



Sickness Absence Management Policy Supporting Staff Health and Wellbeing

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The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

- 1.1. This document outlines the Sickness Absence Management Policy and Procedures for the East of England Ambulance Service NHS Trust (the Trust). In line with the provisions of current legislation, NHS employers and associated guidance, the Trust is committed to managing, supporting and reducing sickness absence in a fair, robust and consistent manner.
- 1.2. This policy sets out the process for managing sickness absence, where each case will be managed through its own individual circumstances. Through the application of this policy, the Trust will be able to put in place preventative and supportive solutions to managing absence and improving staff wellbeing in the workplace.
- 1.3. All employees have a responsibility to attend work and fulfil their contract of employment on a regular basis, and the Sickness Absence Management Policy (Supporting Staff Health and Wellbeing) aims to facilitate achievement of this. This document sets out the process to be followed which will ensure there is a supportive, timely and consistent approach at all times.
- 1.4. Whilst it is recognised that employees may be unable to attend work from time to time because of illness, it is also in the interests of both employees and patients that sickness absence is managed and minimised. Consistently high attendance rates are essential for the delivery of a high quality service and the management of absence is an integral part of achieving this. A positive approach to the management of absence is required in order to optimise attendance rates and enable the Trust to provide a safe service for our patients who must be our over-riding priority. Employees are advised that unacceptable levels of sickness absence could result in formal actions being taken which could result in dismissal.
- 1.5. This Policy will address all cases of short and long term sickness absence.

2. Scope

- 2.1 This policy applies to all employees working at all levels and bands/grades for the Trust (whether permanent or fixed-term).

3. Access to Policy

- 3.1 All employees are entitled to access to this policy which is located in the HR Policies and Procedures Folders and the Trust's Intranet. However, if you require this Policy in any other format please seek guidance from the Human Resources Department, your line manager or trade union representative.

4. Purpose

- 4.1 The policy aims:
 - To provide support and advice for those employees with health problems in respect of the ongoing management of their individual circumstances.

- To encourage all employees to maximise their attendance at work and provide help and support, wherever possible.
- To improve employee's welfare, morale, health and wellbeing.
- To support employees with protected characteristics in line with Trust Policy (in particular the Trust's Disability Policy).
- To ensure parity of esteem for mental and physical health and wellbeing.
- To ensure a consistent approach and support for employees who, due to ill health and/or injury, are unable to meet reasonable required standards of attendance in their job.
- To give employees the opportunity to improve their attendance and provide guidance and assistance in accessing appropriate support.
- To provide a means by which employees may have informal and formal discussions around their attendance levels, and the potential impact on their employment.
- To set out the responsibilities of managers, employees and occupational health in relation to sickness absence.
- All employees have a responsibility to attend work and fulfil their contract of employment on a regular basis, and this policy aims to facilitate achievement of this through supportive measures.

4.2 The misuse of the Trust's Sickness Absence Management Policy e.g. working whilst claiming sick pay (without informing the Trust) could be construed as misrepresentation under the Fraud Act 2006 and may be referred to the Counter Fraud Service for investigation.

5. Duties

5.1 All employees have a duty to:

- Follow this policy.
- Ensure regular attendance at work.
- Communicate and engage appropriately with the Trust when they are absent from work and in readiness for their return, providing as much notice as possible.
- Be aware of the provisions for emergency domestic leave, carer's leave and compassionate leave under the Special Leave Policy.
- To comply with Health and Safety requirements, reporting of injuries, diseases and dangerous occurrences (RIDDOR), disability discrimination, and other relevant legislation.

5.2 Line managers have a duty to:

- Demonstrate that they can apply and follow this policy, attending mandatory sickness absence management training as requested.
- Communicate and engage appropriately with absent employees and in readiness for their return, trying to obtain as much notice as possible to ensure that they are adequately supported in their return into the workplace.
- Provide support and advice through the use of occupational health services, where appropriate.
- To comply with Health and Safety requirements, reporting of injuries, diseases and dangerous occurrences (RIDDOR) and other relevant legislation e.g. Equality Act (2010) line managers must consider any potential equality issues and seek advice from HR before taking any action.
- Agree frequency and method of contact with the employee and maintain contact, informing them of any changes relevant to the individual and their job role.
- Conduct regular reviews to assess and monitor employees when they are absent due to sickness and ensure appropriate and supportive actions are taken in line with Trust policies.
- Document the reason for absence following notification of commencement of sickness and create a detailed record (GRS and/or paper).
- Record all contact with employees with respect to managing sickness absence in line with this policy. All sickness absence information must be stored confidentially and securely.
- Discuss the impact of any employee's primary/secondary employment on their sickness absence.
- Use management information and systems appropriately to ensure quality data is available on sickness absence. This includes recording episodes of non-absence and subsequent actions.
- Advise employees of the provisions for emergency domestic leave, carer's leave and compassionate leave under the Special Leave Policy should the employee not actually be sick when notifying their absence.

5.3 Human Resources Department

The Human Resources Department is responsible for keeping the provisions within this Policy in line with employment legislation, best practice people management principles and NHS guidelines.

5.4 Managers, HR, and Trade Union Representatives

Managers, HR and trade union representatives are committed to working in partnership and being responsible for providing advice and guidance to employees on the application of this policy.

This policy has been written in partnership by management and staff side through the HR Policy Working Group.

6. Definitions

6.1 The following definitions will apply within this policy:

- **Regular patterns of absence** – periods of absence which formulate a pattern of regular absence, for example every Wednesday;
- **Short Term Absence** – any periods of absence lasting less than 28 calendar days;
- **Long Term Absence** – any continuous period of absence of 28 calendar days or more;
- **Episode of sickness absence** – any occasion during which an employee is absent from the workplace due to ill-health;
- **Self-Certificate (Appendix B)** – a form completed by an employee on return to work giving dates and reasons for any absence of up to seven days;
- **Statement of Fitness for Work ‘Fit Notes’ (Appendix C)** – a form completed by a medically qualified practitioner or Occupational Health Physician to determine whether an employee is ‘unfit to return’ or ‘may be fit to return’ to the workplace which is required for any period of absence exceeding seven days;
- **Attendance** – is interpreted in the wider sense of being available for work and covers employees working on or off site;
- **Unauthorised Absence** – period of absence for which an employee fails to provide an explanation for their absence, fails to inform their manager that they will not be attending work, or fails to make contact with their manager (except in exceptional circumstances) as required by Trust Procedures. Where an investigation shows that there is no satisfactory explanation for the absence/lateness, further action may be taken in accordance with the Trust’s Disciplinary Policy (Managing Conduct and Performance).

7. Representation

7.1 All employees will have the right, if they wish, to be represented by a work colleague, Trade Union representative, or an official employed by a trade union at all stages of the policy (excluding the return to work meeting). This right must be brought to the attention of the employee by the manager. A trade union representative who is not an employed official must have been certified by their union as being competent to accompany a worker.

8. Notification of Sickness Absence

- 8.1 Sickness will commence on the first full duty day of sickness. If sickness is reported on the day of duty then it should be done before the expected start time, or as soon as is reasonably practical. Where an employee fails to follow the procedure for booking sickness absence, they may be regarded as being absent without authorisation, this could affect their entitlement to receive Statutory Sick Pay (SSP) and occupational sick pay. Management should take HR advice prior to withholding pay or taking any further action.
- 8.2 If an employee attends work but then leaves due to sickness, they must make their manager aware; it will be recorded (on GRS) as a full day's attendance and will not be reported as a sick day, however, the non-completion of a shift will need to be recorded (on GRS) for shift management purposes. If managers identify a frequency of shifts not being worked in full due to sickness, it may need to be monitored and managed in line with this policy.
- 8.3 Employees should report the first full day of sickness absence by contacting DayOne by telephoning 0330 6600 365.
- 8.4 When contacting DayOne (as per 8.3 above), the employee is responsible for advising:
- The reason for their absence. When they expect to be able to return to work or expected length of absence;
 - Whether or not the absence is the result of an injury at work, (as health and safety legislation requires action to be taken to report the incident via local procedures);
 - Confirmation of their contact telephone number;
 - Whether they are undertaking any secondary or other employment.

Notification of absence will not normally be accepted via text or email, or from a third party, unless due to exceptional circumstances, for example hospitalisation.

- 8.5 Employees who are absent for 7 calendar days or less must complete a self-certification form/Return to Work form (refer to Appendix B) for the whole period on their first day back at work. The self-certificate should be returned to the appropriate department as per the local procedures.
- 8.6 Employees who are absent **for more than 7 calendar days** must produce a Statement of Fitness for work, known as a 'fit note' to cover all absence from the 8th day onwards. This should be submitted to the appropriate line manager who will forward this to the appropriate department as per the local procedures. Employees are reminded that to either amend or falsify a fit note could be an offence under the Fraud Act 2006 or the Forgery and Counterfeiting Act 1981.
- 8.7 It is the responsibility of the employee to ensure they provide further certificates when absence exceeds the original period of certified absence. **Concurrent certificates should be submitted at the earliest opportunity and no longer than 7 calendar**

days from the start date of each certificate. Proactive management of sick certification is appreciated in order to maintain accurate records, cover for absences and most importantly continuity of benefits and entitlements for those absent. Where for practical reasons this is difficult, the employee will normally be expected to contact their manager to explain the reason for the delay and state when it will be submitted. If the status of the employee's 'fit note' changes prior to the submission of this note to the Trust, the employee must contact and notify an appropriate line manager immediately. For example, this would be applicable if an employee were to be deemed fit to return on a phased return, amended duties, altered hours or workplace adaptations.

