# Managing Health and Sickness Absence Policy and Procedure

## Version 4

| Summary: | This procedure provides guidance on how sickness absence is managed in Southern Health NHS Foundation Trust. |
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| Author: | Priscilla Samuels, HR Advisor |
| | Anneliese Reynolds, HR Advisor |
| Accountable Executive Lead: | Paul Draycott, Executive Director of Workforce, Organisational Development and Communications |
## Version Control

### Change Record

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<td>Feb 2014</td>
<td>Rita Hawkshaw, HR Manager - Best Practice</td>
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<td>General update of terminology. General alignment of timelines and process with other workforce (employment relations) policies and procedures. Minor amendments in wording throughout – to enable management of sickness of an individual characterised by both short term and long term sickness absence.</td>
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## Reviewers/Contributors

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<th>Name</th>
<th>Position</th>
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<tr>
<td>Liz Skeats</td>
<td>Head of HR Integrated Community Services</td>
<td>V1, December 2012</td>
</tr>
<tr>
<td>Human Resources Team, Staff Side, Joint Consultative and Negotiating Committee, and Local Counter Fraud Specialists</td>
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<td>Rita Hawkshaw</td>
<td>HR Manager – Best Practice</td>
<td>V 2, November 2013</td>
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<tr>
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<td>Priscilla Samuels &amp; Anneliese Reynolds</td>
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</tr>
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1. Introduction

1.1 Southern Health NHS Foundation Trust (the ‘Trust’) aims to provide a safe and healthy work environment for its staff, applying appropriate measures to manage sickness to maximise the possibility to attend the workplace and minimise the impact of absence on service delivery.

In applying this Policy, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and foster good relations between people protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

1.2 This Policy and Procedure should ensure that managers and staff have every opportunity, wherever possible, to return to work and maintain attendance to support service delivery for our patients.

An overview of the ‘Managing Health & Sickness Absence Policy and Procedure’ is provided in a flowchart in Appendix 1.

1.3 Information and guidance is also available in the Managing Stress and Enhancing Wellbeing Policy and Procedure. There is also a section about Managing Disabilities in the Workplace in the Equality and Diversity Policy.

2. Scope

2.1 This Policy and Procedure applies to all staff directly employed by the Trust. This also includes trainees, secondees and staff on honorary contracts or on joint contracts with the Trust and another employer.

3. Definitions

For the purposes of the Managing Health & Sickness Absence Policy and Procedure the following definitions apply:

3.1 Sickness

3.1.1 The Trust recognises that there are many different causes of absence from work. However, sickness will be defined as an illness, injury or health problem experienced directly by the member of staff employed by the Trust or falling within one of the categories outlined within paragraph 2.1.

3.1.2 This Policy and Procedure does not differentiate between genuine and non-genuine absence, as it is assumed that every episode of sickness reported by a member of staff is genuine. All sickness absence will contribute to monitoring under this Policy and Procedure, unless stated otherwise in this document.

4. Roles and Responsibilities

4.1 Trust

4.1.1 The Trust will:
• Operate an occupational sick pay scheme which provides sick pay to staff that are genuinely unfit for work in accordance with their service entitlements. It is a condition of this scheme that staff do nothing to aggravate their condition and prejudice their return to work.

• Provide an Occupational Health service to which staff may be referred to enable professional medical opinion or advice may be obtained to facilitate a return to work or other decisions relevant to employment.

• Monitor levels of sickness/absence and make every effort to reduce these levels by investigating any underlying causes of high levels of sickness within jobs or job groups attributable to, for example, stress, high accident rates or health and safety hazards.

• Provide a free, confidential and accessible counselling and advisory service to all staff (Employee Assistance Programme (EAP)).

• Identify staff whose absence record due to sickness is excessive and investigate the circumstances, ensuring that all possible steps are taken to assist the member of staff to improve their attendance record and support a return to work.

• Ensure working conditions are as safe and healthy as possible and statutory requirements are met.

• Ensure that all staff are dealt with fairly, consistently and confidentially in accordance with the Trust’s agreed Policy and procedures for managing sickness absence.

• Ensure all staff are aware of the procedures for reporting sickness absence and the standards of attendance, which are expected of them.

• Ensure all staff whose attendance is of concern are given the opportunity and support to improve.

• Ensure all those involved in managing sickness absence receive training in the application of this Policy and Procedure.

4.2 Managers

4.2.1 Managers must:

• Have robust sickness absence reporting procedures in place and communicate these to all staff.

• Apply the guidance contained within this document in a consistent, equitable and supportive manner.

• Make informed decisions when managing a staff member’s sickness absence, based on the Human Resources and medical advice provided, available evidence and the needs of the service.

• Maintain, on a daily basis, accurate and up to date records of each employee’s absence. To ensure Payroll and Transactional HR have accurate absence information.

• Maintain the e-rostering system to accurately reflect staff attendance and respond to the system warnings when staff reach sickness absence triggers.
• Agree a plan of regular (e.g. weekly) telephone contact with staff whilst they are on sick leave.

• Employ a principle of actively planning, with the member of staff, for their return to work from the start of any absence and keep this under review.

• Carry out ‘Return to Work’ interviews after each occasion of absence, including half days and one day absences, within twenty-four (24) hours of a return, or as soon as reasonably practicable.

• To carry out a full and fair assessment of the ability of their service to accommodate a phased return to work within a GP’s ‘Fit Note’ or Occupational Health report.

• Check that there have not been any alterations on the ‘Fit Note’ and retain the original document or a copy of the ‘Fit Note’ on the member of staff’s local file. If a copy is kept the manager should note on the copy that they have seen and checked the original. Further guidance to support with this can be found in Guidance 2 within the Manager’s toolkit documentation.

• Show commitment to the health, safety and welfare of those in their teams, both physical and psychological.

• Consult with Human Resources before taking formal action related to the management of a disability.

• Seek clear, medical advice and medical evidence to assist in any decision making processes concerning a staff member’s health and their employment.

• Managers must inform the member of staff that an Occupational Health referral is being arranged.

• Involve the Occupational Health services especially in cases of stress/depression/anxiety (following other interventions), work related incidents and musculo-skeletal related illness. It is important that any referral made provides as much information as possible. The more information provided will equate to an enhanced report. Please visit the dedicated intranet page about the service Occupational Health provide along with helpful hints and support.

• Actively signpost the EAP service if staff are showing signs of distress/stress or anxiety.

• When a member of staff or a team indicate concerns about psychological wellbeing, e.g. rising levels of stress, coordinate a response and refer to the Trust’s Managing Stress and Enhancing Wellbeing Policy and Procedure.

• Constructively challenge Occupational Health reports that do not provide sufficient guidance relating to a clear way forward for the member of staff.

• Agree an action plan, with reasonable adjustments, to minimise and manage any potential sickness absence, if sickness absence has been raised as a concern.

• Maintain their expertise in the implementation and application of this Policy and Procedure.

• Communicate this Policy and Procedure to all their staff and include as standard as part of the induction for new starters.
• Be aware of the cost of absence for staff they manage, i.e. administration cost, replacements costs and salary costs.

• Managers should not expect staff to work from home while a staff member is on sick leave.

• Managers must inform the Trust’s Local Counter Fraud Specialists where they have a suspicion that any member of staff is undertaking secondary employment whilst claiming sick leave, or where there has been any unauthorised alteration to a ‘Fit Note’. The relevant HR Advisor should also be advised.

• With support of the Human Resources Team and People Development Team, explore ways that absence can be prevented or reduced. These include:
  o Health and Wellbeing Programme including ‘My Plan to live and work well’
  o Health and Safety
  o Appraisal
  o Resilience
  o Using metrics
  o The NHS Staff Survey
  o Engagement and communication

4.3 Staff

4.3.1 Staff must:

• In accordance with staffs’ contractual obligation, make every effort to attend work regularly.

• Be aware of the standards of attendance expected by the Trust.

• Understand the need to maintain attendance at work and the effect of the absence on the Trust’s ability to provide consistent, high quality care to service users.

• Familiarise themselves and adhere to the sickness absence reporting process for their service.

• Let their line manager know about any illness or condition that may affect them at work.

• Follow the terms of this Policy and Procedure and to be aware of other related policies.

• Engage with the line manager (or delegate) once a week during periods of sickness absence, unless in exceptional circumstances.

• Send in their fit notes to their line manager as soon as they receive them. If the fit note has expired, and the individual is still unfit to return to work, they must provide a further fit note covering consecutive days.

• Staff must contact their line manager on their last day of sickness to discuss their return to work plan.

• To complete, with their manager, a ‘Return to Work’ interview within twenty-four (24) hours of each episode of sickness absence, or as soon as reasonably practicable.
• Staff are expected to co-operate and participate in Occupational Health appointments and any other appointments in relation to their wellbeing.

• Staff should make use of the 24 hour, confidential counselling and advisory service, which is free of charge, should they start to experience high levels of stress or anxiety for any reason.

• Staff have the right to see referral documentation in relation to their Occupational Health report.

• Staff should not work from home when they are on sick leave.

• Staff should not work for another employer whilst claiming sick leave from the Trust. Any contravention of this will be treated as fraud against the Trust. The Trust’s Local Counter Fraud Specialists will be notified and this may be considered as gross misconduct in accordance with the Trust’s Disciplinary Policy and Procedure which could lead to summary dismissal. In exceptional circumstances this may be permitted if staff have obtained written agreement from their line manager in advance.

4.4 Human Resources

4.4.1 The Executive Director of Workforce, Organisational Development and Communications has delegated responsibility from the Board to ensure this Policy and Procedure is properly implemented and monitored.

4.4.2 The Human Resources Team has a responsibility to ensure that the Policy and Procedure is followed fairly and consistently. Their duties will involve:

• Actively engaging with services to minimise the impact of sickness absence on service delivery.

• Ensuring that managers are held to account for managing attendance effectively by raising concerns with their Line Manager.

• Providing training and guidance to managers on this Policy and Procedure, in agreement with, and supported by, the Trade Unions/Professional Bodies.

• Monitoring that all new staff receive pre-employment checks by Occupational Health before contracts of employment are issued.

• Providing regular reports on sickness absence to Management Teams, the Trust, Strategic Workforce Committee and Trust Board.

4.5 Occupational Health

4.5.1 Occupational Health will:

• Work in partnership with the Trust/managers and staff to improve attendance and performance.

