Case No: 1301372/2016

EMPLOYMENT TRIBUNALS

Claimant		**Respondent**
Mrs Jane Pamela Ndemo	-v-	University Hospitals Birmingham NHS Foundation Trust

FINAL HEARING

Heard at: Birmingham (in public) **On:** 27-28 February 2017 & 1 & (deliberations) 3 March 2017

Before: Employment Judge Camp Members: Ms S Campbell, Mr M Z Khan

Appearances
For the claimant: Mr K Singh, lay representative
For the respondent: Ms R Tuck, counsel

RESERVED JUDGMENT

The claimant's claim fails and is dismissed.

REASONS

1. The claimant, Mrs Jane Pamela Ndemo (known as Pamela Ndemo) has been employed by the respondent as a Staff Nurse since April 2009 and first worked for the respondent in 2004. This was the final hearing of her claim for disability discrimination. The claim consists by one or more complaints of failure to comply with a duty to make reasonable adjustments under sections 20 and 21 of the Equality Act 2010 ("EqA").

Factual background

2. We shall now set out the facts. We shall make further findings of fact when explaining our decisions on particular issues in the case. There is also a chronology and cast list annexed to this decision, to which we refer. They were prepared by the respondent, but at the start of the hearing were agreed as accurate by the claimant's representative, Mr Singh, on her behalf. They are incorporated into our decision.

3. In these Reasons, we are not going to mention and deal with all the allegations of fact that the parties have made. Almost inevitably, there will be things that the parties think are important that we don't mention and deal with. We have considered all of the evidence, but (with a few exceptions) the only things we address in these Reasons are those that we need to in order to make and explain our decision.

4. Most of the factual background is not substantially in dispute and most of our findings of fact are based on unchallenged evidence of witnesses and/or on contemporaneous documents. We heard witness evidence from the claimant herself and, for the respondent, from: Mrs [Sister] Gillian Sparkes, who was the claimant's line manager from 2009 to September 2013; Mrs [Matron] Lucy Binns, who was Mrs Sparkes's line manager and was and is her successor's line manager; Mrs [Sister] Joanna Martin, who was Mrs Sparkes's successor and was, from December 2013, the claimant's line manager; Ms Charlotte Hamilton, who was an Assistant HR Adviser who provided HR advice and assistance in relation to the claimant's case between December 2015 and August 2016, when she [Ms Hamilton] left the respondent's employment. We also considered the documents to which we were referred that are contained within a paginated lever-arch file of documents, the last page of which is numbered 319, but which has more than 319 pages in it.

5. The respondent is an NHS Trust centred on the Queen Elizabeth Hospital ("QEH") in Birmingham. At all relevant times, the claimant was employed by the respondent working on a renal medicine ward at the QEH. From late 2010, that ward was called ward 303. Together with ward 305, which was a renal and vascular surgery ward, it formed the renal unit.

6. On 31 May 2013, the claimant applied to transfer to the respondent's coronary care unit ("CCU"). All her transfer application form said about her reasons for applying to transfer was that she wanted to expand her skills.

7. The application seems to have been overlooked by the respondent. It was never processed; nor was it ever chased up by the claimant.

8. In late June 2013, the claimant went off sick from work. She saw her GP on 27 June 2013 and was signed off from 4 July 2013 onwards, initially with "*low mood*", then with "*low mood and insomnia*", and then, from 19 August 2013, with "*depression*". She did not return to work until 27 January 2014. From 1 July 2013 to this day, she has been on prescribed anti-depressants. She relies on depression as her disability for the purposes of this claim.

9. From the outset, the claimant blamed her poor state of mental health at this time on what she described as bullying at work. Her case is that she was persistently bullied from 2009 to 2013 by the then Ward Manager / Senior Sister of [what from late 2010 became] ward 303, Mrs Sparkes.

10. We were told in closing submissions that the claimant would very much like us to make a positive finding of fact that she was bullied by Mrs Sparkes. We do not, however, think we are in any position to make any findings about this either way; certainly not with any confidence. The alleged bullying took place between 4 and 8 years ago. Very few specific, detailed allegations have ever been made by the claimant, or put to Mrs Sparkes for her to comment on. No allegations, even general ones, were raised with the respondent until late 2013, several months after Mrs Sparkes and the claimant stopped working together. (As explained above, the claimant went off sick from late June 2013 to January 2014. Mrs Sparkes changed jobs in September 2013.).

11. Moreover, there is no need for us to decide if there actually was bullying.

12. Given everything we have just mentioned, we have not made a decision about whether the claimant was or was not bullied, beyond noting that one of the claimant's few specific allegations against Mrs Sparkes is wrong. That specific allegation is about Mrs Sparkes refusing a request the claimant made for annual leave. In fact, Mrs Sparkes did not refuse the request; she was not the decision-maker: a Matron, Paula Mitchell, was. Mrs Sparkes was willing for the claimant to take the annual leave, but Paula Mitchell was not.

13. This is a convenient point to make some general observations about the claimant, her evidence, and the case as a whole.

    13.1 As best we can tell, no one at the respondent has any significant criticisms of the claimant herself or of the quality of her work.

    13.2 We accept unconditionally that the claimant was in her evidence telling us the truth as she genuinely believes it to be; and we would say the same of the respondent's witnesses. However, the fact that somebody genuinely and strongly believes something does not make it true. Memory is a funny thing; it plays tricks on everyone. People in work, and in life generally, often misconstrue what is done and mishear and/or misunderstand and misinterpret what is said. This happens both at the time and looking back on things. Anyone bringing or defending a court or tribunal claim has a normal human tendency to remember things in a way that best fits their claim or their defence.

    13.3 Nothing in these Reasons should be taken as critical of the claimant personally, or of what the claimant did (or didn't do). The reasonableness of the claimant's actions is not relevant because we are required in a reasonable adjustments case like this one to look at the respondent's, and not the claimant's, conduct.

    13.4 Although we have dismissed the claimant's claim, this doesn't mean we necessarily think the respondent behaved reasonably all the time and in every way, nor that the claimant was treated well all the time and in every way.

13.5 This is less a case about what happened than one about how what happened fits with the law. We are not deciding what we think would be fair and just in a general way. Our decision is only about whether, at any relevant time, applying the law as enacted by Parliament and interpreted by appellate courts and tribunals, the respondent breached a duty to make reasonable adjustments in relation to the claimant.