- 8.8 Unless in the event of exceptional circumstances, if an employee fails to provide a 'fit note' within the required timescale outlined in Section 8.6, the line manager will inform the employee in writing that occupational sick pay may be withheld if relevant 'fit notes' do not cover all periods of absence. Should a fit note not be received within seven calendar days from the date of the letter, management (band 8a or above) should take advice from a HR Manager prior to withholding pay.
- 8.9 Where an employee has a specific or recurrent health issue that is affecting their ability to work, they should notify their line manager to discuss the matter. There may also be a benefit of a referral to Occupational Health (OH) or Employee Assistance Programme (EAP).
- 8.10 Employees should disclose any situation or personal circumstances which might put themselves, their colleagues, patients, the public or subsequently the Trust at risk. This also includes medication that may impact their ability to perform their role, and Occupational Health should be consulted to provide advice in these circumstances. Employees should be aware of their individual responsibility for example under Road Traffic Law, DVLA Group 2 Medical Standards, HCPC Code of Conduct and other Trust policies, where applicable to their role.

9. Maintaining Contact during Periods of Sickness Absence

- 9.1 Contact needs to be maintained between employees and their managers (or nominated deputy) during periods of continued absence in order to appropriately support health and wellbeing and enable the employee to update their manager regarding their prognosis and likely return to work date. Maintaining contact with third parties (such as Occupational Health) may be required in order for the best support to be provided. The frequency and method of contact should be discussed and jointly agreed, giving due sensitivity to the employee's medical condition and their preference. For example this could be by telephone, e-mail and/or visits to the employee's home or neutral venue at agreed times, dependent on their individual circumstances. The employee must also notify their line manager or nominated deputy of any changes to their state of health. Managers should also keep employees updated with developments at work.
- 9.2 It may be of benefit for a period of no contact to be agreed, with a review date, under the guidance of Occupational Health as a supportive measure to aid recovery. In exceptional circumstances, supported by medical professionals, it may be appropriate

for an advocate to act as point of contact on the employee's behalf.

- 9.3 Should an employee be staying away from home during any period of sickness absence, the line manager and the Occupational Health service should be informed. Prior to any decisions to be away from home, the employee should discuss their intentions with their line manager. Employees should ensure they can be contacted and provide full contact details in order to attend meetings or Occupational Health appointments, unless agreed otherwise, please refer to Section 9.2.
- 9.4 In order to ensure that records are comprehensive, managers will keep records of all communications with absent employees. Where contact is not maintained, despite the efforts of the Trust, management (band 8a and above) should take advice from a HR manager prior to taking any further action.

10. Sickness Benefits (including Injury Allowance, Contractual Sick Pay)

- 10.1 These are intended to supplement Statutory Sick Pay (SSP), to provide additional payment during absence due to illness, injury or other disability. This will be subject to the conditions of the NHS Terms & Conditions of Service Handbook.
- 10.2 The Trust will also have discretion to extend the period of sick pay on full or half pay beyond the scale set out nationally. An approach regarding this can be made by the employee, line manager, employee representative or HR. The decision to extend will be on the authorisation of the Deputy Director or equivalent of the employee's directorate and the Head of HR. The outcome can be appealed if unsuccessful, and would need to be submitted to the Director of People and Culture and relevant Director of the employee within 7 calendar days of being advised of the decision not to extend pay. This timeframe is set to ensure any appeal submitted is considered at the earliest opportunity. The Trust recognises that exceptional circumstances may apply and this timeframe may need to be extended. Circumstance might include:
- Where there is the expectation of return to work in the short term and an extension would materially support a return and/or assist recovery; particular consideration should be given to those employees without full sick pay entitlements;
 - In any other circumstance that the employer deems reasonable (e.g. terminal or progressive illness with a poor and/or debilitating prognosis).

11. Sickness Absence Monitoring

- 11.1. The Trust will record and monitor all sickness absence which may also be held on an external Occupational Health Service provider database. This information will be used in the application of this policy and will be used in an anonymised way to generate greater intelligence.

A summary report of absence will be provided to the relevant Trust Groups and Committees and managers as appropriate by the Workforce Planning and Information

Department and the Occupational Health Service, on a monthly basis. These reports will include the number of working days and working hours lost due to sickness absence, the cost of sickness absence together with absence reason, highlighting any trends. The absence reason is also recorded on the Electronic Staff Recording (ESR) system and GRS.

- 11.2. Cases should always be managed in a supportive way and in keeping with NHS Employers good practice. Absences relating to injury in the workplace or ill health caused by work (as defined by Occupational Health or other Healthcare professionals) should be excluded from indicators triggering action through capability-related procedures including sanctions but may be considered when looking at the sustainability of attendance.
- 11.3 There are particular requirements under health and safety and sex discrimination law for dealing with illness relating to pregnancy. Please refer to the Trusts Maternity Leave and Pay policy. There are also particular legislative requirements for protected characteristics (i.e. sex discrimination, including gender specific related matters and/or disability discrimination). Managers are advised to seek appropriate advice from the HR Department before pursuing a course of action.
- 11.4 For payroll purposes, an employee will be deemed to be on continuous sickness absence until records are updated to indicate a final date of sickness, where annual leave is used during a period of absence please refer to section 13.

12. Time off for Treatment and Medical Appointments

- 12.1 Requests for dental and/or medical appointments will be considered on an individual basis, and in line with the Disability Policy as appropriate. These should be arranged, wherever possible, outside of working hours. Where this cannot be achieved, they should be booked at the extremities of the day, or shift to minimise time away from work. Employees could request the time to be considered as annual leave or alternatively they will be expected to make up the time taken to attend these appointments. Reasonable notice will be expected in these circumstances but the Trust will endeavor to facilitate attendance at appointments. If treatment is needed either urgently or as an emergency, for example, emergency dental and/or urgent medical appointments, then this should be seen as a reasonable request, especially where this prevents the employee from having to book unfit for duty.
- 12.2 Time off for antenatal and postnatal care appointments and classes will always be agreed in line with the Maternity Leave and Pay Policy.
- 12.3 The Trust is mindful of the fact that there may be other circumstances which arise in an employees working life which may necessitate time away from work, but which do not 'fit' within one of the categories above, e.g. IVF treatment. Where there is no legal or other right to time off for the circumstance, the employee should speak to their line manager to make a request under the Special Leave Policy.
- 12.4 Managers should be sympathetic to employees who are experiencing attendance

problems in the run up to treatment. It is beneficial for managers and employees to discuss adjustment of working patterns, adjustment to substantive, or alternative, duties. Taking occasional half days/full days leave, as time off for treatment/appointments, might also ease the situation. Where an employee has a specific or recurrent health issue (please refer to the Trust's Disability policy) that is affecting their ability to work, they should notify their line manager to discuss the matter. There may also be a benefit of a referral to Occupational Health or Employee Assistance Programme (EAP).

- 12.5 Employees requiring rehabilitative therapy or attending counselling including Trust approved providers should discuss the time required with their line manager and a clear supportive pathway to enable full attendance will be mutually agreed. Options to attend appointments need to be considered by managers as outlined in 12.4 above.
- 12.6 For Occupational Health appointments please see section 17 below.

13. Annual Leave

- 13.1 Previously agreed or new requests for annual leave will not normally be unreasonably refused. An HR2a must be completed and submitted to payroll.
- 13.2 Where annual leave has been authorised during a period of sickness absence, whilst there will be no break for the purposes of calculating episodes of absence, pay will revert from sick pay to contractual pay for the period of the annual leave. This is because employees cannot be on annual leave and sickness absence at the same time.
- 13.3 Periods of agreed annual leave which are taken during a period of sickness absence will not be counted towards the aggregate sick pay entitlement outlined in NHS Terms and Conditions.
- 13.4 When an employee is ill during a period of annual leave, if the employee wishes to take their annual leave at another time, a medical certificate will be required for each and all days of absence. Any GP charges in respect of provision of a medical certificate for periods of less than 7 days will be reimbursed by the Trust. In circumstances where an employee is unable to provide a medical certificate, any request for reimbursement of annual leave will be considered on an individual basis.
- 13.5 Where an employee is ill on a public holiday which they were scheduled/rostered to work, there will be no entitlement to any additional lieu hours that they may, in line with their local terms and conditions, have accrued if they had worked. However the public holiday entitlement which forms part of the annual leave (i.e. the 60 hours) will not be affected.
- 13.6 Any employee who has not taken their statutory 28 days annual leave (inclusive of Bank Holidays) i.e. any employee who has taken less than 28 days leave within the leave year, needs to have their statutory annual leave carried over to the following leave year, i.e. 28 days minus leave taken would be automatically carried over. 28

days is the statutory maximum amount to be carried forward (European Court of Justice ruling January 2009 refers), however in cases where additional carry over of leave would allow and support the employee to return to workplace with reduced hours, over a longer period, by utilising their leave, this should be supported.