• Undertake an impartial and objective assessment of the reasons for the absence (medical and non-medical).

• Provide advice on measures which will facilitate attendance.

• Provide advice to enable managers to make informed decisions.
• Support managers in making decisions.

4.6 Trade Unions

4.6.1 Trade Union representatives have an important role to play in providing advice, support and, if required, representation to their members and working in partnership with managers and the Human Resources Team in looking to ensure that the Trust’s Managing Health & Sickness Absence Policy and Procedure is applied reasonably and fairly.

5 Reporting sickness absence

5.1 All staff must ensure they follow their service/local sickness absence reporting procedure at the earliest opportunity (see Managing Sickness Absence Toolkit- Guidance 1) if they are unable to attend work. The use of text messaging and email when reporting sickness absence is not acceptable. At a minimum the member of staff must:

• speak to their Line Manager or nominated deputy;
• provide a reason for sickness absence;
• provide a likely date of return to work; and
• confirm their contact details to enable the Line Manager to maintain contact if the sickness absence is expected to last for longer than two (2) calendar days.

The Line Manager/administrator must ensure that the absence is recorded on the e-rostering system.

5.2 Line Managers should engage with staff, as appropriate, to ensure conversations, support and plans focus on a return to work.

Please note if the sickness absence is due to a work-related incident, stress, depression or musculo-skeletal related illness, the Line Manager must follow the action outlined in Section 8.

5.3 If absence is likely to last more than seven (7) calendar days, the Line Manager and staff member must agree how contact will be maintained on a regular basis (e.g. depending on the estimated length of absence, contact should be on a weekly basis). In exceptional circumstances, if a member of staff does not wish to have their Line Manager as their main point of contact, alternative arrangements must be agreed to ensure regular contact is maintained.

5.4 Staff are required to notify their Line Manager once they are fit to return to work, even if this falls on a day when they are not yet due to work. Failure to do so will extend the recorded length of the absence.

5.5 If e-rostering is available, sickness absence must be reported promptly, within forty-eight (48) hours, to ensure sickness absence reporting is accurate and payroll processing can take place.

5.6 Sickness absence for Medical staff should be recorded on the ePay system.

5.7 When the individual returns to work their attendance records must be amended immediately to reflect their return to avoid incorrect sickness absence reporting and the risk of incorrect payment. When using e-rostering, if this is input after the roster has been
closed a separate email must be sent to the Transactional Team advising them of the end date for the episode of sickness.

5.8 **Failure to Follow the Sickness Absence Reporting Process – unauthorised absence**

5.8.1 If staff fail to follow the sickness absence reporting process this may lead to absence being treated as unauthorised and/or unpaid leave. This may also lead to disciplinary action being taken against the member of staff.

5.8.2 For health and safety reasons the Line Manager will attempt to contact an individual to ascertain the reasons for absences. If there is not a reasonable explanation for the absence it may be appropriate to consider disciplinary action in line with the Trust’s Disciplinary Policy and Procedure.

5.8.3 If the Line Manager is unable to contact the individual and the individual then fails to attend work the following day without making contact, the manager should write (see Managing Sickness Absence Toolkit- Template 1) to the individual requesting that they make contact within one (1) week from the date of the letter.

6. **Fit note and proof of sickness**

6.1 **Absence for seven (7) calendar days or less** - staff can self-certify the absence. Self-certification is through the completion of the Return to Work Interview form (see Appendix 2).

6.2 **Absences lasting more than seven (7) calendar days** – staff must provide their Line Manager with a ‘fit note’ (formerly ‘sick note’) provided by their GP or registered medical practitioner, as a matter of urgency. Initially the original fit note must be presented so this can be checked for accuracy. Once these checks have been completed (please see Guidance 2) the original fit note or a copy must be placed on the employee’s local file. If a copy is kept the manager should write on the copy that the original has been seen and checked.

6.2.1 Fit notes should be sent to the Line Manager for review and action, if required. Line Managers are reminded that information given on the ‘fit note’ is advisory and is not binding on employers, although the Line Manager will need to make certain adjustments to accommodate staff with a disability (for further guidance on the ‘Fit note’, please refer to Managing Sickness Absence Toolkit- Guidance 2). It is necessary to retain a copy of the ‘fit note’ for the purposes of sickness management and this should be held securely.

6.2.2 In terms, of long term sickness absence, staff must send in their fit notes as soon as they receive them. If the fit note has expired, and the individual is still unfit to return to work, they must provide a further fit note covering consecutive days. Fit note with any alterations or amendments should be rejected or referred back to the GP.

6.2.3 If the staff member feels well enough to return to work before the expiry of the certificate, they would need to discuss this with their Manager to obtain agreement. Please refer to Guidance 2.

7. **Supporting a return to work plan and the return to work interview**

From the start of any sickness absence the Line Manager and member of staff, in partnership, must plan a return to work. To ensure that plans are relevant and updated this will require regular contact to update on the individual’s health condition to ensure the Line Manager can provide support and signposting to support a return wherever possible.
7.1 Return to work interview

7.1.1 The ‘Return to Work Interview’ is an important part of absence management and must be completed after all periods of sickness absence.

7.1.2 It is the Line Manager’s responsibility to ensure a ‘Return to Work Interview’ takes place within twenty-four (24) hours (or as soon as reasonably practical) upon the individual’s return to work.

7.1.3 The Line Manager must complete the ‘Return to Work Interview’ form (see Appendix 2) with the member of staff, either face-to-face or on the telephone. The completed forms must be securely retained in the member of staff’s local personal file as part of their attendance record and for future reference in absence reviews.

7.1.4 Before the ‘Return to Work Interview’ the Line Manager must familiarise themselves with the staff member’s current level of absence to assess if they have reached, or may be about to reach, a trigger point for formal action (e-rostering or the staff member’s local personal file will hold this information) or there is an emerging pattern of sickness that needs further discussion. This will also influence whether the Line Manager is advising the member of staff that they will be commencing the formal process in accordance with the Managing Frequent Short Term Sickness Absence Procedure (see Section 9).

7.1.5 Undertaking the ‘Return to Work Interview’ demonstrates the following (further guidance for managers is provided in the Managing Sickness Absence Toolkit- Guidance 3).

- an awareness of the individual’s absence whether through illness or other reasons;
- that managers are concerned about their staffs’ wellbeing; and
- that it raises awareness that absence is being actively managed and monitored.

7.1.6 It is important to remember the ‘Return to Work Interview’ is not a capability or disciplinary interview. Instead, the ‘Return to Work Interview’ provides Line Managers with an opportunity to start a dialogue with staff about underlying issues which might be causing the absence and agreeing actions to support attendance.

8. Managing a work related incident, stress, depression or musculo-skeletal related illness

8.1 If an individual is absent with a musculo-skeletal related illness, regardless of the duration of absence, the Line Manager should consider whether to refer to Occupational Health immediately, and may wish to take advice from HR about this. In order to reduce MSK related injuries, the Trust provide a fast track physiotherapy service for all staff. For more information please visit the dedicated intranet page.

For stress and depressive illnesses consideration should be given to other supportive measures such as stress risk analysis (see the Trust’s Managing Stress and Enhancing Wellbeing Policy and Procedure), management referral or self-referral to the Employee Assistance Programme or sign posting to other internal Health and Wellbeing Services such as italk, the Recovery College and Critical Incident Stress Management (see the Trust’s website for current information) prior to a referral to Occupational Health. If these interventions have not been successful or a member of staff remains off following other interventions, a referral to Occupational Health should then be considered, ensuring the referral details support provided so far.

Further information on ‘Accidents/Incidents at Work’ are provided in Appendix 3.
9. Managing frequent short term (sporadic) sickness absence

The following principles and procedures may refer to a combination of short-term and long-term episodes over 6 and 12 months and repeated episodes of long-term absence over a 3 year period.

9.1 Short term sickness absence - can be defined as an episode which could be:

- one single day; (please note, if a member of staff leaves work, due to sickness, before they have completed their working day, the manager should record the time that the member of staff is not at work as ‘other authorised absence’ on the roster including a note as to the reason for absence so that an informal record can be kept by the manager);
- a number of continuous days not exceeding 21 days.

9.2 Informal Process – Frequent Short Term (Sporadic) Sickness Absence

9.2.1 General Principles

9.2.1.1 Line Managers are responsible for informally monitoring their staff’s sick absences before absence triggers are hit as they will be aware of frequent patterns of absences or potential abuse of sickness absence. This should form part of the ‘Return to Work Interview’ process.

9.2.1.2 When reviewing an individual’s absence record, Line Managers should assess whether:

- the pattern of absence indicates the possibility of an underlying health problem which requires further investigation by Occupational Health;
- the pattern or frequency of absence suggests an abuse of sick leave may be occurring;
- the reasons for absence indicates a problem which may be work related; and/or
- given the nature of illness, consideration needs to be given to adjustments to prevent further absences.

9.2.1.3 Principles of Informal Sickness Absence Monitoring

These principles must be adhered to for informal monitoring and are outlined in Appendix 4.

9.2.1.4 Confidentiality and Data Protection

Confidentially will be maintained throughout the process, with all written records being collected, used and stored in accordance with the General Data Protection Regulations (GDPR). Only those involved in a staff member’s management of absence and attendance will have access to records and contents of meetings. Information sent electronically must be sent from a secure NHS.net email account to an NHS.net email account, where available.

9.3 Formal Process- Frequent Short Term (Sporadic) Sickness Absence

9.3.1 General Principles

9.3.1.1 The process is divided into two (2) stages:

- Stage One - Formal Monitoring
• Stage Two - Formal Review.

9.3.2. Frequent Short Term Sickness Absence Trigger to start the Formal Process

9.3.2.1 When an individual is absent from work on three (3) occasions over six (6) months or five (5) within a rolling twelve (12) month period, Line Managers should start the formal process.

9.3.2.2 The e-rostering system will notify Line Manager when staff reach the absence trigger. Where e-rostering is not currently being used, Line Managers should refer to staffs' local personal records.

9.3.3 Principles of Formal Meetings

These principles must be adhered to for all formal meetings and are outlined in Appendix 4. This includes the right for staff to be represented by a Trade Union representative or work colleague.

9.3.4 Stage One – Formal Monitoring

9.3.4.1 Stage One – Formal Monitoring Meeting

9.3.4.1.1 The Line Manager should arrange a Stage One – Formal Monitoring meeting with the individual, providing at least five (5) working days' written notice of the meeting (see Managing Sickness Absence Toolkit – Template 4).

