any relevant background, or contextual information, and to clearly highlight the advice sought. Advice in relation to referral content, particularly where employment matters or specific advice may be required, can be sought in confidence from the [HR Partnerships and Employee Relations](https://staffintranet.bournemouth.ac.uk/aboutbu/professionalservices/humanresources/hrcontacts/) team. In such cases, please include the HR contact name as part of the referral information – this will ensure that they are copied into any subsequent notification emails so that they are also aware of the progress of the referral.

It is essential that the staff member’s preferred email address is accurately entered on the referral form as this will be used for any future email correspondence, including external occupational health and follow up notification emails. Referral confirmation and **consent must be completed** as an integral part of the referral form – it is essential that this section is read fully, and the staff member has the opportunity to ask any questions as part of the consent process. Signatures confirming consent may be entered in typed/electronic format, providing the staff member is copied into the subsequent referral email\*.

\*When complete, the referral should be emailed by the line manager to [staffhealthandwellbeing@bournemouth.ac.uk](mailto:staffhealthandwellbeing@bournemouth.ac.uk) and **copied to the staff member** (and HR contact if applicable). You will be required to provide a copy of the staff member’s job description and 12-month absence summary as supporting attachments where available.

**Please note that incomplete referrals will be returned to the referring line manager for further detail.**

On receipt of a completed occupational health referral, the Health, Safety & Wellbeing team will

* Log the referral onto a health and wellbeing management system in order to track cases and ensure actions and outcomes are closely monitored.
* Undertake review of the referral content to identify and initiate the appropriate pathway to support.
* Send email notification of the referral outcome (i.e., the pathway to support) along with any supplementary advice to the referring line manager and staff member (and HR Contact if applicable).
* Where indicated, make onwards referral to the university’s external occupational health provider (Dorset Healthcare University NHS Foundation Trust) utilising the secure online OPAS-G2 system\*.

**On receipt of the onwards referral, the university’s occupational health provider will**

* Contact the staff member via the preferred email address provided to confirm receipt of the referral. Further instructions including an individual access code will be provided in order for the staff member to participate in the occupational health referral and consultation process.

\*The OPAS-G2 online system for Occupational Health Management Referrals provides a secure and efficient interaction between the university, staff member and Occupational Health. Referrals can be tracked and reviewed with real time communication throughout the process; and allows the staff member to have prior sight and consent of the referral before it is submitted to Occupational Health. The system is available on all platforms and is compatible with any browser.

**7.** **Occupational Health Appointment**

The Occupational Health appointment date and time will be confirmed via the OPAS-G2 online system.

The appointment details will be accessible to the Health, Safety & Wellbeing team who will log the appointment details onto a health and wellbeing management system in order to track cases and ensure actions and outcomes are closely monitored.

Occupational health appointments are typically held remotely as video or telephone appointments and fully managed by Dorset Healthcare University NHS Foundation Trust. In some instances, a face-to-face appointment may be required, and these are held at Dorset Healthcare University NHS Foundation Trust clinics based at Holdenhurst Road in Bournemouth or the Forston Clinic in Dorchester. The appointment will be undertaken by either an Occupational Health Nurse Adviser or Occupational Health Physician, determined by Dorset Healthcare University NHS Foundation Trust’s internal triage processes.

Where applicable, the staff member should be supported with time to attend the appointment as part of their working hours. Every effort should be made by the staff member to attend on the specified date and time.

Where a mobile telephone number has been provided, a reminder text will be sent in advance of the appointment to try to minimise non-attendance. **If the staff member is unable to attend the appointment, they must inform** **Dorset Healthcare University NHS Foundation Trust as soon as possible via the contact details provided**. In addition, staff members should also notify the Health, Safety & Wellbeing team via [staffhealthandwellbeing@bournemouth.ac.uk](mailto:staffhealthandwellbeing@bournemouth.ac.uk)

During the appointment, the occupational health practitioner will make an assessment of the staff member’s health in relation to work with the aim of addressing questions raised by the referring line manager.

In some cases, the occupational health practitioner may require a report from the staff member’s GP or Specialist. If so, this will be explained to the staff member, including who they wish to communicate with and why. The occupational health practitioner will also ensure that before requesting any medical reports, the staff member is asked for consent according to the [Access to Medical Reports Act 1988](https://www.legislation.gov.uk/ukpga/1988/28/contents).

