



WELCOME TO YOUR HEALTH AND WELLBEING PASSPORT

The purpose of 'The Passport' is to provide a documented record of your individual needs, which would allow you to function to your maximum capacity in a supportive environment, without prejudice or discrimination.

'The Passport' can be used for any member of staff who feels that they may need some additional support at work.

For example: a member of staff with a disability or long-term condition; those who have caring responsibilities for a relative with a disability or long-term condition; parents with young children; staff who observe religious festivals or celebrations such as Ramadan or daily prayers; staff who are in the process of gender reassignment.

'The Passport' can be requested by the employee or offered by the employer but is 'owned' by the employee. This Passport should be completed using the Health and Wellbeing Passport guidance document.



'The Passport' contains details of reasonable adjustments agreed between you and your line manager, ensuring that you able to work to your full potential within a positive and supportive environment.

'The Passport' will need to be reviewed on an annual basis; this may be alongside the annual appraisal process. It will also be necessary to review 'The Passport', and you are responsible for initiating a review if:

- your disability or health condition changes
- your personal circumstances change
- your job requirements change
- you change role
- there is a change to the working environment.

A formal revision should be entered and signed by the employee and their manager or new manager as appropriate on Page 4 of 'The Passport'.

PASSPORT CONFIDENTIALITY AGREEMENT

The information provided in the Health and Wellbeing Passport (or 'Passport') is confidential to the employee and their line manager and should not be shared with any other party without the written consent of the employee.

A copy of the Passport should be held by both the employee and their manager.

Name of employee:	
Employee/ payroll number:	
Employee's signature:	Date:
Name of line manager:	
Manager's signature:	Date:
Team/ unit:	
Directorate:	

REVIEW

Review date	Manager's signature	Employee's signature

ABOUT MY PERSONAL CIRCUMSTANCES

Please use this space to give a brief description of your personal circumstances (e.g. your disability, health condition, caring situation, religion) and, if appropriate, how long you have had a diagnosis or been in these circumstances:
Please use this space to describe the impact that your personal circumstances may have on you at work: (Guidance is available on Page 12 if needed).

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WELLBEING AT WORK

Please use this space to describe how your disability / health condition or other personal circumstances may affect you on a 'good day' or a 'bad day':

Good day	Bad day

If you have a disability or health condition, please use this space to describe any symptoms which may indicate that you need help or are not well enough to remain at work: (OH or access to work guidance if applicable). If you are not well enough to remain at work and need support to get home or to medical assistance (e.g., your GP), emergency contacts can be recorded on Page 11.

REASONABLE ADJUSTMENTS

Please use this space to tell us about any formal assessments by a trained specialist, specific to your disability / health condition or personal circumstances (e.g. Occupational Health / consultant) and dates completed:

REASONABLE ADJUSTMENTS

A 'reasonable adjustment' is a change to remove or reduce the effect of:

- An employee's disability so they can do their job
- A job applicant's disability when applying for a job

The reasonable adjustment could be to:

- The workplace
- The ways things are done
- Get someone to help the employee or job applicant

Please use this space to record any reasonable adjustments that have been discussed and indicate if the adjustment has been agreed with your line manager.

If an adjustment has not been agreed, your manager should provide information on the reason for rejection. (Further details can be found in the Passport guidance document):

Suggested reasonable adjustment	Agreed (Please tick)		Reason (If not agreed)
		Yes	
		No	
		Yes	
		No	
		Yes	
		No	
		Yes	
		No	
		Yes	
		No	

NB: If a reasonable adjustment of flexible working is agreed, the appropriate application for flexible working must also be completed, as directed in the QEH Flexible Working Policy, available on the intranet. A copy of this application must be kept with the Passport and reviewed in line with the policy.

Reasonable adjustments agreed: Please sign below in agreement of the reasonable adjustments discussed above.			
Employee's signature: Date:			
Manager's signature:		Date:	

KEEPING IN TOUCH

In accordance with the Attendance Policy and Procedure, you are required to contact your manager as soon as possible by telephone if you are unable to attend work due to ill health. Initial contact should be made by the employee.

In addition, the manager is required to keep in touch with their employee on a regular basis (a minimum of every two weeks in the case of long-term absence). Notably it is the responsibility of both the employer and employee to comply with keeping in regular contact to inform on updates relating to sickness absence.

A manager's contact with their employee should be carried out in a sensitive and supporting manner.

If it has been identified as a reasonable adjustment that you have a carer as a named advocate, to support you when communicating with your manager, they can be named on the next the page.

The form on the next the page can be used to agree how often and with whom contact may be made.

Conversations while you are away from work may include:

- a. How are you feeling?
- **b.** Have you been to the GP/other specialist?
- c. What can the manager do to help?
- d. Current work
- e. Return to work date
- f. Planned phased return to work
- g. What are you able to do?





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CONTACT INFORMATION

	Who will your manager contact: (Please tick)			
	Myself			
	Name of carer (advocate)			
	Relationship of carer (advocate)			
	My carer (advocate)			
Phone number:				
Email address:				

How will contact be made? (Please tick)			
Email			
	Phone		
	Text		
Text phone/ text relay			
Other (please specify)			

How often will contact be made? (Please tick)		
Daily		
Weekly		
Fortnightly		
Other (please specify)		

When will contact be made? (Please tick)		
	Morning	
Afternoon		
Specific date/ time		

Name of employee:	
Employee/ payroll number:	
Employee's signature:	Date:
Name of line manager:	
Manager's signature:	Date:
Team/ unit:	
Directorate:	

EMERGENCY CONTACTS

If I am not well enough to be at work, and need support to return home, I am happy for my line manager to contact any of the following people.