- 13.7 In keeping with the Trust's Annual Leave Policy, managers are obligated to have supportive discussions with employees around the application of the same principles for using annual leave during periods of sickness as part as someone's rehabilitation and to not be treated less favorably in receiving their full contractual entitlement as a result of being absent from work due to sickness.
- 13.8 When returning to work from sickness absence carry over of annual leave should be discussed where appropriate.

14. Sickness during Suspension

- 14.1 Where an employee goes off sick during a period of suspension, the suspension will pause and the individual will be placed on sick leave. Where an employee goes on sick leave, the conditions of any suspension will remain in place during the period of that leave. If an individual returns from sick leave, the suspension will be re-started unless there has been a material change in circumstances which means suspension is no longer appropriate.

15. Sickness Absence and Secondary Employment

- 15.1 Where employees are absent from their Trust duties due to sickness absence reasons, but nevertheless feel that they are able to carry on working in their authorised secondary or other employment, the line manager and Occupational Health Service must be informed of the reasons for this disparity in working arrangements by the employee together with a clear diagnosis of the cause of sickness absence. Should an employee fail to comply with this requirement and then undertake secondary or other employment without prior agreement this may lead in a referral to the Counter Fraud Service for investigation which in turn could lead to prosecution, a disciplinary sanction (including dismissal) and recovery of sick pay.
- 15.2 Where it is felt that a conflict of interest between the two employments is arising, advice will be sought from the HR Department with a view to either temporarily or permanently withdraw permission to carry out the secondary or other employment. This course of action would only be taken after consultation with the employee. This decision will be taken with the relevant Deputy Director of the employee's directorate or equivalent level and the Head of HR. The individual will have a right of appeal against any decision and this should be submitted to the Director of People and Culture and relevant Director of the employee.

16. Unauthorised absence

- 16.1 If an employee does not arrive at work and has not followed the procedure for booking sickness absence, the line manager and/or nominated administrator will attempt to

make contact with the employee.

- 16.2 If contact cannot be established with the employee, initially an attempt will be made to visit the employee to address any welfare concerns. In the event that this does not result in contact being made, the HR Department will be notified and a letter will be sent expressing concern about their welfare, and requesting that the employee make contact as soon as possible. This letter will be hand delivered or sent by normal post and recorded delivery as appropriate, and a copy will be placed on the employee's personnel file.
- 16.3 If no contact has been made by the employee within 5 calendar days from the date of the written correspondence referred to in section 16.2, a second letter will be sent by normal post and recorded delivery explaining that they may be regarded as being absent without authorisation and that this could affect their pay, entitlement to receive Statutory Sick Pay (SSP) and occupational sick pay. Employees will have up to 7 calendar days to respond to this letter prior to management seeking HR advice to withhold pay and taking any further action which could include disciplinary proceedings.
- 16.4 There may be occasions where an employee is 'stood down' by the manager/supervisor for part of, or the remainder of their shift or working day e.g. following a traumatic incident. This will be regarded as an authorised absence and recorded as per current policy. However, if the absence continues beyond the remainder of their shift or working day then the normal sickness absence policy will apply, unless other agreement has been reached with the line manager.
- 16.5 There may also be occasions when an individual may need to be 'stood down' e.g. following contact with a notifiable disease or on the advice and recommendation of Occupational Health. This will be regarded as an authorised absence and recorded as per current procedures. If managers, supervisors or an individual identify a risk either to the individual or to the Trust because a condition may be developing in an individual then they may, as an act of safety, stand that person down from duty until the situation is clarified (as a matter of priority) by either; the Occupational Health Service, a suitably qualified Medical Practitioner or the Health Protection Agency.

17. Occupational Health

- 17.1 The Trust may, as a supportive measure, at any time require an employee to attend an Occupational Health appointment, speak to an Occupational Health Clinician or to attend a meeting with their manager and/or a representative from the HR Department.
- 17.2 When making a referral, managers must discuss the referral with the employee before this is made. However, should an employee fail to maintain timely contact with their line manager it will not prevent the line manager from making a referral. Managers should provide a copy of the referral and outcome report to the employee unless they have informed the manager otherwise.
- 17.3 If it is expected that an employee's sickness absence will become long term prior to 28

days absence, an occupational health referral should be made before the long term trigger is reached. This will ensure support is provided at the earliest opportunity and the earliest possible appointment has been made.

- 17.4 Employees are required to attend Occupational Health appointments which have been arranged for them. The role of occupational health is to offer advice and guidance specific to each job role. Employees are required to attend, even if the GP has determined they are fit to return to work. These appointments are arranged as a supportive measure for employees, and if attended outside of normal working hours, the employee is entitled to claim paid time and mileage if appropriate.
- 17.5 Occupational Health can be asked for their opinion as a supportive measure where a reasonable adjustment may be required. Having a disability does not necessarily affect someone's health or work, insisting on a medical report or OH referral because of a disability may be unlawful discrimination.
- 17.6 In exceptional circumstances, home visits may be arranged at the discretion of the Trust and in agreement with the employee where this facilitates a timely appointment or where the condition dictates. The Trust will meet the cost of any medical examination as recommended by Occupational Health.
- 17.7 Employees attending the Occupational Health Service will be asked to provide consent for disclosure of a full report on their examination or assessment to be forwarded to the Trust. The Trust will only be able to act on the information provided and management decisions will include consideration of all relevant information from such a report.
- 17.8 The employee must inform their manager and Occupational Health at the earliest opportunity if they are unable to attend any appointment. The Trust is charged for non-attendance at any OH appointments. Every effort will be made by Occupational Health to arrange convenient (i.e. venue and date/time) appointments wherever possible. Employees need to notify Occupational Health and/or their manager of any difficulties regarding attendance. Managers should seek advice from the HR department before taking any further action where an employee refuses to attend, or persistently cancels appointments.

Where an employee faces exceptional circumstances to be able to attend appointments the Trust will make every effort to facilitate attendance.

- 17.9 Where the Trust has deemed it necessary to receive occupational health advice regarding a return to work, the Trust will not make any decisions on the employee's ability to do so until the occupational health assessment report is received.
- 17.10. In order to support employees there is a rapid access system which will secure rehabilitation and occupational health treatment for NHS employees with a view to facilitating a return to work which is as fast as practical, and reasonable. This is managed through the Occupational Health provider and management referral.

18. Process for Managing Sickness Absence

18.1 New employees will be made aware of the Sickness Absence Management Policy during their induction; line managers will also ensure awareness in more detail, during the local induction.

18.2 Managing sickness absence requires sensitivity, consideration and support in relation to individual circumstances, an awareness of legal obligations and an understanding of the context in which the employee is working. This is particularly important in the case of those employees who may already have or have recently developed a disability. In such cases, there is a legal obligation for the Trust to consider what reasonable adjustments can be made in the workplace to enable the employee to attend work. Managers and employees should also refer to the Trust’s Disability Policy.

18.3 Every effort will be made to facilitate the individual’s return to work at the earliest reasonable point. It is recognised, however, that there may be cases where an employee may be unable to return.

18.4 The process for managing sickness absence includes the following stages (refer to Appendix A):

- Return to work review(s) following each episode of sickness absence
- Informal meeting(s) with management
- Formal review meeting(s) with management
- Referral to occupational health at any stage as appropriate
- Exploring further options e.g. adjustment to duties, redeployment etc.
- Case Review (to ensure all options have been considered)
- Final Review Meeting
- Capability Hearing (which would include right to appeal if necessary)

18.5 For short term absence(s) the trigger points below will apply in a rolling 12 month period in respect to informal and formal meeting stages of the process.

Informal Meeting Trigger	Where an employee has returned to work after 3 episodes of sickness absence.
Formal Meeting Trigger	Where an employee has returned to work after 4 episodes of sickness absence.

NB - The number of episodes of absence will be taken into account in respect to the

triggers outlined above regardless of the nature of the illness or injury. As part of any sickness absence reviews, the nature and causes of absence will be taken into account when considering what, if any action is required in keeping with the Trust's Disability Policy. Managers have the discretion to meet with employees to discuss their sickness absence prior to them reaching the triggers contained within this policy if they feel there are concerns about an individual's health and wellbeing.

- 18.6 For long term absence the trigger points below will apply in respect to informal and formal meeting stages of the process.

Informal Meeting Trigger	When a period of sickness absence has/or will exceed 28 calendar days.
Formal Meeting Trigger	Any subsequent meeting(s) during a continued period of absence will be formal.

