



Sheffield Health
and Social Care
NHS Foundation Trust

Policy:

Promoting Attendance and Managing Sickness Absence

(Review Date extended on 17 10 19)

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Policy Version and advice on document history, availability and storage

This Policy is stored and available through the SHSC website (www.shsc.nhs.uk)

This Policy is based on good practice and complies with legislation. It was previously agreed as part of the Managing Attendance and Capability Policy and is now issued separately.

The Policy was previously agreed with the Joint Consultative Forum and issued in August 2003 and updated in June 2004. It was further updated at Appendix H and J in December 2011, It was further updated in April 2013 and section 6.5b was added. In 2015, the policy was improved to provide more information on promoting attendance (see Appendix L) and by enhancing the role of the Sickness Absence Review Meeting (section 6). In 2016, the policy was improved in consultation with Staff Side and the Sickness Absence Case Manager. It has been transferred to the new format for policies.

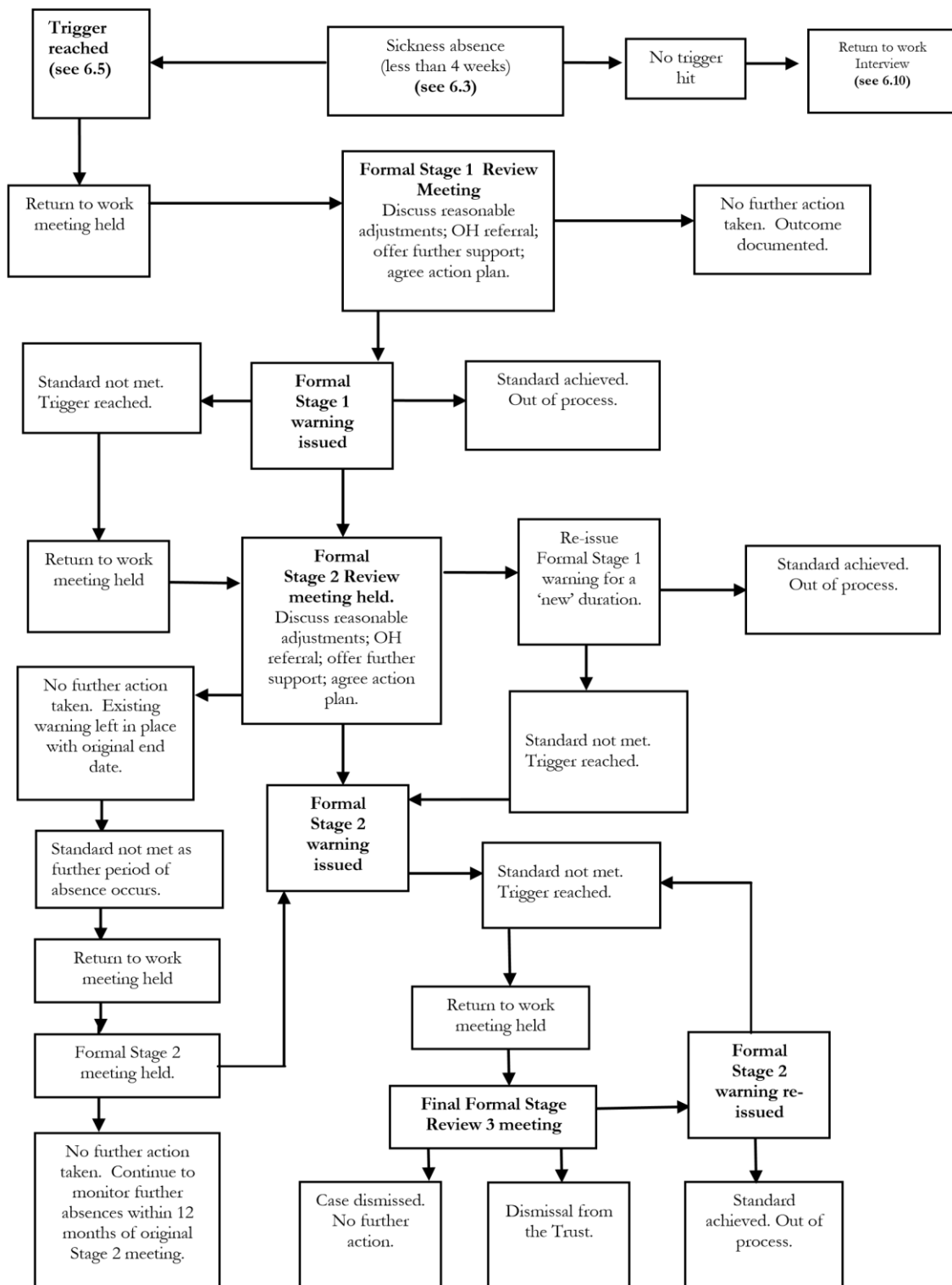
See Appendix E for slight modifications January – April 2017.