14. Returning to what happened, we accept that the claimant believed she had been bullied and believed that this was why she had developed depression. Through the Royal College of Nursing ("RCN"), she received three sessions of counselling, two in July and one in October 2013. The respondent was not aware of this at the time. She first saw occupational health ("OH") in September 2013 and, with the claimant's consent, they sent the respondent a series of letters containing short medical reports on her from then onwards.

15. On 4 December 2013, there was a meeting between the claimant, her RCN representative, HR, and Lucy Binns. The meeting was held under the respondent's Sickness Absence and Attendance Management Procedure. The closest thing we have to meeting notes is Mrs Binns's letter to the claimant of 11 December 2013 which very briefly sets out the main things that were discussed at the meeting: OH advice, the claimant's health, the possibility of the claimant returning to work on ward 303 or transferring to ward 305, and sick pay.

16. The claimant returned to work on ward 303 on 27 January 2014, on a graduated basis, but did not have a formal return to work meeting until 12 February 2014. On 31 January 2014, she was reviewed by OH. OH's letter to Lucy Binns of 3 February 2014 following the review includes the following: "*… Pamela's preference* [is] *to be redeployed to the Coronary Care Unit …* [we] *explored alternative courses of action. … Pamela informed me that she is happy to trial reintegration into Ward 303 over an initial period of 3 months and in the event of an unsuccessful reintegration, she would like to pursue redeployment or transfer to the Coronary Care Unit*." She remained working on ward 303 until going off sick in December 2015. Before December 2015, the claimant didn't suggest to the respondent that her "*reintegration into Ward 303*" had been "*unsuccessful*".

17. In April 2014, the claimant saw her GP complaining of low mood which she connected with work. She took two days off sick with depression, but did not tell the respondent there was any work-related problem.

18. On 3 July 2014, the claimant had an appraisal with Mrs Martin. They then had a general conversation about how things were with the claimant and the claimant said, amongst other things, that she wanted to reduce her working hours because of childcare difficulties. Mrs Martin agreed to this request, but asked the claimant to put it in writing for the record. The following day, the

claimant wrote Mrs Martin a letter asking to work 22 instead of 33 hours per week from 1 September 2014 onwards. Having already agreed the claimant's request, Mrs Martin did not read the letter but simply had it filed away. It included the following: "*I would like to reduce my working hours from 33 hrs to 22 hrs due to my current condition which you are aware of.*" Mrs Martin did not know that the claimant had put forward anything other than childcare difficulties as her reason for wanting to reduce her hours.

19. In June 2015, the claimant was involved in a Serious Untoward Incident on ward 303 in which a patient died, having 'bled out'. There is no suggestion that the claimant was in any way at fault, but the incident would have been traumatic for anyone in her position. In September 2015, her GP reduced her dosage of antidepressants (Mirtazapine); the phrase 'weaning off' is used in the medical records. Not long afterwards, the inquest into the patient's death took place. The claimant had to give evidence and, understandably, found the experience difficult. She took four days off work with stress around this time, in November 2015. On 5 November 2015, her GP increased her Mirtazapine back up to its previous level.

20. The claimant's 4 days of sickness absence 'triggered' the respondent's sickness absence procedure and the claimant was referred to OH. She was seen by an OH doctor, Dr Masood Aga, on 3 December 2015 and Dr Aga wrote to Sister Martin on 9 December 2015. His letter stated: "*If a reduction in workload is not possible locally then a role in an alternative areas should be explored and discussed with her.*"

21. Around 8 December 2015 (the letter is dated the 5th) the claimant wrote to Sister Martin asking for "*an immediate internal transfer to Ambulatory Care ground floor*". The letter, which we understand was largely not written by the claimant herself, referred to the alleged past bullying by Gillian Sparkes and stated: "*I fear that if* [I] *am kept on this ward with the constant reminder of what I went through, it will result my depression becoming unbearable and my position will become untenable. I am therefore making a formal request for reasonable adjustments … so that that I am not placed at the substantial disadvantage of suffering effects to my health and/or possibly losing my job because of the ongoing requirement for me to work on ward 303*".

22. On 21 December 2015, the claimant had what she describes as "*a severe anxiety attack while at work*". She left work early and was on sick leave from then until August 2016.

23. Sister Martin was herself off work sick in December 2015 and did not see either the claimant's or Dr Aga's letter until 22 December 2015. Having read them, she and Lucy Binns considered the possibility of transferring the claimant to ward 305 but the claimant did not want this. Further OH and HR

advice was sought and this was the point at which Charlotte Hamilton of HR was assigned to the case.

24. In a letter of 4 January 2016, Dr Aga of OH stated: "*… she is clear in her mind that moving away from the Renal department might be the only helpful way for her symptoms. … my opinion is that her concerns should be discussed together with HR to look at various options available to her with regards to relocation from the Renal Department. Currently, she will find it difficult to return to work on the Renal Unit due to her symptoms and the increased anxiety she experiences on the ward. However, if an alternative suitable location for work is available then she may be able to return to work as soon as possible.*"

25. There was no vacancy in Ambulatory Care, but, after a meeting in March 2016, it was agreed that the respondent would look for alternative roles for the claimant.

26. Between March and July 2016, Charlotte Hamilton told the claimant about various job opportunities within the respondent, but none of them were suitable, from the claimant's point of view. A problem that kept coming up was the claimant's childcare difficulties.

27. The claimant's claim form was presented on 2 May 2016. No point is taken by the respondent about the fact that the claim being pursued at this final hearing is partly about an alleged failure to make reasonable adjustments after that date.

28. Eventually, around late July 2016, a role was found for the claimant that potentially met her requirements, including in terms of working hours. The role was on the Ambulatory Care ward. She started a trial period there on or about 8 August 2016. The trial was a success and she formally transferred to that ward the following month.

Issues

29. A list of issues in the case ("list of issues") was annexed to the written record of the preliminary hearing that took place before Employment Judge Broughton on 3 January 2017. At the start of this final hearing, the parties' representatives confirmed that that list of issues was accurate and complete. However, it became clear during the hearing that that list of issues needed some small amendments. It is reproduced immediately below, with renumbered paragraphs and with the necessary amendments indicated by striking through and underlining text.

Disability

29.1 Did/does the claimant have a mental impairment, namely depression?

29.2 If so, did the impairment have a substantial adverse effect on the claimant's ability to carry out normal day-to-day activities?