19. Returning to Work

- 19.1 Managers will carry out a return to work meeting with all employees following any period of sickness absence and record this on GRS. Return to work meetings are separate to formal/informal review meetings.
- 19.2 Employees must contact DayOne on 0330 6600 365 before their first shift/day back to work to confirm their return to work.
- 19.3 In some circumstances, it may be possible for the return to work form to be completed by the employee and manager after reporting fit to return to work, but before the actual commencement of their first shift.
- 19.4 Return to work meetings should preferably be carried out face to face. In exceptional circumstances they can be carried out by telephone in agreement with the employee. Completed paperwork must be shared following the call for the employee to agree to the content.
- 19.5 The return to work meeting must be documented on the return to work/self-certification form (Appendix B), a copy of which must be provided to the employee.
- 19.6 If an employee feels uncomfortable discussing their absence with their manager, i.e. due to gender specific personal conditions, requests to meet with a more appropriate manager will be accommodated where this is possible. This should be advised in advance, wherever possible, to ensure appropriate support is provided at the earliest opportunity.

20. Formal Health Review Meetings

- 20.1 There is an expectation that informal meetings will occur prior to any formal meeting. Guidance on conducting an informal review meeting can be found in Appendix E.
- 20.2 Providing the Informal process has been followed, Formal Health Review Meeting requests can be triggered after the 4th episode of absence occurs and/or after a continued period of

absence exceeds 28 days. Meetings may well be held whilst an individual remains absent from work, given 14 calendar days' notice after the trigger point.

- 20.3 Where there is a requirement to hold a formal review meeting employees will be required to attend this. This meeting will usually be with a first line manager. Occupational Health and HR will not usually be present at initial formal meetings; however this does not exclude their presence should it be considered appropriate. A more senior manager may take subsequent formal review meetings.
- 20.4 The purpose of such meetings is to continue to assess the employee's state of health, understand any treatments being undertaken and identify any barriers to remaining in and/or returning to work.
- 20.5 The invitation to attend a formal meeting will be in writing providing at least 14 calendar days' notice. The employee will be advised of their right to be accompanied by a fellow Trust worker or Trade Union Representative (either being of the employee's choice). In exceptional circumstances and where there is agreement between all parties the notice for holding a meeting can be reduced. The employee will also be advised of their right to present independent medical evidence or any other supporting information. This should be submitted at the earliest opportunity, where possible at least 4 calendar days prior to the meeting.
- 20.6 Where the employee or their Trade Union representative/fellow Trust worker is unable to attend the Formal Review Meeting, they must notify the manager at the earliest opportunity that they cannot attend (preferably no later than 4 calendar days prior to the first meeting date offered). The Trust will need the employee to provide an alternative date within 14 calendar days from the original date offered (no less than 7 calendar days' notice of the alternative date).
- 20.7 A formal stage checklist (Appendix F) can be used by the Manager during the meeting to ensure a consistent approach to wellbeing is applied. A letter, which reflects the discussion of the meeting, will be issued within 7 calendar days, along with a copy of the notes. An individual can provide comments back on the letter (and the notes) to the manager within 7 calendar days.
- 20.8 Prior to the first formal meeting, the manager will send the employee the following either by standard and recorded post or by hand delivery:
- A copy of the employee's absence record,
 - Copies of return to work contacts,
 - Records of relevant meetings,
 - Any other relevant documentation such as medical evidence, sign posting to the relevant policies.
- 20.9 At any second or subsequent formal meetings, the manager will send a copy of the employee's absence record, and copies of any additional return to work contacts. This is to

ensure that the employee and manager have the same shared information. The employee will be informed that records of relevant meetings, the Sickness Absence Management Policy, and any other relevant documentation previously referred to will be available for reference at the meeting. The employee may request copies in advance if required.

20.10 The checklist in Appendix H sets out the process for holding a formal review meeting.

20.11 During the meeting the manager may consider:

- Whether there is anything practicable the organisation can do, such as workstation adaptation, which would allow the employee to perform their current job with or without modifications;
- Alternative duties;
- The nature, likely length and effect of the illness;
- Whether there has been a recent improvement in the employee's attendance record;
- Whether the employee had an informal/formal meeting within the previous 12 month period;
- Health and Wellbeing support;
- A return to work;
- Redeployment (temporary and/or permanent);
- Reasonable adjustments and/or equality issues;
- Ill-health retirement (occupational health advice should be sought on the likelihood of obtaining a successful ill-health retirement application);
- Dismissal on the grounds of capability;
- Any relevant policies.

20.12 The emphasis of sickness management is always around support rather than simply applying punitive sanctions. However if all alternative support methods have been explored issuing a sanction may be appropriate. The level of management eligible to issue these will be as follows:

Line Manager* (Band 7)	Informal or First Written Warning
More Senior Manager (Band 8a and above)	Up to and including Final Written Warning

* In A&E Operations line manager refers to band 7 or above.

- 20.13 Where a sanction has been issued at a formal meeting, the employee will be advised of their right to appeal, which must be lodged with grounds for appeal to the Head of HR within 7 calendar days of the decision letter being received.
- 20.14 At subsequent formal meetings, in cases where a sanction has previously been issued and there is improvement in attendance further action may not be necessary.
- 20.15 In all instances of managing sickness absence cases must be reviewed by management and HR, ahead of any employee likely to enter a period of reduced and/or no pay. This review can be carried out between the line manager, Human Resources, the Occupational Health Services team and involving the employee. The review will ensure that consideration is given to:
- Extension of pay to ensure no financial detriment (refer to section 10)
 - Injury allowance (refer to section 10)
 - Appropriate health advice has been obtained
 - Assess any actions that are outstanding
 - Discuss any further support that may be identified, such as; any reasonable adjustments to enable return to work, suitable alternative duties, temporary and permanent redeployment

21. Return to Work Plan

- 21.1 When reviewing the employees return to work (including alternative duties – please refer to section 22), various options may exist, the appropriateness of which would be discussed with the employee in conjunction with the line manager and Occupational Health. Each option will be assessed for possible risks to both the employee and Trust during these discussions and through appropriate processes; for example, use of the Health and Safety Executive's (HSE) Management Standards for Work Related Stress which may result in a stress risk assessment being carried out prior to returning to work and/or having completed a refresher Manual Handling course with an appropriately trained trainer.
- 21.2 In circumstances where a GP deems on the Fit Note that an employee may be fit to return to the workplace, although not to their substantive role, and where management is satisfied that there is sufficient requirement to undertake updates or refresher training which would not impede their recovery, employees may, for an agreed period of time, undertake such activities. Upon completion of these, where the employee is not deemed fit to return to their substantive post, the circumstances will be reviewed in conjunction with Occupational Health and medical advice. Please also refer to the Trust's Disability Policy.

- 21.3 A return to work plan will identify the type and level of intervention and services needed (including psychological support) and how frequently they should be offered. It may include rehabilitation; phased return to work; alternative duties.
- 21.4 Employees having suffered an injury and needing time off for rehabilitative therapy should discuss the time required with their line manager. The Trust recognises that such time off will bring the employee back to full fitness sooner and there is an expectation that this will be supported

22. Alternative Duties/Rehabilitation/Phased Return Arrangements

- 22.1 It is appropriate for managers to seek to identify ways to support employees to remain in work or return to work at the earliest opportunity through intervention with appropriate treatment. This will mean providing employees with direct access through appropriate dedicated resources, such as physiotherapy. Please see section 17.10 above.
- 22.2 During alternative duties and/or a rehabilitation period, the Trust should allow employees to return to work on reduced hours or where appropriate be encouraged to work from home, without loss of pay.
- 22.3 Any such arrangements must be in agreement with their line manager after giving due consideration to Health and Safety requirements. Alternative duties could be within another directorate/location with the mutual agreement of the employee; all options should be explored. These are temporary options, there may not be a vacant substantive role and the role may need to be assessed as being suitable by the Occupational Health Service. Please also refer to the disability policy.
- 22.4 Occupational Health will provide guidance to a manager on a rehabilitation programme. The duration of the programme will depend on the individual and the health and wellbeing matters. This may also include directing employees towards other forms of rehabilitative help, for example Access to Work. The advice given to managers should be based on defined clinical outcomes, whilst still recognising the need for confidentiality (an outcome is what is hoped to be achieved at the end of either part of or the whole rehabilitation process).
- 22.5 As the Trust Health Advisor, Occupational Health has an overriding status to advise the Trust on any sickness matters to be addressed. This would include scenarios where GP advice for example may not align to Occupational Health advice. Wherever possible with the employee's consent the Trust would encourage Occupational Health to engage with external clinical advisors where appropriate to assist in supporting the health and wellbeing of an individual. The line manager will consider all advice prior to making any decision.
- 22.6 Should an employee produce a fit note, the manager should ensure that there are no unnecessary delays to enable an individual's return to work. This includes ensuring sickness absence is not accrued and there is no financial detriment if pay is impacted upon.

- 22.7 The provision of alternative duties does not ever suggest that there is a permanent role available should the employee not be able to return to their employed role. If the employee is unlikely to be able to return to their normal role, redeployment opportunities will be discussed.
- 22.8 Occupational Health may recommend a phased return to work, with defined outcomes, which enables employees to work towards fulfilling all their duties and responsibilities within a defined and appropriate time period. A phased return may include interim flexible working arrangements whilst receiving their normal pay, arrangements will be made following prior agreement with their line manager giving due consideration to Health and Safety requirements. As part of a phased return, managers should consider encouraging employees to take annual leave (particularly accrued) to form part of the phased return.

