



Public – To be published on the Trust external website

Staff Health, Wellbeing and Attendance Procedure

(Maintaining Attendance at Work)

Ref: HR-0021-001-v3

Status: Approved

Document type: Procedure

Contents

1	Introduction	4
1.1	To co-create a great experience for our colleagues	4
2	Purpose	4
3	Who this procedure applies to	4
3.1	Roles and responsibilities	5
4	Related documents	6
5	Sickness Absence Notification Procedure.....	6
5.1	Planned absence.....	6
5.2	Unplanned absence	6
5.3	Certification of absence	7
5.4	Absence due to an incident/accident at work	8
5.5	Sickness Absence due to an outbreak of D&V at Work.....	9
5.6	Covid-19.....	9
5.7	Recording of Sickness Absence.....	9
5.8	Disability Leave	10
5.9	Keeping in touch.....	11
6	Return to work interview(s) – For all absence	11
6.1	Discussion at your return to work interview -	12
6.2	Key questions for the RTW interview when you reach unsatisfactory levels of attendance (in addition to the above).....	13
6.3	Questions that may be included in an Occupational health referral.....	14
6.4	What you should be aware of at the end of your return-to-work interview.....	14
7	Management of short-term sickness absence - First formal sickness meeting.....	14
8	Second formal sickness meeting.....	15
8.1	What the manager will consider at the 2nd formal sickness meeting	16
8.2	What the manager may decide at the 2nd formal sickness meeting	16
9	Final sickness hearing (For both short term and long-term absence)	17
10	Management of long term sickness absence process.....	18
10.1	What is long term sickness.....	18
10.2	Long term absence - primary aim in dealing with	18
10.3	Long term sickness meeting.....	19
11	Occupational health reports.....	20
11.1	Advice received that the employee will recover within a reasonable period of time	20
11.2	Advice received that the employee can return to work but requires a period of rehabilitation in the workplace.....	20

11.3 Employee continues to be unfit for work but may be able to return at some point in the future	21
11.4 Employee is unable to undertake full duties but is considered fit to undertake alternative employment.....	21
11.5 Advice received that the employee is likely to be permanently unable to return to work on the grounds of ill health	21
12 Local case management review mechanisms	22
13 Local counter fraud considerations	23
14 Definitions.....	23
15 How this procedure will be implemented.....	24
15.1 Training needs analysis.....	24
16 How the implementation of this procedure will be monitored	24
17 References	25
18 Document control (external).....	26
Appendix 1 - Equality Analysis Screening Form	29
Appendix 2 – Approval checklist.....	32

1 Introduction

This document sets out the Trust procedure for managing staff health, wellbeing, and attendance at work.

This procedure is critical to the delivery of [Our Journey To Change \(OJTC\)](#) and our ambition to co-create safe and personalised care that improves the lives of people with mental health needs, a learning disability or autism. It helps us deliver our strategic goals as follows.

1.1 To co-create a great experience for our colleagues

- Adopting a fair and effective approach to the management of sickness absence which takes into consideration any exceptional circumstances present.
- Taking all reasonable measures to support employees with their health, wellbeing and attendance at work.
- Committing to improving the health, wellbeing and attendance of all employees, ensuring it manages sickness absence in a timely and supportive manner.

2 Purpose

During their employment with the Trust staff may need support with their health and wellbeing to keep them at work.

Following this procedure will help the Trust to ensure:-

- Every effort is made to support employees who are unwell
- Sickness absence is managed in a fair and consistent manner
- The Trust measures overall attendance levels as an indicator of health and wellbeing, and performance