29.3 If so, was that effect long term? In particular, when did it start and:

29.3.1 did the impairment last for at least 12 months? If not

29.3.1.1 is or was the impairment likely to last at least 12 months or

29.3.1.2 for the rest of the claimant's life, if less than 12 months or

29.3.1.3 was it likely to recur after at least 12 months

29.3.1.4 and, if so, from which date?

N.B. in assessing the likelihood of an effect lasting 12 months, account should be taken of the circumstances at the time the alleged discrimination took place. Anything which occurs after that time will not be relevant in assessing this likelihood. See the Guidance on the definition of disability (2011) paragraph C4.

29.4 Are any measures being taken to treat or correct the impairment? But for those measures would the impairment be likely to have a substantial adverse effect on the claimant's ability to carry out normal day-to-day activities?

29.5 The relevant time for assessing whether the claimant had/has a disability (namely, when the discrimination is alleged to have occurred) and the respondent's knowledge is between May 2013 to March 2016 with particular emphasis on her transfer request in December 2015.

Reasonable adjustments: section 20 and section 21

29.6 Did the respondent apply the following provision, criteria and/or practice (~~'the provision'~~ "PCP") generally, namely the requirement for the claimant to work on ward 303 and/or the renal unit.

29.7 Did the application of any such ~~provision~~ PCP put the claimant at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled in that working on ward 303 and/or on the renal unit caused her stress due to the memory of previous alleged bullying. An alternative way of putting the relevant substantial disadvantage, which we think more accurately reflects the claimant's case is: finding it difficult or impossible to work on that ward and/or in that unit because of memories of what she perceived as bullying when working there previously.

29.8 Did the respondent know, or could the respondent be reasonably expected to know[1] that the claimant

29.8.1 had a disability and

29.8.2 was likely to be placed at the disadvantage set out above?

If so, from which date?

29.9 If so, from that date did the respondent take such steps as were reasonable to avoid the disadvantage? The burden of proof does not lie on the claimant, however it is helpful to know the adjustments asserted as reasonably required and that is transferring her to another ward and/or to a ward in another unit.

The claimant was moved in September 2016, following a trial period beginning in August 2016.

Remedies

29.10 If the claimant succeeds, in whole or part, the Tribunal will be concerned with issues of remedy.

29.11 There may fall to be considered a declaration in respect of any proven unlawful discrimination, recommendations and/or compensation for loss of earnings, including for working part-time, injury to feelings and/or the award of interest.

29.12 There may also fall to be considered whether any adjustments should be made for failure to comply with any relevant ACAS Code.

Time/limitation issues

29.13 Bearing in mind the effects of ACAS early conciliation, any act or omission which took place before 4 December 2015 is potentially out of time, so that the tribunal may not have jurisdiction.

29.14 Can the claimant prove that there was conduct extending over a period which is to be treated as done at the end of the period? Is such conduct accordingly in time?

29.15 Was any complaint presented within such other period as the employment Tribunal considers just and equitable?

30. We have not decided all of these issues. For example, we express no view at all on any remedy and time limits issues. For the most part, we give a fully reasoned decision only on those issues it was necessary for us to decide in order to reach a conclusion on liability.

[1] Strictly speaking, in accordance with the statutory wording, this part of this issue should be: "*did the respondent not know and could it not reasonably have been expected to know*", with consequent amendments to "*If so, from which date?*".

The law

31. There does not seem to be any legal dispute in this case. The relevant law is helpfully summarised in paragraphs 2 to 12 of respondent's counsel's skeleton argument, to which we refer. Our starting point – and almost our end point – has been the wording of the relevant parts of the EqA, in particular: sections 6(1) and 20(3), schedule 1, and paragraph 20(1)(b) of schedule 8. The way the issues are worded in the list of issues, above, reflects the wording of the legislation. We have sought to apply the law as explained by the Court of Appeal in Griffiths v Secretary of State for Work and Pensions [2015] EWCA Civ 1265 at paragraphs 15 to 21 and 58 to 65.

Disability issue

32. For reasons we shall explain later in these Reasons, the claimant's claim fails whether or not she was a disabled person under the EqA. Nevertheless, particularly because she is still employed by the respondent, we think we should start by dealing with this question: was the claimant a disabled person at any relevant time and, if so, from when?

33. We are satisfied from the medical evidence that from early July 2013, the claimant had a mental impairment – depression – that was having a substantial adverse effect on her in that even with medication she was mentally unfit for work for a long period of time. (We appreciate that not being fit for work does not automatically mean there is an adverse effect on one's ability to carry out day to day activities; but in this case we are dealing with mental illness so bad the claimant could not, for a time, even face walking onto the ward where she worked). The claimant was put on a high dose of antidepressants from 2013 onwards and whenever there was an attempt to reduce her dosage, her condition deteriorated significantly. Because of this, we have formed the view that had she not been on anti-depressants, her condition would have been much worse; she would have been very significantly adversely affected in her ability to function, let alone to carry out all her normal day to day activities.

34. The claimant was – or would but for her medication have been – suffering substantial adverse effects on her ability to carry out day to day activities from July 2013 onwards; for well over a year. We are also satisfied that had a medical expert been asked to give a prognosis in 2013, they would have said, by September 2013 at the latest, that her depression – and its adverse effects – could well last into July the following year and beyond.

35. The respondent submits that because the claimant had no apparent significant mental health problems between January (or, at the latest, April) 2014 and November 2015, that the claimant was not a disabled person. However, this ignores the fact that her GP would not have kept her on a high

dose of antidepressants if there was not a serious problem, and that we have to assess the disability issue on the basis of what the effect of the claimant's condition would have been had she not been on medication.

36. In short, the claimant was a disabled person because of her depression from, at the very latest, September 2013 onwards.

Decision on other issues

37. As explained above:

    37.1 the relevant "*PCP*" in this case is a requirement that the claimant work on ward 303 and/or in the renal unit. We shall refer to this as the "relevant PCP";

    37.2 the "*substantial disadvantage*" the claimant relies on is finding it difficult or impossible to work on that ward and/or in that unit because of memories of what she perceived as bullying when working there previously. We shall refer to this as the "relevant disadvantage".

38. We bear in mind the claimant has to show both of the following:

    38.1 she found it difficult or impossible to work on that ward and/or in that unit because of memories of what she perceived as bullying when working there previously;

    38.2 because of her depression, she was, in terms of working on that ward and/or in that unit, more badly affected by memories of what she believes was bullying when working there previously than someone not suffering from depression but with similar memories would have been.

