

STAFF HEALTH, WELLBEING AND SICKNESS ABSENCE POLICY

Department / Service:	Human Resources
Author/Owner:	Head of HR
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Approved by:	Joint Negotiating and Consultative Committee
Date of first approval:	October 2010
Revision Due:	28 th August 2018
Latest Revision:	28 th August 2018
Review Date:	28 th February 2021
This is the most current document and should be used until a revised version is in place:	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All wards and departments
Target staff categories	All Staff

Policy Overview:

Worcestershire Acute Hospitals NHS Trust is committed to promoting and maintaining the health, safety and wellbeing of all employees with the ultimate goal of improving the care for our patients.

This policy sets out the principles and framework for managing sickness absence in a fair and consistent manner in line with employment legislation and best management practice. It details the Trust's expectations and responsibilities of managers and staff, and other key stakeholders as well as the principles for managing sickness absence. It is intended that the health and wellbeing support, and clear processes for the management of absence will achieve an improvement in staff engagement and wellbeing and a reduction in absence rates ensuring those staff that require individual support receive this in a timely manner.

Key amendments to the document:

Date	Amendment	By
Oct 2010	Document reviewed and re published	
Nov 2012	Extended expiry date to 31/05/2013 pending. Changed accountable director to Bev Edgar	Bev Edgar
May 13	Revised policy created with accompanying guidance notes	Julia Cross
April 2015	Policy extended for 3 months	
May 2015	Policy reviewed and revised as appropriate at bi – annual review. Reference to fit and proper persons test	Julia Cross
August 2017	Document extended for 6 months as per TMC approval	TMC
July 2018	Review of policy to reflect change to People and Culture structure and strategy and ensure fit for purpose. Title and structure changed to emphasise health and wellbeing. Management Guidance Notes included in main body of policy	Natalie Wurmli/Deb Drew
June 2020	The Return to Work Form - Appendix 2 was updated.	JNCC

28 th August 2020	Document extended for 6 months during COVID period	QGC/Gold Meeting
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Policy



**Worcestershire
Acute Hospitals**

NHS Trust

1. Introduction

The connection between a healthy workforce and organisational performance and success is well researched and documented. Improving the health of the workforce is a powerful example of actions that can improve quality whilst improving productivity and efficiency.

The Trust has developed a programme for employees to help improve their health and well-being and aims to achieve a continued improvement in the working lives of its staff. This should have a positive impact on attendance and levels of staff engagement which will ultimately improve culture and achieve better patient outcomes. Promoting health awareness, prevention of avoidable risk, and early interventions (e.g. physiotherapy, and counselling) will help to maintain good health amongst the workforce.

The Trust's People and Culture strategy sets out plans to develop and maintain a fully engaged workforce by improving health and wellbeing. This aim will be delivered through:

- Value and recognition of staff
- Supporting staff to take responsibility for their own health and wellbeing
- Supporting positive attendance
- Partnership working with employee representatives
- Individual learning
- An effective policy framework

This policy provides a clear approach to the management of individuals who are absent from work due to ill health in a fair and consistent way, and it also aims to promote wellbeing at work with the overall aim of reducing absence rates.

The policy aims to work as part of the People and Culture Strategy to bring about cultural change, whereby negative aspects are identified, minimised and managed before they affect the wellbeing of staff.

2. Legislation

The Trust has specific legal responsibilities in terms of a duty of care to its staff. These include duties under:

- Health and Safety at Work Act 1974
- Human Rights Act 1998
- Equality Act 2010

The Trust is also measured against national standards including NHSLA (NHS Litigation Authority), CQC (Care Quality Commission) and national Health and Wellbeing CQUINs.

This policy should be read in accordance with the following policies:

- Leave and Pay Policy
- Redeployment Policy
- Family Leave Policy
- Management of Workplace Stress Policy
- Health and Safety Policies
- Substance Misuse Policy

- Flexible Working Policy

3. National context

In its NHS Five Year Forward View 5YFV (2014), NHS England identified three areas that have a significant and widening gap between current NHS resources and the demands on the service:

- health and wellbeing
- care and quality
- funding and efficiency

The future of the NHS depends on closing these gaps which means fundamental change is needed. NHS Employers called for action in the 5YFV to ensure that the NHS is an **example of a healthy employer** and suggested incentives to support this, including:

- Cutting access to unhealthy products on NHS premises
- Providing healthy options for night staff
- Supporting 'active travel' schemes for staff and visitors

This policy takes account of the NHS Employers toolkit "**Creating Healthy NHS Workplaces**" which was launched in September 2015 in response to the NICE Workplace Guidance. The toolkit recognises that maintaining and improving the health and wellbeing of NHS staff is fundamental to achieving high quality, safe and compassionate patient care. The toolkit focuses on the following topics:

- **Long term sickness**
- **Mental wellbeing**
- **Obesity**
- **Smoking**
- **Physical activity**
-

4. Scope of this document

This Policy and procedure applies to **all** employees of Worcestershire Acute Hospitals NHS Trust including Medical and Dental staff.

5. Definitions

- Sickness absence is defined as the non- attendance at work of employees who are scheduled to work and cannot attend due to ill health.
- Long term sickness is defined by NHS Employers guidance as an absence from work for 4 weeks or more.

6. Responsibility and Duties

6.1 Executive Directors

The lead Executive Director for this Policy will be the Director of People and Culture. In addition, all Executive Directors will be responsible for ensuring that:

- All employees are informed of the terms of the policy and the procedures that apply to them
- The policy is implemented and operated effectively
- Managerial action is fair and equitable and is monitored effectively

6.2 Managers

Managers have a duty of care for the health and wellbeing of their staff and to ensure that staff do not work excessive hours or in conditions which may be detrimental to their health.

The primary role of line managers in managing sickness absence is to support staff to maintain regular and positive attendance at work and to support the creation of an attendance at work culture and to effect a permanent and lasting reduction in absence.

Line managers should have a clear understanding of how to manage absence what steps to take and when, and understand what support is available from Human Resources and Occupational Health and Wellbeing Services.

There are many ways in which managers can positively influence the health and well-being of employees to maintain regular attendance. More detailed information and guidance about the process of sickness management is contained in **Sections 2 and 3**, but these are some of the areas that are effective in supporting attendance at work and health and wellbeing:

- be fair and consistent in the treatment of their staff taking into account the needs of service, the nature and/or reasons for absence and the individual's attendance record
- Proactive and prompt management of sickness absence by keeping in touch with employees who are away from the workplace due to sickness will help employees feel supported and valued.
- Remaining in contact with staff who are absent due to long term sickness will make the discussion of returning to work and how it is to be facilitated much easier.
- Conducting effective return to work meetings.
- Undertaking timely and appropriate referrals to the Occupational Health and Wellbeing Service for them to assess the employee's health and offer appropriate support.
- Implementing reasonable adjustments where it is appropriate, to support continued employment
- Looking at opportunities to rehabilitate the employee back into work if the employee is not able to return to the role in which they are employed

Managers' responsibilities include:

- Managing sickness absence promptly and proactively
- Maintaining confidentiality in all aspects of sickness absence
- Attending relevant training to ensure they are competent in implementing the procedure in a fair and consistent manner
- Ensuring that all employees are treated sensitively and understand their responsibilities during sickness absence.
- Maintaining regular contact with absent employees

- Reminding employees that they have the right to be accompanied at all formal meetings by a a trade union representative if they are a member, or alternatively by a work colleague
- Ensuring that sickness absence is recorded promptly on ESR (through e-rostering where implemented) to ensure that staff are paid appropriate sick pay
- Ensuring that staff are informed in advance when sick pay is to be reduced
- Ensuring that medical certificates are retained on personal files for a period of 6 years in order that they are available for audit.
- Seeking the timely advice of Human Resources (HR) and (where necessary) Occupational Health (OH)
- Ensuring that all information is made available to HR, Payroll and OH in relation to **accidents at work** where an injury benefit may be payable
- Monitoring sickness absence levels
- Taking proactive steps to enable an individual's return to work at the earliest opportunity. This could include temporary adjustments to duties, or temporary relocation in line with Occupational Health advice/and or Fit Notes
- Where necessary making reasonable adjustments under the Equality Act 2010 with HR and/or OH support.

6.3 Human Resources (HR) advisers will:

- Provide advice and support to managers concerning sickness absence, accidents at work and injury benefits and redeployment
- Support managers in managing absence in a proactive manner
- Co-ordinate Injury allowance for staff who are on reduced or no pay as a result of an injury or condition that is attributable to their actual NHS duties
- Provide training for managers and supervisors
- Monitor sickness absence data from ESR to identify areas where Divisions need support
- Provide regular reports to Managers, Divisions, JNCC, People and Culture Committee, Integrated Governance Committee, and other forums where sickness absence rates and/or patterns are monitored.

6.4 The Occupational Health (OH) Department has a key role in supporting the Trust to achieve the objectives of reducing staff absence and promoting wellbeing at work. Occupational Health Nurse Advisers and Physicians will:

- Provide clinical expertise
- Provide direct support to employees in the form of confidential counselling, medical advice etc via self-referral
- Support managers seeking to maintain staff in employment in relation to assessment of capabilities and suitability of employment options
- Comply with relevant good practice in respect to confidentiality
- Provide advice on the health risks and hazards at work
- Examine staff who have been appropriately referred by managers, and provide comprehensive reports based on the questions raised (with employee's consent)
- Acquire medical reports from specialists or general practitioners where necessary, affording staff the opportunity to comment on such reports

- Give specific guidance to managers on the type, scope and required period, of any temporary job adjustments and/or duties that should be considered for an employee prior to return to full duties
- Give advice, where necessary, to managers on GP fit notes
- Remind employees that the manager/Trust may not be able to accommodate the guidance being given by GP's
- Where an individual cannot return to their full duties, provide advice on permanent adjustments/redeployment
- Discuss reasons for absence where this is exceptionally sensitive, and agree what information should be shared with the manager
- Provide an immunisation programme for staff to keep them safe and well at work

6.5 Employees are specifically expected, and **contractually obliged** to:

- Take personal responsibility to protect their health by following health and safety guidance and using personal protective equipment
- Ensure that they maintain their health and wellbeing for example by not working excessive hours of work, regular use of annual leave etc.
- Notify their manager if they have a second job, and ensure that they follow principles of the Working Time Directive to protect their own health
- Maintain regular attendance at work
- Attend meetings with Managers and/or Occupational Health
- Communicate with their manager/ designated person by speaking to them directly in a timely manner (to enable cover arrangements to be made) whilst absent due to sickness
- Submit sickness certificates on time
- Seek medical treatment and/or support for health conditions that affect their ability to attend for work which could include self-referral to OH.
- Not undertake other work (paid or otherwise) whilst off sick
- not undertake activities whilst off sick which are prejudicial to their recovery
- Respond to requests from their manager to keep in touch
- To comply with reasonable management requests associated with the operation of this policy

Failure to meet any of the above contractual obligations could result in the withholding of sick pay, and/or subsequent disciplinary action.