9.3.4.1.2 The general purpose of the meeting is to:-

• Inform the staff member that their level of absence is a cause for concern and has reached the sickness absence trigger for formal action to commence.

• Discuss the impact that the absences are having on the individual’s work, the work of other colleagues, the operational efficiency and cost effectiveness of the department or service and on patient care.

• Provide an opportunity for the individual to review their sickness absence record and respond and comment on any mitigating factors or substantial reasons. Where an individual has been diagnosed with an underlying medical condition, further information is provided in Appendix 5.

• Try to establish the cause of the frequency/pattern of the absences and consider whether there could be an underlying health problem.

• Try to identify whether there are any environmental or other external factors contributing to the absences and if so what action could be taken to remedy the situation.

• Explore possible support and solutions.

• Discuss, identify and agree an action plan with a review date to support the improvement of attendance within an agreed and reasonable period of monitoring (given the individual’s circumstances under review).

Actions may include:-

• a management referral to Occupational Health, if appropriate,
signposting or management referral to the Employee Assistance Programme, Workplace Options (telephone number 0800 243458; email assistance@workplaceoptions.com),

- if the individual identifies difficulties or problems at work or home that they feel may be contributing to their absence, the Line Manager should if possible seek to assist the individual in addressing such problems,

- where the individual has not seen their GP; they may be advised to consult their GP to ascertain whether any medical treatment is required.

9.3.4.1.3 Please note, at this stage it may be appropriate to obtain advice from Occupational Health on whether or not there may be an underlying health problem affecting the employee’s ability to attend work on a regular basis. In such cases, it will be necessary to adjourn the meeting until a report is received. However, staff should not be automatically referred for a medical assessment at this stage, particularly where the absences are attributed to minor ailments.

9.3.4.1.4 The Line Manager will:-

Inform the individual that they will expect to see a sustained improvement in the individual's overall sickness absence to a level where absence is no longer a cause for concern, over an agreed and reasonable period of formal monitoring (normally this period of monitoring would be three (3) months, but can be less or more depending on the circumstances, and by a set review date).

If at any time the absences within the monitoring period trigger a further cause for concern the Line Manager may wish to bring forward the review.

- Discuss, identify and agree a supportive action plan to improve the level of attendance during the formal monitoring period.

- Where it is considered appropriate a manager may decide that additional duties i.e NHSP or overtime should be stopped whilst on formal monitoring.

- Advise the individual of the consequence if the actions are not achieved and attendance has not significantly improved by the review date. The likely consequence being the progression to Stage Two - Formal Review of the formal procedure, which may result in eventual dismissal, on the grounds of capability, due to an inability to attend work on a regular basis. Furthermore, the individual should be advised that Stage Two could be instigated earlier if their absence increases and is a cause for further concern

- Advise that a ‘Stage One - Formal Monitoring Review Meeting’ will be held on the set review date (see Section 9.3.4.2), to decide on further action.

9.3.4.1.5 The outcome and details of the Stage One – Formal Monitoring meeting should be confirmed in writing to the member of staff within five (5) working days of the meeting (see Managing Sickness Absence Toolkit- Template 5). The date for the Stage One – Formal Monitoring Review Meeting should also be confirmed in the letter.

A copy of the outcome letter must be emailed to the relevant HR Advisor for the Division

9.3.4.2 Stage One- Formal Monitoring Review Meeting

9.3.4.2.1 This meeting should have already been scheduled at/after the Stage One - Formal Monitoring Meeting (see Section 9.3.4.1.4). However, in cases where cause for concern brings forward the review, or other extenuating factors necessitate a change, at least five (5) working days’ notice should be given (see Managing Sickness Absence Toolkit- Template 6).
9.3.4.2.2 The purpose of the meeting is to assess the individual’s overall sickness absence levels, and progress against the Stage One supportive action plan and for the Line Manager to decide on further action.

9.3.4.2.3 Where long term sickness absence occurs during formal monitoring the absence will be reviewed as part of the overall absence levels and will be considered as part of the discussion regarding appropriate next steps.

9.3.4.2.4 The possible outcomes are:

- **Sickness absence has reduced and is no longer a cause for concern**: the individual’s sickness absence will be informally monitored for a further 12 months and ongoing support agreed. However if the individual’s sickness absence becomes a cause of concern during this period, a Stage Two - Formal Review will be instigated (see Managing Sickness Absence Toolkit – Template 12).

- **Sickness absences remain a cause for concern**: the individual will be given the opportunity to respond and comment, providing any mitigating factors or substantial reasons. Depending on the individual’s response, the Line manager will consider, with the Human Resources professional, whether to extend the Stage One – Formal Monitoring Period or instigate Stage Two – Formal Review.

9.3.4.2.5 The outcome should be confirmed in writing within five (5) working days (see Managing Sickness Absence Toolkit- Template 7). The letter will also advise that if sickness absence remains a cause for concern, within the following 12 month informal monitoring period this may lead to their eventual dismissal.

A copy of the outcome letter must be emailed to the relevant HR Advisor

9.3.5. **Stage Two – Formal Review**

9.3.5.1 The Line Manager should arrange a Stage Two – Formal Review meeting with the individual, providing at least five (5) working days’ written notice of the meeting (see Managing Sickness Absence Toolkit – Template 8).

9.3.5.2 The letter will confirm that a potential outcome of the Formal Review may be dismissal and that this will be chaired by a senior manager (who will have the Authority to Dismiss - see Managing Sickness Absence Toolkit – Guidance on Authority to Dismiss – Guidance 4). The panel will also consist of a Human Resources representative (of appropriate seniority and/or experience) to support the Chair.

9.3.5.3 On deciding the appropriate action, the Chair will objectively and fairly consider:

- The individual’s attendance record

- The effect that the absence is having on the operational efficiency, cost effectiveness of the department or service and patient care.

- Any relevant mitigating information from the member of staff and their representative.

- The line management’s case and collated evidence (e.g. Return to Work Interviews forms, meeting records, action plans, Occupational Health reports and written correspondence).

Please note, a Dismissing Manager’s brief is available from the Managing Sickness Absence Toolkit – Guidance 10.
9.3.5.4 To enable the Chair to consider the information/evidence presented, the meeting will be adjourned.

9.3.5.5 The potential outcomes that the Chair may consider are as follows:-

- Evidence suggests that sustained attendance at work is achievable within a reasonable timeframe. A supportive action plan should be agreed and the formal monitoring period extended (by a reasonable period given the individual's circumstances) with a set review date. On the set review date, a further Stage Two – Formal Review meeting should be scheduled.

- The Chair deems that the process has not been robust, fair and reasonable or there is insufficient evidence to inform a decision. The Stage Two – Formal Review should be rescheduled/adjourned (normally at a date no later than three (3) months from the original schedule Formal Review date) to enable the process to be rectified and adhered to/or further evidence gathered to enable an informed decision to be made.

- The individual presents mitigating factors or substantial reasons for cause of absence. The Chair may request that an action plan should be agreed with the Line Manager and the formal monitoring period extended (by a reasonable period given the individual's circumstances) with a set review date. On the set review date, a further Stage Two – Formal Review meeting should be scheduled.

- If the Chair deems the process followed has been fair and reasonable then they may decide to dismiss the individual on the grounds of capability, due to an inability to attend work on a regular basis. The individual is entitled to receive pay in lieu of notice, in accordance with their length of service and any outstanding annual leave.

9.3.5.6 Communicating the Outcome to the Member of Staff

- Once the Chair has reached a decision, the Formal Review meeting should be reconvened to inform the individual and their representative of the outcome.

- If dismissal is the outcome, the Chair will advise the member of staff and representative of their right to appeal. Details of who to be appeal to will be contained in the outcome letter.

- The Chair’s decision should be confirmed in writing to the individual within five (5) working days of the decision being verbally communicated (see Managing Sickness Absence Toolkit- Template 9).

9.3.6 Appeal

9.3.6.1 A member of staff has the right to appeal against a dismissal, to the next level of management in order to ensure fairness and natural justice. Any such appeal should be submitted in writing, using the ‘Notification of Appeal’ form (in Appendix 6) within 10 working days from receipt of the outcome letter (in Section 9.3.5.6).

9.3.6.2 When considering whether to raise an appeal the member of staff will need to consider on what grounds they will raise that appeal. The three (3) grounds on which an appeal can be based are outlined below:

- information arising that was not available at the time the decision was made and sanction applied;
- undue severity or inconsistency of the decision; and/or
- the Trust’s process and/or procedure have not been followed correctly.
9.3.6.3 An appeal is not a re-hearing and the Appeal Panel will not revisit evidence unless it can be clearly linked to the grounds for appeal outlined above.

9.3.6.4 The appeal will be heard as soon as possible, normally within thirty (30) calendar days from receipt of the individual’s intention to appeal.

9.3.6.5 The individual will be given at least five (5) days’ notice of the date of the hearing. (See Managing Sickness Absence Toolkit – Template 10).

9.3.6.6 Formal paperwork providing evidence for the grounds of appeal must be submitted by the individual no later than (5) working days before the Appeal Hearing, to the appropriate manager. The Chair of the Appeal Panel will forward this to the Management Representative (who was the Chair of the Formal Stage 2 Hearing) to enable them to provide a full response at the appeal hearing.

9.3.6.7 The Management Representative will be requested by the Chair of the Appeal Panel to prepare a management response to the appeal. This response should be submitted to the Chair of the Appeal Panel no later than five (5) working days before the appeal hearing. The Chair of the Appeal Panel will forward this to the appellant to enable them to provide a full response at the appeal hearing.

9.3.6.8 The role of the Appeal Panel is to consider the evidence presented from both sides and either uphold or reject the appeal.

9.3.6.9 The manager chairing the Appeal Panel will be an appropriate senior manager who has the authority to uphold or reject the appeal against a dismissal (see Managing Sickness Absence Toolkit – Guidance on Authority to Dismiss – Guidance 4). The Panel will also consist of a Human Resources representative and the Chair may choose to appoint a Specialist / Professional Advisor to support their decision making during the meeting. The Appeal Panel will not include anyone involved in previous stages of this process.

The Appeal Chair will identify an appropriate person to act as note-taker. For matters of efficiency the Trust may choose to record the hearing and retain a copy of the recording or typed transposed notes.