39. The claimant's case on paper has been focused on the two specific requests for a transfer and/or for redeployment: of 31 May 2013 and of 5 December 2015. However, as we discussed with the parties on the first day of the hearing (and again just before the start of closing submissions), her true case has always been that there was a continuous breach of the duty to make reasonable adjustments from June 2013 onwards. That is the case we have considered.

40. One of the issues we have focussed on is knowledge of the relevant disadvantage: issue 29.8.2 above. Through her representative, Mr Singh, the claimant made a realistic concession about this during closing submissions. The concession is that the respondent did not have knowledge – actual or constructive – of the relevant disadvantage before it received a letter from Toyin Oyidi of OH dated 18 September 2013. If it did not have knowledge before then, the respondent cannot have breached the duty to make reasonable adjustments before then. The respondent knew from early July 2013 onwards that the claimant was off sick because of low mood /

depression. But that letter was the first time it could reasonably have known her poor mental health was allegedly to do with her work situation.

41. By "*actual*" knowledge "*of the relevant disadvantage*", we mean the respondent knowing the claimant was likely to be placed at that disadvantage. By "*constructive*" knowledge "*of the relevant disadvantage*", we mean the situation where the respondent ought reasonably to have known the claimant was likely to be placed at that disadvantage. We refer to paragraph 20(1) of schedule 8 of the EqA.

42. In other words, it is accepted on the claimant's behalf that the respondent did not know and could not reasonably have been expected to know before late September 2013 at the earliest that she was likely to find it difficult or impossible to work on ward 303 and/or in the renal unit because of memories of being bullied when working there previously.

43. The first issue to which we have addressed our minds is whether Toyin Oyidi's letter of 18 September 2013, or anything else in late 2013 / early 2014, fixed the respondent with knowledge that the claimant was likely to be placed at the relevant disadvantage.

44. The letter of 18 September 2013 itself gives the respondent some information it did not previously have, namely that the claimant, "*believes she has been experiencing bullying and harassment at work over a long period, which culminated into her sickness absence*" [*sic*]. The letter suggests as a way forward, "*for a meeting to be arranged … to begin a constructive dialogue regarding* [the claimant's] *perceived work stress issues*." Most people reading it would assume: that the problem was not the claimant's depression as such but was instead bullying or the perception of bullying; and that if all possible bullying was stopped, the claimant would be able to return to work. No one reading it would think a likely problem was memories of past bullying.

45. When considering what the respondent ought reasonably to have known, we are asking ourselves what it would have known had it acted reasonably. The only reasonable reaction to that letter was to arrange a meeting with the claimant to find out what the problem really was, and what could be done about it so as to help her return to work. That is exactly what the respondent did.

46. At this stage, then, the respondent lacked knowledge of the relevant disadvantage; and it would not be in a position potentially to gain that knowledge until a meeting with the claimant took place.

47. Unfortunately, the meeting did not take place until 4 December 2013, but that was not the respondent's fault; indeed, it wasn't anyone's 'fault' – it was due to difficulties finding a date that was convenient for the claimant's RCN representative.

48. The next OH letter is dated 30 October 2013 and is also from Toyin Oyidi. It does not give the respondent knowledge of the relevant disadvantage either. Although it told the respondent that the claimant "*does not wish to return to the Renal Unit*", and suggested she would like to transfer to the Coronary Care Unit ("CCU"), it did not explain why this was so. We think the natural assumption for a reader of the letter to make about this at the time would have been that the claimant did not wish to return because she feared she would experience bullying (or what she believed was bullying) if she did. Again: the letter did not suggest as a likely problem the relevant disadvantage; what a reasonable employer would think was needed was a meeting with the claimant to get more information.

49. The final letter from OH prior to the 4 December 2013 meeting is from a Dr H K Nixon and is dated 11 November 2013. The relevant new information provided to the respondent in this letter was: that the alleged bully was Gillian Sparkes; that the claimant was aware Gillian Sparkes had left "*the unit*"; that, even so, the claimant's "*preference would be to make a fresh start in a different unit*".

50. We think the letter of 11 November 2013, too, did not provide the respondent with knowledge that the claimant was "*likely to be placed at the* [relevant] *disadvantage*". It begged a number of questions, which the respondent needed to have answers to before it could be anywhere close to having that knowledge, questions such as:

    50.1 how strong was the claimant's "*preference*" to move?

    50.2 given that Mrs Sparkes was working elsewhere, why did the claimant still have that preference?

    50.3 was there actually any significant difficulty in returning to work on the unit, and if so what was it and why did it exist?

    50.4 when the OH letters referred to the "*unit*" when discussing the claimant's wish to move, had OH appreciated that the renal unit consisted of two wards – 303 and 305 – on one of which the claimant had not worked?

    50.5 would transferring her from ward 303 to ward 305 deal with whatever problem the claimant had?

51. The obvious and reasonable way to get answers was to have the discussion with the claimant and her RCN representative that everyone had been wanting to have since September.

52. Even if we are wrong about the respondent not having knowledge of the relevant disadvantage, in our view it would have been inappropriate for it to have taken any further steps until after the meeting. The respondent could not make any kind of sensible assessment of what was reasonable going

forward without a lot more information about, "*the nature and extent of the substantial disadvantage imposed upon* [the claimant] *by the*"[2] relevant PCP, and without discussing things with her. This was particularly so given that the respondent had legitimate concerns about:

52.1 whether it was really in the best interests of the claimant's mental health for her to move to a new nursing environment, where she had never worked as a qualified nurse, and where she would not know many of the other staff;

52.2 whether she appreciated how difficult it might be in practice to sort out a transfer to CCU;

52.3 whether she was aware that Mrs Sparkes's new role was one where the claimant was as likely to encounter her on CCU as she would be if she returned to the renal unit.

53. Two things that are particularly significant in the context of this claim happened at the meeting on 4 December 2013.

54. First, the respondent offered the claimant a transfer from ward 303 to ward 305 and the claimant – with her RCN representative – turned the offer down. The effect that has on the claimant's claim is any complaint dating from this time relying on an alleged PCP of requiring her to work on ward 303 and/or on a reasonable adjustment of moving her from ward 303 is a non-starter. She was not required to work on ward 303 and she did not want the respondent simply to transfer her to any other ward.

55. Secondly – again with her RCN representative there to assist and advise her – the claimant agreed to return to ward 303.

56. Given these two matters, the claimant's reasonable adjustments complaint relating to late 2013 / early 2014 faces at least three major obstacles.

