



Public – To be published on the Trust external website

Staff Health, Wellbeing and Attendance Procedure

(Maintaining attendance at work)

Ref: HR-0021-001-v4

Status: Approved

Document type: Procedure

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1 Introduction

This document sets out the Trust procedure for supporting and 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.

Our journey to change sets out why we do what we do and the kind of organisation we want to be. Ultimately, we want people to lead their best possible lives so supporting staff health and wellbeing couldn't be more important to us. Our people journey outlines a five-year commitment to ensuring all colleagues thrive and have a great experience of working for TEWV. Our people play a vital role in ensuring we provide high quality, safe, kind, effective and personalised clinical care to the people we support.

In the context of the rising demand for health care services, financial constraints, an aging population, which brings with it more complex health needs and more people with long term health conditions and or caring responsibilities, focussing on the wellbeing of our workforce is vital.

Since the pandemic, it is recognised that the health of the population is poorer, particularly in the areas that we serve. The NHS Long Term Plan 2023 acknowledges that sickness rates are higher now than pre-pandemic.

The health of the communities we serve is also diverse and within the area the Trust covers there are many areas of high deprivation. We know that those living in those areas have lower life expectancy, are likely to experience multimorbidity and those with long term health conditions are less likely to work than in any other part of the country.

Our workforce is often drawn from those communities that we serve and many of our staff may live in more deprived communities, and this shapes their health and wellbeing.

As an anchor organisation with a commitment to health inequalities approach, the Trust looks to ensure that we support and manage effectively the health, wellbeing and attendance of our workforce.

1.1 To co-create a great experience for our colleagues

This procedure helps us to deliver our strategic goals by:

- Adopting a fair and effective approach to the management of sickness absence, which takes into consideration any individual circumstances present.
- Taking all reasonable measures to support employees with the health, wellbeing and attendance at work.
- Committing to improving the health, wellbeing and attendance of all employees, ensuring it supports and manages sickness absence in a timely and compassionate manner and balancing this with the needs of the services the Trust provides.

1.2 Trauma Informed Approach

The Trust is committed to a trauma informed and responsive approach to our people practices. A trauma-informed approach does not mean assuming that everyone has a history of trauma and adversity, but rather that the possibility is anticipated for our staff who may have been affected by any type of trauma and adversity in their lives and/or at work. All staff, whether in clinical, operational or corporate services at all levels of seniority, are aware of how people respond when they have experienced a traumatic event or events, and are able to support people to feel safe.

Everyone can benefit from a trauma-informed approach but our people who may have experienced trauma and/or adversity would find it challenging to be supported without this approach.

We are mindful that the symptoms of trauma or re-traumatisation can present in different ways for staff but we will look to respond in ways that prevent further harm, support recovery and address inequalities. We will do this by following these principles:

- Supporting the physical, psychological and emotional safety of staff
- Being transparent and trustworthy, explaining what we will do and why, and following through with this
- Listening to your needs and wishes, and offering choice as much as possible
- Working collaboratively and empowering staff so they feel heard
- Ensuring our approach is inclusive, individualised, fair and compassionate

2 Purpose

During employment, staff may need support with their health and wellbeing to keep them at work. We also understand that there will be times when staff will need to take a period of time away from work. This procedure sets out a safe and equitable health, wellbeing, and attendance framework, through which we can offer employees and managers the right support at the right time, enabling our people to be healthy, well and able to provide high quality safe and effective care and / or services within work.

This framework will also set out guidance on navigating the procedural requirements when an employee requires to take sickness absence leave.

Following this procedure will help the Trust to ensure:

- We offer support and signposting to help staff remain well.
- Every effort is made to support employees who are unwell.
- Sickness absence is managed in a fair and consistent manner.
- Overall attendance levels as an indicator of health and wellbeing are measured. This will allow us to distinguish between physical and psychological reasons for absence, to help ensure we have the right support available.

This is alongside the trust listening to staff concerns that are raised via other routes such as the staff survey and reviewing if the efforts made are having a positive impact.

3 Who this procedure applies to

This procedure applies to all Trust employees.

3.1 Roles and Responsibilities

Role	Responsibility
Trust Board	• Agree the Trust's target for health, wellbeing and attendance and monitor progress in line with regional and national expectations. • Appoint a Trust Wellbeing Guardian • Engage with inclusive initiatives and trauma informed approaches to support health, wellbeing, and attendance

Senior Leaders	- Positively communicate, promote and support health, wellbeing, and attendance. - Support the training and development of all managers to facilitate this procedure in practice. - Support and monitor progression towards achieving the targets set by the Trust Board.
People & Culture	- 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 attendance at work including advice on reasonable adjustments and other appropriate support, including colleagues who have experienced traumatic events. - Actively promote and identify wellbeing initiatives to support health, wellbeing and attendance at work - Support and attendance at Second Formal Review Meetings and Final Sickness Hearings as appropriate
Occupational Health	Supporting the health and wellbeing of employees, providing timely, impartial medical advice in relation to fitness for work
Trade Union Representatives	- Providing advice and guidance to its members of this procedure - Supporting its members at all formal meetings where requested by the member
Line Manager	- Complying with this procedure and ensuring that all employees understand the standard / indicators of attendance the Trust expects and their responsibilities and obligations - Must ensure that any sickness absence start and end dates are accurately recorded on the appropriate system (i.e ESR or Health Roster) in a timely manner to ensure accuracy of pay. - Promoting the health and wellbeing of the workforce and the provision of a safe, trauma informed, healthy working environment to enable employees to attend work regularly

	• Maintaining regular, agreed 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 and other support that will help employees maintain their attendance at work and health and wellbeing. • N.B For medics, the line manager responsibilities for supporting health, wellbeing and attendance is undertaken by the medical staffing team.
Employee	• Attending work on a regular basis and taking responsibility for looking after their own health and wellbeing, highlighting where support may be needed. • Reporting episodes of sickness absence in a timely manner, ensuring certification is provided in a timely manner • Maintaining regular contact with their line manager during any period of absence • Attend sickness absence review meetings and Occupational Health appointments as required

4 Related documents

This procedure describes what you need to do to implement this procedure.

This procedure must be read in conjunction with:

- [Special Leave procedure](#)
- [Flexible Working procedure](#)
- [Reasonable Adjustments procedure](#)
- [Leavers procedure](#)
- [Incident Recording and Response Policy](#)
- [Managing Concerns of Potential Conduct \(Disciplinary\) Procedure](#)
- [Managing Concerns of Potential Conduct \(Disciplinary\) Guidance](#)
- [Managing Concerns of Potential Performance \(Capability\) procedure](#)
- [Dealing with concerns affecting Medical Staff](#)
- [Human Rights, Equality Diversity and Inclusion Policy](#)
- [Leave and pay for new parents procedure.](#)

- [Infection Prevention and Control Policy](#)
- [Standard Infection Control Precautions](#)
- [Outbreak of Infection management procedure.](#)
- [Health and Safety policy](#)
- [Redeployment procedure](#)
- [Organisational Change Procedure](#)
- [Counter Fraud, Bribery and Corruption Policy and Strategy](#)
- Our Journey to Change and Trust Values (note in process of being updated)

5 Proactively Supporting Health, Wellbeing and Attendance

We want to support our workforce to be healthy, well and attend regular, good work. The Trust engages consistently with health and wellbeing campaigns and interventions. More information can be accessed on the [Trust Health and Wellbeing intranet pages](#), or by emailing: tewv.healthandwellbeing@nhs.net

5.1 Health and wellbeing conversations

Helping each other with our wellbeing improves our motivation and productivity for the benefit of patients. Organisations where there is a culture of listening and mutual support for wellbeing, benefit significantly in terms of employee engagement and performance.

Having regular, supportive, employee-led health and wellbeing conversations aligns with our values of compassion, respect, responsibility and improving everyone's lives. These conversations, when approached with integrity and compassion, build trust, connection and a sense of belonging making it more likely that people will seek the support or adjustments offered by the trust when they are needed.

Health and wellbeing conversations should take place as a matter of routine and be part of our everyday culture and not just at formal opportunities such as appraisal or supervision but at informal opportunities too. We encourage staff and managers to be confident to have these conversations with each other, irrespective of seniority or formal hierarchical roles, to support a positive culture.