9.3.6.10 The individual has the right to representation at the hearing by their Trade Union representative or work colleague employed by the Trust (not a relative).

9.3.6.11 At this hearing the individual will present the grounds of their appeal, with support from their representative as appropriate.

9.3.6.12 The Chair of the Stage 2 Formal Review meeting will respond to the grounds for appeal and may choose to invite witnesses to substantiate their responses.

9.3.6.13 The Appeal Panel will ask questions as points of clarification throughout the meeting. They will adjourn once they have heard all the evidence to make a decision.

9.3.6.14 The Appeal Chair will adjourn the hearing to reach a decision and, should a decision be possible on the day, inform the appellant and their representative of the outcome verbally.

9.3.6.15 The outcome of the Appeal Hearing will be confirmed in writing within five (5) working days (See Managing Sickness Absence Toolkit – Template 11).

9.3.6.16 If the Appeal Panel cannot provide a decision on the day of the appeal an outcome will be communicated within five (5) working days.
9.3.6.17 Where requested, a copy of the meeting notes will be provided either as a photocopy of the handwritten notes, a typed transcript or a copy of the recording.

9.3.6.18 The outcome of the appeal is final.

10. Managing long term sickness absence

10.1 General Principles

10.1.2 Long term sickness absence is classified as absence for a continuous period lasting twenty one (21) days or more, or for recurrent periods of time for the same reason.

10.1.3 Staff on long term sickness must be actively managed and engaged with, regardless of the nature of the absence, by their Line Manager with the main aims being to maintain positive relationships, to support the staff member and facilitate their return to work as soon as possible.

10.1.4 There are three key phases to managing a member of staff’s long term sickness absence:-

- managing the individual’s absence from work;
- managing their return to work; and
- providing support and manage any on-going related absences.

10.1.5 Reviews

The Line Manager must maintain regular contact and carry out reviews with the member of staff, with input, advice and support from a Human Resources professional and up-to-date Occupational Health reports/advice.

The reviews will need to take into account factors such as whether or not:-

- the staff member has a specified return to work date;
- continued absence appears likely for the near future but with an eventual return to work;
- the current absence relates to previous episodes of short or long term sickness
- the member of staff is already being monitored for short term sickness absence
- on returning to work whether any adjustments need to be made either on a temporary or permanent basis; and
- whether the individual will be fit to return to the same role or any other role.

Line Managers must document the reviews.

10.1.6 Further information on ‘Keeping in Touch with an absent member of staff’ is provided in Managing Sickness Absence Toolkit – Guidance 5.

10.1.7 Where long term sickness interlinks with short term sickness monitoring, a review period can be set on return from long term sickness in line with the process in 9.3.4.2.

10.1.8 Please note, staff on long term sickness who have a Trust lease car should refer to Appendix 11.
10.1.9 Principles of Informal Meetings

These principles must be adhered to for all informal meetings and are outlined in Appendix 4.

10.1.10 Availability to Attend Meetings and Occupational Health Appointments

10.1.10.1 Staff are reminded that they remain employed by the Trust and should make themselves readily available to attend meetings with their Line Manager either in person or on the telephone. In exceptional circumstances, if the Line Manager is not the preferred contact of the member of staff, then a nominated deputy line manager will work with them during their period of sickness absence.

10.1.10.2 Where an individual is referred to Occupational Health for an appointment, there is an expectation that they will attend. If the member of staff is unable to do so, permission may be sought, from the Line Manager and Human Resources professional, to obtain an opinion from their general practitioner or medical specialist, however this will be in exceptional circumstances only.

10.2 Long Term Sickness Absence

10.2.1 The Line Manager should make an Occupational Health referral, if it is appropriate. It is important that any referral made provides as much information as possible. The more information provided will equate to an enhanced report. Please visit the dedicated intranet page about the service Occupational Health provide along with helpful hints and support.

10.2.2 The staff member must be informed of the reasons for the referral, which should be discussed fully with them by their Line Manager and preferably a copy of the referral provided to them.

10.2.3 Details of the appointment will be arranged via the Line Manager through the occupational health online system. The member of staff should make the Line Manager aware of any non-availability to facilitate arranging the appointment.

10.2.4 The Line Manager should review the Occupational Health report (when applicable). The report will provide guidance on the date at which a member of staff will be fit to return to the workplace and/or whether they are fit to return to their substantive post. Specifically the report should address the following issues:-

- Is the individual medically fit to fulfil the requirements of the post and will a return to their substantive role be possible and by when;
- Is the individual medically fit to fulfil the requirements of the post and will a return to their substantive role be possible with adjustments;
- If the individual is medically unfit to fulfil the requirements of their substantive role, could they undertake a different role/redeployment;
- The individual will be medically unfit and adjustments and redeployment are not viable options.

Possible course of actions for a return to work include:-

- **Rehabilitation** – appropriate treatment interventions are supported to enable a return to work.
• **Graduated/phased return to work** – a short-term graduated/phased return to normal duties/hours.

• **A return to work with or without adjustment** - there may be circumstances where an individual’s ill health/disability prevents them from undertaking their full duties within their job role but does not result in them having sickness absence. Where reasonable adjustments can be considered or made on a temporary or permanent basis, these will be accommodated.

• **Redeployment with or without adjustments** – return to work but redeployed in suitable alternative employment on a permanent basis, where such employment can be identified and Occupational Health advise that the individual is capable of undertaking the duties of the post.

Further information and guidance on graduated/phased return to work, reasonable adjustments and redeployment is provided in Managing Sickness Absence Toolkit – Guidance 6

10.2.4.1 **Ill Health Retirement and Injury Allowance**

An application by the individual for Ill Health Retirement Benefit, or an Injury Allowance may be considered (see Managing Sickness Absence Toolkit – Guidance 7, Factsheet 1 and Guidance 8, respectively), where appropriate and alongside the (in)formal management of long term sickness absence.

10.2.4.2 **Critical, Progressive and Life-Threatening or Terminal Illness**

10.2.4.2.1 For a member of staff with a critical, progressive and life-threatening or terminal illness particular sensitivity and a degree of flexibility should be shown when managing an individual in accordance with this procedure.

10.2.4.3.2 Open discussions should take place to manage expectations in relation to the management of sickness absence. Every opportunity will be explored to return them to work, within the context of their condition. The broader options, support and benefits available to them as time progresses should also be explored. A time-bound plan should be agreed to manage the ongoing sickness absence, review capability to work and when specific steps may need to be taken. Help and advice for managers supporting staff in these circumstances is available via both the Trust’s Employee Assistance Provider - Workplace Options (via the Manager Assist) and Occupational Health. Further details are available from the Trust website.

10.2.4.3.3 The timescales for the management of absence outlined in this procedure still apply. Line Managers can seek advice from a Human Resources professional and further guidance is available in Managing Sickness Absence Toolkit – Guidance 9.

10.2.5 **Informal Meeting**

The informal meeting can be held over the phone if necessary as long as it is followed up with the appropriate outcome letter.

10.2.5.1 Line Managers should:

- Discuss the feasible ‘return to work’ options (outlined in Section 10 10.2.4.1) and

- Agree a ‘return to work’ plan for the individual and agree how this will be managed, implemented, and monitored as well as how the individual will continue to be supported.
10.2.5.2 If awaiting additional medical advice, the Line Manager should arrange a further informal meeting in which to consider the further medical advice.

10.2.5.3 There are situations when:-

- a staff member’s absence appears to be of an indefinite duration; or
- no feasible return to work options exist within the service; or
- the individual is medically unfit and adjustments and redeployment are not viable options.

Under these circumstances, Line Managers should refer to Section 10.2.6.

10.2.5.4 The details and ‘return to work’ plan and the informal meeting should be recorded using the ‘Record of Informal Meeting’ in the Managing Sickness Absence Toolkit – Template 2. This should be securely retained, by the Line Manager, in the individual’s local personal file and used for review of the agreed return to work plan. The Line Manager should provide a copy to the staff member.

10.2.5.5 The meeting outcome should be confirmed in writing within five (5) working days (see Managing Sickness Absence Toolkit- Template 13).

10.2.6 Possible Outcomes of the Informal Process

10.2.6.1 Return to work is achieved – as agreed in the ‘return to work’ plan. The Line Manager should continue to monitor the return to work and support the individual.

10.2.6.2 Return to work has not been achieved after two (2) months absence - If none of the ‘return to work’ options outlined in Section 10.2.4.1 appear achievable or the return to work has been unsuccessful, the issue of an individual’s capability will need to be considered especially when their future ability to carry out their duties is uncertain or where the impact of the length of their absence is affecting the efficiency or costs of delivery of services.

10.2.6.1.1 The Line Manager should arrange a Stage One - Formal meeting with an up-to-date Occupational Health report.

The purpose of the formal meeting is to provide ongoing support and for the Line Manager to decide on further supportive action.

10.3 Formal Process – Long Term Sickness Absence (after two (2) months consecutive absence)

10.3.1 General Principles

10.3.1.1 The process is divided into two (2) stages:

- Stage One - Formal Review
- Stage Two - Formal Review

10.3.1.2 Principles of Formal Meetings

These principles must be adhered to for all formal meetings and outlined in Appendix 4.
10.3.2 Stage One – Formal Review

10.3.2.1 The Line Manager should arrange a Stage One – Formal meeting with the individual, providing at least five (5) working days’ written notice of the meeting (see Managing Sickness Absence Toolkit – Template 14).

10.3.2.2 Preparing for the Stage One - Formal Meeting

10.3.2.2.1 The Line Manager should base the Stage One meeting on an up-to-date Occupational Health report, which should address issues outlined in Section 10.2.4.1.

10.3.2.2.2 Prior to the meeting, based on the contents of the Occupational Health report, the Line Manager should discuss the ‘return to work’ options with a Human Resources professional. Possible course of actions are outlined in section 10.2.4.1.

10.3.2.3 Stage One – Formal Meeting

10.3.2.3.1 Line Managers should use the Occupational Health report as a basis for the following discussions with the member of staff:-

- Discuss the feasible ‘return to work’ options (outlined in Section 10.2.4.1 and discussed with an Human Resources professional); and

- Agree an updated ‘return to work’ plan for the individual and agree how this will be managed, implemented, and monitored as well as how the individual will continue to be supported. If a return to work is not possible at this time the timescale for when this will be formally reviewed will be agreed, taking account of any Occupational Health advice and the actions/ treatment/ interventions required to happen i.e. redeployment search, ill health retirement applications may necessitate longer review periods than cases where these options are not required.