57. The first obstacle is the lack of evidence to support findings that, at this point in time, remaining on the unit: put the claimant at the relevant disadvantage; put her at that disadvantage in comparison with someone not suffering from depression. The only evidence supporting this is the claimant's assertion that it was so; and we are not even satisfied that she asserted this at the time. It seems to us unlikely that she did. If she thought the fear of being plagued by memories of past [alleged] bullying was an obstacle to returning to work, why did she choose to go back to the ward where she believed she had been bullied instead of transferring to ward 305?

58. We also note that when she saw her GP on 25 April 2014 about a deterioration in her mental state, she did not say to her GP anything along

[2] Newham Sixth Form College v Saunders [2014] EWCA Civ 734, *per* Laws LJ at paragraph 14.

these lines: 'my memories of being bullied in the past have been getting to me; I was worried when I returned to work in January that this would happen'. Instead, the conversation she had with her GP was, "*mood has dropped again, trying to think of cause – can only wonder if [*w*]ork, but gets on ok with everyone*". That quotation is from the contemporaneous GP records, which we think are the best evidence we have about the claimant's state of mind at the time.

59. Further, the case put forward on the claimant's behalf is not that the substantial disadvantage she faced because of her disability[3] was: difficulties in returning to work on either ward in the renal unit after sickness absence because she thought she might suffer from bad memories of what she believed had been bullying if she did. Her case has consistently been to the effect that she was badly affected by memories of past [alleged] bullying when she worked on ward 303 and would have been badly affected by those memories on ward 305 as well. As the claimant never tried working on ward 305, what she is now saying about what would have happened had she worked there in late 2013 / early 2014 is highly speculative. Even more speculative is her allegation that any such bad effects would have been worse for her than for someone in the same situation but who did not suffer from depression.[4]

60. We are therefore not satisfied that in late 2013 / early 2014, any PCP of requiring the claimant to work on the renal unit put her at a relevant substantial disadvantage in comparison with persons who are not disabled.

61. The second major obstacle this part of the claimant's claim faces is closely connected with the first, just discussed. It is the respondent's lack of knowledge of the relevant disadvantage. For similar reasons to those given, above, in connection with the first obstacle, we think the respondent did not know and could not reasonably have been expected to know the claimant was likely to find it difficult to work anywhere in the renal unit because of memories of what she perceived as bullying when working previously on part of that unit – ward 303. We accept respondent's counsel's submission that in all probability not even the claimant knew this at the time.

62. We should at this point make clear – once again – that we have no doubt the claimant gave entirely honest evidence to us. She has genuinely become convinced that she thought all along she would have problems working in any part of the renal unit because of the alleged bullying up to late June 2013 on ward 303. Her memory of thinking this all along is probably not an accurate one, though. The likelihood is it formed over time, under the influence of later

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[3] By which we mean "*in comparison with persons who are not disabled*".

[4] This is an allegation she has to make as part of her complaint that relies on a PCP of requiring her to work on in the renal unit and not just on a PCP of requiring her to work on ward 303.

events, in particular how she came to feel about working on ward 303 by the end of 2015.

63. The third obstacle this part of the claimant's claim faces is that we think it was, in the above circumstances, not reasonable at the time for the respondent to have to transfer her out of the renal unit – whether to the CCU as she wanted or to somewhere else. The respondent's legitimate concerns referred to in paragraphs 52.1 and 52.2, above, remained. The claimant, with RCN advice and assistance, had agreed to go back to work on ward 303 and did not even want to try ward 305. In any event, before transferring the claimant might become reasonable, the transfer would need to be supported by OH advice. The advice that had been given up to December 2014 stated no more than that the claimant wanted a transfer; it was neutral as to whether one was desirable from an OH point of view.

64. That brings us to OH's letter of 3 February 2014. In short, it didn't alter the situation in any significant way. The three problems identified above remained. If it does anything to this part of the claimant's claim, it strengthens the respondent's hand.

65. Whatever the claimant now believes about being reluctant to return to work in January 2014 because of concerns about being disturbed by memories of [alleged] bullying, she did not, we find, share any such concerns with anyone at the respondent. From what she said at the time, the impression she gave was not that she was being reluctantly pushed into agreeing to go back to the renal unit, but that she was "*happy*" to 'give it a go'. In a similar vein, we note the evidence of the then new Ward Manager of ward 303, Joanna Martin, that when she met with the claimant on 29 January 2014, the claimant said she was "*feeling positive about staying on 303*". We accept that evidence, not least because it is corroborated by the contents of Mrs Martin's letter to the claimant of 4 February 2014, with which the claimant did not take issue.

66. In summary, up to early February 2014:

    66.1 the duty to make reasonable adjustments in relation to the claimant did not arise;

    66.2 even if it did, it was never breached, and for the claimant to be given a trial reintegration into ward 303, with the potential for redeployment or transfer to CCU if the trial was unsuccessful, was sufficient to discharge the duty.

67. The next part of the claimant's case concerns the letter she sent the respondent on 4 July 2014 about reducing her working hours "*due to my current condition which you are aware of*". It is largely something we – the tribunal – have come up with ourselves. It was not put forward on the claimant's behalf until we suggested it as a possibility on the third day of this

final hearing. In accordance with the overriding objective, we have given the claimant and Mr Singh – a volunteer from a local advice charity – as much help as is reasonably necessary to put the parties on an equal footing.

68. We need, first, to put this part of the claim in its proper factual context.

69. When she saw her GP, Dr Stephen Watkins, on 24 April 2014, the claimant told him that she would "*try to move to different ward*". However, for whatever reason, she didn't try to do this – at least, not until December 2015.

70. The main issue we are thinking about when looking at events of mid 2014 is – once again – whether the respondent had knowledge of the relevant disadvantage. As we have already explained, in a reasonable adjustments complaint, the respondent's knowledge includes everything it would have found out had it done everything it ought reasonably to have done. In deciding what the respondent ought reasonably to have done, we bear in mind that the respondent's actions were affected by the claimant's. It had been agreed with the claimant, in January / February 2014, that she would ask for a transfer to CCU if the 3 month trial reintegration into ward 303 was unsuccessful. She appeared to have a good relationship with her colleagues and with Mrs Martin in particular. She had had previous dealings with OH, which had had a positive outcome. Given all this, it was reasonable for the respondent to assume that if she continued to have difficulties working in the renal unit and wanted, from late April 2014 onwards, to transfer to CCU, she would say so. If she felt she couldn't discuss it with Mrs Martin or with the Matron, Lucy Binns, the respondent would expect her to take up any opportunity do so with OH. The respondent knew of no reason why she wouldn't do so.