3 Who this procedure applies to

- This procedure applies to all Trust employees

3.1 Roles and responsibilities

Role	Responsibility
Employee	<ul style="list-style-type: none"> • Attending work on a regular basis and taking responsibility for looking after their own health and wellbeing • Reporting episodes of sickness absence in a timely manner, ensuring medical certification is provided in a timely manner • Maintaining regular contact with your line manager during any period of absence • Attend sickness absence review meetings and Occupational Health appointments as required
Line Manager	<ul style="list-style-type: none"> • Complying with this procedure and ensuring that all employees understand the standard of attendance the Trust expects and their responsibilities and obligations • Promoting the health and wellbeing of the workforce and the provision of a safe, healthy working environment to enable employees to attend work regularly • Maintaining regular contact with employees who are absent from work, offering support and signposting to Trust support services • Ensuring a return to work interview takes place as soon as the employee returns to work where possible • Consider reasonable adjustments
People and Culture (Human Resources and/or Medical Staffing)	<ul style="list-style-type: none"> • Supporting managers with the application of this procedure, including providing appropriate training, advice and guidance including reinforcing the importance of local counter fraud considerations • Providing advice and guidance to staff and managers to support the attendance at work including advice on reasonable adjustments • Support and attendance at Second Formal Review Meetings and Final Sickness Hearings
Occupational Health	<ul style="list-style-type: none"> • Supporting the health and wellbeing of employees, providing impartial medical advice • Providing advice and guidance regarding expected timescales for a return to work including any reasonable adjustments that may need to be considered to support a return to work
Trade Union Representatives	<ul style="list-style-type: none"> • Providing advice and guidance to its members of this procedure • Supporting its members at all formal meetings where requested by the member

4 Related documents

This procedure describes what you need to do to implement the sickness absence management section of the Human Resources, During Employment Policy.

This procedure must be read in conjunction with:

- Special Leave procedure
- Flexible Working procedure
- Workplace Adjustments procedure
- Leavers' procedure
- Incident Reporting and investigating policy
- Managing Concerns of Potential Conduct procedure
- DWP/ACAS 'Managing attendance and employee turnover'
- Standard (Universal) Infection Prevention and Control Policy
- Health and Safety policy
- Redeployment process
- Local Anti-Fraud, Bribery and Corruption Policy
- Trust OJTC
- Trust Values

5 Sickness Absence Notification Procedure

5.1 Planned absence



You **must** inform your line manager immediately if you require a period of planned absence, e.g. attendance at hospital for an operation.

5.2 Unplanned absence



- You **must** speak to your line manager, or agreed alternative, about your absence;
- You **must** do this before the time you are due to start work or as agreed within your team, giving as much notice as possible; this will usually be by direct telephone call unless another method is agreed beforehand
- Your line manager/agreed alternative **must** complete the Sickness Absence Notification form (available on the Intranet) and place on your personal file as soon as possible. Ideally this will be done whilst talking to you in order to capture and record the information there and then; where this is not

possible it should be completed the same day;



If your line manager is not available at the time of notification, you **must** advise the person taking the call:

- How long you are likely to be absent;
- How your line manager can contact you i.e. your phone number.
- Your line manager will then contact you to complete the sickness absence notification form.



If you **do not** inform your line manager / deputy of your absence you will be considered to be absent without permission; this will affect your pay as unauthorised absence is unpaid



You may then face disciplinary action (following appropriate investigation) for breach of procedure and unauthorised absence from work

5.3 Certification of absence

Period of absence	Required certification	By when
Day 1 up to and including 7 calendar days .	TEWV self-certification form (available on the Trust intranet) Unless you are covered by a GP fit note from day 1.	On return to work (if you are off less than 7 days), or within 14 days of start of absence if you are off more than 7 days
8 calendar days or more.	Medical certificate (Fit Note) from doctor.	Send to manager same day as received by doctor



Periods of absence are based on calendar days and include rostered days off i.e. 7 days a week. Your absence ends when you inform your manager that you are fit for work, whether it is a normal working day or not.



- You **must** get a self-certification form from your manager, the Trust intranet or the HR department
 - You **must** date and sign the form from the first day of absence and include a clear reason for absence; it is **not** acceptable to put 'unwell' as a reason for absence; more detail is required so the manager can support individuals appropriately and assists with effective monitoring to identify potential trends or patterns
 - Your line manager **must** place the certificate on your personal file as soon as possible;
 - You **must** make sure you have a doctor's appointment arranged before your certificate runs out if you require more than one certificate to cover a period of absence;
-
- You should arrange to get your fit note to your line manager in a timely manner if you are unable to deliver the fit note yourself
 - Where you are a hospital inpatient, your manager will seek advice from People and Culture about exceptional circumstances which may warrant discretion on timescales
 - If absence is not covered by the appropriate certificate (in line with the table above) or continually during an episode of sickness, this will be classed as being on unauthorised absence which will be unpaid.
 - If a retrospective fit note is submitted, your occupational sick pay will not be reimbursed. Only Statutory Sick Pay will be paid. Your occupational sick pay will be reinstated from the date the fit note is received
 - Your manager will write to you to inform you that your pay has been stopped.