5.2 Mental Wellbeing and Stress at Work

Psychological ill health is the most prominent reason for sickness absence in the Trust and the wider NHS. There can be many factors causing mental ill health and in some cases this may be due to work related issues or stress. Although stress itself is not

an illness, prolonged exposure to unmanageable stress can lead to long-term difficulties, such as anxiety, depression and burn-out. Therefore, managing stress is a key part of our work to create a mentally healthy workplace.

While stress and mental health is sometimes seen as a challenging issue to talk about, we encourage open and supportive conversations between staff within supervisions or wellbeing conversations or just generally within the workplace.

The Trust also has a legal duty to protect workers from stress at work by completing a risk assessment and acting on it. The risk of stress and its impact on mental and physical ill-health, should be assessed in the same way that other work-related health and safety risks are.

Examples of when identification of stress at work may apply (this list is not exhaustive):

- A member of staff has been off sick with work-related stress, the risk assessment would be undertaken as part of the return to work process or prior to this as part of the supportive plans to assist them returning to work.
- An individual or team advises that they are suffering from work-related stress.
- during 1:1's and Appraisals.
- Major change may be occurring in the workplace.
- there has been a significant traumatic event that has affected the team or a team member



Where stress is identified by a staff member, a referral to Occupational Health services should be discussed with the staff member, regardless of whether they are at work or absent from work.

Completion of a stress risk assessment should be undertaken with a view to produce a mutually agreed and practical work plan / action plan. It may be helpful to attach the stress risk assessment and associated agreed actions to the Occupational Health referral.

An action plan should be produced as part of the risk assessment process. The risk assessment and action plan should be agreed with the individual (or team) and reviewed on a regular basis.

The **stress risk assessment template** found in [Health, safety, security | TEWV Intranet](#) (under the Health & Safety pages / access all risk assessment templates). follows the HSE Management Standards and should be used for both individual and team stress risk assessments.

Another useful document to consider completing is a **Personal Wellbeing Plan**. Staff can use this to:

- Develop a plan to stay on track with their life and wellness goals
- Identify what throws them off track and develop a plan to keep moving forward
- Gain support and stay in control even in a crisis

Completing a **Personal Wellbeing Plan** can support staff to identify the tools that keep them well and create action plans to put into practice in everyday life. The template for the **Personal Wellbeing Plan** is found via this link: [people and culture, human resources, appraisals, leave, sickness | TEWV Intranet](#).

The Trust has a range of mental wellbeing related support available for staff including:

• Employee Support service	Mental wellbeing TEWV Intranet
• Employee Psychology services	Mental wellbeing TEWV Intranet
• Silvercloud online support	https://tewveps.silvercloudhealth.com/signup/ Code for Trust staff to use is: TEWVSC2
• Confidential counselling services	Mental wellbeing TEWV Intranet
• Occupational Health services	Occupational health TEWV Intranet
• Mindfulness	Mental wellbeing TEWV Intranet
• Talking Therapies	Mental wellbeing TEWV Intranet
• Chaplaincy	Mental wellbeing TEWV Intranet
• Schwartz Rounds	Schwartz Rounds TEWV Intranet
• Staff Networks	Staff networks TEWV Intranet
• Freedom to Speak Up Ambassadors	Freedom to speak up guardian TEWV Intranet
• People Partners	
• Trade Unions representatives	Mental wellbeing TEWV Intranet
• Sexual Safety Toolkit	Sexual safety in the workplace TEWV Intranet

• Toolkit to support those with experience of Domestic Abuse	Domestic abuse toolkit TEWV Intranet
• Reasonable Adjustments Team	Reasonable Adjustments Page TEWV Intranet

Please refer to the [health and wellbeing pages on the intranet](#) for more information about the services described above and other health and wellbeing initiatives.

5.3 Occupational Health Services

We may want to refer staff to Occupational Health to understand if there is any advice or recommendations that we could reasonably implement, on a temporary or longer-term basis, that may help staff to remain in work by enabling reasonable adjustments and proactive treatment. We may also make a referral if staff are currently absent, and we need medical advice on fitness for work and recommendations for supporting staff recovery and/or a successful return to work.

Occupational Health advice plays an important part in supporting health, wellbeing, and attendance. We will always let staff know why we are referring them to Occupational Health.

Staff will be referred to Occupational Health if they are wishing to apply for ill health retirement, if we need to get advice relating to redeployment, in cases of work related stress or accident, trauma or if advice is needed for staff with disabilities or long term health conditions where absence levels are causing concern.

It is expected that staff will engage with an Occupational Health referral to support their health and wellbeing, and/or recovery. If staff do not attend the appointment, we can only support them and base our decisions on the information available to us.

If staff know in advance that they cannot attend their Occupational Health appointment, it is important that they decline or cancel their appointment when our Occupational Health provider contacts them so that the Trust is not charged unnecessarily.

5.4 Long term health conditions/disabilities

We recognise that disability and ill health are not the same thing. Some of our staff will be living and working with long term health conditions or disabilities. Whilst we do not seek to determine whether or not an individual is disabled, we have included the definitions within this section.

Equally, some staff may not identify as disabled but may meet the legal definition of disability under the Equality Act (2010) if they have: “a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.”

Neurological conditions such as ADHD, Autism, dyslexia, and others, would meet the definition of disability under the Equality Act (2010) as would a terminal diagnosis.

A long-term health condition is a condition that cannot at present be cured but can be controlled by medication or therapies. Examples of long-term health conditions include, arthritis, diabetes, epilepsy, COPD.

The Trust considers long term health conditions in same way as disability. If staff think their condition may be covered by these definitions, we would like staff to feel confident that you can tell us and that we will provide you with reasonable adjustments and support.

5.4.1 Reasonable Adjustments

The Equality Act 2010 states that employers must make reasonable adjustments to make sure workers with disabilities, or physical or mental health conditions, are not substantially disadvantaged when doing their jobs.

What are reasonable adjustments?

A reasonable adjustment is a modification to a work process, practice, procedure or setting that enables an employee with a disability (or long-term health condition) to perform their job in a way that removes or reduces a disadvantage relating to their disability compared to someone without a disability.

Some examples of adjustments are: -

-
- Modifying the workplace and/or duties e.g., not hotdesking
 - Close proximity to welfare facilities e.g., toilets, refreshments, washing facilities etc.
 - Purchasing/modifying equipment or IT software
 - Providing a mentor or additional support
 - Flexibility or changes to working patterns/hours
 - Additional training
 - Working from home / hybrid working
 - Time off for rehabilitation, assessment or treatment or disability leave

Please refer to the Trust [Reasonable Adjustment Procedure](#) for more information about reasonable adjustments and Individual Workplace Adjustment Plans.

Managers should ensure that they have considered reasonable adjustment for staff with disabilities / long term health conditions before they progress to any stage of the formal absence management process.

5.4.2 Disability Related Sickness / Disability Leave

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.

For attendance recording, disability leave will be differentiated from sickness absence. On ESR it should be recorded as special leave increasing balance (Type) and (reason) should be recorded as disability leave. On Health Roster it should be recorded as Disability paid > Special increasing balance. This will not be counted as an episode of sickness absence or trigger any formal monitoring in line with this procedure. Please refer to Special Leave procedure as required.

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.

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 operational HR, within the People & Culture directorate.

This provision will be reviewed with the member of staff regularly (at least annually).

The application for requesting disability leave is available via the intranet : [people and culture, human resources, appraisals, leave, sickness | TEWV Intranet](#)

Some examples of disability leave can include:

- Hospital treatment as an outpatient
- Medical assessments/tests
- Associated non-medical appointments e.g. guide dog training
- Attendance at hospital appointments

Where an employee has a disability or long term health condition, managers must consider the appropriateness of moving into and through a formal attendance management process where sickness absence, planned or unplanned is related to their disability. They should take advice from the relevant People Partner / Officer.

5.5 Pregnancy Related Sickness

Sickness absences relating to pregnancy will not be taken into account for the purposes of monitoring sickness absence or entering into a formal attendance management process.

Line managers will arrange to complete a new and expectant mothers risk assessment with the employee as soon as they become aware that a staff member is pregnant, to discuss any reasonable support and/or adjustments as required.

You may wish to refer to the [Leave and pay for new parents procedure](#).

5.6 Alcohol, Substance Misuse / Addiction

The Trust wishes to offer an environment in which staff feel confident and safe in seeking help for alcohol, substance, or other drug related problems.