23. Case Review (Manager, HR and Occupational Health)

- 23.1 A case review is required to ensure all possible options have been considered and/or actioned prior to progressing to a final review. This should be completed by the appropriate manager and verified by the local HR Manager, with the employee participating where required. The employee will be informed of the forthcoming review so that if they wish either their Union representative may also be included (where they are a member of a union) or a workplace colleague.
- 23.2 To carry out a full case review there is a requirement to have Occupational Health advice on the diagnosis and treatment or the need for further tests or sick leave. This could be achieved through a referral to other services such as a physiotherapist (please refer to 23.4 as to what the advice should contain).
- 23.3 A case review should take place in good time and ahead of any continuing 12 month period of absence.
- 23.4 The review will be based on an Occupational Health assessment which will encompass:
- The employee's view on their health and wellbeing, and any perceived or actual barriers to return to work;
 - Their current or previous experience of rehabilitation;
 - The tasks they carry out at work and their physical ability to perform them (dealing with issues such as mobility, strength and fitness);
 - Any reasonable workplace or work equipment modifications;
 - Functional Capacity Assessment (if applicable);
 - Any external clinical advice/opinion/finding including GP and/or hospital

consultants and specialists.

23.5 The outcome of the review will be to decide whether any interventions or services are needed. Any identified interventions, services and support will be dependent upon individual circumstances, however examples of support could include:

- Cognitive behavioural therapy (CBT) or education and training on physical and mental coping strategies for work and everyday activities;
- Counselling;
- Workplace modifications;
- Referral to specialist services (for example physiotherapy, or psychological services) or vocational rehabilitation or training;
- Individual tailored advice on how to manage daily activities at home and at work (this could include advice on the benefits of being physically active and on relaxation techniques).

24. Final Review Meeting

24.1 At any point during the above process if it is perceived that an employee is unlikely to return to their substantive role or be able to achieve an acceptable attendance record, a final review meeting will be held with the employee. For long term sickness absence the final review meeting will take place at an appropriate point and prior to entering a period of twelve months of continuous sickness absence, a member of the Human Resources Department will be present.

24.2 The purpose of the final review meeting is to reach a decision on the appropriate way forward, the outcome of which may be a return to substantive employment, redeployment or proceeding to a capability hearing which can result in a termination of contract.

24.3 Reasonable adjustments will have already been considered before this stage.

24.4 The employee will be entitled to representation.

24.5 The outcome of the final review meeting will be provided in writing to the employee within 7 calendar days.

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

- Employees with more than 5 years reckonable service – sick pay will be reinstated if sick pay entitlement is exhausted before a final review meeting for long term absence has taken place.

- Employees with less than 5 years reckonable service – sick pay will be reinstated if sick pay entitlement is exhausted and a final review does not take place within 12 months of the start of their sickness absence.

24.7 Reinstatement of sick pay should continue until the final review meeting has taken place.

24.8 Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence. These arrangements will only apply where the failure to undertake the final review meeting is due to delay by the employer. This provision will not apply where a review is delayed due to reasons other than those caused by the employer.

25. Redeployment

25.1 If the Occupational Health Service has advised that an employee is no longer capable of carrying out their substantive duties, either during a formal or case review meeting as appropriate the Trust has a responsibility to try and secure alternative employment. Prior consideration would be given to individuals for any potential redeployment opportunities via a non-competitive process ensuring the individual meets the criteria and fitness capability to perform the role of the post taking into account the Equality Act 2010 (unless there are more redeployment candidates than suitable alternative vacancies) ahead of external appointments (through existing vacancies). However, permanent redeployment cannot be guaranteed.

25.2 Employees who are offered and accept permanent redeployment do so in the knowledge that this change of circumstances will attract the pay band and terms and conditions applicable to that post. Unless pay protection under Section 22 of the National Terms and Conditions of Service Handbook applies.

26. Meeting to Consider Possible Termination of Employment

26.1 When all other avenues have been exhausted, dismissal may be considered because of the employee's attendance record (whether it is related to short or long term sickness).

26.2 Decisions on the composition of a meeting panel within the Trust will operate under the authority set out in 26.3 (below) and include up to the Deputy Director or equivalent level in conjunction with the Head of HR. The outcome of the meeting can be appealed, and would need to be submitted to the Director of People and Culture and relevant Director within 7 calendar days.

26.3 Authority to dismiss within the Trust falls within the responsibilities of persons who have completed the Trust's sickness management training and are:

- Substantive positions of Agenda for Change Band 8c or above;
- Seconded managers attracting AfC Band 8c or above (who have gone through the normal full recruitment and selection process)
- Substantive AfC Band 8b post holders.

- 26.4 The employee will be notified in writing within 14 calendar days of the arrangements for the meeting, the potential outcome of which could be their dismissal. They will also be advised of how they can exercise their right to be accompanied at the meeting.
- 26.5 Employees, and their chosen companions should make every effort to attend this meeting and do so without causing unreasonable or unnecessary delay, all parties should work together in finding mutually agreeable dates. Whilst the Trust will make efforts to hold this meeting within rostered hours and/or normal working patterns this may not always be possible. Please refer to section 20.6.
- 26.6 The meeting will take into account all medical and other advice, representations from management and from the employee or their representative. The panel will review all of the options set out within the final review meeting before reaching a decision.

27. Possible Outcomes

- 27.1 The outcome of the meeting will usually be to determine one of the following courses of action:
- To dismiss the employee with notice (regardless of whether the employee is in a half or no pay situation, the notice period will attract full pay);
 - To keep the situation under review for a defined period, including seeking alternative work if applicable, at the end of which a decision will be taken on the appropriate course of action.

In considering dismissal as an option, the Chair of the panel should assure themselves that all alternatives have been duly considered and documented as part of this policy and then should take into account:

- The individual's health and wellbeing;
 - The employee's length of service;
 - Likelihood of ability to return to work;
 - The ability to be rehabilitated and availability of suitable alternative work into which they could be redeployed.
- 27.2 If the eventual decision is to dismiss, the Chair should be satisfied that the Trust has acted reasonably and that the employee has been given sufficient opportunity to improve their health, wellbeing and attendance or in the case of on-going long term absence to return to work, and that the requirements within the case review section as well as the Trusts Disability policy have been fully explored.
- 27.3 The decision of the panel may initially be provided verbally in the first instance. In all cases, the employee will be provided with the outcome in writing normally within 7 calendar days unless advised by the panel that a longer time period is required. In the case of dismissal the letter should give the date of termination of employment, setting out the period of notice to which the employee is entitled and advise them of their right of appeal.

27.4 If the panel is unable to communicate the outcome on the day of the meeting then mutual agreement will be sought on the best way to deliver the outcome to the individual(s). Options may include either a face to face meeting or telephone conversation with the Panel Chair and the individual, together with the outcome being provided to the employee in writing.

27.5 The line manager is responsible for ensuring the collection/return of all Trust property.

28. Reasons for Dismissal

28.1 Reasons for termination of employment will be classified as:

- **Capability** – in cases when the employee, because of their illness and level of absence, and despite considerable efforts being made regarding possible redeployment and/or reasonable adjustments are incapable of fulfilling the requirements of the job (this will usually be predominantly applicable in cases of longer-term absence).
- **Some other substantial reason** – in cases when, whilst the employee may be fit for work at the point of dismissal, their absence record is such that the Trust cannot continue to employ them. The dismissal letter should state that the absence is on the grounds of ‘some other substantial reason’ and specifically for ‘unsatisfactory attendance’.

29. How to Appeal Against the Outcome of a Meeting to Consider Possible Termination of Employment

29.1 Appeals should be made in writing to the Director of People and Culture within 7 calendar days of receipt of the letter/written notification informing them of the outcome of a formal meeting.

29.2 When lodging an appeal, the employee should state the grounds of their appeal, which are likely to fall into three categories:

- 1) The outcome;
- 2) The level of the sanction imposed;
- 3) Procedural issues.

30. Equality Act 2010

30.1 The Trust’s Disability Policy and the Maternity Leave and Pay Policy must be read in conjunction with this policy, and advice sought from HR when managing employees who managers feel may come under the Equality Act. These contain vital information and guidance that will facilitate appropriate management of such cases.

31. Terminal Illness

31.1 Each case is considered on its own individual circumstances and in accordance with the Trust’s Terminal Illness and Death in Service procedure and Death Benefits Scheme.