5.4 Absence due to an incident/accident at work



Following absence due to an incident/accident at work your manager must refer you to Occupational Health as soon as possible where appropriate.

- An early referral will provide you and your manager with support and advice which may help you reduce the overall period of absence;
- A Datix Incident Form must be completed about the incident as soon as possible and include details of the specific injury;
- Your manager will seek advice as to whether any absence due to an incident/accident at work would be RIDDOR reportable, advice will be obtained from Health, Safety and Security (HSS) Team
- You may be eligible for NHS injury allowance which provides support for eligible staff who sustain an injury, disease or other health condition which is attributable to their employment. Injury allowance tops up sick pay or reduced earnings to 85 per cent of pay
- Applications for injury allowance are considered by the People and Culture Directorate
- Circumstances which will not qualify for injury allowance include sickness absence as a result of disputes relating to employment matters, conduct or job applications; and injury, disease or other health condition due to, or seriously aggravated by, the employee's own negligence or misconduct

5.5 Sickness Absence due to an outbreak of D&V at Work

- Sickness absence due to a confirmed outbreak of diarrhoea and vomiting at work will be recorded as sickness absence but not taken into account for the purposes of monitoring and progressing in line with the management of short term sickness absence process
- You must not return to work until you are 48 hours symptom free in line with the Outbreak of Infection Procedure, for more information see Outbreak of Infection procedure

5.6 Covid-19

Absences relating to Covid-19 will be subject to UK Government, NHS wide and TEWV internal Infection, Prevention and Control (IPC) guidance.

Cases of long covid will be managed under this procedure.

5.7 Recording of Sickness Absence



All absences **must** be recorded by the manager on Health Roster or ESR.

- The line manager must record all sickness absence on the Health Roster System. Those managers without Health Roster must record all sickness absence onto the ESR system via Manager self-service
- This ensures salaries are paid correctly, including Statutory/Occupational Sick Pay;
- A record of any disability related absence, work related absence, pregnancy related absence or absence related to gender reassignment must be recorded on ESR. This is recorded in the questions section on ESR within staff absence. **These periods of absence will not be taken into account for the purposes of monitoring sickness absence and progressing in line with the management of short-term sickness absence process, however if the levels of absence become unsustainable and all possible reasonable adjustments have been made it may be appropriate to progress in line with this procedure.**
- All documentation relating to your absence will be held on your personal file.

5.8 Disability Leave

- We recognise that disability and ill health are not the same thing. Whilst TEWV does not seek to determine whether or not an individual is disabled, the main definition of disability under the Equality Act is included here for information – ‘a physical or mental impairment’ that has a ‘substantial’ and ‘long-term adverse effect’ on the ability of an employee to carry out normal day-to-day activities’
- Disability Leave is not the same as sickness absence. Disability leave is time off work to attend appointments and consultations or have treatment in relation to the ongoing management of a disability
- If an individual requests disability leave to receive treatment then becomes unwell following the treatment this would be recorded as sickness absence and the appropriate sickness certification would need to be provided
- For attendance recording and on ESR this will be differentiated from “normal” sickness absence and will be described as Disability Leave and will not count as an episode of sickness absence which would trigger this process.
- An agreed level of paid disability leave per annum will be negotiated on an individual basis with a disabled member of staff as an expected or tolerated level of leave required to manage their disability effectively. In agreeing this, consideration should be given to patient, service and organisational needs. Advice may also be taken from occupational health and also HR.

- This provision will be reviewed with the member of staff regularly (at least annually).
- The application for requesting disability leave is available Trust intranet.
- Some examples of disability leave can include:
 - Attendance at hospital appointments
 - Hospital treatment as an outpatient
 - Medical assessments/tests
 - Associated non-medical appointments e.g. guide dog training

5.9 Keeping in touch

- You will have told your line manager how long you think you are going to be off when informing of your absence from work;
- If you are still unfit to return to work at the end of this period of time, you must contact your line manager to let them know how you are;
- Your line manager will make a record of all communication on the back of the Sickness Absence Notification form (available on the Trust intranet).



It is the joint responsibility of you and your line manager to keep in contact with each other;

You and your line manager **must** agree how you are going to keep in touch and how often.

- Information packs are available to support long term sickness;
- You may be referred to Occupational Health for an assessment.

6 Return to work interview(s) – For all absence



Your line manager (or agreed alternative if unavailable) **must**:

- Arrange to meet with you on your return to work after a period of sickness absence as soon as possible;
- Complete a Return to Work form (available on the Trust intranet) during the meeting before adding this to your personal file.