6.6 The role of Accredited Trade Union (TU) Representatives

Accredited Trade Union Representatives are available to provide advice, support and represent their members. They should also be allowed reasonable time off (in accordance with the Recognition Agreement) to attend and prepare for these meetings, hearings or appeals.

An Accredited Trade Union Representative can be present at the formal stages of the policy and Appeal Hearings, where requested by the employee. A work colleague may attend if the employee is not a trade union member.

7 Policy detail

7.1 Health and Wellbeing

The work pressures within a hospital setting can be significant. The focus of the Health and Wellbeing programme is to improve the quality of working lives and to provide better support systems using a holistic model that includes not just physical and psychological wellbeing, but also addressing workplace issues such as culture, career progression, recognition and work/life balance, and other life stressors such as social and financial issues that detract from job satisfaction.

7.2 Long term sickness

Long term sickness is absence from work for four weeks or more. The key focus is on supporting staff with long term sickness absence and facilitating a return to work as soon as they are able. It is recognised that absence of longer than four weeks can lead to depression, social isolation, and delayed recovery which can make returning to work more unlikely.

Early referral to Occupational Health who can recommend a return to work plan (which may include phased return to work) will help to ensure that the individual's skills are not lost to the organisation. We offer health checks/body MOT's and health promotion activities through our Health and Wellbeing co-ordinator, as well as fast access to counsellors and physiotherapy. We also provide 'Being Absence Minded' training for managers to support them in managing sickness absence and a Self-Care Programme for staff.

7.3 Mental wellbeing

Mental well-being at work is determined by the interaction between the working environment, nature of the work, relationships with colleagues, and the individual. When work is well structured and supported, it can promote good mental well-being.

The Trust has reviewed its Management of Stress Policy and strengthened links between human resources, occupational health, risk management, health and safety, and staff side to enable early identification of indicators of stress. We offer training programmes for managers and staff in identifying and managing stress.

7.4 Obesity

The NICE guidance recommends workplaces provide opportunities for staff to eat a healthy diet and to be more physically active. These have been addressed by our Trust through:

- Healthy choices in restaurants, vending machines and shops for staff (including night workers), visitors and patients
- Active travel policies for staff and visitors including cycle to work schemes, shower facilities, and secure cycle parking.
- Physical/recreational activities including lunchtime walks, concessionary gym membership, on-site fitness classes etc. which are publicised through the Wellbeing intranet pages and articles in Worcestershire Weekly
- Incentive schemes and group challenges supporting staff in losing weight, improving diet and increasing physical activity
- Health checks/body MOT's for staff which are available through occupational health

Details of support are available on the Health and Wellbeing section of the intranet.

7.5 Smoking

Employers are not legally obliged to help employees to stop smoking. However, NHS organisations are expected to encourage their staff to lead the way with their personal health and well-being. The Trust has followed the NICE Guidance by:

- Revising its Smoking Cessation Policy to have totally smoke-free premises from June 2015.
- Providing employees, as well as patients, with information on smoking cessation
- Allowing staff time off to attend smoking cessation services

7.6 Physical activity

The NICE guidance offers the first evidence based recommendations on how to improve the physical environment to encourage physical activity. Recommendations for NHS organisations include:

- Ensuring that planning applications for new developments always prioritise the need for people (including those whose mobility is impaired) to be physically active as a routine part of their daily life
- Planning and providing routes for walking, cycling and other means of involving physical activity

Our Trust regularly publicises opportunities for staff to take part in concessionary or free physical activity, including reduced gym membership fees, zumba/Fitsteps/yoga/exercise classes and group activities such as rambling, walking and sports challenges.

[Staff Health and Wellbeing](#)

Click on the image below for more information.

Further details and support are available from the Staff Health and Wellbeing webpages on the front page of the intranet by clicking on the various segments on the Health and Wellbeing Wheel.



8. Key Principles of the Policy

Absence due to sickness can include short periods, that may be the result of an underlying medical condition or be the result of a number of unrelated causes or a continuous period of long term absence which is the result of a serious illness or condition.

Each case will be managed individually having regard to the reasons for absence and the assistance that is necessary to support the individual to improve and maintain their attendance or assist in their return to work.

The key principles that apply in relation to this policy are as follows;

1. This policy applies to all employees of the Trust.
2. Confidentiality will be strictly maintained throughout
3. All absence will be managed appropriately and fairly at all times in partnership with staff representatives in the interests of the efficiency and quality of the service.
4. A return to work meeting will be completed ideally on the first day of returning to work with all absent employees to ensure their effective and safe return to work, as well as agreeing steps to reduce the likelihood of recurrence of absence

5. Advice and guidance will be obtained from Occupational Health to ensure employee's fitness for work
6. Employees who fail to comply with reporting procedures may not receive sick pay for the period of absence
7. Employees that are not able to fulfil their contract of employment may face dismissal on the grounds of capability.
8. Absence levels will be monitored regularly and reported to the Trust Board on a monthly basis.
9. Line managers will take a proactive approach to the management of sickness absence to ensure that employees feel supported and valued by the Trust.

9. Disability related absence

The Trust is aware that some sickness absence may be the result of a disability. For individuals that are affected by a disability which impacts on their attendance or ability to perform their full duties, particular consideration will be given to the Trust's obligations and duties under the Equality Act 2010 with the advice of Occupational Health. Disability is defined by the Equality Act 2010 as "a **physical or mental impairment** that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities". '**Substantial**' is more than minor or trivial, e.g it takes much longer than it usually would to complete a daily task like getting dressed. '**long-term**' means 12 months or more, e.g a breathing condition that develops as a result of a lung infection

There are special rules about recurring or fluctuating conditions e.g. Arthritis and progressive conditions (one that gets worse over time). People with progressive conditions can be classed as disabled. However, you automatically meet the disability definition under the Equality Act 2010 from the day you're diagnosed with HIV infection, cancer or multiple sclerosis. There is also guidance on conditions that are not covered such as addiction to non-prescribed drugs or alcohol.

10. SECTION 1 - THE PROCEDURE FOR MANAGING SICKNESS ABSENCE

The procedure outlined in this policy will be followed to manage absence that requires a formal approach. It is important to point out that this formal approach may, following detailed discussions and review processes result in the termination of the contract of employment as a last resort after all other options have been explored. Formal management will begin when any of the following situations arise:

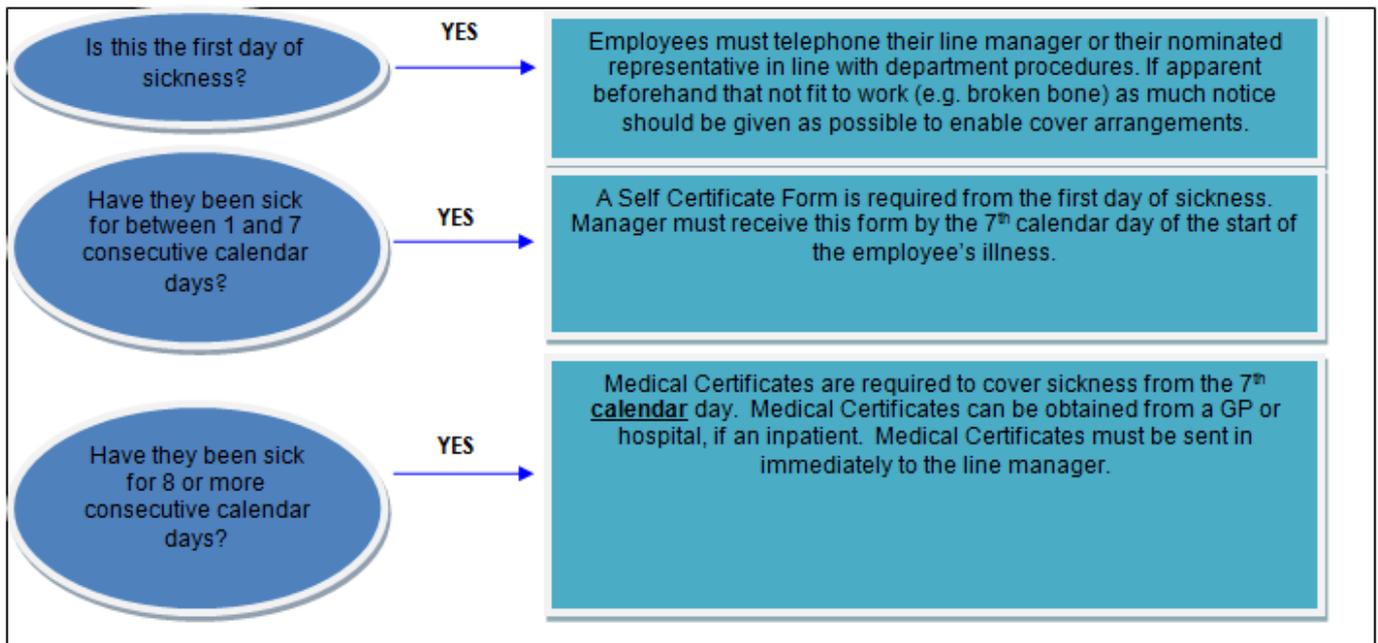
- Where matters concerning attendance have been raised at a return to work meeting that require further consideration
- A trigger has been reached as identified in **Paragraph 10.6**
- Where a pattern of non-attendance is considered to be excessive or other concerns about an individuals' non-attendance are identified
- Where an individual is absent with an underlying medical condition or chronic illness
- absence for a period of 4 weeks or more
- Failure to notify or keep in touch

10.1 Reporting Sickness Absence

Employees are required to notify their line manager, or other designated person, by telephone as early as possible if they are sick. Text messages are not accepted as formal notification of sickness absence. Employees should telephone personally, unless too ill to do so, in which case a family member should call on their behalf.

Individual departments may create their own timeframe for reporting and who to report to, that enables cover arrangements to be made to meet the needs of the service.

KEY DATES FOR REPORTING SICKNESS ABSENCE DIAGRAM



Employees are responsible for keeping their managers informed of the reason for absence, the likely duration of their illness, and intended date of return.