Completion of this section is voluntary and can be left blank if you choose. However, if this section is completed, a copy must be sent to Human Resources to update your ESR record as necessary.

	Name:	
4	Relationship:	
1	Phone number:	
	Mobile number:	
	Name:	
2	Relationship:	
2	Phone number:	
	Mobile number:	
	Name:	
2	Relationship:	
3	Phone number:	
	Mobile number:	



REVIEW FORM

This form should be used to review previously agreed reasonable adjustments, either annually or following a change in the employees' circumstances, as described on Page 3 of the Passport.

Each review should be signed, and a copy held by both employee and manager with the Passport document.

Reason for review: (Please tick all that apply)				
	Annual review			
	Change in employees' disability or health condition			
	Change in employees' personal circumstances			
	Change in job requirements			
	Change in post / line manager			
	Change to the working environment			
	Other, please specify:			



Current reasonable adjustments in place:

Please use this space to record any current reasonable adjustments that are in place and indicate if they are still required in their current form. If an adjustment requires amendment, please tick "No" and add it as a new amendment in the following section.

Suggested reasonable adjustment	Agreed (Please tick)		Reason (If not agreed)
		Yes	
		No	
		Yes	
		No	
		Yes	
		No	
		Yes	
		No	

Additional/amended reasonable adjustments:

Please use this space to record any additional or amended reasonable adjustments that have been discussed and indicate if the adjustment has been agreed with your line manager. If an adjustment has not been agreed, your manager should provide information on the reason for rejection. (Refer to Appendix 1 of the guidance document):

Suggested reasonable adjustment	Agreed (Please tick)		Reason (If not agreed)
		Yes	
		No	
		Yes	
		No	
		Yes	
		No	
		Yes	
		No	

ADDITIONAL INFORMATION

s space to share an also record the o		

NB: If a reasonable adjustment of flexible working is agreed, the appropriate application for flexible working must also be completed as directed in the QEH Flexible Working Policy, available on the intranet. A copy of this application can be kept with the Passport.

Name of employee:	
Employee/ payroll number:	
Employee's signature:	Date:
Name of line manager:	
Manager's signature:	Date:
Team/ unit:	
Directorate:	

KEEPING YOU WELL ? AT WORK

vita health group

0300 131 2060 AVAILABLE 24/7

MY-EAP.COM Access code: Qehklwell



01527 595999 SEE WEBSITE FOR TIMES

CAVELLNURSESTRUST.ORG



EMOTIONAL SUPPORT FOR HEALTHCARE WORKERS

FRONTLINE19.COM



FOR SUPPORT WITH ADDICTION

CHANGEGROWLIVE.ORG



O808 808 1677
SEE WEBSITE FOR TIMES

CRUSE.ORG.UK



0300 123 3393 MON-FRI 9AM TO 6PM

MIND.ORG.UK

SAMARITANS

116 123 AVAILABLE 24/7

SAMARITANS.ORG

BMA

0330 123 1245 AVAILABLE 24/7

BMA.ORG.UK

wellbeing

0300 123 1503 MON-FRI 9AM TO 5PM

WELLBEINGNANDS.CO.UK

FOR ON-SITE SUPPORT, DETAILS OF OUR MENTAL HEALTH FIRST AIDERS, FREEDOM TO SPEAK UP CHAMPIONS AND MENOPAUSE CHAMPIONS ARE AVAILABLE ON THE STAFF INTRANET.

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Access to work is a government grant scheme which helps pay for practical support so you can do your job. You may be able to apply if you have a disability, health or mental health condition. The grant can pay for: specialist equipment, travel when you can't use public transport or a communicator at a job interview. More information can be found at www.gov.uk/access-to-work

Mental Health First Aiders provide workplace support for a member of staff who is experiencing a mental health issue or emotional distress. They offer non-judgemental listening and guidance.

Freedom to Speak Up Guardian (FTSUG) We have a designated our Freedom to Speak Up Guardian, who is supported by a team of 17 Freedom to Speak Up Champions across the hospital. They are here to help you speak up.

They are from different divisions, staff groups and areas of the hospital and will act as role models for creating an open, honest and transparent culture. Information about the Freedom to Speak Up Guardian can be found in the Speaking Up Policy on our intranet page. Who can I tell > Speaking Up Policy.

Staff Clinical Psychology offers staff two full time staff members to support with any mental wellbeing needs. To find out more visit the staff intranet page > healthy lives > staff support.

Support and advice for managers

is available through the Human Resources. For information on who the advisor for your Directorate or Service is, please refer to the Human Resources page on the intranet by following the link for Human Resources.

Health and Wellbeing services for staff, for more information please visit the staff intranet page > healthy lives.

Equality Act 2010 can be viewed on, or downloaded from, the Governments Legislation website and guidance publications on the Equality Act 2010 are available through the governments gov.uk website

Specific Guidance documents that may be appropriate are:

- Guidance on matters to be taken into account in determining questions relating to the definition of disability
- Duty on employers to make reasonable adjustments for their staff

Staff Networks are in place to offer peer support to colleagues and managers, and information and signposting where appropriate. Contact information for all of the staff networks can be found on the staff intranet page home screen.