71. We aren't criticising the claimant in relation to this, or suggesting she was acting unreasonably by not asking for a transfer between April and July 2014. As we have already mentioned, we aren't really judging her actions at all. What we are examining is whether <u>the respondent</u> behaved reasonably. The fact that the respondent reasonably expected her to do one thing and that she did something different doesn't make what she did unreasonable.

72. Following her two days' sickness absence in late April 2014, the claimant had a sickness and attendance management / back-to-work meeting with Mrs Martin on 12 May. During the meeting: she was asked if she wanted to be referred back to occupational health but she said no and that she was happy with the support she was getting from her GP; she signed a sickness absence form which had this question on it: "*Is there any other support that the Trust could provide for you?*" She didn't answer that question and her signature appeared immediately below it. The message this would have given to the respondent was that her answer to the question was, "no". The fact that she had declined the offer to refer her back to OH was confirmed in a letter from

Mrs Martin dated 12 May 2014. This effectively gave the claimant a second chance to think about the possibility of an OH referral and, after having received and read the letter, to tell the respondent if she had changed her mind.

73. On 20 June 2014, the claimant sent an email to someone called Simon Redwood. Mr Redwood was – or had been – an Equality and Diversity Trainer at the respondent. He was someone in whom she had confided in late June 2013 before starting the period of sickness absence that lasted to the end of January 2014. The email was to thank him, in the claimant's words, "*for saving my life*" and to tell him what had happened to her. He was clearly someone she trusted and respected and there is no discernible reason why she would have held back from telling him anything important about her work and her health. The email is therefore reasonably good evidence as to what her state of mind was in late June 2014. What she said about her situation in the email was, "*… am now back to work although still on medication… My manager left the ward for another job while I was off sick. Am back now trying to settle.*" This does not suggest she wanted a transfer at that time. The suggestion in her email is, if anything, the opposite – she wanted to "*settle*".

74. The claimant didn't mention mental health problems or a desire to transfer to another ward on 3 July 2014, at or following her appraisal, either. Even if she did mention depression, she did not, even on her own case, tell the respondent that any ongoing difficulties she had connected with this were, or might have been, work-related.

75. In summary, the claimant did not, between April and 4 July 2014, say anything to anyone at the respondent which hinted that she might want to move to a different ward.

76. Turning to the claimant's letter of 4 July 2014 asking to reduce her working hours itself, we start by noting two things.

    76.1 The issue we are considering is knowledge of the relevant disadvantage. As Sister Martin effectively conceded in her oral evidence, she should have read the letter. We think the letter contained information she ought reasonably to have known about, i.e. that the respondent had constructive knowledge of its contents on 4 July 2014.

    76.2 There is no great difference between the contents of the letter and the claimant's earlier communications with the respondent in spring / summer 2014 that we have just discussed, in that even when she mentions her depression, she doesn't suggest it is caused by work and she doesn't make a transfer request but instead asks to reduce her hours.

77. The claimant's argument about the 4 July 2014 letter and knowledge of the relevant disadvantage runs along these lines.

    77.1 Had Sister Martin read the letter, something she ought reasonably to have done, she would have offered the claimant an OH referral. We find that this is what would have happened.

    77.2 The claimant would have said yes.

    77.3 The OH referral would have resulted in a letter or report from which the respondent would have obtained knowledge that the claimant was likely to be placed at the relevant disadvantage.

    77.4 In conclusion (it is said on the claimant's behalf), had the respondent acted reasonably, it would, around July / August 2014 have found out about the relevant disadvantage and therefore the duty to make reasonable adjustments was imposed on the respondent from then.

78. We do not agree with this reasoning. The duty to make reasonable adjustments was not triggered by the letter of 4 July 2014.

79. For the letter to have triggered that duty, we would have to decide, amongst other things, that the claimant was placed at the relevant disadvantage. Much the same problems for the claimant arise in relation to this as arose in relation to the argument that she was placed at the relevant disadvantage in late 2013 / early 2014. (See paragraphs 57 to 59 above.). Because she had been offered and had rejected working on ward 305, and because, we find, a move to ward 305 could have been accommodated at any time, there was no requirement that she work on ward 303. The only relevant PCP was therefore a requirement that she work on the renal unit. This means she has to show that working on ward 305 placed – or would have placed – her as a disabled person at a substantial disadvantage. Having analysed the material we have, we think there is no evidence of any substance that shows this.

80. For present purposes, we assume in the claimant's favour that she was, around the middle of 2014, having difficulties at work because of memories of having been bullied on ward 303 in the past and that those difficulties and memories were connected with her depression. Even if we assume this, it is noteworthy that she told her GP in April 2014 that she would look to transfer from the ward, but did not do so. Instead, she decided, 10 weeks or so later, to remain on ward 303 but to reduce her working hours.

81. The position is similar to the position around January 2014: the only evidence the claimant would have faced problems had she transferred to 305 is her assertion, made months or years later, that this was so. That she was apparently considering applying to transfer in April 2014 is not evidence that she was in fact placed at the relevant substantial disadvantage. This is

particularly so given that she did not actually make an application despite having many good opportunities to do so.

82. For the duty to make reasonable adjustments to have been triggered by the letter of 4 July 2014, we would also have to be satisfied that had the claimant been offered an occupational health referral that month, she would have taken it up. We are not satisfied of this. Less than two months earlier, she had been offered and had declined an OH referral.

83. We are also not satisfied that had the claimant taken up an offer of an OH referral in July 2014, OH would have produced a report or letter stating something to effect that she was having problems with memories of bullying whilst working on ward 303 between 2009 and June 2013 that necessitated moving her away from the renal unit altogether.

84. In summary, the duty to make reasonable adjustments in relation to the claimant was not imposed on the respondent because of the claimant's letter to Sister Martin of 4 July 2014.

85. Between 4 July 2014 and December 2015, nothing happened that could conceivably have triggered the duty to make reasonable adjustments; and the claimant does not rely on anything that happened during this period as having done so.

86. The final part of the claimant's case is that the duty to make reasonable adjustments was imposed on the respondent in late 2014 / early 2015 and that the respondent failed to comply with that duty by taking too long to arrange for the claimant to be transferred / redeployed off the renal unit.