The manager may ask the following questions:

1. The reason for the sickness/absence
2. How long are they likely to absent for?
3. Are they going to see their GP?
4. Do they need to be referred to Occupational Health?
5. Do they need help/advice from the Staff Support Co-ordinator re child care or caring responsibilities?
6. When do they anticipate returning to work?
7. Any other support required?
8. Follow up call required? If so when?

If an employee comes into work but goes home again due to illness before completing at least 40% of their shift, the absence should be counted as one episode for the purposes of recording and managing sickness absence. Return to Work meetings should take place regardless of the extent of the shift completed.

Managers should only send staff home as sick if they present a health and/or safety risk to patients, colleagues or the staff member themselves such as norovirus. Otherwise, staff are responsible for determining their own fitness for work.

10.2 Sickness Certification/Medical Certificates

For periods of sickness of between 1 and 7 consecutive calendar days (including part days) – employees must complete a Self-Certificate form (**Appendix 1**) which can be obtained from their manager or the HR pages of the Intranet. Where the employee returns to work within or immediately after 7 days, this can be completed on their return to work. Otherwise the form should be sent by post or email to their manager in a timely fashion.

For periods of sickness lasting 8 or more consecutive calendar days (including weekends and non-working days), medical certificates from a GP will be required to cover the period to the date of return to work and sent to the manager immediately.

An employee is unable to return to work until the medical certificate has expired or a revised fit note is produced to allow the individual back to work. To allow an employee to come back sooner could jeopardise the Trust's liability insurance and would be in breach of duty of care towards the employee.

Medical certificates should be retained on the employee personal file and retained for a period of 6 years.

10.3 Failure to Follow Notification Requirement

It is the employee's responsibility to comply with the sickness notification rules. Failure to comply will lead to the absence being classified as unauthorised, which may result in pay being withheld and/or disciplinary action being taken. If an employee fails to submit a certificate to the required timescales sick pay will not be paid for the period up-to receipt by the manager

10.4 Record Keeping

All absences must be entered on E-Rostering as soon as they are reported and must be closed on the same system as soon as the member of staff returns to work. Where staff are not on e-rostering, absences must be recorded and closed on ESR through Manager Self Service.

Failure to maintain a correct record of the absence will affect an individual's pay, and will also adversely affect the sickness absence performance data. Absences must **not be entered on both systems** as this will "fail" which will cause a problem with pay.

10.5 Return to Work Meetings

A return to work meeting must be carried out **every time** the employee returns from sickness absence. This should normally take place within 48 hours, unless the manager required to conduct the meeting is not available in which case it should take place within a week. Remember that although these can be time consuming they are a fundamental part of managing sickness absence and the importance of these meetings should not be undervalued. The aim is **supporting staff** and reducing further sickness.

10.5.1 Key Points for managers to consider when conducting a return to work meeting:

- Be consistent with all staff
- Meet with every individual after any episode of absence one (or more) days)
- Always meet in private
- Discussions are informal and one to one
- Discussions are confidential
- Tone and the purpose is to be supportive
- Keep a note of the discussion on ESR or on Return to Work Form (**Appendix 2**)

The meeting should take place irrespective of the duration of the sickness absence (including part day absences) and the details recorded on the return to work form. This should be recorded and retained in the employee's personal file.

10.5.3 Preparation for Return to Work meeting

Reviewing the individual's sickness record should allow managers to explore the following questions in addition to the questions on the return to work form:

- Are there obvious patterns to the absence e.g. Fridays/Mondays?
- How much of the absence is certified and how much uncertified or self-certified?
- What reasons have been given for previous absences at return to work meetings?
- Is there a link between previous absences or were they all for different reasons?
- Is there any other evidence about possible underlying causes of absence?
- Are the levels of absence a concern? Is the member of staff approaching or has reached a Trust trigger point? (See section 10.6).

Managers should review the reasons for sickness as there may be some reasonable adjustments that can be made that will improve attendance.

Managers need to be aware of the variety of causes of sickness absence. These may include domestic violence, drug or alcohol dependency, stress, carer responsibilities or underlying medical/family issues, and should have an awareness of the appropriate policy/guidance to support employees should these apply.

Advice is available from HR or OH colleagues and supporting policies and guidance can be located on the Trust intranet

10.5.4 Return to Work Meeting

- State the purpose of the meeting e.g. to discuss the absence and to offer support.
- Explain that all staff are seen as part of the Trust Policy for managing absence
- Welcome the employee back to work and enquire how they are feeling on returning to work.
- Discuss the reason/ for the absence
- Express concern for the wellbeing of the employee
- Explore the reasons for the sickness absence and the current health of the employee
- Discuss any contributory factors including lifestyle; or work related issues.
- Determine if they are back to full 'work fitness' or if any on-going issues/treatments/medical appointments are required.
- Give the employee an opportunity to provide an explanation of their reason for the absence
- Explore if there are any factors which may be related to the cause of absence, underlying conditions, and work related problems.
- Highlight the problems which the absence can cause.
- Agree any action that may help with the problem which may include reasonable adjustments, this may also include referral to the Occupational Health and Wellbeing Service and/or the Trust Self Care Course/Access to the Trust's Well Being information.
- Let the individual know if they are approaching a trigger (**see section 10.6**) or there are concerns about level of absence
- If the employee has reached a trigger, advise that their attendance is to be managed in accordance with this policy
- Document the discussion and agreed plan and review period on the **return to work form (Appendix 2)** obtaining signed agreement from the employee.

It is important to remember that each individual is different and each episode of absence will require a different discussion. It is also important that managers approach any meeting with an open mind focusing on supporting the employee to attend work more regularly. The approach may need to be adapted depending on the evidence collected, particularly where there may be personal or sensitive circumstances affecting absence.

10.6 Trust Trigger Points

When an employee's attendance is assessed and they reach a Trust trigger point, Managers should review and the formal sickness process will be initiated. **The trigger points are:**

- **3 episodes in 6 months**
- **4 episodes in a rolling 12 month period**
- **6 working days in a rolling 6 month period or**
- **9 working days in a rolling 12 month period**
- **Absence of 4 weeks or more (Long Term Sick process)**

The formal sickness process will also be initiated where patterns of absence, whilst not exceeding the levels above, still give cause for concern i.e. regular days off after annual leave etc. Advice

should be sought from Occupational Health and HR where absence reaches a trigger but potentially relates to disability or pregnancy.

10.7 SECTION TWO - THE PROCEDURE FOR MANAGING SHORT TERM ABSENCE

Short Term Sickness Absence is defined as frequent, ad hoc short periods of sickness for varied reasons which are persistent, or may be the result of an underlying health condition. All cases should be dealt with on an individual basis.

When an employee meets a Trigger Point identified above, or where the level of absence is a cause of concern, a **Stage One Formal Sickness Absence Meeting** is arranged between the employee and their line manager. The individual has the right to be represented by a TU representative or a workplace colleague.

The purpose of the meeting is to:

- To discuss the reasons for absence
- To ascertain whether there are any patterns to the absences
- Are there any underlying issues relating to the working environment or role
- To discuss the current pattern of work
- To offer support and assistance as appropriate.
- To establish if there are likely to be further absences.
- To establish if there is a need to refer to Occupational Health and Wellbeing Service.
- Are there any issues associated with work and the duties undertaken
- To establish if there are any personal problems affecting attendance

10.7.2 Preparation for Formal Sickness Absence Meetings

1	Gather relevant information, including copies of sickness absence records, trend information, return to work forms, occupational health information, Self Certification Forms and Medical Certificates.
2	Arrange an appropriate date time and venue and confirm in writing to the employee giving five working days' notice of the meeting. The individual has the right to be represented by a Trade Union representative or accompanied by a workplace colleague.
3	<p>At the meeting:</p> <ul style="list-style-type: none"> • Make the relevant introductions and inform the employee that this is a Stage One Formal Sickness Absence meeting held under the Trusts Sickness Absence, Health & Wellbeing Policy and explain the purpose of the meeting. • Discuss the details of the absence including the nature of the health condition and the on-going problems associated with the absence. Explore medical treatment/advice received/awaiting. • Give the employee an opportunity to respond and provide an explanation.

- Discuss any contributory factors that are affecting attendance including lifestyle.
- Agree where appropriate any support that may help alleviate the problem which may include making reasonable adjustments.

With or without an underlying health issue consider a referral to the 1) Occupational Health and Wellbeing Service 2) the Trust Self Care course/Access to the Trust's Well Being information

- Agree relevant actions to be taken by the employee /line manager
 - A Stage One formal warning may be issued and advise employee that an improvement in attendance is required.
 - Set a review period
 - Explain that a failure to improve attendance could result in more formal action being taken and the next stage is a Stage Two Formal Sickness Absence meeting.
 - Explain that the warning will remain live for 12 months
- Explain that there is a right of appeal against the warning

4 Confirm in writing the details of the discussion and the agreed action plan and review period and place a signed copy on the employees personal file.

10.7.3 Outcomes and next steps following the Stage One Formal Sickness Absence Meeting

Following a period of monitoring after a Stage One Formal Sickness Absence Meeting or where the levels of absence are an on-going concern, the following possible outcomes may include:

	Possible Outcomes	Action required
1	Sufficient and sustained improvement in attendance has been made	Confirm in writing the improvement has been met and sustained. Remind the employee of the need to maintain the improved attendance as future deterioration will result in further formal action being taken.
2	Insufficient improvement in attendance or improvement followed by a deterioration in that improvement Managers should not wait to move to the next stage of the process if attendance gives cause for concern.	Stage Two Formal Sickness Absence Meeting to be arranged. If not already arranged at Stage One, a referral to the Occupational Health and Wellbeing Service should now be considered, to establish any underlying medical condition or if more up to date information is required.

3	The Occupational Health and Wellbeing report indicates that there is no underlying medical condition however sporadic sickness absence has continued	Stage Two Formal Sickness Absence Meeting to be arranged.
4	Advice from the Occupational Health & Wellbeing Service indicates that there is an underlying health condition and the employee is likely to require further absence.	Refer to section 10.8
6	The Occupational Health and Wellbeing report indicates that continued levels of absence would be likely to occur, however they are likely to return to work at some point in the future.	Review Meeting to be arranged in accordance with section 10.8.4
7	No warning issued as not appropriate in the circumstances.	Confirm in writing and continue to monitor and review.