The occupational health appointment will typically last less than an hour and a report will be provided to the staff member and the university as a result of the appointment.

**8.** **Occupational Health Report**

Following the appointment, the occupational health practitioner will provide the university with a typed report offering their professional opinion on the staff member’s fitness in relation to work, including any implications for work, health, and any other relevant issues. The aim of the report is to address the issues raised by the referring line manager and provide an expert medical opinion to inform appropriate and supportive onward decisions.

The confidentiality of clinical details given during the appointment is respected and consent will be sought before relevant information is shared with the university. The report can be seen by the staff member for comment prior to being made accessible (‘released’) to the university (this will be discussed/agreed with the staff member during the occupational health appointment). The staff member may challenge the contents of the occupational health report if it contains factual errors which can be amended, but the professional opinion expressed may remain unchanged.

Whether the staff member elects to see the occupational health report in advance of the university or not, **the report is made accessible (‘released’) to the university in strictest confidence and remains accessible only to specified members of the Health, Safety & Wellbeing team**.

Following access to the occupational health report, the Health, Safety and Wellbeing team will:

* Log the assessment report onto an occupational health management system in order to track cases and ensure actions and outcomes are closely monitored.
* Review the content of the report.
* Send an email to the staff member, copied to the referring line manager (and HR contact if applicable) with the following details:
* Confirmation that the occupational health report is available – the report itself **will not** be shared.
* Advice to the staff member to share and discuss the content of their occupational health report, including any recommendations, with the referring line manager.
* This email will not include any confidential medical information however, where relevant, a summary of recommendations only and/or relevant signposting advice may also be provided.

The content of the occupational health report, specifically any advice or recommendations, should inform ongoing line management discussions. An important aspect of BU’s person-centred approach is that the staff member remains an active participant throughout the occupational health process and can exercise autonomy in how the report is shared. This is of particular importance due to the confidential and sensitive nature of any health information.

***Sharing the report***

In the majority of cases, staff members choose to share the occupational health report in its entirety with the referring line manager. Direct communication between the individual staff member and referring line manager is always strongly encouraged.

The line manager and staff member should discuss the advice and recommendations in the occupational health report. It is recognised that this is fundamental to a person-centred approach and furthermore in fostering open line management discussions as an essential aspect of ongoing support. The opinions and advice expressed within the report are based on specialist clinical knowledge and therefore are not subject to amendment. However, **occupational health advice is advisory, and it is a management decision to determine the operational feasibility of any advice, adjustments and recommendations provided**. This means that where adjustments are advised, it is a line management decision as to whether these can be reasonably supported. If it is considered unfeasible to implement some or all of the recommendations, this should be discussed, including the reason for this.

Where additional support or advice is required, further guidance is available via your HR contact and in some circumstances a case review meeting may be helpful to assist in decision making. If a staff member or line manager have any concerns, they may also contact [staffhealthandwellbeing@bournemouth.ac.uk](mailto:staffhealthandwellbeing@bournemouth.ac.uk) for further support.

**9.** **Review Appointments**

A new referral form must be completed to trigger a review appointment. The procedure already outlined above applies to all review appointments.

**10.** **Who to Contact**

Any matters regarding BU staff health and wellbeing including occupational health, can be provided in confidence to [staffhealthandwellbeing@bournemouth.ac.uk](mailto:staffhealthandwellbeing@bournemouth.ac.uk)

This email address and the occupational health referral process is managed in strictest confidence by the following named individuals within the Health, Safety and Wellbeing team who have signed a confidentiality agreement stating that they understand and will apply the strict principles of confidentiality. This includes not disclosing any information to a third party without the staff member’s prior consent.

* Karen Butters (Head of Health, Safety and Wellbeing)
* Jo Coleclough (Health and Wellbeing Adviser)
* Dawn Burridge (Health, Safety and Wellbeing Administrator)

1. **Feedback and Complaints**

We aim to provide an excellent service that is responsive to the needs of the university and individual members of staff. All our processes are continually monitored for quality, suitability, and legal compliance. In order for us to deliver the service you want please let us have your feedback, including any concerns where appropriate, as often as possible.