87. The facts relevant to this part of the claimant case start with the claimant's letter dated 5 December 2015. That letter is insufficient by itself to trigger, or give rise to a breach of, the duty to make reasonable adjustments for much the same reasons that the information the respondent received in late 2013 was insufficient. See paragraphs 43 to 52 above. What it did was raise questions that could not reasonably and sensibly be answered without further OH input and without having a detailed discussion with the claimant and any RCN representative. For example, it refers throughout to ward 303 rather than to the renal unit, meaning that, potentially, any problems would be solved by transferring her to ward 305.

88. Dr Aga's letter of 9 December 2013 only added to the confusion at this time. The problem identified in it is the claimant's workload and the primary remedy he proposes in it is a reduction of workload. It also suggests the problem concerns the claimant's work on ward 303 and doesn't mention a problem connected with the renal unit as a whole. In some ways it contradicts or at least undermines what the claimant was saying in her letter.

89. Given that those two letters were not received until 22 December 2015, the respondent moved with commendable speed in arranging a further occupational health appointment for 4 January 2016. Dr Aga's letter of that date is very clearly to the effect that a move away from the renal unit is likely to be the best way – and possibly the only way – to get the claimant back to work within the foreseeable future. However, even if we ignore all other potential problems with this part of the claimant's claim and assume that the duty to make reasonable adjustments was imposed on the respondent when it received that letter, we think the respondent was not in breach of that duty, if at all, until after a meeting with the claimant took place. The only relevant step it was reasonable for the respondent to have to take upon receipt of the letter of 4 January 2016 was to arrange a meeting with the claimant. Apart from anything else, that was the first step Dr Aga was recommending. We repeat in relation to the situation in January / February 2016 what is set out in paragraph 52 above about the situation in November 2013, but with references to the CCU being replaced with references to Ambulatory Care.

90. Through no fault of the respondent's, the necessary meeting with the claimant and her RCN representative did not take place until 18 March 2016. It was not until after 25 March 2016 that the respondent had confirmation that the claimant definitely wanted to be redeployed off the renal unit. There was no breach of the duty to make reasonable adjustments before then.

91. In deciding whether there was a breach of any such duty that arose after 25 March 2016, the question we are asking ourselves is: did the respondent during this period (26 March to late July 2016[5]) fail to do something it ought reasonably to have done that could well have got her into alternative employment sooner than August / September 2016?

92. This is a suitable point to mention that we are very surprised by and critical of some aspects of the respondent's practice and procedure relating to how to handle long-term sickness absence. In a different case, they could easily have led to the respondent losing. Apparently the respondent, an organisation with thousands of staff, has no written policy at all dealing with the not-uncommon situation where an employee is off sick, may be disabled, and where a step that might get them back to work would be moving them into a different role. There is no single right way to deal with that situation, and we have seen many different approaches taken in different organisation's policies, but not to have a written policy at all about it is staggering.

93. The respondent appears not even to ask itself the question, "is this employee a disabled person, meaning the duty to make reasonable adjustments applies; and/or should I treat this individual as a disabled person and as if the

[5] Late July was, as above, the point at which a viable role in Ambulatory Care began to be seriously discussed.

duty to make reasonable adjustments applies?". Ms Hamilton told us in her oral evidence that whether the claimant was a disabled person was something she wasn't even thinking about. She – and the respondent in the form of HR colleagues from whom she took some advice – appeared not to realise that if the duty to make reasonable adjustments applies, the respondent is obliged to undertake a form of 'positive discrimination'. The process Ms Hamilton initially adopted was an adaptation of that followed where suitable alternative employment is being sought for an employee liable to be made redundant. The situation of such an employee is not equivalent or comparable to the position of a disabled employee who needs redeployment because of their disability.

94. We don't mean to be particularly critical of Ms Hamilton personally. The problem seems to us to lie with whoever is responsible for drafting the respondent's HR policies and procedures. The one criticism we do have of her personally – although she may just have been adopting HR's normal practice – is that when the claimant's case was passed to her in late December 2015, she had very little information indeed and did not ask for the claimant's personnel file, which was held on the ward, and it was not given to her. We are not sure how she felt able to advise the respondent without it.

95. Nevertheless, more by luck than judgement, the respondent did not breach its obligations in this case. It is not in dispute that from 25 March 2016 onwards, the claimant was told about every possibly suitable vacancy that arose within the respondent and was given an opportunity to express an interest in it; and that whenever she expressed an interest, there were discussions with her in an attempt to fit the vacancy with the claimant's requirements in terms of shift patterns that she felt were compatible with looking after her children.

96. As mentioned above, what needs to be identified in order for the claimant to win her case is one or more steps that ought reasonably to have taken, but that the respondent did not take, that would or might well have got the claimant into a new job quicker. Given that she was told about every vacancy that came up, there are only two conceivable possibilities.

97. The first is specially creating for the claimant a new role. We don't think this was a reasonable step for the respondent to have to take. The claimant didn't ask for it. No one has suggested what such a special new role might be and there is no evidence upon which we could properly make a finding about what it might be. Further, there is no evidence that a role the respondent might reasonably have needed someone to fill, and that the claimant could have done, could be created, let alone created before the end of July 2016.

98. The second possible thing the respondent could conceivably have done that it did not do would have been to be more flexible about giving the claimant the shifts she wanted. The difficulty with this is that there is no basis for us to

decide, on the evidence before us, what form this greater flexibility would have taken in practice. The claimant has not come before us saying anything like, "The respondent should have allowed me to work [such-and-such] hours on [such-and-such] ward; it was unreasonable for the respondent not to have done so". In the documentary evidence, we haven't seen any instance of the respondent unreasonably saying "no" to shift patterns the claimant wanted; and nothing along such lines was highlighted to us by the claimant or on her behalf during the hearing. There is nothing concrete on which we could make a finding that the duty to make reasonable adjustments was breached in any particular way, i.e. that there was some specific adjustment that should have been made, that was not made, and that would or might well have resulted in a quicker redeployment. Although the law does not require the claimant herself to identify the adjustments that should have been made, we can't decide the duty to make reasonable adjustments has been breached without ourselves pointing to something specific. We can't properly do so on the evidence we have.

99. It follows that there was, on the evidence, no breach of the duty to make reasonable adjustments in 2016 either.

Summary

100. Although the claimant was a disabled person at all relevant times, the claimant's complaints that the respondent breached a duty under sections 20 and 21 of the EqA to make reasonable adjustments all fail. If that duty was imposed on the respondent at all, it was not imposed before March 2016; and if it was imposed in 2016, the respondent complied with it.