10.7.4 Where there has been no improvement in attendance following the Stage One Formal Sickness Absence Meeting or where the level of absence continues to be a cause of concern, a **Stage Two Formal Sickness Absence Meeting** is held with the employee, their line manager and a member of the Human Resources Team. The individual has the right to be represented by a Trade Union representative or accompanied by a workplace colleague. The process to be followed for this meeting is:

10.7.5 Preparation for Stage Two – Formal Sickness Absence Meeting

This will be the same as Stage One (**section 10.7.2**) with the exception that HR will be involved, and an OH referral must have been done at this stage. A Stage Two Warning would be issued which would remain on the file for 18 months.

10.7.6. Next steps following the Stage Two Formal Sickness Absence Meeting

	Possible Outcomes	Actions
1	Sufficient and sustained improvement in attendance has been made during the review period	Confirm in writing that improvement has been met and sustained. Remind the employee of the need to maintain the improved attendance as future deterioration will result in further formal

		action being taken.
2	<p>Insufficient improvement in attendance or improvement followed by deterioration in that improvement.</p> <p>Managers should not wait to move to the next stage of the process if attendance gives cause for concern.</p>	Refer to a Stage Three Sickness Hearing. If not recently engaged a referral to the Occupational Health and Wellbeing Service should be made for an up to date opinion.
3	The Occupational Health and Wellbeing report requested at Stage 1 or 2 indicates that there is no underlying medical condition however sporadic sickness absence has continued	Stage Three Sickness Hearing.
4	Advice from the Health and Wellbeing service indicates that continued levels of absence would be likely to occur, however they are likely to return to work at some point in the future.	<p>Review Meeting to be arranged</p> <p>Temporary redeployment?</p> <p>Suitable Alternative Employment?</p> <p>Reasonable Adjustments?</p> <p>Phased return to work/rehabilitation?</p> <p>Can absence be sustained? If not refer to Stage Three Sickness Hearing.</p>
5	The Occupational Health and Wellbeing report indicates that the employee is unlikely to return to full duties in the foreseeable future	<p>Review Meeting to be arranged.</p> <p>Consider the options for:</p> <p>Temporary redeployment?</p> <p>Suitable alternative employment?</p> <p>Reasonable Adjustments?</p> <p>Retraining?</p>
6	Advice from the Occupational Health & Wellbeing Service indicates that there is an underlying health condition and the employee is likely to require further absence.	Refer to section 10.8
7	The Occupational Health and Wellbeing report indicates that the employee is unlikely to return to work in any capacity in the foreseeable future.	Discuss retirement on the grounds of ill health, if this is not something that the employee considers viable or is not supported then refer to a Stage Three Sickness Hearing.
8	No warning issued as not appropriate in the circumstances.	Continue to monitor and review.

10.7.7 If, following a Stage Two Formal Sickness Absence meeting there is a failure to achieve the required attendance or where the level of absence continues to be a cause for concern, the matter will be referred to a Stage Three Sickness Hearing.

10.7.8 Stage Three Sickness Hearing

The process to be followed for this Hearing is outlined in **Appendix 5**

Termination of employment is a last resort and should be considered after all the preliminary stages of the process will have been completed before consideration is given to the termination of employment.

If the decision is taken at the Stage 3 Sickness Hearing to dismiss on the grounds of ill health, the date of leaving will be effective immediately and is with payment in lieu of contractual notice plus payment for any outstanding annual leave.

The decision would normally be personally conveyed to the employee and should also be confirmed in writing to him/her with a copy to the staff representative within 5 working days of the Hearing. The following should be included in the written confirmation.

- The reasons for the decision to dismiss on the grounds of ill health
- The date on which the contract between the parties terminated
- Any details i.e. pay in lieu of notice / holiday
- Information on the right of appeal

Where an individual fails to attend the Stage Three Sickness Hearing this will be re-arranged once, within 5 working days and the individual will be notified that the Hearing will go ahead in their absence if they fail to attend the re-arranged hearing. The outcome will be confirmed in writing.

10.7.9 Appeals

10.7.10 Appeal following warnings

To lodge an appeal against **Stage 1 and Stage 2 warnings** the employee must write to the next in line manager **within 15 working days** of the warning being issued stating upon what grounds the appeal is based.

Appeals against formal warnings will be heard by the next in line manager and a Human Resources representative.

Written statements of case will be exchanged (via the Human Resources Department) at least **5 working days** prior to the appeal hearing.

Appeals will be heard in accordance with the procedure in **Appendix 6**.

The final decision will be confirmed in writing, if possible within 5 working days of the appeal meeting. There will be no further right of appeal.

10.7.11 Appeal following dismissal

In the case of an appeal against **Stage 3 (Dismissal)**, the employee must write to the Director of People and Culture **within 15 working days** of the Sickness Hearing.

Appeals against **Dismissal** will be heard by a Panel comprising at least one Director and a Senior Manager. A Human Resources representative will normally be present to provide appropriate advice to the Panel. No Panel member should have had any direct prior involvement in the case.

Arrangements for the hearing, including the date, time and location will be notified to all parties. The hearing will take place normally within **5 weeks** of the employee lodging the appeal. The employee and their accredited representative will be given at least **10 working days'** notice of the hearing. The purpose of an Appeal Hearing against Stage 3 (Dismissal) is to determine whether the decision of the panel **is appropriate and reasonable in all circumstances**.

The appeal hearing is not a re-run of the Sickness Hearing. Verbal evidence will only be heard from the employee, their representative and the manager who chaired the Sickness Hearing.

All documentary evidence from the Sickness Hearing, along with a **written statement of case** from both parties:

- a) the employee setting out the grounds for appeal;
- b) the manager setting out the reason for their decision and their response to the grounds of appeal.

Cases will be exchanged (via the Human Resources Department), at least **5 working days** prior to the appeal hearing.

The employee must be specific about the grounds of the appeal. These will effectively form the agenda for the hearing and determine the parties to be present at the appeal hearing. Appeals may be raised on a number of grounds, including:

- i. the procedure: a failure to follow procedure,
- ii. the decision – the evidence did not support the conclusion reached,

The decision of the Appeal Panel will be one of two options:

- either that the original decision is upheld
- or that an alternative outcome is applied

SECTION 3 - MANAGING LONG TERM SICKNESS ABSENCE

10.8 Long Term Absence or where an Underlying Medical Condition is confirmed

Long Term Absence is defined as any sickness absence for over four weeks (28 days) or where an underlying medical condition is impacting on an employee's attendance at work, or work is impacting on their condition (regardless of whether they have been absent as a result).

Where an employee is off sick for a period of 4 weeks) line managers have a duty of care to maintain contact with the employee and to arrange a Sickness Meeting(s) and refer the employee to the Occupational Health and Wellbeing Service.

Research shows that the longer an employee remains off work, the more difficult it is and therefore less likely it will be for them to return.

One individual manager should be in charge of 'the case' (usually the line manager) and should work to ensure that there are minimal unnecessary delays (i.e. in sharing information between each party, in getting appointments etc.) and that the process of supporting the member of staff is managed fairly and consistently. All cases must be dealt with on an individual basis.

The line manager, HR, the Occupational Health and Wellbeing Service, the employee and where appropriate other bodies, such as Access to Work, the GP or other medical professionals should work together to actively manage the absence to bring about the earliest return to work possible. This should take place from very early in the sickness absence episode

10.8.1 Keeping in touch with employees who are away from the workplace due to sickness absence.

Positive and regular contact with the absent employee is crucial and can help to ensure that the employee feels supported, valued and does not feel isolated while absent.

A conversation should take place between the line manager and the member of staff when the member of staff first reports their absence from work. If the line manager does not take the call they should contact the employee at the earliest opportunity to see how they are and enable the discussion to take place.

During extended periods of absence, the line manager and employee will agree the method and frequency with which contact will be maintained. This does not prevent either the employee or manager contacting more frequently where there are changing circumstances. Weekly contact is recommended for employees who are likely to be off for a number of weeks. Where it is known that an illness will result in a longer period of absence, weekly contact is still recommended to keep in touch, update the employee of any changes that have occurred while they have been absent and to avoid the employee feeling isolated.

10.8.2 Making a referral to the Occupational Health & Wellbeing Service

Where a member of staff has been off sick for 4 weeks (or it is known that their absence will be longer than 4 weeks) and there is no immediate prospect of a return to work, managers should refer

the member of staff to the Occupational Health & Wellbeing Service for an assessment using the appropriate referral form (which can be found on the Trust intranet).

The Occupational Health & Wellbeing Service will provide the manager with specialist advice to assist them in helping an individual to sustain better attendance or return to work following a long term absence and/or where there is a clear or suspected underlying medical condition or underlying cause. Where the employee is referred to the Occupational Health & Wellbeing Service they are contractually obliged to contact the telephone triage service and attend as advised. The employee should be made aware of the reasons for the referral in advance.

Managers should discuss with employees the reason for a referral being made so that they understand and are fully aware of the reasons for this. The employee should also be given a copy of the referral form. The referral should be made in a timely manner. Managers must ensure all the relevant sections of the referral form are completed.

In the referral, line managers should focus on the impact the employee's health is having on their ability to undertake their role. The Occupational Health & Wellbeing Service can provide managers with further support and guidance around reasonable adjustments which could be made to allow the employee to return to work / remain in the workplace.

All employees can self-refer to the Occupational Health & Wellbeing Service if required.

10.8.3 Long Term Sickness Absence meetings

After a period of no more than 4 weeks absence (barring any sensitivities of the case which might make this inappropriate) the Line Manager should arrange an initial review meeting with the employee and an HR representative. The individual should be afforded the right to be accompanied by a Trade Union representative or workplace colleague. The objective is to discuss with the employee the likelihood of return to work either immediately or in the near future. Line managers should consider the following points and discuss those appropriate with the employee.

- Is their health improving or likely to improve and in what time scale?
- Are they making progress?
- Are they receiving the appropriate support?
- Are they waiting for physiotherapy, counselling, outpatient appointments, inpatient services?
- Are they accessing the appropriate range of health and wellbeing services including reducing stress advice, self care programme, NLP.
- What parts of the current job can the employee carry out?
- What could the manager do for the employee?
 - facilitate easier access to physiotherapy, counselling etc.
 - adjustments to hours or duties
 - make any adjustments that might help
 - exploring possibilities of (temporary) alternative work
- When might the employee feel ready to return to work?
- What is preventing them from returning now?

10.8.4 Review meeting

It is important to note that there may be more than one review meeting depending upon individual circumstances. In all circumstances a Final Review Meeting must be arranged prior to a Sickness Hearing. The review meeting should cover the following:

1. Sick pay position
2. Progress of the employee and discussion re OH advice
3. Options to facilitate return to work including – finite recovery period, return to work with rehabilitation, redeployment, retraining, ill health retirement application, further review meetings.