The Trust recognises the need for an understanding, supportive and non-judgemental approach and is committed to helping those staff who are themselves committed to overcoming their difficulties. It recognises that excessive use of and/or dependence on alcohol, substances or other drugs by any of its staff members may affect their own health and can also affect their attendance, performance, working relationships, relations with patients and the public.

Please refer to the Trust Alcohol, Substance and other drugs use procedure. This sets out the Trust's aim to support and guide staff who acknowledge they are using alcohol, substances and other drugs to such an extent that their health and wellbeing is adversely affected, with the overarching focus being one of a sustained recovery for the affected staff member.

5.7 Presenteeism

Presenteeism refers to employees coming to work despite being unwell or not fully functioning.

It can also encompass situations where employees are present but disengaged or not fully performing due to factors other than illness, such as stress, burnout, or lack of motivation.

The potential impacts of presenteeism can be:

- Reduced productivity
- An increase in the length / severity of any illness,
- Increased likelihood of mistakes
- The quality of work or care we offer can suffer.
- Spread of illness to colleagues or patients

Examples of factors contributing to presenteeism:

- Fear of negative repercussions from taking time off.
- Strong work ethic or pressure to be present.
- Job insecurity.
- Stress, poor mental health, and financial concerns.

The NHS Staff Survey results 2024 found that 54% of staff have come to work in the preceding 3 months despite not feeling enough to perform their duties.

We are committed to:

- Creating a culture that supports employee health and well-being. By making small adjustments at an earlier point in time will reduce the impact of any adversity experienced, so people can remain well in work or will need a shorter time off sick to recover.
- Encouraging employees to take time off when needed rather than pushing themselves into more severe ill health.
- Ensuring there is easy access to mental, physical and emotional health support and resources within a supportive compassionate culture.

- Implementing policies that promote a healthy work-life balance such as flexible working, reasonable adjustments, special leave etc.
- Signposting staff to relevant support for their health wellbeing such as staff networks, psychological and emotional support, physical wellbeing advice, including both external and internal wellbeing offers

6 Attendance Management Process

The section below details the attendance management process for both short and long term absence.

It should be noted that staff may have a mix of short and long term absences and therefore can move between both short term and long term processes. Advice can be sought from People & Culture representatives as needed.

6.1 Reporting sickness absence

Staff **must** follow absence reporting procedures to ensure that unauthorised absence is not recorded. If staff are unclear about what to do when they are absent, they should contact their line manager as soon as possible and make sure they understand their responsibilities.

In all cases, the line manager or an appropriate deputy should complete the **Sickness Absence Notification Form** [people and culture, human resources, appraisals, leave, sickness | TEWV Intranet](#) to record discussions with their staff member relating to their absence. This should be retained on their personal file. The following information should be gathered as minimum :

- The reason for the absence i.e., including if the illness is infectious or work related
- How long the staff member is likely to be absent from work
- If there is any urgent or outstanding work which required covering in their absence
- How the line manager can contact the staff member i.e. mobile telephone number
- When next contact will be and who will initiate this
- If any support from the Trust can be offered at this stage

- If appropriate, the line manager may check with if the staff member has any bank shifts scheduled which need cancelling.

Please refer to **Appendix 2** which explains how to report planned and unplanned absence, including absence relating to diarrhoea and vomiting.

6.2 Certification of absence

The table below explains what certificates are required to be submitted, and when.

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. Absence ends when staff inform their line manager that they are fit for work, whether it is a normal working day or not.

Staff are able to return to work before the end of a medical certificate if they feel well enough to do so, unless it is specified on the certificate that the practitioner requires to review them prior to return or it is deemed appropriate to gain advice from Occupational Health prior to the return.

Manager responsibilities	Staff member responsibilities
Must place the certificate on employees personal file as soon as possible.	Must get a self-certification form from their manager, <u>the Trust intranet</u> or the

	operational HR department within the People & Culture directorate.
Remind staff during keeping in touch conversations when the next medical certificate is due.	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
Make staff aware that failure to submit a medical certificate could result in their absence being deemed as unauthorised and therefore unpaid.	Must make sure they have a doctor's appointment arranged before their medical certificate runs out if they require more than one certificate to cover a period of absence:
Will write to employees to advise that their absence is being treated as unauthorised and therefore unpaid.	Should make arrangements to get their fit note to their line manager in a timely manner if they are unable to deliver the fit note themselves. They should communicate with their manager if there will be delay. See blue box below on page 20.
Will inform payroll of the dates when absence is unauthorised / unpaid and of any subsequent changes thereafter, i.e. when fit notes are submitted.	

If a retrospective fit note is submitted, occupational sick pay will not be reimbursed. Only Statutory Sick Pay will be paid. Occupational sick pay will be reinstated from the date the fit note / medical certificate is received.



We are mindful that some GP practices will not allow appointments / e-consults to be booked until the date a medical certificate expires. Employees should advise their manager if this is the case and agree a reasonable time period to submit their medical certificate.

In the situation where a medical certificate has not been provided to the line manager by either the expiry date of the previous medical certificate or an agreed date, the following will apply:

The period of absence not covered by a certificate will be unpaid unless the manager receives the appropriate certificate by an agreed reasonable date. This should be no longer than 5 days after the previous certificate has expired.

If the appropriate medical certification is not received by this date the manager will contact payroll and advise that occupational sick pay should be suspended from the date that the medical certificate expired.

Managers should consider any mitigating factors before instructing payroll to stop pay. For example, if a staff member is hospitalised or in a situation where it would be unreasonable to have submitted a medical certificate within the timescales. In cases of exceptional circumstances, advice should be taken from operational HR, within the People & Culture directorate.

6.3 Keeping in touch

During any time away from work due to sickness, we want to ensure that we can offer staff support wherever possible. The agreed frequency of contact will be dependent on the nature of the illness and circumstances surrounding this. The main purpose is that staff feel supported during an absence and that managers knows staff are safe.

The table below summarises the expectations of staff and managers when keeping in touch:

Managers responsibilities	Staff members responsibilities
Jointly agree a suitable and regular time to have a telephone call. The purpose of this is to allow staff to update on how they are feeling so the manager can understand any difficulties they are having and provide the right support.	

Remind staff member to submit self / medical certificates	Link with GP in a timely manner to provide the Trust with medical certificates
Maintain contact with staff member, ideally at least fortnightly. If absence is long term, maintain contact in addition to long term sickness absence reviews.	Advise manager as soon as possible if not fit to return as planned or of any update / changes to their health and wellbeing.
Where possible arrange contact around any appointments related to staff members recovery	Take a proactive approach to accessing support mechanisms to aid recovery and maintain health and wellbeing.
Log all communications on Sickness Absence Notification Form	Engagement with this procedure and keeping in contact with manager and any other contacts as agreed.
Check if staff member wishes to access Staff Network meetings or other Trust support and forward relevant information to personal email address.	
Remind staff member that there is no expectation to access work systems, such as emails or Teams.	



It is the joint responsibility of staff members and managers to keep in contact with each other. Both **must** agree how they are going to keep in contact and how often.

6.4 Recording of sickness absence



All absences must be recorded accurately by the manager on Health Roster or ESR in a timely manner. This ensures salaries are paid correctly, including Statutory/Occupational Sick Pay

Managers must record:

- Reasons for absence
- Accurate start and end dates of absence in a timely manner on the appropriate system. This may be either the Health Roster System or ESR.



If using Health Roster you do not need to record the absence on ESR as well, **unless**, a staff member is due to move into half pay or has returned to work after a roster has been submitted. In this situation managers should update ESR with the end date of the sickness if this falls after a roster has been submitted.

- All sickness absence, including any disability related absence, work related absence, pregnancy related absence or absence related to gender reassignment.



Gender Reassignment:

Managers should be mindful that any information relating to a staff members transition or intention to transition is special category information and must not be shared with anyone else without the express, written consent of the individual.

Transitioning is the process by which someone begins to live according to their gender identity, rather than their birth gender.

Advice should be sought from the Trust Equality, Diversity, Inclusion and Human Rights Team

Periods of absence relating to work related incidents (see definitions section), pregnancy or gender reassignment will not be expected to be taken into account for the purposes of monitoring sickness absence and progressing in line with the management of short term sickness absence process. This would only occur when the levels of sickness absence become unsustainable.