10.3.2.3.2 If awaiting additional medical advice, the Line Manager should arrange a Stage One-Formal meeting in which to consider the further medical advice.

10.3.2.3.3 There are situations when:-

- a staff member’s absence appears to be of an indefinite duration and Occupational Health are unable to specify a return to work date; or
- no feasible return to work options exist within the service; or
- the individual is medically unfit and adjustments and redeployment are not viable options.

Under these circumstances, Line Managers have the option to progress to Section 10.3.3

10.3.2.3.4 The Line Manager should also advise the individual, that if return to work has not been achieved or return to work has been unsuccessful within the timescales set, then the Line Manager will convene a ‘Stage One – Formal Review meeting (see Section 10.3.2.4) to decide on further action.

10.3.2.3.5 The outcome should be confirmed in writing within five (5) working days (see Managing Sickness Absence Toolkit- Template 15).

10.3.2.4 Stage One- Formal Review Meeting

10.3.2.4.1 The Line Manager should arrange a ‘Stage One-Formal Review’ meeting with the individual, with an up-to-date Occupational Health report, where a return to work has not
been achieved or return to work has been unsuccessful. At least five (5) working days' written notice of the meeting should be provided to the member of staff (see Managing Sickness Absence Toolkit – Template 16).

10.3.2.4.2 The purpose of the meeting is to revisit and review the ‘return to work’ plan/options with the individual and for the Line Manager to decide on further action.

10.3.2.4.3 The possible outcomes include:

- **Return to work is achievable within a reasonable timeframe.** An updated return to work plan and reasonable timeframe should be agreed. If return to work is not achieved within this timeframe, a Stage Two – Formal Meeting will be convened. Where long term sickness interlinks with short term sickness monitoring a review period can be set upon return from long term sickness in line with the process in 9.3.4.1

- **Return to work is not achievable within a reasonable timeframe.** The individual will be given the opportunity to respond and comment, providing any mitigating factors or substantial reasons and an up-to-date Occupational Health report. Depending on the individual’s response, the Line Manager will consider, with the Human Resources professional, whether to extend the Stage One – Formal Review process or convene a Stage Two – Formal Meeting.

10.3.2.4.4 The outcome should be confirmed in writing within five (5) working days (see Managing Sickness Absence Toolkit- Template 17). Where a Stage Two - Formal meeting will be convened, the letter will also advise that a possible outcome may be dismissal on the grounds of capability due to ill health.

10.3.3 **Stage Two – Formal Meeting**

10.3.3.1 The Line Manager should arrange a Stage Two – Formal meeting with the individual, providing at least five (5) working days’ written notice of the meeting (see Managing Sickness Absence Toolkit – Template 18).

10.3.3.2 The letter will confirm that a potential outcome of the Formal Review may be dismissal and that this will be chaired by a senior manager (who will have the Authority to Dismiss - see Managing Sickness Absence Toolkit – Guidance on Authority to Dismiss – Guidance 4). The panel will also consist of a Human Resources representative (of appropriate seniority and/or experience) to support the Chair.

10.3.3.3 On deciding the appropriate action, the Chair will objectively and fairly consider the following:-

- All ‘return to work’ options were thoroughly considered.

- The effect that the absence is having on the operational efficiency, cost effectiveness of the department or service and patient care.

- The individual's absence record – whether or not it is sufficient when considered in context to justify dismissal.

- Any relevant mitigating information from the staff member and their representative.

- The line management's case and collated evidence (e.g. meeting records, return to work action plans, Occupational Health reports and written correspondence).
• All reasonable efforts have been made to obtain appropriate and up-to-date medical evidence regarding the individual’s ill health including reports from Occupational Health who may have advice from the individual’s GP/Consultant.

• Advice has been sought from Human Resources.

• The individual has been consulted at all times and has been warned that a potential outcome of their ongoing absence may lead to dismissal.

• Whether in the circumstances, a reasonable employer could be expected to wait any longer.

Please note, a Dismissing Manager’s brief is available from the Managing Sickness Absence Toolkit – Guidance 10.

10.3.3.4 To enable the Chair to consider the information/evidence presented, meeting will be adjourned.

10.3.3.5 The potential outcomes that the Chair may consider are as follows:-

• Evidence suggests that return to work is achievable within a reasonable timeframe. An updated return to work plan and reasonable timeframe should be agreed and a further formal meeting held. If return to work is not achieved within this timeframe, a Stage Two – Formal meeting should be scheduled.

• The Chair deems that the process has not been robust, fair and reasonable or there is insufficient evidence to inform a decision. The Stage Two – Formal meeting should be rescheduled/adjourned (normally at a date no later than three (3) months from the original scheduled Formal meeting date) to enable the process to be rectified and adhered to/or further evidence gathered to enable an informed decision to be made.

• The individual presents mitigating factors or substantial reasons affecting absence/return to work. The Chair may request that an updated return to work plan should be agreed and a further formal meeting held. If return to work is not achieved a Stage Two – Formal Review Meeting should be arranged.

• If the Chair deems the process followed has been fair and reasonable then they may decide to dismiss the individual on the grounds of capability, due to ill health. The individual is entitled to receive pay in lieu of notice, in accordance with their length of service and any outstanding annual leave.

10.3.3.6 Communicating the Outcome to the Member of Staff

• Once the Chair has reached a decision the Formal Review meeting should be reconvened to inform the individual and their representative of the outcome.

• If dismissal is the outcome, the Chair will advise the member of staff and representative of their right to appeal. Details of who to appeal to will be contained in the outcome letter.

• The Chair’s decision should be confirmed in writing to the individual within five (5) working days of the decision being verbally communicated (see Managing Sickness Absence Toolkit- Template 19).
10.3.4 Appeal

10.3.4.1 A member of staff has the right to appeal against a dismissal. The appeal process is outlined in Section 9.3.6.

11 Staff at work with an underlying health condition

11.1 If a member of staff is at work with an underlying health condition that is impacting on their ability to fulfill their duties but they are not hitting any of the sickness absence triggers as described in sections 9.3.4 and 10.2 then the manager should follow the same process as that outlined in section 10.2 for Long Term Sickness Absence. Please contact your HR Advisor for further advice regarding this.

12. High levels of sickness over multiple years

12.1 If a staff member shows a repeated pattern of absence over multiple years but does not necessarily hit the sickness absence triggers as described in sections 9 and 10, which is a cause for concern, it may still be appropriate to have recourse to management under the guidance of this policy to ensure support is provided to address. In certain circumstances it may also be appropriate to deal with patterns of sickness absence under alternate Trust policies where this is identified as either a conduct or capability concern.

13. Further information related to managing sickness absence

13.1 The following information can be found in the appendices:-

- Phased return/adjusted duties/redeployment (see Appendix 6)
- Sick pay (see Appendix 7)
- Annual leave and sickness absence (see Appendix 8)
- Other absences (see Appendix 9)
- Absence and secondary employment (see Appendix 10)
- Long term sickness absence and lease cars (see Appendix 11)

14. Monitoring Compliance

14.1 Human Resources (HR) will monitor and analyse data on a quarterly basis. HR will use the data to monitor the implementation of the policy and management of cases. In addition, the data will be collated and analysed for information regarding the reasons for absences, by specifically reviewing patterns and frequency of absences occurring.

14.2 Subsequently, the data will be used to inform and improve policies, as well as provide recommendations for improving working practices. HR will provide relevant reports, based on this data, to the Strategic Workforce Committee (SWC), Executive Board and the Joint Consultative and Negotiating Committee (JCNC).

15. Policy Review

15.1 The Policy and Procedure contained within this document will be in place for three years following approval of a review and amendments. An earlier review can take place should exceptional circumstances arise resulting from this policy, in whole or in part, being insufficient for the purpose and/or if there are legislative changes.
16. **Associated Documents**

- Annual leave Policy and Procedure
- Bullying and Harassment Policy and Procedure
- Disciplinary Policy and Procedure
- Equality, Diversity and Human Rights Policy
- Grievance Policy and Procedure
- Managing Performance (Capability) Policy and Procedure
- Managing Stress and Enhancing Wellbeing Policy and procedure
- Workforce Investigation Policy and Procedure
- Equality Act 2010
- Managing Attendance and Employee Turnover (ACAS 2005)

17. **Supporting references**

- [www.acas.gov.uk](http://www.acas.gov.uk) Advisory, Conciliation and Arbitration Service (ACAS) promotes employment relations and HR excellence.
18. Equality Analysis Form

The Equality Analysis is a written record that demonstrates that you have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by the Equality Act 2010.

<table>
<thead>
<tr>
<th>Name of policy/procedure</th>
<th>Managing Health &amp; Sickness Absence Policy and Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and job title of person completing the assessment:</td>
<td>Sarb Birk: Diversity and Inclusion Lead</td>
</tr>
<tr>
<td>Date of assessment:</td>
<td>10/03/2019</td>
</tr>
<tr>
<td>Responsible department:</td>
<td>Human Resources</td>
</tr>
</tbody>
</table>

EIA Summary

1. The document provides guidance on how sickness absence is managed in Southern Health NHS Foundation Trust.

2. The policy and procedure exists to help promote fairness, order and consistency in the treatment of all Southern Health employees.

3. The HR team are reviewing the trusts Sickness Absence Policy and Procedure.

4. The Sickness Absence Policy and Procedure exists to promote fairness, order and a consistency approach in the treatment of Southern Health employees.

5. The Policy and Procedure focuses on the importance of the organisational values and this is embedded throughout each section of the document.

6. The Trust has embedded diversity and inclusion programmes and will strengthen this further with the launch of staff diversity networks and embedding the principles of the Equality Act 2010, Human Rights Act and associated national equality frameworks in the delivery of People development programmes.

7. Applied to all protected characteristics: All staff are entitled to have fair and equal treatment in regards to Sickness and Absence.

Who was involved in the consultation of this document?