32. Early Retirement on the Grounds of Ill Health

- 32.1 This applies to Employees with a minimum of 2 years superannuable service, who have contributed to the scheme, and who are considered to be permanently unfit to undertake their duties are eligible for pension benefits. More information regarding this can be sourced online from the department of work and pensions and the NHS Business Services authority.
- 32.2 When a recommendation is made that an employee is permanently incapable of carrying out their substantive role, the employee should be given the opportunity to discuss the implications of their ill health. A meeting should be arranged with the employee and an appropriate member of the HR Department. The employee has the right to be accompanied at the meeting.
- 32.3 Where agreement has been reached to pursue ill health retirement, the HR Department will apply to the Pensions Department of our payroll provider for an estimate of Ill Health Retirement Benefits and application form.
- 32.4 When all information regarding Pension Benefits has been received by the HR Department, a further meeting should be arranged to discuss and advise on these benefits.
- 32.5 Where an employee wishes to pursue the ill health retirement application, the HR Department will advise the employee of the procedure from thereon.
- 32.6 Should ill health retirement be turned down the employee will continue to be managed in accordance with the policy.

33. Sickness Records, Data Protection and Confidentiality

- 33.1 Communication between manager and employee regarding the cause of sickness absence and sickness records are classified as “special category data” (formerly known as sensitive data) under current the Data Protection Act 2018 and will be maintained in accordance with the relevant requirements and only processed where a valid legal basis applies.
- 33.2 All information at any stage of this policy, whether it is written or verbal information must be treated as confidential information by all parties. Failure to do so may result in disciplinary action being taken.
- 33.3 All records should be kept by all parties in accordance with the Data Protection Act 2018. the Act gives individuals the right to request and have access to their data data (more details in the Release of Information procedure)

34. Associated Documents

The NHS Health and Wellbeing Report (Boorman Report)
The Health and Safety at Work Act 1974
The Employment Act 2008
The Working Time Directive 2003
The Fraud Act 2006
Equality Act 2010

General Data Protection Regulation 2018
Data Protection Act 2018

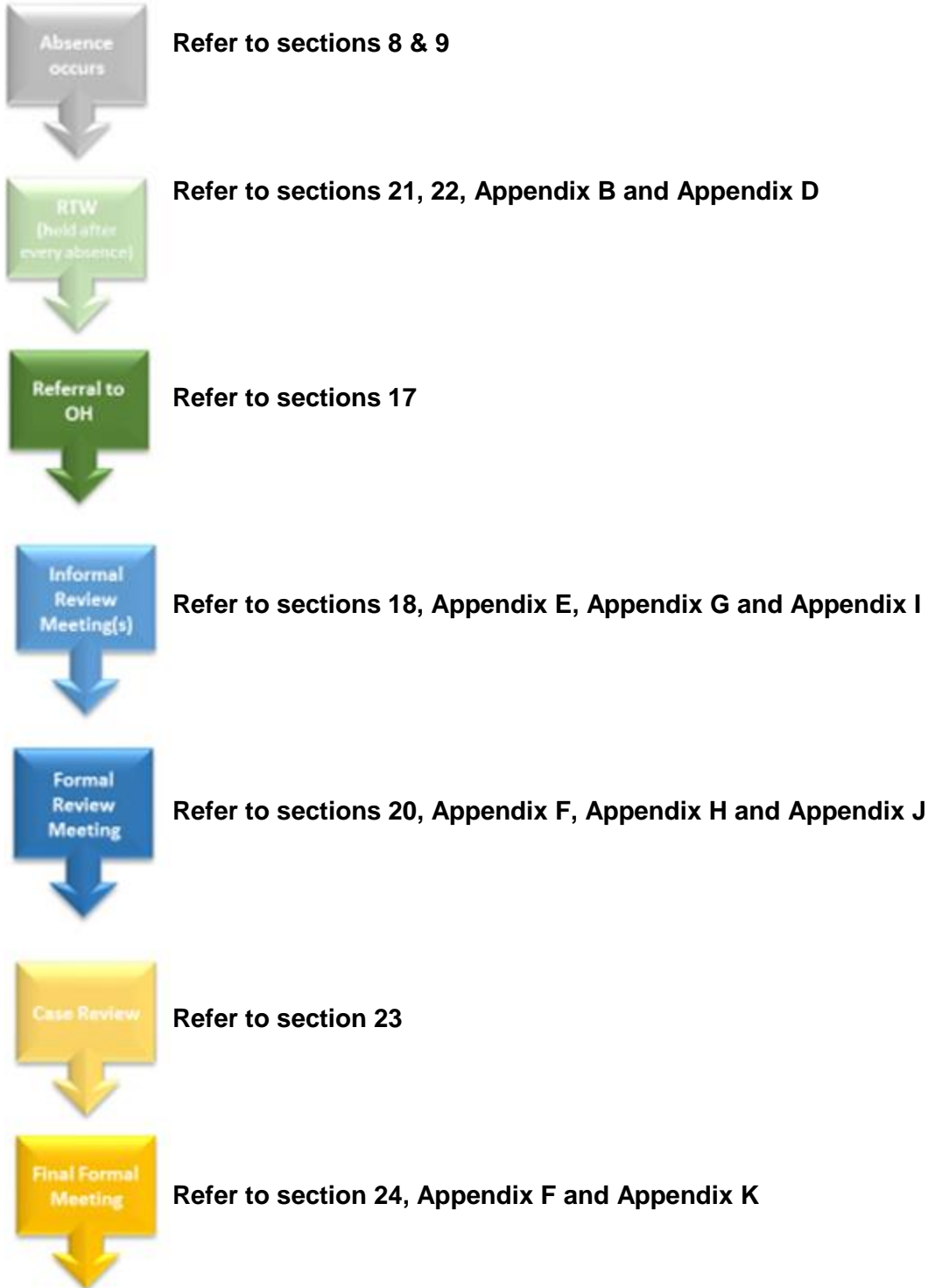
Health and Safety Executive's (HSE) Management Standards for Work Related Stress 2005
The NHS Terms and Conditions of Service Handbook
Terminal Illness and Death in Service Procedure
Death Benefits Scheme
Disability Policy

35. Policy Review

- 35.1 This policy will be reviewed on a three yearly basis or amended in the light of new employment legislation and/or relevant case law or if a significant issue arises with its operation.



Appendix A – Process Overview





Appendix B – Return to Work Review Record and Self Certificate Form
EAST OF ENGLAND AMBULANCE SERVICE NHS TRUST

All Employees

Employee name & number:		Date of meeting:	
Job Title:			
Name of person conducting meeting:			
Purpose of Meeting:		Clarify policy standards and trigger for informal meeting as appropriate	
Meeting Type: (please circle)		Short term sick RTW & informal meeting / Long term sick return to work only	
Date last performed duties:		From:	
		To:	
Number of days off sick:		Number of episodes of absence:	
Specifics of the absence(s): Identify causes and nature (e.g. work related, underlying medical issue, covered by Equality Act 2010, temporary problem). Identify patterns of absence (e.g. shift type/day/correlation with other employees absences)			

Remedial action identified that would provide support or improve attendance:
Discuss if secondary employment or other employment may have affected Trust employment?



AGREED ACTIONS:			
Referral to Occupational Health Considered Beneficial at this stage:	Yes/No	OH Support Discussed	Counselling services etc
Improvement Period Set: (within 6 months)		Next Review Date:	
Targets:			
Previous Meeting Date – in cases following monitoring review period:		Monitoring Period:	
Employee has met the targets set at previous review meetings:	Yes / No		
Informal action resulting from the discussions: Yes/No – detail			
Consequences of further absence discussed:	Yes / No		
I certify that I was unable to attend work from:			
Due to:			
In my opinion I am now fit for work and commenced at:			
During your absence were you satisfied with the divisional/departmental care you received?	YES / NO		
Please make any comments you feel are relevant:			

The signatures below agree that this is an accurate account of the discussions held in the meeting (in person or via telephone)

Employee's Name:

Signature:

Date:

Manager's Name:

Signature:

Date:

Form copied to Human Resources

Where an employee has been absent due to stress please ensure the employee is aware of available counselling services. Leaflet/cards available if required through Occupational Health

The Trust confirms that we will not use the information provided by you for any other purpose other than those described in this form. The data will be stored securely and deleted in line with the Trust's Records Management Policy.

For more information about the information we hold about you and how we handle your data, please visit: <https://www.eastamb.nhs.uk/about-us/gdpr.htm>

APPENDIX C - Statement of Fitness for Work 'Fit Note'

GPs will indicate on the Fit Note either:

1. 'You are not fit for work'; or
2. "You may be fit for work taking into account the following advice".

Where an individual is certified as not fit for work (1) the GP will state the period of incapacity and whether the employee will need to be assessed again at the end of that period. This means that, provided the employee is fit to return to work at the end of that period, he or she will not need to return to their GP before returning to work.

Where an employee is assessed as being fit for some work (2) the GP is required to specify whether the employee would be assisted by:

- A phased return to work
- Amended duties
- Altered hours
- Workplace adaptations.

There is also additional space for the GP to make any specific comments/suggestions. The GP is also required to give an indication of how long the adjustments will need to remain in place. The maximum period a GP can issue a fit note is for 3 months (reduced from 6 months).

What should I do if the doctor has indicated 'may be fit for work'?