Equally, managers must consider the appropriateness of progressing staff with absences due to their disability or long term health conditions and ensure that reasonable adjustments have been considered. **As with all cases**, if the levels of absence become unsustainable and all possible reasonable adjustments and support have been made it may be appropriate to progress in line with the attendance management processes detailed within this procedure.

All documentation relating to staff absence will be held on their personal file.

6.5 Returning to work

When employees return to work following a period of sickness absence, they and their line manager (or agreed alternative) will look to agree a plan for how best to support them to make a successful return to work. Sometimes People & Culture colleagues and/or Occupational Health may have been involved in exploring and agreeing this support.

We are mindful that 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.

Line managers (or an appropriate deputy) will meet with the staff member, ideally on their first day back to work to ask how they are and give staff an opportunity to ask questions and/or request further support and complete the **Return to Work form**. Templates can be found at the following link: [people and culture, human resources, appraisals, leave, sickness | TEWV Intranet](#). A copy of this should be shared with the staff member and second copy retained on their personal file.



In line with NICE guidelines, any staff who have been absent from work for more than 4 weeks with a **common mental health problem**, a 3 month structured support plan should be considered. See the **Return to Work** form for a template.

Common mental health problems such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder, post-traumatic stress or post-traumatic stress disorder and social anxiety disorder.

The purpose and style of the meeting **must** be positive and be an opportunity to discuss the staff members absence. Managers 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.

Refer to **Appendix 3** for more detailed guidance on the areas that will usually be discussed as part of a **return to work conversation**.

Both staff member and manager will **review the attendance indicators** for entry to the attendance management process, to identify whether this absence, along with any other absences in a rolling 12-month period, indicate that the staff member could benefit from further support.

6.5.1 Attendance indicators

The attendance indicators are:

▪ 3 or more absences in a 12-month rolling period.
▪ 28 or more days of absence in a 12-month rolling period (counted in calendar days).
▪ Any unusual timing of an absence or an identifiable pattern that leads us to believe the employee may require support to improve their attendance in work (the day after a bank holiday on more than one occasion for example or following a period of annual leave).
▪ Any combination of the above.

If documented absences do meet one of more of the attendance indicators the staff member will be expected to undertake a **detailed return to work conversation** with their manager.

6.5.2 Detailed Return to Work Conversation

This is an opportunity for both the manager and staff member to really understand what the staff member needs to sustain regular attendance at work, and the intent is that staff experience this as a positive intervention.

Managers will complete with the staff member the 'detailed return to work' section on the Return to Work form: [people and culture, human resources, appraisals, leave, sickness | TEWV Intranet](#). In addition to the areas suggested in **Appendix 3**, managers will explore the following:

- ✓ Are there any chronic health conditions or newly diagnosed conditions/suspected conditions that may need reasonable adjustments in order to function well in work
- ✓ Is there any noticeable pattern to the absence, for example, regular absences on Mondays or Fridays, every Christmas, school holidays etc, which may be suggestive of a hidden aspect, that staff may need other support with. For example caring responsibilities, domestic violence?
- ✓ Is there anything relating to the role which over time could impact on staff health and wellbeing, i.e. exposure to challenging or sensitive information or situations?
- ✓ 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?

Both staff member and manager must try to identify any reasonable steps to improve staff members attendance. Consideration should be given to whether staff have had a clear/acceptable record for several years. Likewise, where staff 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.

At the end of the **detailed return to work conversation**, the staff member should be advised:

- If their levels of sickness absence are of concern that this will result in a **Formal sickness meeting**, depending on where they may already be in the process. (See section 6.6, short term sickness absence management.)
- Sickness absence is monitored at all times for all staff



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

Managers may ask for advice on the following:

- Likelihood of the condition / illness recurring
- Staff members ability to regularly attend work in the future
- If the condition is likely to be covered by the Equality Act 2010 and if so, if there are any reasonable adjustments which would support them.
- If there are any other support services available that would benefit them.



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

6.6 Short term sickness absence management

The Trust are committing to supporting employees to proactively manage their health and wellbeing and attendance at work. All absences are treated as genuine, unless evidence is provided to the contrary.

Managers must ensure they have given full consideration to any mitigating factors, any protected characteristics and check if reasonable adjustments have been considered before progressing into the stages of formal attendance management. This should be carefully considered alongside the needs of the service.

Episodes of short-term absence will follow the process summarised in Chart 1.



In situations where written warnings have expired and further sickness absence has occurred within a reasonable period of time, consideration will be given as the most appropriate stage of this procedure that the absence will be managed under. Advice should be sought from the People & Culture team.

For example, if a final written warning issued at a Second Formal sickness meeting has recently expired and there has been further absence, it may be appropriate to progress to a Final Sickness hearing.

Chart 1: SUMMARY OF SHORT-TERM SICKNESS ABSENCE PROCESS

Employee reports to their manager that they are unwell and not able to attend work (as per section 6.1).

Manager completes **Sickness Absence Notification Form** (as per section 6), ensures that ESR / Health Roster is updated with absence. Jointly agree how contact will be maintained during absence (including providing appropriate certification).

Return to Work form completed when employee returns to work as per section 6.5

If, during the **Return to Work conversation** it is highlighted that the employee has met the **attendance indicators**:

- 3 or more absences in a 12-month rolling period.
- 28 or more days of absence in a 12-month rolling period (counted in calendar days).
- Any unusual timing of an absence or an identifiable pattern
- Any combination of the above.

a **Detailed Return to Work** conversation should take place (as per section 6.5.2). Staff member must be advised that further absence may result in a **First Formal sickness** meeting being convened.

If staff member has further absences, manager may deem it appropriate to progress to a **First Formal sickness review** meeting. A likely outcome is that a **12 month written warning** may be issued. Right to appeal.

If staff member has further absences, manager may deem it appropriate to progress to a **Second Formal sickness review** meeting. A likely outcome is that **12 month final written warning** may be issued. Right to appeal.

If staff member has further absence, manager may deem it appropriate to progress to a **Final Sickness Hearing**. A likely outcome is that **employment will be ended** and staff member placed on their notice. Right to appeal.

6.6.1 Summary of expectations during the short-term sickness absence process

The table below summarised the expectations of managers and staff in line with the process detailed above in Chart 1.

Managers (or nominated deputy) Responsibilities	Staff Members Responsibilities
Reply and respond in a timely manner to staff reporting sickness absence or allocate a deputy to do this	Advise their manager (or deputy) in a timely manner their sickness absence
Jointly agree how to keep in touch, who will call who and when. Contact the other, if unable to make contact as planned	
Jointly agree what other team members will be informed about the absence	
Ensure sickness absence documentation is filed on staff personal files	Submit appropriate self / medical certificates Provide any relevant information or documentation e.g. consultant letters
Record start and end of absences on ESR / Health Roster in a timely manner	Keep manager updated on wellbeing, included any planned return to work dates or appointments
Arrange appropriate cover	Engage with occupational health if requested
Signpost staff member to relevant support	Consider and engage with any relevant support mechanisms
Complete return to work form and place on personal file, ensure any actions are reviewed / followed up accordingly	Engage in return to work conversation, taking an active part in maintaining own health and wellbeing
Monitor staff absences and identify if any attendance indicators have been met and progress in accordance with this procedure	Engage with meetings/conversations to help to support attendance, including any formal meetings



Please refer to **Appendix 4** for more detailed guidance on the formal stages of the short-term sickness absence process (First and Second Formal Sickness meetings).

6.7 Final Sickness Hearing

This hearing applies for both short term and long term absence situations. If an employees attendance has not reached satisfactory levels, either because they continue to have short episodes of sickness and there is no sustained improvement, or they are on long term sickness absence and the length of the absence can no longer be sustained the staff member will be invited to a **Final Sickness Hearing**.



There is no requirement to wait for the full twelve month period or for occupational sick pay to expire before the Final Sickness Hearing is held.

The purpose of this hearing is for a senior manager to review their attendance and make a decision on their continued employment with the Trust.

- ✓ Staff member will be invited to the **Final Sickness Hearing** and be offered the right to be accompanied by a companion or staffside representative. They will be given 7 days' notice of the meeting (unless mutually agreed otherwise).
- ✓ Staff member will be advised that a potential outcome of the Final Sickness hearing is that their employment with the Trust could be terminated.
- ✓ If their absence relates to short term frequent absence or patterns of concern a report will be produced by their manager and presented at the hearing. If their absence is long term, a Long Term Sickness Absence manager will produce and present the report. The line manager will also be in attendance.
- ✓ Staff member will be provided with a copy of the report 7 days prior to the Final Sickness Hearing taking place.
- ✓ The Final Sickness hearing can take place face to face or via MST and this will be agreed with the staff member beforehand.