Some employees may find it difficult to talk about matters relating to their sickness. Managers need to be aware of this and be as sensitive as possible.

6.1 Discussion at your return to work interview -



The purpose and style of the meeting **must** be positive and adhere to the Trust Values by all parties, this is the opportunity to discuss your absence. Your manager will make it clear that they are not questioning that the reasons for the absence are real, unless they have reasonable grounds for doing so.

- You will be asked to confirm that you have not undertaken any work during the period of your sickness absence;
- You must be helped to understand the effect your absence has upon colleagues, service users and the Trust;
- The discussion should explore the reason for the absence and identify steps to be taken to reduce further absence levels;
- You should discuss with your manager any issues that may be affecting your attendance e.g. work related issues, personal problems being experienced, barriers relating to a disability or long term condition;
- Discuss whether any workplace adjustments can be made or whether any extra support can be identified in line with the Trust's Workplace Adjustments Procedure
- It is important to try to gain a full picture of everything that may be contributing to your absence so a plan can be put in place to support you to improve your attendance record if required. This can include a mental wellbeing at work risk assessment.
- Where it is identified that you are experiencing personal problems, your manager should consider any practical help that may be available, e.g., different work hours, work pattern etc.
- Where absence is linked to gender reassignment, your manager will consider any potential support e.g. flexibility to attend appointments. Absences related to treatment (e.g. surgery or hormone therapy) will still be recorded as sickness absence but not taken into account for the purposes of monitoring and progressing in line with the management of short term sickness absence process.

- Where the cause of the absence relates to trauma, your manager will seek Occupational Health advice



Unsatisfactory absence levels will be discussed at your return to work interview and you will be informed that further absence may result in a 1st Formal sickness meeting where a written warning may be issued.

6.2 Key questions for the RTW interview when you reach unsatisfactory levels of attendance (in addition to the above)

- Is there any noticeable pattern to the absence, for example, regular absences on Mondays or Fridays, every Christmas, school holidays etc.?
- What proportion of absence is self-certified or certified by a medical practitioner?
- What reasons have been given for previous absences?
- What information has been gathered from previous return to work interviews?
- Are the absences related to a protected characteristic?
- Are the absences due to an accident/injury at work?
- You and your manager must try to identify any reasonable steps to improve your attendance.
- Where you have had a clear/acceptable record for several years this will be taken into account.
- Likewise where you have had several years of unsatisfactory attendance this will also be taken into account. Consideration must be given to absences linked to protected characteristics. Advice is available from People and Culture.



It is every employee's responsibility to attend work when they are able, to ensure services and colleagues are not impacted



If the absences may be due to an underlying health problem, a management referral to the Occupational Health Department **must** be made.



An accurate record of all discussions must be made using the return to work form. A copy of the record **must** be provided to you and a copy placed on your personal file.

6.3 Questions that may be included in an Occupational health referral

- The likelihood of the condition/illness recurring;
- The ability for you to regularly attend work in the future;
- Whether your condition is likely to be covered under the Equality Act and if so, if there are any reasonable adjustments that can be made to support you;
- Whether there are any other support services available to you e.g., staff counselling services, physiotherapy services or external agencies.



A copy of the mental wellbeing at work risk assessment **must** be included in cases where the individual is suffering from stress.

6.4 What you should be aware of at the end of your return-to-work interview

- Where your levels of absence are of concern this will result in a 1st formal sickness meeting where a written warning will normally be issued
- That Sickness absence is monitored at all times for all staff.
- Unsatisfactory levels of sickness absence are considered to be 3 episodes in a 12 month rolling period and / or general level of absence i.e. a mix of short and long term absence, or patterns of absence that make the manager concerned. The return-to-work form should detail such concerns.

7 Management of short-term sickness absence - First formal sickness meeting



This meeting will be held when your attendance has not improved to a satisfactory level

- You will be invited to the meeting and be offered the right to be accompanied by a companion or staffside representative.
- Your manager will have gathered the necessary evidence before the meeting with you;
- At the meeting your manager will share the information with you and explain that you have not achieved the required improvement. Unless there are exceptional circumstances your manager will issue you with a written warning usually for a period of up to twelve months.
- Notes of the meeting will be taken using the pro forma provided, signed by all in attendance and a copy provided to you at the end of the meeting.
- A letter confirming the outcome of the meeting and your right of appeal will be provided to you by your manager,
- During the **period** of the warning if there is **no improvement** a Second formal sickness meeting will be held.