The outcome of the meeting should be confirmed in writing.

10.8.5 How Managers should prepare for and conduct a formal review meeting

1.	Gather the relevant information, including copies of sickness absence records, trend information, return to work forms, occupational health information, Self Certificate Form and Medical certificates
2.	Arrange an appropriate date time and venue and confirm in writing to the employee giving five working days' notice of the meeting. The individual has the right to be represented by a Trade Union representative or accompanied by a workplace colleague.
3.	<p>At the meeting:</p> <ul style="list-style-type: none"> • Make the relevant introductions and inform the employee that this is a Formal Review meeting held under the Trusts Sickness Absence, Health & Wellbeing policy and explain the purpose of the meeting. • Discuss the details of the absence including the nature of the health condition and the on-going problems associated with the absence. Explore medical treatment/advice received/awaiting. • Give the employee an opportunity to respond. • Discuss any contributory factors including lifestyle. • Agree where appropriate any support that may help alleviate the problem including reasonable adjustments. Agree a referral to the Occupational Health and Wellbeing Service if not already done. (A referral must be done before final review stage). Discuss Trust Self Care course as appropriate, and access to the Trusts Health and Wellbeing information • Agree relevant actions to be taken and discuss next steps • Set a review period
4.	Confirm in writing the details of the discussion and the agreed action plan and review period and place a signed copy on the employee's personal file.

Managers should always remind the employee that they will be keeping in contact with them during their absence and that they are there to help facilitate the earliest return to work.

Individuals should be advised of the implications of poor attendance beyond that which the organisation can reasonably support. The line manager should try to ensure an air of openness and support and encourage the employee to bring forward any concerns that might be affecting attendance and any ideas in terms of what would help them to return to work.

If the employee is too unwell to attend a meeting at work, then agreement to a home visit will be obtained.

Where, under exceptional circumstances, the employee is too unwell to meet at all, HR and Occupational Health & Wellbeing guidance should be sought. In such circumstances telephoning the employee or writing to them to obtain the information may be appropriate. Deferral of meetings may be a possibility in the short term. However, meetings and/or action cannot be delayed indefinitely.

Sick pay for staff who have exhausted sick pay entitlements should be re-instated at half pay after 12 months of continuous sickness absence only in the following circumstances:

- Staff with more than 5 years reckonable service:- sick pay will be reinstated if sick pay entitlement is exhausted before a final review meeting for long term absence has taken place;
- Staff with less than 5 years reckonable service:- sick pay will be reinstated if sick pay entitlement is exhausted and a final review does not take place within 12 months of the start of their sickness absence.
- Reinstatement of sick pay should continue until the final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.

This provision will **only apply where the failure to undertake the final review meeting is due to delay by the Trust**. It will not apply where a review is delayed due to reasons other than these caused by the Trust.

10.8.6 Stage 3 – Options for Managers to consider before a Long Term Sickness Hearing

Where, despite reasonable adjustments to the role or redeployment into alternative employment, sickness absence continues beyond that which the Trust can sustain, it may be necessary to refer to a Long Term Sickness Hearing (**Appendix 5**) where termination of employment may be considered.

In normal circumstances **at least one** formal review meeting (which could be the Final Review Meeting) should take place before a Sickness Hearing is arranged.

Options to consider –

10.8.7 Rapid Access to Physiotherapy and Counselling

Increasingly, evidence suggests that earlier interventions in a period of sickness absence are more important for preventing acute conditions becoming chronic and securing successful rehabilitation. For example, in cases where it is appropriate, referral to physiotherapy in the first week of sickness, for example with a back condition, can have the employee fit and rehabilitated back into work by the time they would normally have been having the first review of their case. The Trust's Occupational Health & Wellbeing Service can offer up to 6 sessions of free counselling or physiotherapy where appropriate, or may be able to expedite access to clinical services.

10.8.8 Taking forward the advice from the Occupational Health and Wellbeing Service

The possible outcomes from the referral are as below:

i. Return to work and phased return to work plan

Where the advice from the Occupational Health and Wellbeing Service confirms that the employee is fit to return to their present job, either immediately or within a defined timescale without restrictions, they may recommend that a phased return is considered:

A phased return allows the member of staff to gradually return back to the workplace over an agreed period of time, and research suggests that it also aids recovery. The plan may include, for example, a combination of supernumerary shifts, short shifts, days off, annual leave, with the aim of gradually building up to contracted hours over a defined period. For example:

Week 1	2 x short shifts (8.00-1.00 pm) & 2 x annual leave days
Week 2	3 x short shifts (1.00-6.00 pm) & 1 x annual leave days
Week 3	3 x regular shifts
Week 4	Resume normal shift pattern

Not everyone who has been absent on long term absence will need or require a phased return. Normally the employee will be able to return to work with no, or minimal, reasonable adjustments. However a phased return may be required particularly where the employee needs to build up their stamina.

During the rehabilitation period, employees will work reduced hours etc without loss of pay, although annual leave will be used where there is sufficient accrued to date. When using annual leave to support a phased return, managers must ensure that a reasonable amount of leave is available for the remainder of the year.

The stage at which this plan should be formulated will vary depending on the circumstances of the individual and should be based on the expected date of return reflecting any medical advice that has been received. It is helpful to start discussions about a return to work as soon as possible, usually before the employee returns to work, however this will depend upon the nature of the illness and the ease of making the arrangements necessary to facilitate the return to the workplace. Early discussions about a return to work reinforce the fact that the plan is to support the absent employee to return to work and make sure that this is part of the overall planning process.

It is important for all parties to keep the phased return under review to ensure that it delivers what is intended and to allow for agreed changes to be made if it is found to be unsuccessful in any way. An end date should be set.

Consider a therapeutic return to work plan where the member of staff has been off for a longer period of time as this can help the employee to settle back into work more quickly, and remove some of the fear around return. This allows members of staff to start to make links with the workplace prior to a full return to work. This may include steps like, coming into the workplace for a meeting with the manager/colleagues to have an informal catch up, attending team meetings and/or time outs.

ii. **Making reasonable adjustments to duties/working arrangements either on a temporary or permanent basis**

Temporary or permanent adjustments to an employee's duties or working arrangements may be recommended by the Occupational Health and Wellbeing Service after a period of long term sickness or a condition that may be considered a disability under the Equality Act 2010. Such adjustments may include reduced hours, lighter duties or alterations to equipment, for example, for a defined period or on a permanent basis.

It is particularly important to explore this thoroughly when an employee's sickness is due to a disability under the Equality Act 2010. To conform with the requirements of the Act, consideration needs to be given to making whatever reasonable adjustments are necessary to accommodate a disability if it is feasible to do so. It is important that the manager, the Occupational Health and Wellbeing Service, HR and the employee work together when determining whether any reasonable adjustments or modifications can be made to the existing workplace and/or duties and that any adjustments are practicable. It is important that the employee is fully consulted throughout the process and that their medical position is ascertained as early as possible

During the rehabilitation period employers should allow employees to return to work on reduced hours or, where possible, encourage employees to work from home without loss of pay. Any such arrangements need to be consistent with statutory sick pay rules. Examples of work adjustments that could be considered to assist an employee's return to work, may include:

- provide new or modify existing equipment and tools, including IT, modified keyboards etc.
- modify workstations, furniture, movement patterns
- provide alternative work
- provide additional training such as refresher courses
- modify instructions and manuals
- modify work patterns or management systems and style to reduce pressure and give the employee more control
- modify procedures for testing, assessment and appraisal
- provide the employee with a mentor or 'buddy' while they regain confidence in the workplace
- provide additional supervision
- reallocate work within the team
- allowing an employee time off to attend medical appointments (giving consideration to the Trust's Leave and Pay Policy)
- modifying a job description to take away tasks that cause particular difficulty
- offering flexibility in working hours/patterns, i.e. reduced hours, working from home or a phased return

- Change to workplace location ensuring suitable access to premises for people using wheelchairs, crutches, or other mobility aid
- providing help with transport to and from workplace or giving access to on-site parking
- additional training or development for the purpose of obtaining alternative employment within the Trust

A risk assessment should be carried out as appropriate.

The agreed detail of any temporary or permanent adjustments, including the duration of this and expectations of what duties the employee will be able to undertake when the agreed timescale has been completed, should be documented, including when the plan will be reviewed and by whom.

iii. **Rehabilitation back into the workplace for example with alternative duties**

This could include discussions around altered or alternative duties, temporary or permanent redeployment. The majority of these will also include discussions following a referral and advice to the Occupational Health and Wellbeing Service. It is important for managers to view this as an opportunity to enable the employee to contribute to overall service delivery as opposed to being restricted to focussing on returning to the contracted role the employee holds. Such a flexible approach can allow the employee to return to work earlier than may otherwise be possible.

The benefits of rehabilitation are twofold:

- The return to work is earlier than expected with, in some cases, the member of staff performing at least some duties, but in many performing full duties.
- The member of staff feels valued and will, in all probability recover more quickly when back in the working environment, than at home.

iv. **Redeployment**

Redeployment can apply temporarily while an employee is recovering from a period of ill health before returning to their usual job, or permanently where a staff member is no longer able, because of a medical condition, to remain in or return to, their current post but would be able to work in a post that accommodates their underlying condition.

Every reasonable effort should be made to help the employee identify suitable alternative employment where they are unable to return to their substantive job. However, the Trust is not required to create a job and ill health dismissal may be the only option if a suitable alternative post is not obtained within the 3 month review period. The manager will meet formally with the employee to discuss the Occupational Health recommendation and explore the possibility of seeking alternative employment. A member of the HR Team will also be present to discuss the employee's skills and experience with them and discuss any retraining. The employee will be expected to actively participate in the redeployment process.

The employee will be placed on the redeployment register by Human Resources and given access to any restricted vacancies, although it will remain the responsibility of the individual to search for suitable alternative employment in conjunction with Human Resources.

The redeployment process cannot guarantee jobs or posts will become available but it will provide an effective way of supporting individuals to match their skills and experience with any suitable posts within the Trust. Staff who are subject to a redeployment process will be supported by their Line manager and HR who will meet with the individual to check on progress and offer support.

Further information can be found in the Trust Redeployment Policy available on the Trust's intranet.

10.8.9 Employment Break Scheme

An employment break as defined in the Trust's Leave and Pay Policy may be appropriate in some instances where there is agreement that a period of unpaid leave would assist the employee's recovery or attendance.

10.8.10 Access to Work

Support is available to employers and employees through Access to Work's Job Retention programme where an individual is absent from work or experiencing difficulties at work due to a disability or health condition.