- ✓ At the meeting the report summarising the staff members sickness absences, support offered and any other relevant information such as medical advice will be presented. The staff member will have the opportunity to respond and may wish to present their own case or additional information.

The meeting will be chaired by a General Manager or Deputy / Associate Director or manager of the same seniority and they will be supported by a People & Culture representative. The chair must consider the following :

- Has there been a fair review of the staff members attendance record and reasons for absence?
- Has there been consideration relating to any extenuating circumstances or protected characteristics?
- Has the appropriate support been offered?
- Has the employee had the opportunity to attend the meeting to present their case?
- Is there documentary evidence available to demonstrate that the procedure has been followed?
- Have the relevant warnings been issued, where appropriate (warnings may not have been issued in cases of long term absence)?
- Is their proposed decision fair and consistent?

Notes of the meeting will be taken by the People & Culture representative. The chair may request additional information in order to aid their decision or can defer their decision and reconvene the hearing at a later date.

Outcomes that the chair may consider at a Final Sickness hearing are any or a combination of:

- | |
|---|
| <ul style="list-style-type: none"> • Issuing a final written warning for up to 12 months (even if a final written warning is already in place) |
| <ul style="list-style-type: none"> • Redeployment to another role if this is supported by Occupational Health |
| <ul style="list-style-type: none"> • Ending the staff members employment with the Trust with the appropriate notice period. |

Staff members will be given the right to appeal the decision, as per Appeals section 6.8.

If they are placed on their notice to end their employment, they will be given two options which will be explained to them:

- ✓ They can take payment in lieu of notice and their employment will be ended on the day of the Final Sickness hearing decision is given to them.
- ✓ They can remain in employment for their notice period and will continue to accrue annual leave during that period.

In exceptional cases, if a staff members employment is ended and they are able to return to work during their notice period, the chair may consider stopping their notice period and allowing them to continue their employment and may issue a warning. Staff would not eligible for this option if they decide to take pay in lieu of notice.

6.8 Appeals

If staff are issued with any sanctions as a result of any formal sickness meeting under the attendance management process, they will be advised in writing of their right to appeal the decision.

If they do wish to appeal, they should do so in writing within 7 calendar days from the date that they receive the outcome letter. They will be advised within their outcome letter of whom they should address their appeal to. Usually this will be the Head of People and Resourcing.

- An appeal hearing will be arranged following the format detailed within the Trust [Managing Concerns of Potential Conduct \(Disciplinary\) procedure](#).

6.9 Long term sickness absence management

Long term sickness absence is where an employee is absent for a period of more than 28 days. If the length of a staff members absence is approaching 28 days and an occupational health referral was not required to be made earlier, line managers will make an Occupational Health referral for their staff member, with their consent.

In cases where staff do not consent to an occupational health referral, management will make decisions based on the information available to them.

Managers will also inform the Trust's Long Term Sickness Absence Management team (who are part of the Trust's People & Culture directorate) of the staff members' absence so that a review meeting can be arranged by the team. This review meeting will be led by a Long-Term Sickness Absence Manager and the manager (or appropriate deputy), and staff member will also attend. Staff members will have the option to be accompanied by a companion or staff side representative if they wish. Their companion can be someone who does not work for the Trust, such as a friend or family member. It is the staff members' responsibility to arrange for their companion to attend the meetings.

If the reason for the staff members' absence is due to work-related issues with their manager, the staff member may request that their General Manager considers allocating a different manager to be the nominated contact.

Our primary aim is to offer help and support with staff recovery so that they can return to work, in some capacity as soon as possible. The purpose of the sickness absence review meetings are to understand how staff are doing, what support is already in place and to explain and agree next steps. We recognise that these meetings may cause anxiety, particularly when staff are unwell, and we aim to undertake these as sensitively as possible.

6.9.1 Long term sickness absence review meetings

Long term sickness absence review meetings can take place over the telephone, via MS Teams or face to face. The staff member will be asked when the meeting is arranged what their preference is. The Long-Term Sickness Absence manager will take notes during the meeting and share these with the staff member, line manager and the companion or staff side representative if requested by the staff member. The Long-Term Sickness Absence Manager will make the referrals to Occupational Health services and arrange future sickness absence review meetings.

During the sickness absence review meetings the following will usually be covered. However, this will be dependent on each individual case to ensure staff are offered tailored support:

- ✓ explore the reasons for their absence and likely length of absence
- ✓ ask what support they are already accessing and discuss / signpost to any other support would be helpful (including reasonable adjustments)

- ✓ check they have submitted the appropriate self or medical certificates so that they are paid correctly
- ✓ check with the manager that the absence has been recorded accurately
- ✓ discuss making an occupational health referral if one has not already been done or discuss any available medical advice
- ✓ explore if any risk assessments or wellness recovery plans would be beneficial to be completed
- ✓ explain the attendance management process and what to expect through this process
- ✓ at the appropriate time, discuss plans and support for their return to work in line with this procedure
- ✓ if appropriate, provide information and support around redeployment, career breaks or ill health retirement processes.
- ✓ Agree when the next sickness absence review meeting will take place

The frequency of these sickness absence review meetings will be agreed with the staff member and will be dependent on their situation but usually it is expected that a sickness absence review meeting will take place every 4 – 6 weeks. The line manager will keep in touch with the staff member in between these review meetings.



In most cases, staff will recover and be able to make a successful return to work. However, if after a prolonged period of absence, or if there is no reasonable return to work date, or if the occupational sick pay is due to expire, we may be required to move to a **Final Sickness Hearing** where the staff members continued employment with the Trust will be considered. See section 6.7 – Final Sickness Hearing
Staff will be advised of this during their sickness absence review meeting and the process will be explained to them.

6.9.2 Returning to work after long term sickness

If a staff member is able to return to work, the manager (or nominated deputy) will undertake a **Detailed Return to Work** conversation with the staff member, as per section 6.5.2. and ensure that there is a plan in place to support the staff member. They will discuss with the staff member whether it is appropriate to move to any formal stages of the attendance management process.

If a staff member has returned to work after an absence that is 4 weeks or more due to a common mental health problem, (see definitions section), then line managers

should agree a structured **3 month support plan** with the staff member. The aim of this plan is to talk to the staff member about support strategies to reduce the likelihood of them becoming unwell again. A template plan is available as part of the **Return to Work** form.

6.9.3 Summary of expectations during the long-term absence process

Long Term Sickness Absence Manager responsibilities	Line Manager (or nominated deputy) responsibilities	Staff member responsibilities
Log the absent employee on internal recording system	Respond in a timely manner to staff reporting sickness absence or allocate a deputy to do this	Report in a timely manner their sickness absence and maintain regular contact with their manager and the LTS manager
Share support pack with employee and signpost to support options	Inform the Long-Term Sickness Team of any staff who are absent for 28 days or more via tewv.longtermsickness@nhs.net	Submit appropriate self / medical certificates to manager Provide any relevant information or documentation e.g. consultant letters
Arrange sickness absence review meetings, document discussions and share notes as appropriate Ensuring staff member is aware of their right to be accompanied	Ensure the absence is accurately recorded (start and end dates) and all documentation is stored on personal files	Consider and engage with any relevant support mechanisms
Lead sickness absence review meetings	Maintain regular contact with staff member outside of long-term sickness absence review meetings	Engage with long term absence process by attending sickness meetings as requested
Make referrals to Occupational Health	Cancel any bank or overtime shifts	Responsible for arranging for their

	Update / recalculate any annual leave records accordingly including removing Bank Holiday entitlement.	companion to attend meetings
Arrange and communicate arrangements for any Final Sickness Hearings, if required.	Attend any Final Sickness Hearings and contribute to report or the hearings as appropriate.	Engage with long term absence process by attending Final Sickness hearings as requested or advising if they do not intend to attend. Responsible for arranging their companion to attend the Final Sickness Hearing with them or on their behalf in their absence if they wish.
Produce and present Final Sickness Hearing reports (these reports may be presented by line managers in the absence of a LTS manager)	Signpost staff member to any support services (prior to Long Term Sickness team becoming involved)	Attend occupational health appointment as required. If unable to attend, inform Occupational Health, line manager and LTS Manager in a timely manner to avoid cancellation charges.
Support with the creation of return to work plans	- Take the lead on the development of the Return to Work plan - Complete Return to Work conversation and place on personal file, ensure any actions are reviewed / followed up accordingly	Checks payslips to ensure pay is correct / highlight any queries.
Liaise with pensions and support with completion of Ill Health Retirement applications as needed	Monitor staff absences and identify if any attendance indicators have been met and progress in accordance with this procedure.	Where appropriate, engage in return-to-work conversations, taking an active part in maintaining own health and wellbeing

Link with People Partners / Officers as necessary, e.g. in cases where redeployment may apply		Where appropriate engage in any related processes, e.g redeployment
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7 Other procedural issues

7.1 Ill Health Retirement

It is acknowledged that in the situation where an employee is likely to be permanently unable to return to work due to their health that this can be extremely distressing. The trust will look to avoid any premature or unnecessary ill health retirements, considering reasonable adjustments and redeployment options accordingly.