If you feel dissatisfied in any way, please feel free to contact the Head of Health, Safety & Wellbeing directly on 01202 961131 or via [kbutters@bournemouth.ac.uk](mailto:kbutters@bournemouth.ac.uk)

We will treat your concerns seriously, deal with them promptly and use your feedback to improve our service.

December 2023

**Appendix 1**

**Confidentiality and Record Keeping in Health and Wellbeing**

1. **Introduction**

The health and wellbeing provision at the university owes you a duty of confidentiality; this means that they cannot share medical information about you with others without your consent. This is a requirement of the professional conduct codes and ethics stipulated by the Nursing and Midwifery Council and the General Medical Council.

Written notes are made after any meetings and/or telephone conversations you have with the Health, Safety and Wellbeing team, Occupational Health Adviser (OHA) or Occupational Health Physician (OHP). These are kept securely by the Health, Safety & Wellbeing team.

Members of the Health, Safety & Wellbeing team sign a confidentiality agreement which states that they understand and will apply the principles of confidentiality. This includes not disclosing any information to a third party without your prior consent.

Your records will also include forms you may have filled in e.g., pre-employment forms, or records of any medical checks; reports written by occupational health (OH); and any messages, requests or emails received by the Health, Safety and Wellbeing team which are about you.

**2. Reports to your Line Manager**  
You will have been referred by your line manager and if referred to occupational health, they will be asked to provide a report for the university as a result of the referral. The report will focus on the impact of any health condition you have on your ability to work, and the OH opinion on any supportive steps the university could consider as a result of this. Details of any underlying medical condition will only be included with your express consent.

The OH practitioner will discuss with you the information they intend to include in any report. You can elect to be sent a copy of the report in advance of the university. This is recognised as good ethical practice for OH practitioners. However, you will be asked to review it as soon as possible (within 48 hours) after receiving it and contact OH to correct any factual inaccuracies.

**3. Breaking confidentiality**  
  
Information held by the Health, Safety and Wellbeing team will only be shared without your consent in exceptional circumstances such as

1. Where necessary in the public interest e.g., to protect you or someone else from the risk of significant harm.
2. Where required by law.

If we feel it necessary to break confidentiality for the above reasons this will be discussed with you.

**4. Data Protection**   
  
This document should be read in conjunction with [BU Data Protection Policy](https://staffintranet.bournemouth.ac.uk/workingatbu/informationsecuritydataprotection/dataprotection/). Associated policies, processes and guidance are hosted on the [BU Data Protection SharePoint](https://livebournemouthac.sharepoint.com/sites/DataProtection) site.

The storage and handling of records falls under the remit of the Data Protection Legislation and is managed accordingly as sensitive personal data. You have the right to either see or receive a copy of any of your records; to do this you should make a formal application through the university’s Data Protection officer; for more info please click [here.](http://intranetsp.bournemouth.ac.uk/policy/Data%20Protection%20Policy%20for%20Staff%20and%20BU%20Representatives.docx)

OH records will be kept for the following periods:

* 40 years from date of last entry in the case of COSHH records, in support of the HSE 'Health Record' requirement\*
* 50 years from date of last entry in the case of Ionising Radiation records, in support of the HSE 'Health Record' requirement\*
* 7 years for standard employment records after an employee leaves Bournemouth university, unless there are any HSE requirements then the above will apply

(\* a Health Record is a non-confidential record of the outcome of an employee's Health Surveillance assessment, for those staff where [health surveillance](https://www.hse.gov.uk/health-surveillance/record-keeping.htm) is applicable. Whereas the HSE does not stipulate the storage of confidential OH records for this long, it is widely accepted within the speciality of Occupational Medicine that retention of such records is in accordance with medico-legal best practice, as it supports the identification of potential latent disease in the future.)

**5. Access to Medical Reports Act**

If there is a requirement to get a report from your GP or specialist, the OH practitioner will need your consent. This report is only to gain up to date medical information in your case, and the report will be kept by OH in confidence and not be released to your manager. OH will interpret the report, discuss it with you and confirm what will be shared with the university.

If you would like to know more about your rights under the Access to Medical Reports Act and see an example of a consent form, please see discuss with the OH practitioner.