ANNEX D

CARE OF STAFF ABSENT DUE TO SICKNESS OF COVID19

Early engagement with a staff member who goes off sick is key to ensuring that their recovery is maximised and they return to work as soon as possible. Some members of staff may face lengthy rehabilitation pathways, resulting in prolonged periods between episodes of care. Regular contact from their manager is important to keep the staff member feeling valued and focused on their recovery and enable early identification of issues and appropriate sign posting for additional support. It may also include a managed return to work as part of the recovery process.

A useful management tool that can be used to capture specific information relating to a staff members recovery and eventual return to work is called HARDFACTS and is at Appendix 2 of this Annex.

KEY TIMELINES

Some useful timelines to ensure staff members are engaged with appropriately are as follows:

- **Day 1 Sickness** An episode begins on the first day that a staff member is recorded as sick absent.
- Day 2-3 Open HARDFACTS report

A report should be opened on day 1 where a staff members clinical condition is expected to exceed 14 days, or anytime in between as this Covid19 pandemic progresses.

- Day 7 First meeting (as appropriate) complete. The line manager of the staff member absent due to Covid19 will conduct an initial face-toface meeting (as appropriate) using appropriate technology and/or observing social distancing suitable for both the staff member and LM. A HARDFACTS report is a useful tool to have a better understanding of the staff members situation.
- Every 5-7 days thereafter Recovery meeting. As above but every 5-7 days.

HARDFACTS

The acronym HARDFACTS stands for: Health; Accommodation; Relationship; Drugs, Alcohol and Stress; Finance and Benefits; Attitude, Thinking, Behaviour and Wellbeing; Children and other dependents; Training, Education and Employment; Supporting Agencies.

Behind each key factor there are numerous subsidiary factors which, when used together, when assessing the situation of the staff member, will enable a holistic view of them to be developed.

REVIEW

Every week a review should be conducted of all staff members who are absent from work due to Covid19 or its related impact. The line manager should be in a position to understand the HARDFACTS of the staff member in order to support a return to work date allowing better management. A record of the discussion should be kept secure. The review of a staff member using HARDFACTS may involve both objective and subjective assessment, depending upon the criteria under consideration. But essentially, the use of HARDFACTS is to be employed consistently in the assessment of staff members.

PERMISSION

The staff member should have the purpose of this process explained to them so that they are fully aware of the support that the Trust is providing. A staff member has no legal obligation to comply with these meetings and may complement the employer's sickness absence policy but not supersede it.

APPENDIX 1 TO ANNEX D A QUICK GUIDE FOR CARE OF STAFF ABSENT DUE TO COVID-19

Timeline	Event	Action/Consideration		
Day 1	Start of illness	 Is the staff member in hospital? Therefore, visit required? If Vulnerable, see Annex E for High Risk and Vulnerable Staff. 		
Day 2-3	HARDFACTS record opened	 Open HARDFACTS record if not already done so. Line manager or Occupational Health colleague to be the Point of Contact Share the intention of the support the Trust is taking Establish relationship with the staff member. 		
Day 5-7	'Visit' Staff Member	 Initial face to face / technology-based visit complete by day 7, or earlier at staff members convenience and a suitable location. Use initial Aide Memoire (Appendix 2 of Annex D) to conduct HARDFACTS. Subsequent face to face visit/meeting conducted every few days. Additional contact can be via telephone or e mail but should not be used to substitute face to face / technological 5-7 day contact. Identify any immediate complex or likely non-clinical enduring needs and early referral benefit/requirement to Occupational Health. 		
Within a month	Review at Wellbeing Management discussions	 Review against HARDFACTS criteria Review discussions are likely to be held weekly and certainly monthly during the Wellbeing Management discussions Line manager offer additional support if available and appropriate. 		

APPENDIX 2 TO ANNEX D HARDFACTS AIDE MEMOIRE FOR CARE OF STAFF ABSENT DUE TO COVID-19

HARDFACTS - AIDE MEMOIRE

Staff Name:	Department:
Date / Time of conversation:	Conducted by:

Introduction	Introductions. Explain the purpose of the initial conversation and what HARDFACTS	Ensure the staff member knows who their points of contact are.
	is.	Obtain consent for personal information (less specific medical) to be recorded and stored accordingly. Or annotate if consent not given.
Circumstances	Confirm first day of sickness-absence? Background/history to recovery case?	Note medical confidentiality guidelines.
Health (Medical)	Confirm if Patient Consent has been given. Explain Sick Leave conditions.	For disclosure purposes where applicable.
	What is the staff members opinion on their recovery timeline and expected/potential outcome?	Forwarding of authorised sickness-absence documentation.
		Obtain sick leave contact details if appropriate.
Accommodation	Who does the staff member live with? Are they showing signs of COVID?Are they self-isolating?Is the accommodation an appropriate place for the staff member to recover?	Do alternative arrangements need to be made? Is this causing additional stress?
Relationships	Is the staff member in a relationship? If so, do they want to share their name?	Dismissive / Anxious / Avoidant / Secure ¹
	How does the staff member describe their relationship with their family?	Level of support, mutual respect/affection, strength of relationship, issues or difficulties at home.

¹ Types of Relationships:

Dismissive - Sees themselves as self-sufficient and in denial about the importance of close relationships

Anxious - Positive outlook of other but has low opinion of themselves Avoidant - Has a poor opinion of themselves and their partner Secure - In a secure relationship and has positive view of themselves and their partner.

NHS SE #HAY GUIDE May 2020 Who are the staff members influential family members? Are they engaged positively or negatively in their recovery? In case we need to contact them? Are there any on-going family issues/concerns? Any other family member affected by COVID? Are contact details for Next of Kin up to date? **Drugs and Alcohol** Are they on prescription drugs which may impact their ability to drive This may affect their ability to interact with the line manager. to and from work and / or be at work? This can be a very difficult conversation for some staff members who Does the staff member have any financial commitments that are **Financial Matters** causing them concern? Why? are in financial hardship. Attitudes, Thinking, How do they feel about their illness? Look for evidence of emotional instability, stress, gets upset easily, Behaviour and Have they ever thought about and/or attempted to self-harm or take anxious. own life? Wellbeing If so, refer to Annex E for High Risk personnel. Does the staff member show signs of being anxious? Do they have children? Any welfare concerns for the children? Children and other Do they have any additional needs causing further stress on the Names and ages? dependents member of staff? Do the children live at home? Do they need a key worker support letter at all? Are they attending school as part of key worker support? Are there any other dependents they are responsible for looking after? Training, Education, What are their career/employment aspirations? Is there any online learning that could be suggested in order to give them some focus whilst off sick? Employment Supporting Are there any other agencies that are involved in the support? Are there any that you can offer? Agencies