If after exploring these options, it still remains the case that a staff member is permanently unable to return to work we will start to support them with the ill health retirement process. A meeting will be arranged to fully discuss the details of occupational health reports and to consider the next appropriate steps with the procedure and how we can support the staff member. The staff member and their manager will be supported at this meeting by the appropriate People & Culture representative. The staff member can be accompanied at this meeting by a union representative or companion.

- ✓ A Final Sickness Hearing will be held to consider the staff members 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 the staff member is too unwell to attend this meeting, it can be mutually agreed the best way to undertake this.
- ✓ If the employee is 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 the employee on the completion of the necessary paperwork. It is important to stress 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 a staff members 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.

7.2 Following advice from Occupational Health

It is acknowledged that occupational health advice plays an important part in the overall management decision making process. The advice is advisory only and other factors need to be considered, which are equally as important, including the impact the period of absence or reasonableness of proposed adjustments are having on the delivering of the service.

7.2.1 Employee will recover within a reasonable period of time

In circumstances where a staff members health is improving, discussions should take place regarding their return to work and any reasonable workplace adjustments to support them. It may be appropriate to consider applying to Access to Work or linking with the Trust Reasonable Adjustments team. See section 5.3.1 Reasonable Adjustments.

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.

7.2.2 Employee is fit to return to work, but requires a graduated return

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. A graduated / phased return would be for a maximum of 4 weeks.
- ✓ Where a graduated return to work is supported by Occupational Health, staff will not be expected to utilise annual leave for graduated returns up to four weeks. If a longer graduated return is recommended, staff will be expected to use their annual leave to support this additional period. If staff member does not have sufficient annual leave to support an extended return to work, consideration will be given to a temporary reduction in hours, with the associated reduction in pay. No pay protection will apply.
- ✓ If Occupational Health have not recommended a graduated return to work, staff and managers can discuss use of annual leave to support a return, if they believe this will be beneficial.
- ✓ Staff will not receive protection of enhancements whilst on a graduated return.

- ✓ In accordance with the Staff Rostering procedure, staff should not undertake bank shifts, overtime or excess hours whilst on a graduated / phased return.

7.2.3 Employee currently unfit for any work at this time

If Occupational Health advice states that a staff member is currently unfit for any work but they expect them to return to work at some point in the future, the line manager will need to consider how long the absence can be sustained within the service.

If the staff members absence is long term, they must be told that continued absence could lead to their employment being ended. If they do not improve to a level where they can return to work within a reasonable timeframe, then they must be advised that they will progress to a final sickness hearing (as detailed in section 6.7 – Final Sickness Hearing).

7.2.4 Employee unfit to undertake current duties but considered fit to undertake alternative roles (redeployment)

Occupational health advice may indicate that redeployment is appropriate. Redeployment will be considered in the following circumstances:

- If a staff member is unable to undertake their current duties but may be fit undertake a different role
- If occupational health have advised of proposed adjustments in the staff members current role which may support a return to their role, but after consideration these are not deemed operationally feasible.

A meeting with the manager and a People and Culture representative will be convened to discuss the content of the Occupational Health report. Within this meeting the Trust's Redeployment process will be explained and the staff member will have the opportunity to ask questions and understand the process and options available to them. Efforts will be made to identify suitable alternative employment however the staff member will be made aware that in the circumstances where it **is not** possible to identify suitable alternative employment it may be necessary to consider ending the staff members employment.

Information on the redeployment process and associated support can be found in the Trust's [Organisational Change Procedure](#).

7.3 Annual Leave

During periods sickness absence staff accrue annual leave, however in accordance with Agenda for Change terms and conditions of service they **do not accrue bank holidays**. When a staff member returns to work from sick leave, the manager **must** recalculate the staff members annual leave entitlement, and ensure they have deducted the bank holiday entitlement, if the staff member was absent when a bank holiday has fallen.

Please refer to **Appendix 5** for guidance on annual leave in the following situations:

- Sickness whilst on annual leave
- Taking annual leave whilst off sick
- Carry over of annual leave

7.4 Career Breaks

Career breaks are offered to staff who meet the eligibility criteria, see [Special Leave procedure](#) and might be an appropriate option for staff who do not have a likely return to work in the foreseeable future.

For example if an individual is on a period of long term sick, due to the illness of family member or someone they have caring commitments for, it may be beneficial to their health and wellbeing to take some time away from the workplace by utilising the Career Break scheme.

7.5 Elective surgery / absences

Absence relating to elective cosmetic surgery / procedures will not be considered eligible for sick pay unless you become unwell as a result of the procedure and then sickness absence rules would apply. Employees must arrange time off with their manager, either through annual leave or unpaid leave.

Exceptions to this are where the surgery is based on medical advice, e.g. reconstructive surgery following cancer treatment or gender reassignment surgery.

8 Counter Fraud

Where an employee has secondary employment with another employer, and reports unfit for work, the Trust 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 Trust, must be approved by a Senior Manager of the Trust 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 [Counter Fraud, Bribery and Corruption Policy and Strategy](#). In addition to disciplinary action, criminal or civil action may also be considered

9 Definitions

Term	Definition
Fit Note / Medical Certificate	The document supplied by a GP, used to advise on changes that could be made to enable the employee to return to work. It sets out a time period for potential fitness to return to work and sometimes recommends reasonable adjustments. This is required for absence of 8 days or longer.
Self Certificate	The form that should be completed for sickness absence up to 7 days. Available from people and culture, human resources, appraisals, leave, sickness TEWV Intranet
Planned absence	Absence due to planned hospital treatment or other medical appointments.
Unplanned absence	Absence due to sudden and unexpected illness.
Unauthorised absence	Absence that is not authorised and is therefore unpaid. It may result in formal action being taken under the Trusts Managing Concerns of Potential Conduct (disciplinary) procedure.
Short-term absence	Any 1 occurrence of sickness absence lasting between 1 and 27 calendar days.

Frequent absence	When an employee is off enough times to make the manager concerned advice will be sought from People and Culture.
Long-term absence	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	Any period of absence due to sickness, e.g. 1 day, 1 week, 6 months etc. with no return to work in between.
Attendance indicators / unsatisfactory level of absence	3 episodes or 28 days 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	The 12-month period immediately before each episode of sickness absence.
Graduated return to work	A defined period (usually 2-4 weeks) of interim flexible working arrangements to enable a return to full duties and responsibilities by the end of the agreed period. If the employee wishes to extend their phased return to more than 4 weeks, they may do so, with agreement from their manager, by using annual leave.
Companion	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	Support Trust staff with their health and wellbeing needs.
Reasonable adjustments	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.
Disability Leave	A type of reasonable adjustment whereby a staff member with a disability or long term health condition may need to take a period of planned leave to attend appointments, consultations or have treatment in relation to the ongoing management of a disability or long term health condition.

Disability related sickness	Sickness absence related to a disability or long term health condition
Redeployment	If you cannot do your own job through ill health or injury, moving to a different role may be recommended with medical advice.
Long Term Sickness absence management team	A team of HR managers who will support all long term sickness within the trust
Stress	<i>‘the adverse reaction people have to excessive pressures or other types of demands placed on them’.</i> Source - Health and Safety Executive
Work related injury	a work-related injury or illness is one that is sustained or contracted as a result of employment, either during a specific incident or series of incidents. This may or may not be RIDDOR reportable.
Common mental health problem	The National Institute of Clinical Excellence (NICE) include conditions such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder and social anxiety disorder as common mental health problems.
NICE guidelines	The National Institute of Clinical Excellence (NICE) guidelines

10 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 within the Trust internal bulletin.
- As part of the updated training for staff who manage people, a module will include how to manage attendance and apply this procedure.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.
- Overview of changes to procedure and key elements of the procedure to be developed into a training/awareness package to be disseminated via the Health & Wellbeing team and People Partners within services.