Human Resources Team: March 2019

An impact assessment is a process of identifying and removing any barriers (arising from policy or practice) that may cause discrimination against a protected group: Please describe the positive and any potential negative impact of the policy on service users or staff. In the case of negative impact, please indicate any measures planned to mitigate against this by completing stage 2. Supporting Information can be found be following the link: www.legislation.gov.uk/ukpga/2010/15/contents
<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Equality Analysis</th>
<th>EIA Impact</th>
</tr>
</thead>
</table>
| Age                      | • Southern Health has 100% workforce equality monitoring to age;  
                        | • The trust has an ageing workforce and the largest age group is within the 45-55 age range;  
                        | • The Managing Health & Sickness Absence Policy and Procedure demonstrates due regard to eliminate unlawful discrimination as it focuses on behaviours that champion the organisational values.  
                        | • The Policy highlights the importance of ensuring that managers and staff have every opportunity, wherever possible, to return to work and maintain attendance. | Positive Impact |
| Disability               | • The Trust has 90% workforce equality monitoring to disability;  
                        | • 5% of the workforce has declared ‘yes’ to disability  
                        | • The Trust launched a Staff Disability Equality Network in December 2019 to champion delivery of the WDES.  
                        | • Analysis of the NHS Staff Survey results shows that the experience of disabled staff must be improved. The Policy will aim to offer a personalised and sensitive service to enable conversations to improve staff engagement and experience with a new focus on health and wellbeing.  
                        | • The Policy states that Human Resources need to be consulted before any formal action is taken related to the management of disability. This shows that there is consideration given to the requirements that staff with a disability may have. | Positive Impact |
| Gender reassignment      | • The Trust have launched an LGBT+ Staff Equality network in February 2019.  
                        | • The policy states that the organisation will have due regard for the need to eliminate unlawful discrimination and promote equality to those undergoing gender reassignment.  
                        | • There may be instances where staff who are in process of gender re-assignment take sick leave. This needs to managed appropriately and sensitively with the member of staff. | Positive Impact |
| Marriage & civil partnership | • The Trust has 100% workforce equality monitoring to Marriage and Civil Partnership  
                        | • The Policy requires the exploration of ways that absence can be prevented or reduced in terms of Health and Wellbeing including “My Plan to Live and work well” programme. | Positive Impact |
| Pregnancy & maternity    | • The Trust has 100% workforce equality monitoring to Pregnancy and Maternity.  
                        | • The policy enables a conversation on staff health and wellbeing with staff who are pregnant or on maternity leave. Appropriate risk assessments will be undertaken to support pregnant staff who return to work following sickness absence.  
                        | • The policy makes reference to the Trust’s Maternity, Paternity and Adoption Policy and Procedure and the importance of referring to this in regards to Pregnancy related absence. | Positive Impact |
Race

- The Trust has 90% workforce equality monitoring to Race;
- The 2018 Diversity Scorecard has shown BME staff are less likely to be absent from work related to sickness compared to the total BME workforce.
- The Trust has launched a Staff Race Equality Network in February 2019 to champion delivery of the WRES. The Appraisal will enable a conversation to further strengthen the Trust race equality journey and demonstrate due regard to the requirements of the PSED.

Positive Impact

Religion/Belief

- The Trust has 90% workforce equality monitoring to Religion/Belief;
- The Policy states the importance of looking at each individual circumstance and the importance of preventing any discrimination on the grounds of Religion/Belief.

Positive Impact

Sex

- The Trust has 90% workforce equality monitoring to Sex;
- A negative impact has been reported as the workforce diversity scorecard reports an under-representation of women in Band 8a and above and a Gender Pay Gap of 18% in 2018.
- The Policy states the importance of looking at each individual circumstance and the importance of preventing any discrimination on the grounds of Religion/Belief.

Positive Impact

Sexual Orientation

- The Trust has 90% workforce equality monitoring to Sexual Orientation;
- The Trust will launch an LGBT+ Staff Equality network in February 2019;
- The Trust was a sponsor of Pride in 2018 promoting Southern Health as an inclusive employer and opportunities to join the organisation;

Positive Impact

---

### Stage 2: Full impact assessment

<table>
<thead>
<tr>
<th>What is the impact?</th>
<th>Mitigating actions for negative impacts</th>
<th>Recommended Action for inclusion in Sickness Absence Policy.</th>
</tr>
</thead>
</table>
| Understanding individual roles and responsibilities to delivering equality and   | 1. EDHR Policy  
2. EDHR Training  
3. Equality Standard and associated equality frameworks  
4. Staff Engagement and Inclusion programme 2019/20 | How does equality and diversity impact on the service I deliver in regard to:  
1. Better health outcomes for all  
2. Improved patient access and experience  
3. Staff engagement and experience  
4. Inclusive leadership |
| diversity in everything we do                                                    |                                                                                                         |                                                                                                        |

---

Positive Impact
Appendix 1 – Overview of the Managing Health & Sickness Absence Procedure

**SH HR 54** Managing Health & Sickness Absence Policy & Procedure
Version 4
April 2019

**Key:**
SM – staff member
LM – Line Manager
OH – Occupational Health
RTW – Return to Work

---

**SH HR 54** Managing Health & Sickness Absence Policy & Procedure
Version 4
April 2019

**Appendix 1** – Overview of the Managing Health & Sickness Absence Procedure

**Reporting of sickness absence**

- Absence for 7 days or less – self-certification required (via RTW form)
- Absence for more than 7 days – Fit note required

**Supporting Return to Work Plan & Return to Work Interview**

Informal Process
LM is responsible for informally monitoring their staff’s sick absences (primarily via RTW interviews) before absence triggers are hit.

- Frequent Short Term Sickness Absence Triggered to start the Formal Process
  - 3 in 6 months or 5 in 12 months

**Stage 1: Formal Monitoring Meeting (invite letter – template 4, outcome letter – template 5)**
LM agrees action plan, monitoring period & review date
- Informs of consequence

If absences during the monitoring period is a further cause for concern the LM can bring the review forward (invite letter – template 6)

**Stage 1: Formal Monitoring Review Meeting (outcome letter – template 7)**
LM review & decides on outcome further action.

- If absences during the monitoring period is a further cause for concern the LM can bring the review forward
  - Attendance remains a cause of concern?

**Stage 2: Formal Meeting (invite letter – template 8, outcome letter – template 9)**
Possible outcomes: - Formal monitoring extended - Formal Review to be rescheduled due to procedural issues - Dismissal, with the Right to Appeal

**Stage 1: Formal Review Meeting (invite letter – template 16, outcome letter – template 17)**
LM continues to monitor RTW and support SM

**Stage 1: Formal Review Meeting (outcome letter – template 13):**
Based on OH report (where applicable), LM & SM discuss:
- Feasible RTW options
- Agree RTW plan
If necessary - Informal Review Meeting informed by an updated OH report:
LM arranges only if RTW has not been achieved OR unsuccessful, to

**Stage 2: Formal Meeting (invite letter – template 18, outcome letter – template 19)**
Possible outcomes:
- RTW plan agreed and/or a formal review meeting required
- Formal Review to be rescheduled due to procedural issues
- Dismissal, with the Right to Appeal

**Line Management regular contact & referral to OH**

Return to Work

**Return to Work within 2 months?**

- No further action
- Monitor 12 months and review (invite letter – template 12): Attendance becomes a cause of concern?
- Extend formal monitoring period

**No**

**Yes**

**Return to Work?**

- Yes
- Extend formal monitoring period OR
- No

**Return to Work**

- No
- LM continues to monitor RTW and support SM

**RTW successful?**

- Yes
- LM continues to monitor RTW and support SM

**OR**

**No**

---

SH HR 54 Managing Health & Sickness Absence Policy & Procedure
Version 4
April 2019
### Return to Work Interview and Plan

**Instructions for completion:** Line Managers must complete every section. ‘N/A’ should be recorded where no actions are required – this is to confirm that actions have been considered.

**Part 1: Record of Absence**
To be completed by Line Manager/Supervisors/Administrator at the time of receiving notification of absence.

<table>
<thead>
<tr>
<th>Employee’s name</th>
<th>Job Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Team/Location</th>
<th>Date/time notified of absence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dates of absence (inclusive)</th>
<th>Reason for absence</th>
<th>Employee’s contact number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Please note: If the reason for absence is likely to result in a number of days absent and/or is due to musculo-skeletal related illness, stress, mental health concerns, bullying and harassment, workplace incident etc. the employee should be advised that the line manager will be in contact shortly to discuss support</td>
<td>(for line manager to make contact where required)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee’s contact number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Part 2: Return to Work Interview**

1. Date employee returned to work?

2. Date Return to work interview completed?
   *Was the return to work interview held within 24 hours of the employee’s return to work? If not, please state the reason for the delay?*  
   Y/N

3. Is the employee fully recovered and fit to return to duty?  
   *If YES, discuss whether a ‘fit note’ has been received to confirm fitness to resume work and note any adjustments needed to enable a return to work.*  
   *If NO, discuss and confirm next steps, to include any adjustments needed to work area, equipment etc. to support a return to work.*  
   Y/N

4. Does the employee consider the reason for this episode of absence to be work-related?  
   *(i.e. caused or exacerbated by work duties)*  
   *If NO, go to question 5*  
   Y/N
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>Was it appropriate to complete an incident form (Safeguard) and/or a RIDDOR completed and/or Occupational Health notified?</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>If yes, give details of what was reported, how, by whom, dates and any other relevant information:</td>
<td></td>
</tr>
<tr>
<td>4b</td>
<td>Does the employee consider the reason for absence to be work-related stress?</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>If YES, please refer to the Managing Stress and Enhancing Wellbeing Policy (Appendix 2 – Guidelines for Managers to Prevent and Reduce Stress and Appendix 3 – Guide for Staff on Personal Stress Management)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If a potential work-related or other stressor has been identified, discuss and detail appropriate actions. Consider a referral to Workplace Options, Employee Assistance Provider, 0800 243 458</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Is the employee anticipating any future health problems/sickness absence?</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>If YES, discuss what preventative measure will be taken by the employee and/or what support will be provided by the manager to reduce the potential of further sickness absence.</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Does the employee have any medical appointments planned for the future?</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>If YES, for what and when?</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Identify whether the employee has any secondary employment. If YES confirm the following:</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>• That they did not undertake such employment during their period of sickness absence (if work has been undertaken, see appendix 10 of the Managing Sickness Absence Policy and Procedure).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• That they have recorded their secondary employment on the Trust’s Register of Interests.</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Update employee on work/team developments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>If sick on a Bank Holiday please deduct those hours from the leave entitlement, in line with the Annual Leave Policy</td>
<td>Y/N</td>
</tr>
</tbody>
</table>

**Part 3: Absence History**

<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Y/N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Have there been any other episodes of sickness within the last 12 months?</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>If YES, has the employee hit the Trust’s triggers for sickness absence?</td>
<td>Y/N</td>
</tr>
<tr>
<td></td>
<td>• 5 or more occasions in 12 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 3 or more occasions in 6 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• 21 days continuous absence*</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If any of the sickness absence triggers have been met please discuss and include details of course of action in the Action Plan below.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*The long term sickness process (21 days+) concludes once the individual has returned to work.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Advise the employee that their absence levels are being monitored under the Managing Health &amp; Sickness Absence Procedure if triggers are met.</td>
<td></td>
</tr>
</tbody>
</table>
Part 4: Return to Work/Action Plan
This section MUST be completed – please state if no action plan necessary

1. Actions to support return to work/address reason for absence

Include details of:
- Supported phased returns e.g.: for staff returning from long term sickness, i.e.: managing adaptions, details of hours and duties of phased return period etc.:
- Any other changes needed to work area, equipment etc. to support a return to work

2. Review Date

Will a further sickness absence episode trigger the formal process (i.e. 3 episodes in 6 months or 5 episodes in 12 months)? If so, please discuss this with the member of staff as part of the plan. Or
Is the staff member currently within the 12 month informal period following formal monitoring? If so, please contact your HR Advisor for advice.