Access to Work can assist employees by developing a tailored package of support measures and a practical action plan to support a member of staff to remain in employment.

To be eligible for this support, the employee must be employed for 16 hours per week or more and have a disability or health condition that is having a long term effect on their ability to carry out day to day activities, and has or is expected to last 12 months.

Access to Work can offer advice on a range of services which include reasonable adjustments, job coaching and dyslexia screening and can also provide direct links to other agencies such as Access to Work and welfare benefit advice.

The staff member need not be absent from work to receive support from Access to Work.

To access an Access to Work adviser, contact should be made via your HR adviser in the first instance. General advice can be obtained by contacting Access to Work on Telephone: 0800 121 7479 or see <https://www.gov.uk/access-to-work> for further information.

10.8.11 Terminal Illness

Where the employee potentially has a terminal illness it is important that HR advice is sought at an early stage. This will ensure that everything possible is done to ensure that pension benefits, and any other allowances, can be processed in the most appropriate manner. In some cases death in service benefits will be more beneficial than early retirement but HR can obtain comparison estimates to enable the employee to make any decisions that will affect their estate.

10.8.12 Ill Health Retirement

An application for retirement on the grounds of ill health can be made in accordance with the NHS Pension Scheme rules and regulations (only applicable to members of the NHS Pension Scheme with two years pensionable service, and also subject to other conditions). The decision as to whether the employee satisfies the conditions for ill health retirement will only be made by the NHS Pensions

Agency. Due to the time it takes to process such a request it may be the case that dismissal at a Long Term Sickness Hearing occurs before a decision on ill health retirement is reached. Where the NHS Pensions Agency is in receipt of the ill health retirement application a Long Term Sickness Hearing will be held to process the individual's termination of contract on the grounds of ill health.

Given the time it takes to process an ill health retirement application this must be dealt with as early as possible to avoid the individual falling into no pay. The Pensions Agency may defer a decision if the individual is awaiting surgery or further treatment which may result in an improvement in their condition. Where an individual is dismissed on health grounds, and they have the qualifying service, there is nothing to prevent them from applying for ill health retirement. However, the Trust will not delay providing the outcome of a Long Term Sickness Hearing pending a response from the Pensions Agency. Whilst the Occupational Health and Wellbeing Service or a GP may support ill health retirement, approval remains at the discretion of the NHS Pensions' Agency and not the Trust.

10.8.13 Conducting a Long Term Sickness Hearing

Where it is established with input from the Occupational Health and Wellbeing Service that there is no prospect of the employee returning to work within a reasonable period of time, and the Trust can no longer support their on-going absence, the matter will be referred to a **Long Term Sickness Hearing**.

1	Gather the relevant information, including copies of sickness absence records, trend information, return to work forms, occupational health information, Self-Certificate Form and Medical certificates
2	Arrange a Formal meeting with the Employee and explain that the matter will be referred to a Long Term Sickness Hearing. Explain the purpose and write to confirm what was discussed.
3	The Line Manager will prepare a Management Statement of Case and pass to a Senior Manager or Matron who has the authority to dismiss and has had no previous involvement with the case. Together with a HR representative arrangements will be made for an appropriate date time and venue as soon as possible writing out to the employee giving ten working days' notice of the Hearing. The individual has the right to be represented by a Trade Union representative or accompanied by a workplace colleague.
4	The employee will be informed in writing and will receive all relevant documentation at least 10 working days prior to the Hearing, with a copy to his/her representative where known. The documentation will include: <ul style="list-style-type: none"> • Details regarding the management of the case • Copies of all written documents to be referred to at the hearing • The date, time and venue of the hearing • The names and job titles of those who will be present. • Advise that a possible outcome may include dismissal
5	The chair of the Hearing panel should conduct the Hearing in accordance with the Hearing Procedure (Appendix 5).The hearing will provide an opportunity for the employee to state their case in response to the management case.
6	Confirm in writing the details of the Hearing and the outcome. Place a copy on the employee's personal file.

The case will be heard by a senior manager/matron with the authority to dismiss and no previous involvement with the case, together with an HR representative. The individual will have the right to be represented by a Trade Union representative or accompanied by a workplace colleague.

The decision to terminate an individual's employment is a serious one and should be considered after all the facts of each case have been considered.

The decision should be taken based on an assessment of the following:

1. What is the prospect of recovery and return to work?
2. Has the Occupational Health advice been considered and followed?
3. Has redeployment been explored?
4. Has ill health retirement been explored if appropriate?

If the decision is taken to dismiss on the grounds of ill health, the date of leaving will be effective immediately and is with payment in lieu of contractual notice plus payment for outstanding annual leave. An employee will be afforded contractual notice (i.e. up to the completion of 4 years' continuous service, entitled to receive 4 weeks' notice and then an additional 1 weeks' notice on completion of each subsequent year of continuous service – up to a maximum of 12 weeks' notice after 12 years continuous service). Notice is payable at full pay and will replace any outstanding sick pay.

This decision would normally be personally conveyed to the employee and should also be confirmed in writing to him/her with a copy to the staff representative within 5 working days of the Hearing. The following should be included in the written confirmation:

- The reasons for the decision to dismiss on the grounds of ill health
- The date on which the contract between the parties terminated
- Any details i.e. pay in lieu of notice / holiday
- Information on the right of appeal

The line manager is responsible for completing the Leaver form, stating the notice entitlement, Leave outstanding and termination date.

Where an individual fails to attend a Sickness Hearing this will be rearranged once and the individual will be notified that the Hearing will go ahead in their absence if they fail to attend the rearranged hearing. The outcome will be confirmed in writing.

To lodge an appeal against dismissal the employee must write to the Director of People and Culture **within 15 working days** of the Sickness Hearing. Appeals against Dismissal will be heard by a Panel comprising at least one Director and a Senior Manager. A Senior Human Resources representative will normally be present to provide appropriate advice to the Panel. No Panel member should have had any prior direct involvement in the case.

SECTION 4 - GUIDANCE AND INFORMATION ON COMMON ASPECTS THAT ARISE WHEN MANAGING SICKNESS

11.1 Self Care Programme

The Trust provides a nationally recognised Self Care Programme which has been designed and developed to motivate and empower people to improve their own lifestyle and lead to more positive health behaviour and attendance. The course provides training in self-care skills to enable staff to be active self-carers in respect of minor ailments, acute illness, long term conditions, or in following a healthy lifestyle. Managers are encouraged to bring this to the attention of staff when discussing attendance. Bookings should be made via wah-tr.CHEC-TrainingTeam@nhs.net

11.2 Health & Wellbeing Information

The Trust provides a wealth of support and information on its Health & Wellbeing intranet pages <http://www.worcsacute.nhs.uk/departments-a-to-z/human-resources/health-and-wellbeing/>

Managers are encouraged to sign-post employees to the site. Advice is available on many topics, such as Healthy Eating, Quitting Smoking, Stress busting and Keeping Fit for Work.

Information is also available on access to treatments such as acupuncture, physiotherapy, CBT and counselling.

11.3 Sick Pay Arrangements

Sickness payments are paid in accordance with the Agenda for Change Terms and Conditions of Service Handbook (or for doctors the appropriate Medical Terms and Conditions of Service).

For sick pay purposes time off is calculated in “calendar days” and takes into account days when the employee does not normally work e.g. weekends or public holidays.

Where the sickness policy has been followed and medical advice has been received that the individual will be unable to return to their job within the foreseeable future, their employment will not be continued specifically to allow them to exhaust their sick pay entitlement.

11.4 Reporting absence due to accident at work

RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Absences of more than 7 consecutive days resulting from an incident or accident at work must be reported on Datix and indicated as a RIDDOR case. For further information refer to the Incident Reporting policy (Health & Safety intranet site).

11.5 Injury Allowance

An injury allowance will be payable to eligible employees who due to a work related injury, illness or other health condition are on authorised sickness absence or phased return to work, with reduced or no pay. It also makes provision for the protection of pay in certain circumstances.

Employees who have injuries, diseases, or other health conditions that are wholly or mainly attributable to their NHS employment will be entitled to an injury allowance, subject to the conditions set on in the Agenda for Change Terms and Conditions of Service.

The injury, disease or other health condition must have been sustained or contracted in the discharge of the employee's duties of employment or an injury that is not sustained on duty but is connected with or arising from the employee's employment.

The attribution of injury, illness or other health condition will be determined by the employer who should seek appropriate medical advice.

Employees claiming injury allowance are required to provide all relevant information including medical evidence, that is in their possession or that can reasonably be obtained to enable the employer to determine the claim.

Payment of injury allowance is not dependent upon length of service. The following circumstances will not qualify for consideration of injury allowance:

- injury whilst on a normal journey travelling to and from work, except where the journey is part of their contractual NHS duties
- injury, disease or other health condition due to or seriously aggravated by the employee's own negligence or misconduct.
- Sickness absence as a result of disputes regarding employment matters.

The 'Injury Allowance' will apply for those staff who suffer a temporary loss of income as a result of an injury, disease or other health condition sustained in the discharge of their duties. It will be paid to top up an employee's income to 85% of normal pay and restricted to a period of up to 12 months per episode, subject to local absence management, return to work and rehabilitation policies. This allowance will be limited to the period of the employment contract only.

The Process for claiming Injury Allowance

In all cases it is essential that a Datix incident is completed immediately after the incident giving full details of where and how the injury occurred. Staff are advised to take advice from their Trade union.

The employee must inform their line manager at the start of the sickness absence if they are claiming injury allowance. Costs of paying benefits will be charged to the relevant department.

The Manager must then fully investigate the incident and provide Human Resources with all the details and relevant documentation to include Datix information and RIDDOR form if appropriate (see section 3.4), details of how the injury occurred and copies of medical certificates.

Medical advice from the Trust's Occupational Health & Wellbeing Service will be required to confirm the absence is directly attributable to the reported incident.

The HR Manager will assess the claim, and forward the application for Injury Allowance to the Director of People and Culture for authorisation.

If the claim is supported Human Resources inform payroll to make any salary adjustments.

11.6 Medical Suspension

There are a few additional instances where medical suspension is necessitated. This may be required where the employee needs to be protected from a particular risk.

An example would include becoming seriously allergic to a chemical at work, or being advised by Occupational Health or Infection Control to stay away from work due to an outbreak of norovirus

A risk assessment should be undertaken and a decision taken based on this assessment.

All managers considering this will discuss each individual case with the Occupational Health & Wellbeing Service and where appropriate Infection Control.