10.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Those with line management responsibility	Manager Briefing and awareness package of key changes to procedures	30 minutes	Once
Those with line management responsibility	People Managers training (replacing new managers programme) attendance module	2 hours	Once
All staff	Line manager briefing in regard to expectations of staff to adhere to procedure	Variable	Once

11 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	Sickness absence audits	Frequency = Quarterly Method = Audit Responsible = Operational HR, within the People & Culture directorate.	Rolling programme of audits with outcomes to be reported via Care Group Boards.
2	Local case management / including	Frequency = Monthly	Rolling programme of audits with outcomes to be

	sickness absence levels	Method = ESR and sickness monitoring Responsible = P&C	reported via Care Group Boards Trustwide dashboards for overall sickness absence levels H&W quarterly EDG report re the wellbeing aspects.
3	Long Term sickness team case management and regular reports	Monthly case management Long Term Sickness Absence Annual reports	Health & Wellbeing Governance Group Health & Wellbeing quarterly report to EDG / People Culture and Diversity Committee.

12 References

The NHS Long Term Plan

<https://www.longtermplan.nhs.uk/online-version/>

Our Journey to Change and Trust Values

NHS Employers Sickness Absence Toolkit 2025

<https://www.nhsemployers.org/toolkits/sickness-absence-toolkit>

NHS Agenda for Change Terms and Conditions of Service

NHS Injury allowance guidance

13 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	15 July 2025
Next review date	15 July 2028

This document replaces	Staff Health, Wellbeing and Attendance. HR-0021-001-v3
This document was approved by	People and Culture Policy Working Group
This document was approved	27 June 2025
This document was ratified by	Joint Consultative Committee
This document was ratified	15 July 2025
An equality analysis was completed on this policy on	May 2025
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
v4	15 Jul 2025	• Introduction updated and included references to being trauma informed, continued through procedure • Roles and responsibilities updated, senior management and Trust Board added • Definitions updated • Section on Proactively supporting health, wellbeing and attendance added, including section on work related stress, long term health conditions and alcohol and substance misuse and presenteeism • More detailed information included on unplanned absence in appendix 2 • 5.3 new section on health & wellbeing conversations added • 6.3 keeping in touch section updated • 6.5 returning to work section updated • 6.5.1, updated attendance indicators, 28 days of absence added • 6.6 summary chart of short term absence and table detailing expectations added	Approved

		• 6.6, clarification re issue of warning that can be issued at first, 2nd and final hearings, • Appendix 4 – detail re first and second formal meeting moved here from body of procedure, updated and reiterated that need 7 days' notice of formal sickness reviews • 6.9.3, new table on expectations during the long term sickness process included • 7.2.2 – more detail provided regarding graduated returns. • Appendix 5 - various scenarios relating to annual and sickness included / expanded • 7.4 – new section on career break included • 7.5 - new section on elective surgery / absence	

Appendix 1 - Equality Impact Assessment Screening Form

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	People & Culture
Title	Staff Health Wellbeing and Attendance procedure
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	To support the health, wellbeing and attendance of all employees
Start date of Equality Analysis Screening	November 2024
End date of Equality Analysis Screening	May 2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	All staff
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	• Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual 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 / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO

	• Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	N/A
Describe any positive impacts / Human Rights Implications	This procedure sets out a safe and equitable health, wellbeing, and attendance framework, through which we can offer employees and managers the right support at the right time, enabling our people to be healthy, well and attend work regularly’. This advises managers to ensure that they consider staff individual needs and any protected characteristics, particularly before entering into any formal attendance management process.

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.)	As per references and related documents. Reviewed other Trust sickness absence procedure.
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	3 X MST drop in sessions were offered across the Trust for any staff to ask questions / give feedback . MS forms circulated in e-bulletin, to all staff networks and to business managers to circulate in services to allow staff to provide feedback anonymously if they wished. Attended People Partner huddle for feedback.
If you answered No above, describe future plans that you may have to engage and involve people from different groups	Procedure will be subject to 6 week consultation.

Section 4	Training needs
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As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	As per training needs section of 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 – How to report sickness absence

Planned absence

Where it is known that an employee will require some time off work to undertake treatment or to have an operation for example, you should meet with your manager to plan for the absence. It is important that you do the following:

- Let us know the likely time period you will need to be off work whilst you recover and evidence of the medical advice on your recovery period.
- Provide any medical letters or information relating to the reason you require time off work. This is so that your manager can document these. In some cases, it would be beneficial to share this information with Occupational Health, however we will always discuss this with you prior to sharing your information. Medical documents and information will be treated confidentially in line with the General Data Protection Regulation (GDPR).
- Agree keeping in touch dates and times with your manager to update them on your recovery. If you would like to talk about work, your manager can provide an update but only if talking about work does not impact your recovery.
- Whether the planned absence relates to a disability so that your line manager can document the absence correctly.
- If appropriate, your manager will share the contact details for relevant Trust support services and signpost to other pathways for support as required.
- If your absence is expected to be longer than 28 days, your manager will link with the Sickness Absence Management team.

Unplanned absence

Becoming ill whilst at work

If you become ill whilst at work and you need to leave as you are unfit for work, you should inform your line manager (or another designated manager in charge). It is important that we know you have left work to enable appropriate cover to protect patients, or in case we needed to evacuate the building and ensure your safety.

If you leave work due to illness having completed the majority of your shift, the day should not be logged as sickness absence on ESR / Health Roster but a file note of the absence will be made. If you have only just arrived at work, not completed any work and are ill, your line manager will log the day in ESR/Health Roster as sickness absence.

If on more than one occasion you leave shift after partially completing it, (therefore not recorded as sickness absence on ESR / Health Roster), your manager will meet with you to discuss if you are experiencing any difficulties that they can help support with. Frequent instances of leaving part way through a shift due to illness may be identified as a pattern of attendance to be picked up in line with this procedure.

Absence due to an incident / accident at work

If you have an incident / accident at work and become too unwell to work, your manager should:

- Refer you to Occupational Health as soon as possible. An early referral will provide you and your manager with support and advice which may help you reduce your overall period of absence.
- Record the incident on the Trust incident reporting system as soon as possible and include details of the specific injury.
- Seek advice as to whether any absence due to an incident / accident at work should be RIDDOR reportable, advice can be obtained from the Trust Health & Safety team. (tewv.hss@nhs.net).
- If your pay has been reduced as a result of absence relating to an injury at work, you may be eligible for NHS injury allowance in line with NHS injury guidance and Section 22 of Agenda for Change Terms and Conditions of Service handbook. This 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.
- 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
- If the injury is RIDDOR reportable you may be eligible for your pre accident/incident earnings to be protected at 100%.
- Applications for injury allowance are considered by the People and Culture Directorate
- For more information about injury allowance please see [people and culture, human resources, appraisals, leave, sickness | TEWV Intranet](#)

Sickness absence due to an outbreak of Diarrhoea and Vomiting 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 management procedure](#).

Becoming ill before you are due to start work

If you have not started your shift yet and you cannot come to work, you need to let us know. You should call your manager (or another designated manager) as soon as possible, and no less than one hour before the time you are due to start work so that your absence can be logged on ESR/Health Roster and depending on your role, suitable cover arranged. If your area has a different reporting procedure for operational reasons, your line manager will let you know who to call.

Make sure you know who you need to call if you cannot come to work and have the phone number saved where you can easily find it. It is important you make the call yourself unless there is a prior agreed reasonable adjustment in place, or an unavoidable reason you are unable to make the call. Text messaging or emailing is not acceptable, unless this is a pre-agreed reasonable adjustment.

Becoming ill whilst on annual leave

Please refer to **section 7.3 and Appendix 5** - sickness and annual leave.

Appendix 3 – Guidance on effective Return-to-Work conversations

When a staff member returns to work from a period of sickness absence, the manager (or nominate deputy) must undertake a Return to Work conversation with the staff member. The purpose of this conversation is to discuss the staff members absence and look to agree a plan for how to best support them to make a successful return to work.