Signpost to sources of support available through the Trust if appropriate:
- Smoking cessation service: www.quit4life.nhs.uk/contact-us/
- Fast track Physiotherapy: http://intranet.southernhealth.nhs.uk/all-about-me/support/fast-track-pilot-to-physiotherapy-services/
- Workplace Options – www.workplaceoptions.com
- Fast Track iTalk - http://intranet.southernhealth.nhs.uk/all-about-me/support/italk-fast-track-pilot-service-for-staff/
- Wellness plan through the Recovery College - www.southernhealth.nhs.uk/health-and-wellbeing/recovery/college/

Part 5: Declaration

I declare that the information I have given on this form is true and accurate as discussed between myself and the manager named below. I understand that it may be a serious disciplinary offence to provide false information at the return to work interview and / or on this form.

I understand this form will be reviewed at any subsequent Return to Work Interviews and as part of the Sickness Absence Monitoring process to monitor agreed actions and sickness absence and may be used anonymously for Audit Purposes.

<table>
<thead>
<tr>
<th>Employee Signature:</th>
<th>Manager Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date signed by Employee:</td>
<td>Date signed by Manager:</td>
</tr>
</tbody>
</table>

The form is part of the Managing Health & Sickness Absence Monitoring Record and Procedure and must be retained locally by the Line Manager of the employee and securely stored in the employee’s file, where it can be accessed to monitor any further actions / absences. A copy of the form should be given to the employee.

Note: Return to Work Interview audits will be carried out across the organisation on a periodic basis so the information on this form may be shared confidentially with Auditors. However, no personal identifiable information will be contained within the Audit Report.
Appendix 3

Accidents/Incidents at Work

1. In accordance with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995 legislation, those accidents/incidents which takes place in the work base or on official work business and result in disease, major injury, or over seven (7) days injury (including weekends) must be reported:

   • as soon as possible, to the Line Manager by the member of staff affected by the incident/accident; then

   • as soon as possible, the Line Manager must report the accident/incident to the Trust via the Trust’s Online Incident Reporting System, Ulysses Safeguard; then

   • within 15 days, the Trust must report the incident to the Health and Safety Executive.

2. Line Managers will also need to record this through their relevant sickness absence reporting process (e.g. e-rostering) when an individual is absent due to sickness as a result of the incident.

3. If a member of staff is absent from work for a long period and the absence can be directly attributed to an injury sustained at work, when they suffer a deduction in pensionable pay they may be eligible for an Injury Allowance. If the individual is unable to return to work, then they may be eligible for an Injury Allowance. Guidance on Injury Allowance is provided in the Managing Sickness Absence Toolkit – Guidance 8.
Appendix 4

Principles of Informal Sickness Absence Monitoring and Formal Meetings

1. Principles of Informal Sickness Absence Monitoring

- The member of staff does not have the right to representation during the informal stage.

- Meetings must allow the member of staff the opportunity to comment on the reasons for their absence and progress on the relevant action plans. The outcome of the meetings will significantly depend on the individual’s response.

- The Line Manager must make notes and keep records of all informal meetings.

- The ‘Return to Work Interview’ is the main mechanism for informal monitoring.

- If appropriate this meeting can be held over the phone with details followed up in the outcome letter.

2. Principles of Formal Meetings

- The Line Manager should provide the member of staff with five (5) working days’ notice of formal meetings in writing.

- The invite letter will include the purpose of the meeting and potential outcome of the meeting.

- Individuals have the right to be accompanied by their Trade Union representative or work colleague (not a relative).

- Where applicable, all documentary evidence, records and reports collated by the Line Manager, that will be referred to at the meeting (e.g. Return to Work Interviews forms, informal meeting records, Occupational Health reports and written correspondence) will be included with the meeting invite letter.

- Where possible, any documents which the member of staff wishes to be considered should be submitted in advance of the formal meeting. Where this is not possible, staff should bring the documents to the meeting.

- Should either party table evidence/information during a formal meeting both parties must be given time to review the content. The Chair has the authority to refuse or accept evidence tabled during the hearing.

- All meetings must allow the member of staff the opportunity to comment on the reasons for their absence and progress on the relevant action plans. The outcome of the meeting will significantly depend on the individual’s response.

- It is good practice to liaise with the member of staff’s representative to confirm the date of a formal meeting minimising the risk of postponement.

- The Trust will look to discuss and coordinate availability for the formal meeting with the individual and their representative. Where it has not been possible to discuss and coordinate a date, the Trust will provide a minimum of one alternative date/time (in the event of the individual and/or representative being unable to attend the first date set). If a number of options are available, the member of staff should, without undue delay, select the most convenient. If it is
not possible to agree, a second date in a timely manner, the manager will confirm the meeting date and time. If necessary, on this second date, the manager will have the option (with advice from HR and given the careful consideration of reason for the absence) to proceed with the meeting in the individual’s absence. Outcomes of the meeting will then be based on the information provided to management.

- Refusal by an individual to attend a meeting, or leave a meeting early may result in the meeting proceeding in their absence. Outcomes of the meeting will then be based on the information provided to management.

- Where a member of staff is unable or does not attend a formal meeting, a third invite letter will advise that the meeting will go ahead and a decision made in their absence.

- Manager/Chair of the meeting will be accompanied by a Human Resources professional during the Stage Two meetings and may be accompanied at Stage One meetings. (Please note in Stage Two, the Line Manager may also be supported by a Human Resources professional when presenting the line management case).

- Management notes will be taken at formal meetings for the purpose of providing details for the outcome letter. If deemed necessary for matters of efficiency the Trust may choose to record the hearing and retain a copy of the recording or typed transposed notes.

- Whilst all formal meetings must have notes taken, the outcomes will be confirmed in writing to the member of staff within five (5) days of the meeting; this letter will form the formal record of the meeting and will be held on the personnel file. If a member of staff requests a copy of the management notes they will be provided either as a photocopy of the handwritten notes, a copy of the recording or as a typed transcript.

- Confidentiality and data protection of all written records should be maintained throughout the procedure (for further information and guidance, see Section 9.2.1.4).
Appendix 5

Further Information on Managing Underlying Medical Conditions

1. Where an individual has been diagnosed with a long term condition or a disability, reasonable adjustments may be required to enable the staff member to remain in the workplace. Advice should be sought from a Human Resources professional and an Occupational Health referral may be necessary. Further absences due to the disability/long term condition should be managed in accordance with Long Term Sickness Absence (Section 10).

2. Where a staff member has been diagnosed with a critical, progressive, and life threatening or terminal illness, advice should be sought from a Human Resources professional and Occupational Health. For further information and guidance see Managing Sickness Absence Toolkit – Guidance 9.
Appendix 6

NOTIFICATION OF APPEAL FORM

You are required to complete this form and submit it within ten (10) workings days of receiving written notification of the decision of your Hearing/Meeting. Your written notification will state who the completed appeal form should be sent to. Once you have formally submitted your Appeal, it will be acknowledged in writing.

Late appeals or appeals on any other grounds will only be considered in exceptional circumstances.

You are advised to consult your representative before submitting this completed form.

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Number:</td>
<td>Department:</td>
</tr>
<tr>
<td>Immediate Line Manager's Name:</td>
<td></td>
</tr>
<tr>
<td>Name of TU Rep/Workplace Colleague:</td>
<td></td>
</tr>
<tr>
<td>Contact Number of Representative:</td>
<td></td>
</tr>
</tbody>
</table>

Date original Hearing/Meeting held:

Chair of the Hearing/Meeting:

Reason for Hearing/Meeting: Disciplinary / Managing Performance (Capability)/Managing Sickness Absence/Bullying and Harassment/Redundancy*

Sanction imposed/decisions made/outcome:

* delete as appropriate

Your reason for appealing
I wish to formally appeal on the grounds of:
(please tick relevant box)

- [ ] Information arising that was not available at the time the decision was made
- [ ] Undue severity or inconsistency of the sanction
- [ ] The Trust's policy and procedure have not been followed properly

NB If you are claiming information not available at the time you MUST explain why the previously undisclosed information was not presented at the Hearing before the decision you are appealing against was made.
Provide details of the grounds of your appeal:

My representative is available on the following dates:

The following documentation is attached with my appeal form:
- Medical evidence enclosed: YES / NO
- Supporting evidence enclosed: YES / NO
- Other relevant documents enclosed: YES / NO

List the documentation:

I confirm that the above statements are true to the best of my knowledge, information and belief. I understand that making any false, malicious or untrue allegations may result in disciplinary action being taken against me by the Trust. (In the most serious cases, making false, malicious or untrue allegations can be treated as gross misconduct).

I give my consent for this information to be circulated to relevant members of staff on a need-to-know basis for the purpose of investigating my appeal.

Signature: ..................................................  Date of Submission: .................
(Person raising appeal)

PLEASE RETAIN A COPY OF THIS FORM AND ALL ITS ATTACHMENTS FOR YOUR RECORDS

Manager’s Signature: ...........................................  Date of Receipt: ......................

Appeal Meeting Date: .............................................  (Manager to attach outcome/decision letter and notes of meeting)
Appendix 7

Sick Pay

1. Staff that are not employed on Agenda for Change terms and conditions should refer to their terms and conditions/contracts of employment for sickness entitlements e.g. medical staff, social care staff.