The Statement has been designed to give managers the information needed to begin a discussion with an employee on whether they can return to work despite their illness or injury. Managers should consider the doctor's comments and discuss this with their employee. If a return to work is possible (see Section 21, Return to Work), managers should agree the temporary changes to their job or hours and what support they will provide for how long. Dependant on adjustments being made, it may also be appropriate to seek advice and guidance from Occupational Health regarding the proposed return to work.

In circumstances where a GP deems on the Fit Note that an employee may be fit to return to the workplace, although not to their substantive role, and where management is satisfied that there is sufficient requirement to undertake updates or refresher training which would not impede their recovery, employees may, for an agreed period of time, undertake such activities. Upon completion, and in circumstances where the employee is not deemed fit to return to their substantive post, they would then be returned to sick leave unless a return to work is possible based on the doctor's comments. N.B. please note policy section 22.6.

Is the advice on the Statement binding?

If the doctor has advised that your employee 'may be fit for work' , but after having conversations with the employee and in some circumstances taking advice from Occupational Health, you are unable to make the adaptations or adjustments suggested, you should explain the reasons for this to the employee and document your decisions. The 'Fit Note' should then be used as if the doctor had advised 'not fit for work'. Your employee does not need to go back to the doctor for a new Statement to confirm this. N.B please note policy section 22.6.

As a Manager what if I disagree with the GPs assessment?

The GP's assessment is not binding and it may be that in discussions with the employee it appears he or she is not ready to return to work or that you cannot make the adjustments required (subject to the above). In those circumstances, the employee is treated as being unfit for work and the fit note serves as evidence of the unfitness to attend work.



Appendix D – Manager’s Return to Work Meeting Checklist

Check point	✓
Ensure you are familiar with the employee’s case and have all information to hand prior to the meeting and relevant information has been shared with employee	
Complete RTW on the day employee returns to work if not within first three working days	
Complete return to work paperwork as you progress through the meeting capturing every relevant detail to support health and wellbeing and process. Return to work interviews may be carried out by telephone where appropriate (BUT not where there are a high number of absences)	
Explain the purpose of the meeting is to offer support, ensure that the employee is fully recovered and absences are not exceeding more than 2 episodes in any 12 month rolling year. Discuss potential outcomes if expected standards cannot be met.	
Communicate any changes/adjustments in the workplace or to work practice which have taken place during the period of absence as part of rehabilitation back into work	
Explain sickness absence policy and process, setting out clearly trigger points and stages in process. Clarify employee’s current stage and expectations to work towards	
Where appropriate discuss the number of periods of absence, any observations (<i>deterioration in attendance, concerns regarding health/wellbeing, trends/patterns of absence</i>) understand why expected standards are not being met	
Discuss, where appropriate whether secondary employment / overtime has any effect on Trust employment and if so, pause it, pending review when expected standards are reached	
Outline the specifics of the absence being mindful of absence type, whether fully recovered or reoccurring problem. Discuss current progress, appointments, treatment, support, other needs	
Discuss any barriers, actual or perceived affecting a return to work	

Offer any potential support if needed considering what has already been offered or given i.e. OH referral, EAP, wellbeing hub	
After 3 rd absence / period of 28 days or more, consideration sanctions or targets to support employee to bring about improvement	
Assess if previous warnings are in place. Advise if any Informal warnings are to be issued.	
Set meeting dates (no longer than 6 months in between), regularly offer support, acknowledge if standards are being met / advise formal meeting will be held if absence occurs sooner or long term absence continues.	
Communicate expectations for improved attendance. Make employee aware of any impending reviews where necessary and observations of patterns across rolling period(s) if historical absences are relevant	
Ensure paperwork is signed, placed in personnel file and a copy given to the employee	
Record meeting and outcomes on GRS	
<p>Notes:</p>	



Appendix E – Informal Health & Wellbeing Review Checklist

Employees and managers should familiarise themselves with the process set out within this policy. When an informal Health Review Meeting is required, for short or long term absences, the following points should be worked through by both employee and management as a guide to work through the process:

Managers Check point	✓
Prior to the meeting, check if there are any live sanctions on GRS / Personnel file	
Provide a copy of their absence record and any other relevant meeting notes/documents	
Familiarise yourself with all aspects of the absence and detail from point 1 above	
Discuss health, wellbeing and absences and identify any means to prevent further absences – explore support to be offered, reasonable adjustments, phased returns, alternative duties redeployment, support from the wellbeing hub	
Complete an Informal Stage Review Meeting (Appendix G) form and update GRS	
Ensure the purpose of the meeting is clear (if sending out request to meet Appendix I)	
Explain and understand next steps in process and policy	
An informal note or letter detailing the points above discussed in the meeting needs to be issued to the employee, stored on the personnel file, and an electronic copy sent to HR.	



Appendix F – Formal Health & Wellbeing Review Checklist

This checklist should be used to assist managers and employees to work through all the key areas that may need to be discussed when reviewing individuals’ health, wellbeing and absences from work. The whole checklist may not need to be used, however, it is set out to guide the core areas of discussion that should take place in a Formal Health and Wellbeing Review Meeting to assess an individuals’ ability to be ‘fit’ (*in whatever capacity this may be*) or remain ‘unfit’ for work. This Appendix can be used to record notes from the meeting which should be used when confirming the next steps in writing (refer to Appendix L).

Checkpoint	✓
Have you prepared for the meeting (<i>logistics confirmed, documentation shared, involvement of right support – HR, OH, TU Rep / workplace colleague, have the health conditions for the individual been fully assessed to determine any ‘duty of care’ Equality and/or Disability legislative requirements to take into account</i>)? Have you checked if there are any live sanctions on the individuals personnel file?	
If there are matters concerning communication (<i>receipt of letters, policies, other key information; contact, availability to attend meetings</i>) – have you discussed these and put preventative methods in place?	
Have you had a discussion to capture key points regarding health, wellbeing and absences since your last meeting? This should include	
✓ progress of health improving;	
✓ concerns the employee may have regarding their health, wellbeing and absences that has prevented improvement;	
✓ any outcomes of meetings/appointments had or other rehabilitation interventions;	
✓ other matters the employee may want to discuss that have arisen since you have last met	
Have you discussed absences in the last 12 month rolling period and referred to any triggers that have been reached? Whilst it is useful to discuss the number of episodes, days lost due to absence, it is important to listen and try to understand, through discussion, any reasons that are causing absences, preventing rehabilitation, any support that may be required around:	
✓ the clinical advice (<i>OH and any input external to the Trusts’ clinical advisor</i>) that determines the nature causing the absence(s), the likely length of absence / reoccurrence, the effect/extent of the illness and the impact this has on rehabilitation	
✓ whether there is anything practicable the Trust can do, such as workstation adaptation, other	



<p>reasonable adjustments that would allow the employee to return to work and perform their current job with or without modifications, particularly any conditions relevant to ‘duty of care’ in accordance with Equality or Disability factors?</p> <ul style="list-style-type: none"> ✓ any other Health and Wellbeing support to be considered that can be offered within the Trust, any other rehabilitation/support avenues the individual has been made aware of that the Trust may want to consider ✓ whether any alternative duties (<i>temporarily or event substantively</i>) can be considered which could include redeployment to another role – if so ensure sign-up to alternative duties / redeployment registers ✓ how contact can be maintained during any period of absence and/or during the rehabilitation period (<i>even if a return to work has been achieved</i>), including periods of non-contact – had the next point of contact been set? 	
<ul style="list-style-type: none"> ✓ is there any potential return to work date to work towards that can be set (if not already discussed)? ✓ Have alternative means to sanctions been considered i.e. setting a period to monitor absence and enabling health, wellbeing and absences to continue to be formally reviewed? ✓ depending on the severity of the situation – do conversations around ill-health retirement need to be discussed? (at this point, advice from occupational health must have been sought ahead of the meeting to be able to discuss the likelihood of obtaining a successful ill-health retirement application) ✓ if sanctions need to be discussed as a means of setting structure to discipline the management of attendance or capability, then steps in the formal process should be clearly set out including up to dismissal on the grounds of capability. ✓ should any sanction need to be put in place following the formal review meeting, managers should ensure that individuals understand the reasons for this decision and that a clear plan of action is put in place to support and prevent any escalation of the sanction (where possible) 	
<p>As a final point, have you ensured that the process overall is understood and the individual realises that the meeting is a ‘formal review’ and what the next steps in the process could be if regrettably absence levels do not improve?</p>	

Appendix G – Health Review Meeting – Sickness Absence Informal Stage Record
To be completed with employee

Employee name & number:		Job Title:	
Representative:		Date of Meeting:	
Purpose of Meeting:	Managers refer to Appendix E		
Have sickness absence issues previously been discussed with the employee in last 12 months: Yes / No			
If Yes, provide dates and summary of actions agreed:			
Specifics of the absence(s): Identify causes and nature (e.g. work related, underlying medical issue, covered by the Equality Act 2010, temporary problem, reasonable adjustments). Identify patterns of absence (e.g. shift type/day/correlation with other employees absences), look for trends over longer timeframes e.g. 2-5 years.			
Remedial action identified that would provide support or improve attendance:			
Discuss if secondary employment or other employment may have affected Trust employment?			
Discuss referral to Occupational Health and support services including the Wellbeing Hub:			
AGREED ACTIONS:			
Next Review Date: (Informal or Formal – to be discussed with the employee)			



Any other relevant information:
Consequences of further absence discussed: Yes/No

Employee's Name:

Signature:

Date:

Manager's Name:

Signature:

Date:

(Form Copied to Human Resources)

The Trust confirms that we will not use the information provided by you for any other purpose other than those described in this form. The data will be stored securely and deleted in line with the Trust's Records Management Policy.