EMPLOYMENT JUDGE CAMP
14 MARCH 2017

SENT TO THE PARTIES ON

22 MARCH 2017

C CAMPBELL
FOR THE TRIBUNAL OFFICE

ANNEX TO THE DECISION OF THE TRIBUNAL OF 14 MARCH 2017

Cast List

Name	Role
Dr Masood Aga	Speciality Registrar Occupational Medicine
Lucy Binns	Matron: Renal/Upper GI services
Margaret Garbett	Associate Director Nursing : Division B
Charlotte Hamilton	Assistant HR Adviser
Lynda Larsen	RCN representative
Emily Leach	HR Adviser
Joanna Martin	Senior Sister : Renal (Ward 303) January 2014 – Nov 2016
Paula Mitchell	Matron : Renal (pre mid 2012)
Pamela Ndemo (Jane)	Claimant/ Band 5 nurse
Dr Helena Nixon	Specialist Occupational Health physician
Toyin Oyidi	Occupational Health Adviser
Trudi Smith	Senior Sister : Ambulatory Care Unit
Gill Sparkes	Senior Sister : Renal (Ward 303) 2009- September 2013
Barbara Tassa	RCN representative
Karen Wetherall	Ward Clerk (Ward 303)

Respondent's Chronology

2004 - 2012

March 04	Cl started work for R as trainee nurse.
April 09	Cl qualified as a staff nurse. Cl assigned to "ward East 4A" (later renamed ward 303) – under Gill Sparkes, Ward Manager.
28/4/09	Cl requested extended annual leave. Manuscript note from G Sparkes that "it's ok from ward". Pg. 74
2010	Cl on period of maternity leave.
11/4/11	Cl's annual appraisal by G Sparkes. Pg. 75.
May 11	Cl requested 5 weeks annual leave. G Sparkes said yes, senior nurse said no. pg. 80.
14/3/12 – 11/6/12	Cl unfit for work due to low back pain. Pgs 81-88, and OH report at pg. 90.
Oct 12	Cl requested a move to permanent nights to facilitate childcare responsibilities. Pg. 95.

2013

March 13	Cl reduced her working hours from 37.5 her week to 33 per week. Request at pg. 97.
1/5/13 or 31/5/13	Cl states she formally asked to be moved from ward 303. Pg. 45. (At pg. 47 she says this was on 31/5/13). Application at page 100 – 102. Email to G Sparks. Pg. 103.
Late June	G Sparkes states there was an incident during which Cl lied to her. GS w/s para 9.
June 13 – Feb 14.	Cl on sick leave. Sick certs from 104.
27/6/13	Cl states she was diagnosed with depression on this date – see pg 47; GP record at pg. 53. 'insomnia/low mood'
1/7/13	Cl states she was prescribed an antidepressant, citralopram. (Impact stmt pg. 45; GP record at pgs. 53-4.Sick note 'low mood' RCN counselling July 13 – Oct 13. Pg. 51.
Mid Sept 13	G Sparkes left ward 303 to take up different post within Respondent.
18/9/13	OH report to G Sparkes. Pg113. Stress risk assessment (incomplete). Respondent witnesses do not recall receiving the same from Cl Pg 116.
30/10/13	OH report to Matron, Lucy Binns. Pg 125.
11/11/13	OH Report to Matron, Lucy Binns. Pg. 127
11/12/13	Letter following absence review meeting on 4th Dec. Pg. 129.
Dec 13	Cl's request for extended leave in August 14 approved. Pg. 150.

2014

13/1/14	Flexible graduated return to work advised. Pg. 132.
27/1/14	Cl returned to work (graduated)

3/2/14	OH Report. Pg. 141.
12/2/14	Return to work meeting.
3/7/14	Cl's appraisal. Pgs 151 -8
4/7/14	Cl request to reduce her working hours from 33 per week to 23 per week. Pg. 159. Agreed.
2015	
24/11/15	Trigger review meeting following short term absences. Pg. 176
5/12/15	Cl asked to be moved from ward 303. Letter to Joanna Martin. Pg. 178 Cl on sick leave 21 Dec 15 – Sept 16.
9/12/15	OH Report pg. 181
30/12/15	Emails from Joanne Martin requesting HR support/advice – pg. 182a-c.
2016	
4/1/16	OH report advising a move away from the renal unit. Pg 183.
8/3/16	OH report following review on 3 March. Pg 191.
18/3/16	Absence review meeting. Pg 193.
21/3/16	8 week job search period commenced.
4/4/16	Vacancies for band 5 staff nurses emailed to Cl. Pg 197 /8
8/4/16	Cl states ED role is not suitable. Pg 202.
15/4/16	OH update.
26/4/16	Band 5 vacancies set out. Pg. 207; sent to Cl 209.
28/4/16	Cl emails that R&D role not suitable due to hours /childcare. Pg. 213
2/5/16	**ET1 presented.**
9-11/5/16	Emails re research role. Pgs 219-7.
18/5/16	Emails about ambulatory care role / fitting with childcare. Pg. 225-1.
20/5/16	Cl emails that she wants to start work after dropping children in the mornings. Pg 226. Letter following absence review meeting of 16th May. Pg. 230Emails
1/6/16	Letter following redeployment meeting of 25th May. Pg. 232
3/6/16	Letter referring to redeployment meeting of 12th May – 10am to 6pm shifts could not be accommodated on Bourneville elderly care ward. Pg. 234.
6/6/16	Redeployment meeting about short stay unit post; discussions about need for day shifts until competences achieved. Pg. 235.
8/6/16	Cl emails about childcare difficulties. Pg. 238.
13/6/16	R confirms that full pay expired on 26th May. Pg. 242.
24/6/16	OH review – difficulties in identifying a suitable role largely due to feasibility of her working hours. Pg. 243.
27/6/16	Redeployment meeting about trauma ward. Pg. 244.
15/7/16	Cl states that trauma ward is not suitable due to childcare. Wants ambulatory care ward. Pg. 247.
31/7/16	Cl confirms available shifts "as per my childminder schedule". Pg. 251.
23/8/16	OH Review – Cl had returned to work 3 weeks before to Short Stay Unit (ambulatory care). Pg. 255
13/9/16	Change to terms and conditions confirmed. Pg. 256. Letter confirming meeting outcome. Pg. 257.