2. Staff employed under the Agenda for Change terms and conditions of employment qualify for sick pay and this is outlined in table 1.

Table 1

<table>
<thead>
<tr>
<th>Length of Service:</th>
<th>Sick pay allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the first year of service</td>
<td>One (1) month’s full pay and two (2) month’s half pay.</td>
</tr>
<tr>
<td>During the second year of service</td>
<td>Two (2) month’s full pay and two (2) month’s half pay.</td>
</tr>
<tr>
<td>During the third year of service</td>
<td>Four (4) month’s full pay and four (4) month’s half pay.</td>
</tr>
<tr>
<td>During the fourth and fifth years of service</td>
<td>Five (5) month’s full pay and five (5) month’s half pay.</td>
</tr>
<tr>
<td>After completing five (5) years of service</td>
<td>Six (6) month’s full pay and six (6) month’s half pay</td>
</tr>
</tbody>
</table>

3. These provisions are the maximum that can be paid within any twelve (12) calendar months. Payments are made on a rolling year basis with the days taken sick within the preceding twelve (12) months subtracted from the total available.

4. The Workforce Planning team will send a letter to the member of staff, informing them that they are approaching half/no sick pay.

5. Sick pay may be withheld if sickness absence reporting procedures are not followed appropriately or an abuse of the sick leave procedure has occurred (e.g. obstructing the process through disengagement).

6. From 1 July 2018, for the purposes of occupational sick pay, unsocial hours payments will not be payable during sickness absences for:
   - staff who first started their employment under the terms of this handbook on or after 1 July 2018.
   - staff whose basic pay is above £18,160 (regardless of the start date of their employment).

Unsocial hours payments will be payable during sickness absence for:
• staff who were employed under the terms of the Agenda for Change handbook, as at 30 June 2018, and have a basic salary of £18,160 or less
• those absent due to injuries, diseases or other health conditions sustained or contracted in the discharge of their duties of employment, (which have been reported in accordance with RIDDOR – see Appendix 3). and who are not in receipt of injury allowance.

7. Previous period or periods of reckonable NHS service will be counted towards your entitlement to sick leave where there has been no break or breaks in service of twelve (12) months or less.

8. Entitlement to sick pay may be reviewed if sickness absence was recurring and attributed to an accident due to active participation in sport and, or where contributable negligence is proved.

9. A member of staff who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. The Trust will advance them a sum not exceeding the amount of sick pay payable under this scheme, providing the member of staff repays the full amount of sickness allowance to the Trust, when damages are received. Once received the absence shall not be taken into account for the purposes of sick pay allowances, however the absence will be taken into account for monitoring and management purposes.

10. Reinstatement of sick pay

10.1 Sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 months of continuous sickness absence, in the following circumstances:

• staff with more than 5 years reckonable service:- half 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:- half 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.

10.2. 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.

10.3. This will only apply where the failure to undertake the final review meeting is due to delay by the employer. This provision will not apply where a review is delayed due to reasons other than those caused by the employer.

11. In exceptional circumstances Line Managers may consider an extension of the period of paid sick leave, on a case by case basis and in discussion with Human Resources to ensure consistency across the Trust. The Director of People and Communications must authorise the extension period.

12. The Trust does have the option to terminate employment before the employee has reached the end of the contractual paid sick absence period.
Appendix 8

Annual Leave and Sickness Absence

1. Staff will continue to accrue their contractual annual leave during sickness. Public holidays do not accrue during sick leave.

2. Staff who return to work following long-term sickness are expected to use their statutory annual leave accrued during the sickness as part of a graduated/phased return to work. Reference should be made to the Managing Sickness Absence Toolkit – Guidance 6.

3. In line with recent developments in case law\(^1\), staff who are long-term sick have the right to receive at least their statutory entitlement to annual leave (less accrued bank holidays) if their sickness continues into a new leave year. Managers should therefore make arrangements for the balance of any outstanding statutory entitlement (less accrued bank holidays) to be carried over into the new leave year. This may also be used to support a graduated/phased return to work. For example, a full-time employee that had not taken any annual leave could carry over a maximum of 20 days (150 hours). An employee that had taken 5 days leave could carry over 15 days (112.5 hours). This carried forward leave must be used within 18 months.

4. Staff may request to be paid for their statutory leave entitlement during sickness. Such requests will need to be by agreement with the Line Manager.

5. Staff who are sick prior to a pre-arranged period of annual leave and whose sickness extends into the leave period have the right to request that the leave is taken at a later date. Staff will need to provide a medical certificate to reclaim annual leave. Any charges for obtaining the certificate will be reimbursed.

6. If staff fall sick whilst on annual leave then, in accordance with Agenda for Change Terms and Conditions, the sickness should be reported on the first day of sickness as if they were not on annual leave (following the department’s procedures for reporting absence). Staff may claim back the annual leave on production of a medical certificate and any charges for obtaining the certificate will be reimbursed. If a member of staff becomes unwell or is injured whilst out of the country and is unable to return home as planned then advice should be sought from your divisional HR Advisor regarding how to manage their absence from work in line with this Policy and Procedure.

7. In the event an individual should want to take annual leave whilst on long term sick, requests to do so should be made in advance and with the agreement of their manager. The manager may consult with Occupational Health. Staff should still request agreement for annual leave that was pre booked prior to their long term sick absence. If no agreement is achieved the absence will be treated as unauthorised and unpaid. When annual leave is agreed that period of time will be recorded as annual leave and paid as annual leave. Staff should always keep their manager informed of their availability and contact details as there may be a requirement for them to attend any review meetings and be available for Occupational Health Consultations.

8. If a staff member on a term time only contract is on sick leave over a school holiday then the manager should contact the HR department for advice regarding this.

\(^1\) Plumb v Duncan Print Group Ltd 2015
Appendix 9

Other Absences

1. **Time Off for Medicals and Other Appointments**

1.1. Non-urgent appointments with a doctor, dentist or other health professional which can be planned in advance should be made in an individual's own time. Where this is not possible, they should be made at a time which will result in the least impact on the service and agreed with the line manager prior to booking. Staff will be required to use lieu time, make up the time or take annual leave by agreement with the manager. Proof of appointments may be requested.

1.2. Recognising there is less flexibility for hospital appointments and depending on the frequency and duration of the appointment, managers should consider whether reasonable time off with pay will be given. Depending on the duration and frequency of medical appointments, members of staff may be asked to utilize annual leave, unpaid leave or TOIL (if used within department).

2. **Absence Related to Pregnancy**

Under the Equality Act 2010 pregnancy related absences (supported by medical advice) will be considered separately from other sickness absences, and will not be included when monitoring sickness absence. For specific advice on pregnancy related absences please refer to the Trust's Maternity, Paternity and Adoption Policy and Procedure.

3. **Absences Related to In Vitro Fertilisation (IVF)**

Should a member of staff be undergoing fertility treatment, they are not entitled to paid time off during the treatment. They may choose to book annual leave or take unpaid leave. The individual will be expected to provide line managers with adequate notice of appointments, alongside evidence of the appointment.

4. **Instances of Suspected Drug or Alcohol Abuse**

In cases of suspected drug or alcohol abuse reference should be made to the Trust's Drugs and Alcohol at Work Policy. If the manager has reason to suspect the individual is abusing drugs or alcohol they will refer the matter to Occupational Health in order to provide help and support in the first instance. However, if the individual refuses to accept the offer of help and support, or after treatment the condition does not improve, then action may be taken under the Disciplinary Procedure.

5. **Enforced Medical Absence**

5.1. Although it is not envisaged that this will happen frequently there may be occasions when it is necessary to enforce medical absence with an individual for their own safety, or for the safety of service users, clients and colleagues. Enforced medical absence of this nature will not be connected to the Disciplinary Policy.

5.2. A manager may enforce medical absence on an individual on grounds listed below. This is list is not exhaustive:

- A manager has doubts about an individual's ability to perform their full range of duties in a safe way following a period of sick absence;
- An individual is unwell or is suffering from a condition which causes concern and may present a risk to themselves or others;
- An individual has been in contact with or is suffering from an infectious disease/condition; or
- On advice from Occupational Health.

5.3. In all cases an individual will be placed on full pay until further medical advice can be sought. This should usually be within 48 hours. If no medical advice is forthcoming, advice should be sought from Occupational Health.

6. **Cosmetic Surgery**

Should a member of staff request time off for surgery that is of a cosmetic nature, and not associated with the treatment of an ongoing condition, the member of staff will not be eligible for paid sickness absence. The individual may choose to request annual leave or a period of unpaid leave.

7. **Planned Absences and Rosters**

Planned sickness absences should be entered onto rosters in good time to allow for absence cover planning. However, attention must be made before roster finalization to ensure that the absence was taken as planned and circumstances had not changed.
Appendix 10

Absence and Secondary Employment

1. Staff should not work for another employer, or for the Trust (through the internal bank or via NHS Professionals) whilst absent on sick leave. Any contravention of this will be treated as fraud against the employer. The Trust's Local Counter Fraud Specialists will be notified and this may be considered as gross misconduct in accordance with the Disciplinary Policy and Procedures which could lead to summary dismissal.

2. Where staff have secondary (including bank and agency) employment and intend to continue working in this particular capacity, on the advice of a medical practitioner who deems the specific work as therapeutic, then they should inform their Line Manager of this as a matter of urgency. In these circumstances confirmation from the medical practitioner would be required. This would not prevent the Line Manager requesting a second opinion from Occupational Health if appropriate. If the individual does not provide evidence that the work is therapeutic before undertaking such work then the matter will be dealt with under the Disciplinary Policy and Procedures and will be reported to the Trust's Local Counter Fraud Specialists for consideration for investigation.
Appendix 11

Long Term Sickness Absence and Lease Cars

If a member of staff has a lease car they have two options whilst on long term sickness absence:-

- They may continue to use the lease car and the monthly payments will continue to be deducted from salary until either the sick pay ceases or there is insufficient pay to deduct the full monthly amount. The member of staff must make arrangements with the Finance department, a Human Resources professional and Payroll to ensure the payments to the lease car company continues.

Or

- They may return the lease car, in which case there may be a financial penalty on account of the early termination of the contract. However, where possible the lease car company will seek to avoid the penalty by continuing the lease with another member of staff.