For more information about the information we hold about you and how we handle your data, please visit: <https://www.eastamb.nhs.uk/about-us/gdpr.htm>



Appendix H – Health Review Meeting – Sickness Absence Formal Stage Record

Employee Name:

Meeting Date:

Meeting Attendees:

Representation: YES/NO (provide details)

Invite Letter Date:

Received by employee YES/NO

Sickness Absence YES/NO

Last Health Review

Management Policy

Meeting Date:

Rec'd (circle):

TO BE COMPLETED BY MANAGER:

Reason for meeting:

- Employee has had four or more episodes of sickness absence within a rolling 12 month period
- Employee has met the trigger for a formal meeting. The number of episodes of absence is _____ as at _____(date).
- Employee has had a third episode of sickness absence within a rolling 12 month period and management have deemed it appropriate to move to the formal process following informal stages
- Employee has been off for a period longer than 28 days and has already had an informal meeting.

For cases of Short Term Sickness- During the 52 week review period from _____, the employee has accumulated _____ number of days sick leave and has been absent on _____ number of separate occasions, in line with records. **This represents a level of sickness absence considerably higher than that which the Trust deems as acceptable.** The current number of episodes of absence at time of meeting is_____.

For cases of Long Term Sickness- The employee has been absent for _____ days. The employee has confirmed that secondary or other employment HAS / HAS NOT (circle) contributed to their sickness absence.

SUMMARY OF DISCUSSIONS:

Reasons for period(s) of absence within the 52 week rolling review, and also any periods since the date of issue of the letter.

Previous absence discussions/warnings in last 12 months:

	Bulletin and at www.jobs.nhs.uk website, and HR as necessary.
	<input type="checkbox"/> Discussion has taken place around ill health retirement and occupational health advice sought
Return to Work Details:	

MEETING OUTCOMES:

Your sickness absence has improved, and there is no further action.

I consider it relevant to set a monitoring period for _____ weeks/months, with a review date set on _____.

In view of our discussions, and taking account of your periods of sickness absence, I consider it appropriate to issue the following outcome:

Where a formal sanction has been issued, you have the right to appeal to the Head of HR within 7 calendar days of the decision letter.

I consider it appropriate to refer you to occupational health at this stage.

Additional Meeting Details:

IF MONITORING PERIOD IS SET

Your target is to reduce your levels of sickness absence / We would not expect you to have any further periods of sickness absence within your monitoring period.

Please be advised that unless there is an improvement in your attendance, your continued employment may be at risk in line with the Trust's Sickness Absence Management Policy. You are requested to maintain regular contact with your agreed management during any periods of sickness absence and to update the Trust on your state of health.

Employee Name:

Employee Signature

Date:

Manager Name:

Manager Signature

Date:

(Form Copied to Human Resources)

A copy of these notes will be posted to you with the outcome letter within 7 calendar days.

The Trust confirms that we will not use the information provided by you for any other purpose other than those described in this form.

The data will be stored securely and deleted in line with the Trust's Records Management Policy.

For more information about the information we hold about you and how we handle your data, please visit:

<https://www.eastamb.nhs.uk/about-us/gdpr.htm>



Appendix I – Informal Sickness Absence Meeting – Invite Letter

DRAFT / TEMPLATE

Date

Private and Confidential

Your name
Job Title
Work address

Name
Address

Dear Name,

Re: Invitation to attend an informal absence meeting

You are requested to attend an informal meeting at (location) on (date and time) to discuss your sickness absence and health and wellbeing.

The purpose of the meeting will be to discuss your sickness absence as follows:-

Date	Number of Days	Reason for absence
-------------	-----------------------	---------------------------

Number of episodes of absence = (number)

During this meeting, your health and wellbeing will be discussed as well as your individual reasons for absence, so that we can review together the best way to support you.

Should you require any reasonable adjustments to enable you to attend the meeting please let me know.

Please confirm that you will be attending this meeting and provide me with the name of your chosen trade union representative or workplace colleague should you intend to bring one.

Yours sincerely,

Name
Job Title

cc Human Resources

POL037, Sickness Policy, V6.0

Appendix J – Formal Sickness Absence Meeting – Invite Letter

DRAFT / TEMPLATE

Date

Private and Confidential

Your name
Job Title
Work address

Name
Address

Dear Name,

Re: Request to attend Formal Health Review Meeting

You are requested to attend a formal Health Review Meeting to explore your health and wellbeing as well as your individual reasons for absence, so that we can review together the best way to support you.

A meeting has been arranged as follows:

Date: Time:

Venue:

The purpose of the meeting will be to discuss your sickness absence as follows:-

Date	Number of Days	Reason for absence
-------------	-----------------------	---------------------------

Number of episodes of absence = (number)

The meeting will be lead by (Name & Title). [Optional: (Name & Title, will also be present to take notes)]. Please confirm that you will be attending this meeting and provide me with the name of your chosen trade union representative or workplace colleague should you intend to bring one, at the earliest opportunity, where possible at least 4 calendar days prior to the meeting. Should you require any reasonable adjustments to enable you to attend the meeting please let me know.

During the meeting, it will be beneficial to discuss your health and wellbeing alongside your individual reasons for absence as well as any relevant information, such as occupational health reports, please do advise if there is any information you would like to provide to assist in your sickness absence case being formally reviewed. Please provide this information when submitting your confirmation or as soon as possible afterwards.

As an organisation we are looking to support you back into your substantive role and would welcome your thoughts on how we may work together to best achieve this. As part of this we may discuss such things as any requirements for support and/or reasonable adjustments to aid your return to your substantive role either in the short, medium or long term and also any reasonable adjustments that you or the Trust need to facilitate in order to support this return to work.

A copy of the Sickness Absence Management Policy can be obtained on the Intranet, through your staff-side representative or through your HR department. A hard copy will be available for reference at this meeting.

If you have any queries, please do not hesitate to contact me.

Yours sincerely,

Name
Job Title

cc Human Resources

Appendix K – Final Formal Sickness Absence Meeting – Invite Letter

DRAFT / TEMPLATE

Date

Private and Confidential

Your name
Job Title
Work address

Name
Address

Dear Name,

Re: Request to attend Final Formal Health Review Meeting

You are requested to attend a formal Health Review Meeting to explore your health and wellbeing as well as your individual reasons for absence, so that we can review together the best way to support you.

A meeting has been arranged as follows:

Date: Time:

Venue:

The purpose of the meeting will be to discuss your sickness absence as follows:-

Date	Number of Days	Reason for absence
-------------	-----------------------	---------------------------

Number of episodes of absence = (number)

The meeting will be lead by (Name & Title) and they will be supported by (Name & Title) from the HR Department, who will provide advice and guidance throughout the meeting where required. [Optional: (Name & Title, will also be present to take notes)].

Please confirm that you will be attending this meeting and provide me with the name of your chosen trade union representative or workplace colleague should you intend to bring one, at the earliest opportunity, where possible at least 4 calendar days prior to the meeting. Should you require any reasonable adjustments to enable you to attend the meeting please let me know.

During the meeting, it will be beneficial to discuss your health and wellbeing alongside your individual reasons for absence as well as any relevant information, such as occupational health reports, please

do advise if there is any information you would like to provide to assist in your sickness absence case being formally reviewed. Please provide this information when submitting your confirmation or as soon as possible afterwards.

As an organisation we are looking to support you back into your substantive role and would welcome your thoughts on how we may work together to best achieve this. As part of this we may discuss such things as any requirements for support and/or reasonable adjustments to aid your return to your substantive role either in the short, medium or long term and also any reasonable adjustments that you or the Trust need to facilitate in order to support this return to work.

A copy of the Sickness Absence Management Policy can be obtained on the Intranet, through your staff-side representative or through your HR department. A hard copy will be available for reference at this meeting.

If you have any queries, please do not hesitate to contact me.

Yours sincerely,

Name
Job Title

cc Human Resources

Appendix L – Outcome of Formal Sickness Absence Meeting

DRAFT / TEMPLATE

Date

Private and Confidential

Your name
Job Title
Work address

Name
Address

Dear Name,

Re: Outcome of Formal Health Review Meeting

I write to advise you of the outcome of the Formal Health Review Meeting that you attended on [INSERT] with me and [INSERT] present. [INSERT] was also present as a note taker, a copy of the notes are enclosed for your records.

During the meeting we discussed your health, wellbeing and absences from work, the outcomes of the meeting were:

[INSERT] bullets drawn from the areas of the checklist in Appendix F]

If you have any queries, please do not hesitate to contact me.

Yours sincerely,

Name
Job Title

cc Human Resources