8 Second formal sickness meeting



This meeting will be held when your attendance has not improved to a satisfactory level

- This meeting will be held when your attendance has not improved to a satisfactory level
- This meeting will be held with a manager senior to the person who issued the written warning at the First Formal Meeting.
- The meeting can take place when it is identified that your attendance at work is not improving; there is no requirement to wait for the full twelve month period before the 2nd formal sickness meeting is held
- The format of the meeting will ensure that all parties adhere to the Trust values
- A representative from People and Culture will be in attendance

-
- You will be invited to the meeting and offered the right to be accompanied by a companion or staff side representative.
 - A report will be produced detailing your absence and you will receive a copy of this 7 days prior to the meeting.

8.1 What the manager will consider at the 2nd formal sickness meeting

- The level of absence and the impact the absences are having on the service provision, colleagues and the Trust;
- The level of support or adjustments made available to you to improve attendance;
- Occupational Health advice and recommendations;
- Whether there has been enough time for any health issues to be reasonably addressed.

8.2 What the manager may decide at the 2nd formal sickness meeting

- **A Final Written Warning, usually for up to 12 months, may be issued;**
- Redeployment will be considered where this is advised by Occupational Health.
- Notes of the meeting will be taken using the pro forma provided, signed by all in attendance and a copy provided to you at the end of the meeting.
- A letter confirming the outcome of the meeting and your right of appeal will be provided to you by your manager.
- During the **period** of the warning if there is **no improvement** a final sickness hearing will be held where the outcome will usually be dismissal. This meeting will be heard by a General Manager/Head of Service or Deputy/Associate Director. The meeting can take place when it is identified that your attendance at work **is not** improving; **there is no requirement to wait for the full twelve-month period before the Final sickness hearing is held;**

- Where a final written warning has expired and further sickness absence has occurred, consideration will be given to the most appropriate stage of the procedure the absence will be managed under – advice can be sought from People and Culture

9 Final sickness hearing (For both short term and long-term absence)



This meeting will be held when your attendance has not improved to a satisfactory level

- You will be invited to the hearing and offered the right to be accompanied by a companion or staffside representative. A representative from the People and Culture will be in attendance.
- The meeting will be led by a Head of Service or Deputy/Associate Director. Before any decision is made, the manager must consider the following:-
 - Has there been a fair review of your attendance record and reasons for absence?
 - Have you had the opportunity to attend the meeting to present your case?
 - Is there documentary evidence available to demonstrate that the procedure has been followed?
 - Have the relevant warnings been issued, where appropriate (warnings will not have been issued in cases of long term absence)?
- The General Manager/Head of Service or Deputy/Associate Director will then decide on the action to be taken, which will normally be to end employment with the appropriate period of notice. You will be given the option of taking payment in lieu of notice. Consideration maybe given to issue a written warning if ending your employment is not deemed appropriate at that stage
- If your employment is ended and you are able to return to work during your notice period, the determining manager may consider stopping your notice period and allowing you to continue your employment. You would not be eligible for this should you choose to take payment in lieu of notice
- Consideration maybe given to deferring a decision and the hearing reconvened
- You will be informed of your right to appeal against the decision.



There may be circumstances where an employee with long term absence is also managed in line with the short-term sickness process (for example, 2 long-term sickness episodes within a twelve-month rolling period or a mix of both long term

and short-term absence).

10 Management of long term sickness absence process

10.1 What is long term sickness

- **Long term sickness absence is a single period of absence which lasts 28 calendar days or longer**
- The Trust recognises that long-term absence due to ill health is upsetting for the employee and will ensure that all appropriate support is offered to the individual to bring them back to work where possible.
- Long Covid cases with absences over 28 days will be managed as long-term sickness
- Stress is the single biggest cause of sickness absence in the Trust. We work hard to ensure that the working environment is as healthy as possible. We also acknowledge the stress that staff may suffer and the trust offers a number of support mechanisms to assist with this. Further information on stress can be obtained on the Trust intranet.