The Occupational Health & Wellbeing Service and Infection control will identify if the employee could carry out any alternative work that would avoid the need for medical suspension.

11.7 Noro Virus

Given the requirement that symptomatic staff should remain off sick until 48 hours after the last episode of D&V, these 2 days should be recorded as “medical suspension with Pay” in E-rostering for rostered staff, or ESR for those not on e-roster. This should be applied where the staff member has experienced symptoms of D&V and where a sample has been provided to the Occupational Health and wellbeing service for assessment.

11.8 Sickness During Annual Leave

If an employee falls sick during their annual leave, the period of sickness can be converted into sick leave, with the annual leave being credited back, providing the employee contacts their manager to report the sickness as soon as they become sick (not waiting until they return to work) and the sickness is covered by a medical or self-certificate as appropriate. This does not apply in the case of Bank /Statutory Holidays.

11.9 Cosmetic Surgery

Sick Leave would not normally apply for absence related to cosmetic surgery. Time off for this would need to be requested as annual leave or unpaid leave. In circumstances where surgery has been medically recommended by a medical practitioner, sick pay may be paid however HR and Occupational Health and Wellbeing Service advice should be sought.

11.10 InVitro Fertilisation (IVF) Treatment

Employees undergoing fertility treatment will be required to take the time of as annual leave or TOIL. However, in some cases the employee may be unable to work due to the effects of the treatment or if medical complications arise following the treatment. If this is the case the usual Trust Sickness Absence provisions will be applied.

11.11 Activities whilst on Sick Leave

If it is found that any employee fraudulently claims to be sick, or behaves in a way that is either prejudicial to their recovery, or incompatible with the reason for absence, this will be treated as gross misconduct in line with the Trust's Disciplinary Policy. This includes where an employee has other employment (i.e. a second job) outside or inside the Trust (including Agency work).

11.12 Working Whilst Off Sick

It is not normally permitted to work while off sick or in receipt of Statutory Sick Pay, even if permission has been given on previous occasions. An employee who continues to work in a second job and/or wishes to work in a paid, unpaid or voluntary capacity while off sick, for therapeutic reasons or to aid recovery must seek authorisation from their line manager in advance on each occasion.

An employee who works while off sick without authorisation from their line manager or who is suspected of falsely claiming to be sick will be referred to the Counter Fraud Service for investigation, and may be subject to disciplinary action for gross misconduct under the Trusts Disciplinary Policy.

11.13 Attending Medical and Dental Appointments

Wherever possible, employees should endeavour to arrange routine dental and non-urgent medical appointments outside their normal/rostered working hours, or where this is not possible either at the beginning or end of the day/shift. If this is not possible, then time off may be granted if flexibility with working hours is possible. If flexibility is not possible, then the time will be unpaid or taken as annual leave.

For one-off appointments, leave will be granted with normal pay for the hours the member of staff is absent from work, but the time will be paid back. The manager should be as flexible as possible offering the employee the ability to take annual leave, use time owed in lieu or make up the time as appropriate.

When employees have an on-going regular commitment to attend medical appointment or are receiving on-going medical/therapeutic treatment which lasts for more than 12 weeks it may be necessary to review the arrangement by, for example, adjusting working hours or requiring the employee to take unpaid time off, annual leave or make up the hours lost.

11.14 Holidays during Long Term Sick Leave

Employees on long term sickness are legally entitled to accrue and take statutory leave, but not contractual annual leave (European Working Time Directive) during sick leave. Any request to take such leave must be to the Manager in accordance with departmental leave notification arrangements. Managers should encourage staff who have a significant amount of accrued leave to consider this, for example where continued absence will affect pay. Managers should notify payroll directly requesting that annual leave pay is processed. This will not change an individuals' sick leave record on ESR but for those on E Rostering please contact the E Rostering team for advice.

Employees on long-term sick leave for all or part of the annual leave year are also entitled to any untaken statutory annual leave when they return to work, which might be in the next leave year.

Subject to sufficient leave being available for the current year, consideration should be given to utilising untaken annual leave as part of a phased return to work / rehabilitation period.

Where an individual retires or is dismissed on health grounds they will be entitled to be paid up for any statutory annual leave untaken during their sickness absence.

Alternatively if an employee's contract is terminated before they have had the opportunity to take their annual leave entitlement due to sickness, the employee is entitled to a payment in lieu at the normal rate of pay. Entitlement to a payment in lieu only arises on termination of employment.

11.15 Pregnancy related illness/sickness

For pregnant employees, non-pregnancy and pregnancy related sickness absence will be recorded in the normal way. Time off work due to a pregnancy related illness will be included when reviewing the employee's attendance record and triggers, but will not be counted towards any absence warning. All sickness absences, even if pregnancy-related, will be paid according to the employee's sickness entitlement, which remains unchanged.

A pregnant employee absent with a pregnancy-related illness must follow the normal absence reporting procedure and provide medical certification/fit note as would be required for non-pregnancy related illness. Their line manager will carry out a return to work meeting after a period of absence in order to provide support or to consider any adjustments that could be made to help the employee.

If the employee is off work with a pregnancy related illness during the last 4 weeks before the expected week of childbirth they may be required to start their maternity leave early. The Trust's Family Leave Policy will be followed in these circumstances.

OH advice may be sought to clarify pregnancy related absence; especially if absences are frequent; and/or where a pregnant employee requests a change of working pattern outside normal working arrangements, during pregnancy.

11.16 Unauthorised absence

Any absence that has not been notified according to the sickness absence reporting procedure will be treated as unauthorised unpaid absence and will be dealt with under the Trust's Disciplinary Policy.

11.17 Work Related Stress

Work-related stress is a major cause of occupational ill health nationally. This can lead to sickness absence, high staff turnover and poor performance in an organisation. Managing stress effectively can help the Trust, its employees and their representatives to proactively and reactively manage the issue of stress sensibly, and minimise the impact of work-related stress within the organisation.

The Trust is committed to ensuring that the health and wellbeing of its staff is not adversely affected by their work or working environment. It therefore adopts a positive policy towards health at work, including mental health. Please refer to the Trust's Stress Management Policy. Staff who report sick with work related stress should be referred to occupational health on all occasions.

12.0 Plan for implementation

The policy will be launched through the Trust via the intranet and Worcestershire Weekly.

13.0 Dissemination

The policy will be available for all staff via the Trust's HR Document library on the Intranet.

14.0 Training and awareness

Awareness of this Policy will be raised throughout the Trust. It will be included in Induction training and will also form an integral part of Management Development training

Specific training and awareness sessions will be provided as part of the implementation of the Policy to enable all managers and staff-side representatives to understand what is expected of them.

15.0 Monitoring and compliance

Monitoring Requirements	<ul style="list-style-type: none"> a) the application of the policy b) the number of staff who are absent and the actions to support them c) effectiveness of the policy in achieving a reduction in absence levels
Monitoring Method	Monthly reports from e-rostering, and ESR to monitor the absence rates in the Trust across departments/directorates, by staff group, gender, ethnicity, age, nationality, race, disability and any other protected characteristics.
Monitoring Prepared by	Human Resources
Monitoring Presented to	Absence rates and the application of the process are monitored via JNCC, TLG, and the People and Culture Committee
Frequency of Reporting	monthly

16.0 Policy Review

This policy will be reviewed in two years, or earlier in the light of any relevant legislative changes. The Human Resources Department will monitor the effectiveness of this policy in partnership with staff side colleagues/

17.0 References

References:	Code:
Leave and Pay Policy	
Redeployment Policy	
Family Leave Policy	
Management of Workplace Stress Policy	

Policy



**Worcestershire
Acute Hospitals**
NHS Trust

Substance Misuse Policy	
ACAS guide on Discipline and Grievances at Work	
Relevant health and safety legislation and Trust policies	
Equality Act 2010	



SELF- CERTIFICATION FORM

A. NOTIFICATION OF SICKNESS – TO BE COMPLETED BY THE SUPERVISOR/MANAGER ON EMPLOYEE’S FIRST DAY OF ABSENCE (for manager’s records only)

Name of Employee:

SURNAME:..... FIRST NAME:.....
(Mr/Mrs/Miss/Ms/Dr/Other)

JOB TITLE:..... DEPARTMENT:.....

Notification was received from the above at *am/pm (date)

To say they were suffering from

First date of sickness was.....Expected duration of absence*days/nights

Is absence a result of an accident/incident at work? *YES/NO - If answer is YES ensure Incident Form is completed (and attach copy)

Sickness reported by..... Message taken by.....

B. EVIDENCE OF SICKNESS – TO BE COMPLETED BY THE EMPLOYEE FOR SICKNESS ABSENCE OF 1 - 7 CALENDAR DAYS (INCLUSIVE)

I was unable to attend work wholly due to sickness or industrial injury on the following dates:

From:(date) To:.....(date)

The reason for my absence was (please describe symptoms – words like “illness” and “unwell” are not enough):

I reported my absence to:



(Complete the following as appropriate):

Although I returned to duty on, I became fit on.....(date)

*Was the absence a result of an accident/incident at work? *YES/NO*

If yes, please give date of accident:

*Was it reported to your supervisor?..... *YES/NO*

I understand that a false declaration could lead to loss of payment for the absence period and disciplinary action may be taken.

SIGNED:..... DATE:.....

RETURN TO WORK MEETING RECORD

A return to work meeting must be carried out every time the employee returns from sickness absence. This would normally take place within **48 hours** unless the manager required to conduct the meeting is not available in which case it should take place within a week.

Please refer to the Health and Wellbeing and Sickness Absence Policy for more information on how to hold a return to work discussion.