Return to work conversations should be logged on the **Return to Work form**. The following areas would usually be explored during the conversation:

- The reason for absence and exploring steps to prevent or reduce further absences
- Explore any issues which may be affecting attendance, e.g. work-related issues, personal problems, barriers relating to long term health conditions etc.
- Considering if any workplace adjustments or other support may be helpful or staff can be signposted to. You may wish to refer to the Trusts Reasonable Adjustments procedure or you may discuss a referral to the Occupational Health department or any Occupational health reports already available.
- If absence is due to a work-related accident, discuss what actions have been taken, where appropriate.
- Confirming with staff that they have not undertaken any work during the period of sickness absence
- How the staff members work has been covered in their absence and a plan to update them on any changes that may have taken place whilst they were absent.
- Consideration of whether any risk assessments would be applicable to complete such as mental wellbeing at work, or manual handling risk assessments.
- Where absence is linked to gender reassignment, managers 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. **See section 6.4.**



Gender Reassignment:

Managers should be mindful that any information relating to a staff members transition or intention to transition is special category information and must not be shared with anyone else without the express, written consent of the individual.

Transitioning is the process by which someone begins to live according to their gender identity, rather than their birth gender.

Advice should be sought from the Trust Equality, Diversity, Inclusion and Human Rights Team

- Where the cause of the absence is trauma related, managers will seek Occupational Health advice.
- Staff will be reminded that in line with the Staff Rostering Procedure they must not undertake bank or overtime / excess hours work for a period of 5 days following a return to work.
- During a graduated return staff should not undertake any bank / overtime or excess hours for the full duration of the graduated return.

Appendix 4 – Guidance on First Formal and Second Formal sickness meetings

First Formal sickness meeting

If staff attendance levels are deemed to be of concern (after consideration of mitigating factors) and a staff member has hit the **attendance indicators** their manager will advise them of this in their **Detailed Return to Work** discussion. The following will take place:

- ✓ Staff member will be invited to the **First Formal sickness meeting** and be offered the right to be accompanied by a companion or staff side representative. They will be given 7 days notice of the meeting (unless mutually agreed otherwise).
- ✓ Manager will have gathered the necessary evidence before the meeting with the staff member;
- ✓ At the meeting the manager will share the information with the staff member and explain that their attendance levels are of concern and unsustainable. Staff member will be offered the opportunity to respond and discuss their attendance.
- ✓ Notes of the meeting will be taken using the pro forma provided, signed by all in attendance and a copy provided to the staff at the end of the meeting.
- ✓ Unless there are exceptional circumstances the manager will issue the staff member with a **written warning** usually for a period of up to twelve months.
- ✓ A review of any support plans in place to help the staff member to improve their attendance will take place. This may take place during or after the First Formal sickness meeting.
- ✓ A letter confirming the outcome of the meeting and the staff members right of appeal will be provided by the manager to the staff member. **See section 6.8 Appeals.**
- ✓ During the **period** of the warning if there is **no improvement** a Second Formal sickness meeting will be held.

Second Formal sickness meeting

If attendance continues to cause concern / has not improved to a satisfactory level a Second Formal sickness meeting may be arranged.



There is no requirement to wait for the full twelve-month period before the Second Formal sickness meeting is held.

This meeting will be held with a manager senior to the person who issued the written warning at the First Formal sickness meeting. A People and Culture representative will also be present.

- ✓ Staff member will be invited to the meeting and offered the right to be accompanied by a companion or staff side representative.
- ✓ They will be given 7 days' notice of the meeting (unless mutually agreed otherwise).
- ✓ The manager will produce and present a report detailing the staff members absence and they will receive a copy of this 7 days prior to the meeting.
- ✓ Staff member and their companion / staff side representative will have the opportunity to respond to the report and provide information that they think will be helpful.
- ✓ Notes of the meeting will be taken using the pro forma provided, signed by all in attendance and a copy provided to the staff member at the end of the meeting.

The manager chairing the **Second Formal sickness meeting** will consider all information available and may request more if appropriate. As part of their decision making they will consider the following:

- ✓ The level of absence and the impact the absences are having on service provision, colleagues and the Trust
- ✓ The level of support and adjustments that have been made available to the staff member to improve
- ✓ Occupational Health or other available medical advice
- ✓ Whether there has been enough time for any health issues to be reasonably addressed

Outcomes that the senior manager may consider at a Second Formal sickness meeting are any or a combination of:

- Issuing a **written or final written warning** for up to 12 months (even if a warning is already in place)
- Redeployment to another role if this is supported by Occupational Health
- A review of any support plans in place to help the staff member to improve their attendance will take place. This may take place during or after the Second Formal sickness meeting.

Staff member will receive a letter confirming the outcome of the meeting and their right of appeal will be provided to you. **See section 6.8 Appeals.**

The staff member will be advised that during the period of any warning if there is **no improvement**, progression to a **Final Sickness hearing** will be considered.

Appendix 5 – Guidance on Annual Leave and Sickness

Sickness whilst on annual leave

If staff become unwell whilst on annual leave, they should notify their manager as soon as possible. The manager will record the sickness absence from the day the staff member makes contact with them. They will readjust the staff members annual leave entitlement to replace the holidays with sickness absence. Usual sickness absence management processes will apply.

Taking annual leave whilst off sick

If staff are absent from work due to sickness and wish to take annual leave, this can be requested this via their manager in the usual way. This annual leave will be deducted their annual leave entitlement.

The manager will amend ESR / Health Roster to reflect a change from sickness absence to annual leave. The staff members occupational sick pay will be suspended and restarted at the end of their period of annual leave. In cases, where a staff member may be on reduced pay, this will mean that they receive full pay as they would when on annual leave.

If staff have annual leave planned, but subsequently become unwell on a long term basis, they should discuss with their manager if they still plan to take their planned annual leave (it will be deducted from annual leave entitlement) or reallocate this to another time. Staff should be mindful that there are limits on the amount of annual leave that can be carried over if untaken, as per next section Carry over of annual leave.

Carry over of annual leave

The maximum amount of annual leave that can carried over into the next financial year is 20 days pro rata. This is in accordance with statutory legislation. This will only apply if a staff member has been on sick leave for a long period of time and has been unable to take their annual leave during the financial year. Reminder: In accordance with Agenda for Change terms and conditions of service, staff **do not accrue bank holidays** when on sick leave.

When calculating the amount that can be carried over, the manager will assess how much annual leave that has already been taken and deduct this from the 20 statutory days, the remainder is the amount that can be carried over. If staff have already taken the 20 statutory days, no additional days can be carried over. Staff cannot be paid for any untaken annual leave.

Examples:

Staff member A (full time) has been absent from 20 June 2024 and returns to work on 4 April 2025. They had not taken any annual leave between 1 April 2024 to the date they went off sick. They are able to carry over 20 days into the financial year 2025/26.

Staff member B (full time) has been absent from 20 June 2024 and returns to work on 4 April 2025. They had taken 8 days annual leave in April 2024. Therefore, they are only entitled to carry over 12 days into the financial year 2025/26.

Staff member C (part time) is contracted to 22.5 hours per week (0.6fte). They work their hours equally over Tuesday, Wednesday and Thursday each week. Excluding bank holidays their annual leave entitlement is 121.5 hours. (Refer to Trust annual leave calculator)

They have been absent from 20 June 2024 and returned to work on 4 April 2025. They had not taken any annual leave between 1 April 2024 to the date they went off sick.

20 days pro rata is $20 \times 0.6 = 12$ days (90 hours)

They are able to carry over 90 hours into the financial year 2025/26

Staff member D (part time) is contracted to 22.5 hours per week (0.6fte). They work their hours equally over Tuesday, Wednesday and Thursday each week. Excluding bank holidays their annual leave entitlement is 121.5 hours. (Refer to Trust annual leave calculator)

They have been absent from 20 June 2024 and returned to work on 4 April 2025.

20 days pro rata is $20 \times 0.6 = 12$ days (90 hours).

They had taken 36 hours annual leave in April 2024.

90 hours minus 36 hours = 54 hours.

Therefore, they are only entitled to carry over 54 hours into the financial year 2025/26.

Appendix 6 - Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

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	
3. Development Process		
Are people involved in the development identified?	Yes	
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?	Yes	
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		
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	May 2025 ah
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	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Y	
Do all pictures and tables have meaningful alternative text?	Y	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Y	Yes