10.2 Long term absence - primary aim in dealing with

- The primary aim in dealing with cases of long term absence should be:-
 - To help you return to work, in some capacity, as soon as possible. (This may include a period of rehabilitation on either a phased return to work, temporary reduction in hours, reasonable workplace adjustments);
 - To maintain regular contact.
- In line with the reporting of absence you will have contacted your manager to inform them you were unable to attend work and an indication of the likely length of time you are to be absent. As soon as the absence looks likely to be long term i.e., over 4 weeks then a referral should be made at the appropriate time to Occupational Health.
- If following this period of time, you are still unwell, you are required to update your manager. A record of all communication must be kept on the reverse of the Sickness Absence Notification form (available on the Trust intranet).



In order to avoid premature and unnecessary ill health retirements, consideration **must** be given to reasonable workplace adjustments.



Where appropriate, career break, flexible working, reduced hours may be considered.

10.3 Long term sickness meeting



When you are on long term sick leave your manager **must** notify the sickness absence management team who will arrange a meeting with you to discuss your situation and will manage your sickness absence throughout the period.

- The meeting will usually take place no later than four weeks after the first day of absence where possible, and your line manager will attend the meeting to support you to return to work. Review meetings should take place regularly and take account of Occupational Health information and the individual's sick pay entitlements.
- You **must** be advised of your right to be accompanied at the meeting by a companion or staff side representative.
- The meeting will afford the manager the opportunity to:-
 - Find out how you are progressing;
 - Determine whether further treatment/tests are being undertaken;
 - Find out from you an indication of the likely length of time you may be absent from work;
 - Discuss the Occupational Health report, if available;
 - Discuss previous attendance record
 - Discuss and agree regular contact arrangements and the next review date.
 - If you do not appear to be progressing towards a return to work within a reasonable timescale then you should be advised that continued absence could lead to dismissal.



In circumstances where the reason for absence is identified as **work related stress**, advice should be sought from the sickness absence management team at the earliest opportunity, consideration given to arranging a meeting with you to discuss the work related issues, and to carry out a mental wellbeing at work risk assessment.

Where you resume work after an absence of 4 or more weeks for a common mental health condition, a 3 month structured support intervention must be considered with the aim of reducing the likelihood of a recurrence of absence. This may involve meeting with your line manager (or agreed alternative) to identify issues; developing an action plan; and regular follow up meetings to evaluate progress.



An immediate referral to occupational health will be made in cases of **work related stress**

A referral to the Trust's Employee Psychology Service will be discussed with you at your sickness absence review meeting if appropriate

The People and Culture representative **must** discuss with you their decision to make the referral to occupational health. **This must be done at the earliest appropriate opportunity when an episode of long term sickness absence is identified.** Occupational Health Referral Guidance notes are available on the Trust intranet.

The referral **must** be fully completed by the appropriate People and Culture Representative (HR / Medical Staffing) and contain all relevant information.

11 Occupational health reports

On receipt of an Occupational Health report the People and Culture representative and your line manager should consider the content, any recommendations plus other factors such as service need/impact on work colleagues, and a meeting will be arranged.

11.1 Advice received that the employee will recover within a reasonable period of time

In circumstances where your health is improving, discussions should take place regarding your return to work and any reasonable workplace adjustments to support early your return to work.

- For the purposes of defining a reasonable period of time this will be returning to work within the average length of time for long term sickness within the Trust.

11.2 Advice received that the employee can return to work but requires a period of rehabilitation in the workplace

A graduated/phased return to work may be recommended. This can be agreed as follows:

- In the majority of cases a graduated/phased return to work will only be considered on the recommendation and support of the Occupational Health Practitioner and shall normally be for no more than a period of four weeks;

- Where a graduated/phased return to work is supported by Occupational Health, staff will not be expected to utilise annual leave
- In cases where a graduated/phased return on full pay is agreed this shall be for no more than four weeks and managers must consult the People and Culture Department before any agreement is made;
- If you have accrued annual leave during a period of long term absence you are entitled to carry forward into the following leave year up to 20 days in accordance with the statutory legislation.
- Where staff who are on sick leave take a period of annual leave/holiday then this period will be deducted from their annual leave entitlement.
- It is acknowledged that there may be occasions where a Manager may offer a graduated/phased return if they believe that this would help you to return earlier.

11.3 Employee continues to be unfit for work but may be able to return at some point in the future

- Your manager will need to consider how long the absence can be sustained within the service. At the long term sickness meeting you must be told that continued absence could lead to your employment being ended. If you do not improve to a level where you can return to work within a reasonable timeframe, then you must be advised that you will progress to a final sickness hearing (as detailed in section 9).