Date of Meeting				
EMPLOYEE DETAILS				
Full Name:				
Job Title:				
Ward/Department/ Directorate				
ABSENCE DETAILS				
Start Date of absence				
Date of return				
Reason for absence				
Dates of absences in previous rolling 12 month period				
Is the absence related to surgery, pregnancy or disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Did the employee notify the manager of the absence in accordance within the agreed reporting arrangements?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this absence part of an overall pattern?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has a fit Note been provided	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Policy



Has the employee got additional employment in or outside of the Trust? <i>(If Yes, please refer to the Trust's Additional Employment Policy)</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the employee undertaken any unpaid or paid work during the period of sick leave?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the employee undertaken any study or training during the period of sick leave?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are any reasonable adjustments required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has a phased return been implemented? If yes please detail below:				
<p>Has the employee met a trigger?</p> <ul style="list-style-type: none"> • 3 episodes in 6 months • 4 episodes in a rolling 12 month period • 6 working days in a rolling 6 month period or • 9 working days in a rolling 12 month period • Absence of 4 weeks or more • Where a pattern of absence is causing concern e.g. Friday/Mondays 				
Yes	<input type="checkbox"/>	If yes, refer to section 10.7 of the sickness absence management process to commence formal sickness process.	No	<input type="checkbox"/>
<p>If no advise of triggers and set improvement target.</p>				
Details of improvement target and review period agreed:				
<p>Is the employee's attendance currently being managed under the formal sickness process? If yes, at what stage i.e. stage 1, or stage 2 or long term absence procedure.</p> <hr/>				
Is a referral to Occupational Health and Wellbeing required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please complete the relevant referral form and send it to the Occupational Health and Wellbeing Service				
<p>Details of support offered to employee (actions agreed, including timescales) For example: Self Care course, signpost to wellbeing information on intranet, support from Staff Support Officer</p>				

Please include any additional information discussed at the return to work meeting

Has the employee been made aware of the consequences of further absence in accordance with the sickness absence management process?

Yes No

EMPLOYEE DECLARATION

I confirm that during the period of being unfit for work I did not undertake any unpaid or paid work, study or training which was not approved in advance and in writing by my line manager.

Yes No

I confirm that during the period of being unfit for work I undertook unpaid or paid work, study or training which was not approved in advance and in writing by my line manager.

Yes No

I confirm that I have had a conversation with my manager regarding being absent from work and undertaking unpaid or paid work, study or training

Yes No

I declare that this is a full and accurate account explaining the reason for my absence. I understand the consequences of further absence.

Signed Employee

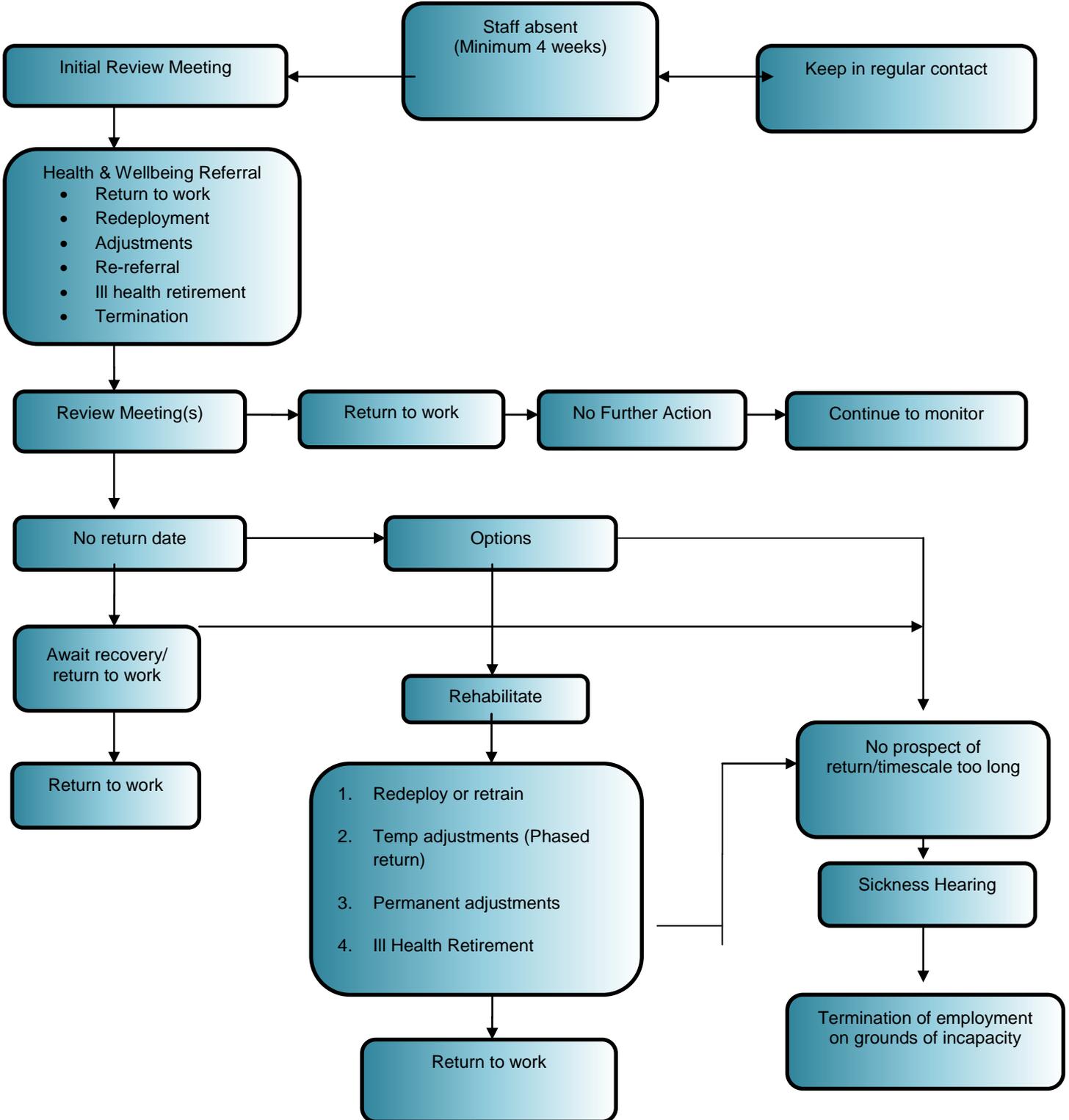
Date

Signed Manager

Date

This form should be retained on the personnel file – or alternatively a record could be kept on ESR.

MANAGING LONG TERM SICKNESS ABSENCE



PROCEDURE FOR SICKNESS HEARING**Appendix 5**

At the Hearing, the following procedure will be observed:

- The Chairperson of the Panel carries out introductions, identifying the role of each person, and explains the format of the meeting
- The manager or his/her representative shall state the management case and call any witnesses (if appropriate)
- The employee or his/her representative and members of the Panel shall be entitled to question any witnesses called
- The manager or his/her representative may re-examine the witnesses on any matters referred to in their examination by members of the Panel or by the employee or his/her representative
- The employee or his/her representative and members of the Panel shall be entitled to question the manager or his/her representative.
- The employee or his/her representative shall state his/her case and call any witnesses (if appropriate)
- The manager or his/her representative and members of the Panel shall be entitled to question any witnesses called
- The employee or his/her representative may re-examine the witnesses on any matters referred to in their examination by members of the Panel or by the manager or his/her representative
- The manager or his/her representative and members of the Panel shall be entitled to question the employee or his/her representative.
- The manager or his/her representative shall sum up
- The employee or his/her representative shall sum up last
- The Panel may at their discretion adjourn the meeting in order that either party may produce further evidence
- The manager/employee and their representative shall withdraw
- The Panel will re-call the manager/employee and their representative to give the outcome of the meeting

PROCEDURE - APPEALS HEARING

To appeal against dismissal the employee must write to the Director of People and Culture within 15 working days of the Hearing. Appeals against **Dismissal** will be heard by a Panel comprising at least one Director and a Senior Manager. A Human Resources representative will normally be present to provide appropriate advice to the Panel. No Panel member should have had any direct prior involvement in the case. At the Appeals Hearing, the following procedure will be observed:

The Chairperson of the Panel carries out introductions, identifying the role of each person, and explains the format of the hearing

The employee or his/her representative shall state their case and call any witnesses (if appropriate)

The manager or his/her representative may question the employee's witnesses, as may the Panel Hearing the Appeal

The employee or his/her representative shall have the opportunity to re-examine the witnesses if necessary on any matters referred to in their examination by the Panel/manager

The manager or his/her representative and members of the Panel shall be entitled to question the employee or his/her representative.

The manager shall present his/her case and call witnesses (if appropriate)

The employee or his/her representative may question the management's witnesses, as may the Panel Hearing the Appeal

The manager shall have the opportunity to re-examine the witnesses, if necessary, on any matters referred to in their examination by the Panel/employee

The employee or his/her representative and members of the Panel shall be entitled to question the manager or his/her representative.

The employee or his/her representative should sum up his/her case and the manager should sum up his/her case and this may include a reply to the employee's side

The Panel may question any party to clarify matters which are unclear

All parties other than the Panel should then withdraw and await the outcome of the Appeal

- The manager chairing the Appeal Panel will need to conclude whether to uphold, withdraw or amend the original decision
- The Hearing will resume to advise parties of the Panel's decision

Supporting Document 1 – Checklist for review and approval of key documents

This checklist is designed to be completed whilst a key document is being developed / reviewed.

A completed checklist will need to be returned with the document before it can be published on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	HR Policy
2	Title of document	Staff Health, Wellbeing and Sickness Absence Policy
	Is this a new document?	No – replaces previous Sickness Absence, Health and Wellbeing Policy
4	For existing documents, have you included and completed the key amendments box?	Yes
5	Owning department	Human Resources
6	Clinical lead/s	N/A
7	Pharmacist name (required if medication is involved)	N/A
8	Has all mandatory content been included (see relevant document template)	Yes
9	For policies and strategies, does the document have a completed Equality Impact Assessment included?	Yes
10	Please describe the consultation that has been carried out for this document	Divisions via HR Business Partners, Policy Working Group, JNCC
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Sickness Absence Health And Wellbeing Sickness Policy

Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.



1	<p>Step 1 To be completed by Clinical Governance Department</p> <p>Is the document in the correct format?</p> <p>Has all mandatory content been included?</p> <p>Date form returned ____/____/____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2	Name of the approving body (person or committee/s)	
	Step 2 To be completed by Committee Chair/ Accountable Director	
3	Approved by (Name of Chair/ Accountable Director):	
4	Approval date	____/____/____

Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.

Office use only	Reference Number	Date form received	Date document published	Version No.

Supporting Document 2 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origin	No	
	• Nationality	No	
	• Gender	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability	Yes	Provisions of Equality Act 2010 to be considered by Managers
	• Transgender	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	n/a	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	n/a	
6.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
7.	Can we reduce the impact by taking different action?	No	

If you have identified a potential discriminatory impact on this key document, please refer it to the Head of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Head of Human Resources.

Supporting Document 3 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	Yes for any modifications under the DDA/Equality Act
2.	Does the implementation of this document require additional revenue	Yes in terms of sick pay, cover and provision of staff occupational health, physiotherapy and counselling services
3.	Does the implementation of this document have any workforce implications	Yes in terms of cover for staff on long term sickness absence
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	Yes – training for managers in sickness absence and stress awareness. Training for staff in stress awareness and self care programme
	Other comments:	