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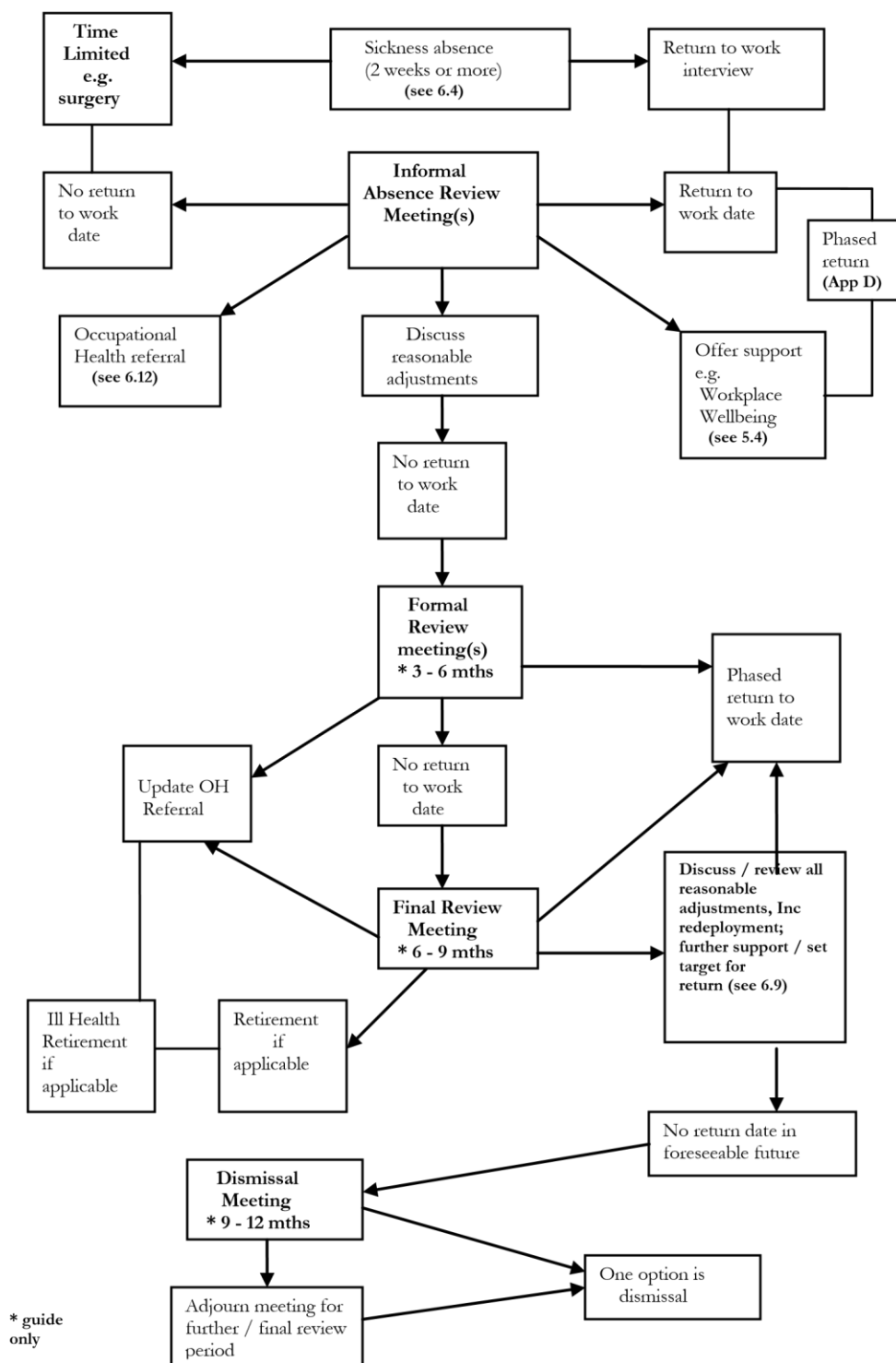
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SHORT TERM ABSENCE PROCEDURE (see Appendix H)



Flow Chart 2 **LONG TERM ABSENCE PROCEDURE**
(see Appendix I)



Supplement to Flowcharts: Summary of Trigger Points for Short Term Absences

The trigger points at each stage of the process are as follows:

To initiate a First Formal Meeting

- 3 periods of absence in 3 months/or total of 10 days absence in 3 months
- 4 periods of absence in 12 months/or total of 15 days absence in 12 months
- Any other pattern of absence which gives rise for concern

(For part time employees, a day means the hours they were scheduled to work on that day or shift.)