11.4 Employee is unable to undertake full duties but is considered fit to undertake alternative employment

- In these circumstances a meeting will be convened to discuss the content of the Occupational Health report and advise you about the Trust's Redeployment process. In circumstances where it is not possible to identify suitable alternative employment it may be necessary to consider ending your employment. Information on the redeployment process can be found in the Trust's Organisational Change Procedure.

11.5 Advice received that the employee is likely to be permanently unable to return to work on the grounds of ill health

- It is acknowledged that the circumstances referred to above can be extremely distressing for you and a meeting will be arranged to fully discuss the details of the Occupational Health report and to consider the next appropriate steps with the procedure;
- A Final Sickness Absence Hearing will be held to consider your continued employment. The convening of the meeting must not be deferred pending the outcome of any application to the Pensions Agency or to allow the exhaustion of sick pay provisions;
- If you are a member of the NHS pension scheme and an Occupational Health Physician is indicating they will support an application to retire early on the grounds of ill health, support will be offered to you on the completion of the necessary paperwork. It is important to stress to you that there is no guarantee that an application to the NHS Pension Agency will be successful, and any subsequent decision is outside the remit of the Trust;
- Where a final sickness absence hearing has not taken place and your sick pay entitlement has expired guidance can be found at section 14 of Agenda for Change terms and conditions regarding reinstatement of sick pay. Reinstatement of sick pay when agreed will only continue until the final review meeting has taken place;
- It is acknowledged that an Occupational Health Report plays an important part in the overall management decision making process. The report is advisory only and other factors need to be considered, which are equally as important, including the impact the period of absence is having on the delivering of the service and the long term prognosis in relation to a likely return to work.



The trust cannot sustain high levels of sickness absence. It may be appropriate to progress to a final sickness hearing if your absence is of such concern even if you have returned to work.

12 Local case management review mechanisms

- Will operate within Care Groups to provide assurance that appropriate monitoring and progress against action plans of both short term and long term absences is being undertaken providing regular reports to General Managers and Care Group Directors.
- Long term sickness absence case management is held monthly with input from occupational health and the People and Culture sickness absence management team.

13 Local counter fraud considerations

Where an employee has secondary employment with another employer, and reports unfit for work, the organisation will consider the employee to be incapable of undertaking any duties both for the primary and secondary employers. If the employee believes they are capable of undertaking their secondary work, the employee should notify their line manager, who should take advice from the Occupational Health department. Any work, whilst the employee is incapable of fulfilling their role with the organisation, must be approved by a Senior Manager of the organisation in advance. Failure to do so may be deemed as fraudulent sickness absence. In cases where there is direct evidence of fraudulent sickness absence the issue becomes one of conduct for which disciplinary action will be appropriate. A referral should be made to the Trust Local Counter Fraud Specialist in line with the [Local Anti-Fraud, Bribery and Corruption Policy](#). In addition to disciplinary action, criminal or civil action may also be considered

14 Definitions

Term	Definition
Planned absence	<ul style="list-style-type: none"> Absence due to planned hospital treatment or other medical appointments.
Unplanned absence	<ul style="list-style-type: none"> Absence due to sudden and unexpected illness.
Short-term absence	<ul style="list-style-type: none"> Any 1 occurrence of sickness absence lasting between 1 and 27 calendar days.
Frequent absence	<ul style="list-style-type: none"> When an employee is off enough times to make the manager concerned advice will be sought from People and Culture
Long-term absence	<ul style="list-style-type: none"> Any 1 occurrence of sickness absence which lasts for a minimum of 4 weeks. Absence from the 8th calendar day must be covered by a GP fit note.
Episode of sickness	<ul style="list-style-type: none"> Any period of absence due to sickness, e.g. 1 day, 1 week, 6 months etc. with no return to work in between.
Unsatisfactory level of absence	<ul style="list-style-type: none"> 3 episodes in a 12 month rolling period and / or general level of absence i.e. a mix of short and long term absence, or patterns of absence that make the manager concerned
12-month rolling period	<ul style="list-style-type: none"> The 12-month period immediately before each episode of sickness absence.
Companion	<ul style="list-style-type: none"> A colleague employed by the Trust or an accredited trade union representative or a friend / family member not acting in a legal capacity (or other person in

	exceptional circumstances and by prior agreement)
Employee support officer	<ul style="list-style-type: none"> Support Trust staff with their health and wellbeing needs
Reasonable adjustments	<ul style="list-style-type: none"> Adjustments made to working arrangements or physical aspects of the workplace to avoid disabled staff being put at a disadvantage compared to non-disabled staff.
The Trust intranet	<ul style="list-style-type: none"> The Trust's internal intranet site.
Sickness absence management team	<ul style="list-style-type: none"> A team of HR managers who will lead and manage all long term sickness within the trust
Medical certificate (fit note)	<ul style="list-style-type: none"> Certificate signed by a doctor
Ending of your employment	<ul style="list-style-type: none"> Where the decision is made to end your employment – in legal terms this represents a dismissal

15 How this procedure will be implemented

- This procedure will be published on the Trust intranet and external website. Awareness of the updated procedure will be included in the Trust internal bulletin.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

15.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All staff	Corporate induction	As included in trust wide corporate induction	On commencement of role
New managers	New manager training	1 hour	once

16 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Short term sickness process	People and Culture review/audit of completed documentation	People and Culture
2	Long term sickness management process	People and Culture - Long Term Sickness Team	Sickness Case Management

17 References

- Absence Management Toolkit – Chartered Institute of Personnel and Development, the Health and Safety Executive and ACAS – 2006
- Healthy Workplaces Handbook – NHS Employers
- ACAS Health and Wellbeing – March 2008
- Agenda for Change Terms and Conditions
- The Equality Act 2010
- DWP / ACAS 'Managing Attendance and Employee Turnover'

18 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	15 March 2022
Next review date	15 March 2025
This document replaces	HR-0021-001-v2 Sickness Absence Management Procedure
This document was approved by	HR Policy Working Group
This document was approved	11 Feb 2022
This document was ratified by	Joint Consultative Committee
This document was ratified	15 March 2022
An equality analysis was completed on this policy on	07 March 2022
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
3	15 March 2022	<p>Full review with amendments:-</p> <ul style="list-style-type: none"> Change of title Transferred to new template Simplified language Clarification added on required certification and by when this should be provided (table, section 5.3) Addition of reference to RIDDOR reportable absences requiring advice from HSS Team (section 5.4) Addition of information relating to NHS Injury Allowance (section 5.4) Addition of reference to confirmed D&V outbreak at work (section 5.5) Addition of reference to Covid-19 and long covid (section 5.6 & 10.1) Addition of reference to gender reassignment (section 5.7 & 6.1) Clarification added on disability leave including examples (section 5.8) Addition of reference to Trust's Workplace Adjustments Procedure (section 6.1) Addition of reference to absence relating to trauma (section 6.1) Addition of definition of long term sickness (section 10.1) Addition of consideration of 3 month structured support intervention where a staff member resumes work after an absence of 4+ weeks for a common mental health condition (section 10.3) Clarification that where a graduated/phased return to work is supported by Occupational Health staff will not be expected to utilise annual leave (section 11.2) Addition of where staff who are on sick leave take a period of annual leave/holiday this will be deducted from their annual leave entitlement (section 11.2) Addition of Local counter fraud considerations (section 13) Removal of 9 days from definition of unsatisfactory level of absence (table, section 14) Removal of Appendix 1 	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	People and Culture
Title	Staff Health, Wellbeing and Attendance Procedure (Maintaining Attendance at Work)
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	<p>Adopting a fair and effective approach to the management of sickness absence which takes into consideration any exceptional circumstances present.</p> <p>Taking all reasonable measures to support employees where there are identified concerns.</p> <p>Committing to improving the health, wellbeing and attendance of all employees ensuring it manages sickness absence in a timely and supportive manner.</p>
Start date of Equality Analysis Screening	February 2022
End date of Equality Analysis Screening	March 2022

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	The procedure benefits all staff and managers by providing a fair, equitable and supportive process to managing staff health, wellbeing and attendance. Provides guidance to help with initial and ongoing management of absence. Provides support and guidance to both staff and managers throughout the process.
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO

protected characteristic groups?	<ul style="list-style-type: none"> • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual and Heterosexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO
Describe any negative impacts	
Describe any positive impacts	

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	ACAS Agenda for Change The Equality Act 2010 NG146 Workplace Health
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Focus Groups
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality analysis have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Awareness of updated procedure
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	Purpose
3.	Development Process		
	Are people involved in the development identified?	Yes	All staff
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	In progress	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	Implementation and monitoring		

	Title of document being reviewed:	Yes / No / Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	