Triggers applicable following a Formal Stage 1 warning being issued

Where an employee has received a Stage 1 warning, then (unless the circumstances in paragraph one above are relevant), the triggers that apply during the currency of the warning will be:

- 2 periods of absence in the first 3 months / or a total of 5 days absence in the first 3 months following the warning being issued;
- 3 periods of absence in 12 months / or total of 10 days absence in 12 months;
- Any other pattern of absence which gives cause for concern (including previous years).

Triggers applicable following a Formal Stage 2 warning being issued

Where an employee has received a Stage 2 warning, then (unless the circumstances in paragraph one above are relevant), the triggers that apply during the currency of the warning will be:

- 1 period of absence in 3 months following the warning being issued;
- 2 periods of absence in 12 months / or total of 5 days absence in 12 months;
- Any other pattern of absence which gives cause for concern (including previous years).

For full details refer to section 6.5 and Appendix H.

1. Introduction

Sheffield Health and Social Care (the Trust) values the contribution its employees make to meet our vision to provide high quality, integrated health and social care services which aspire to national excellence and improve individual's health and wellbeing.

To meet our vision we need to ensure the health and wellbeing of our workforce and maximise attendance at work. The Trust is committed to promoting an attendance culture which recognises that it is generally better for health and wellbeing to be at work and to focus on a person's capacity for work rather than their incapacity. It is the responsibility of all employees to work together to promote a healthy workplace and, when absence is unavoidable, ensure the effective management of that sickness absence and ill health.

The Trust will achieve this by:

- providing a framework for the health, safety and wellbeing of all employees. This will include use of risk assessments to identify and manage hazards impacting on health in the workplace and policies which facilitate a healthy work/life balance;
- promoting ownership of the Policy through partnership working, communication and feedback;
- implementing this procedure to support and manage employee absences;
- ensuring that appropriate training is provided to managers and employees;
- monitoring levels of sickness absence and their causes for individuals, teams and the Trust as a whole;
- reviewing and improving the procedure as necessary.

High absence levels adversely affect not only our ability to meet our vision but can prevent us from achieving our standards and key performance indicators. The result is:

- poorer quality of care and service
- missed deadlines
- additional employment costs
- low morale
- diminished reputation
- higher workloads for colleagues

Guiding Principles

The following principles apply to the Trust's procedures for dealing with sickness absence.

- Good attendance is valued and managers should acknowledge this through appropriate feedback whether as part of the performance development review process or otherwise;
- Absence management will not imply any distrust of employees or concerns regarding their conduct;

- Sickness absence will be treated in accordance with the Trust's Equal Opportunities and Dignity Policy and statutory requirements;
- Employees will be treated consistently and the sickness absence procedures will be fairly applied across the Trust, taking account of service needs as well as individual and group needs.
- The Trust will promote a positive and preventative rather than a punitive approach.
- The Trust will be sensitive and supportive to those suffering the effects of ill health.
- Sickness absence cases will be conducted with respect for confidentiality and in accordance with the requirements of the Data Protection Act 1998 and Access to Medical Reports Act 1988 and Human Rights Act 1998.
- Open communication between managers and employees will be encouraged and promoted.
- The Trust will aim to distinguish between absence due to sickness and any abuse of the sickness absence process.
- Managers have the right to meet employees where they have concerns about attendance. Similarly, employees have the right to raise with their Manager concerns and problems, which they believe, may affect their performance and attendance.
- Managers will consider the full range of options available in determining appropriate outcomes. The needs of the service will be a vital consideration in this process.
- Managers have the right to require employees to attend a medical and/or interview with the Occupational Health Service so that information can be gained to help manage issues of health.
- The Trust accepts the legitimate role of trade union representatives to represent their members within this procedure.

2. Scope

This Policy and procedures apply to all employees. In cases of incapability, not due to ill health, referral should be made to the Trust's Capability Policy.

3. Definitions

Please see the full list of definitions are at Appendix G.

4. Purpose

The key purpose of a Promoting Attendance and Managing Sickness Absence Policy is to encourage reliable attendance among all employees so that a dependable staffing base can be established to meet service needs.

The policy and procedures are designed to:

- ensure that managers and relevant employees jointly seek to minimise sickness absence and the causes of sickness absence.

- reflect best practice and statutory rights.
- enable managers and employees to understand their role in the management of sickness absence as well as the support that is available.
- provide a framework for reporting, certifying and managing both short term and long term absence.
- set out the principles underpinning the management of sickness absence.
- Promote attendance through consideration by managers; staff and Staff Side of how to improve health and wellbeing.

5. Duties

5.1 The role of the **line manager** is crucial in managing long and short term absence.

Attendance at work is important in order to maintain efficiency, cost effectiveness, standards of client care and staff morale.

Line Managers will (for employees they manage):

- promote and encourage attendance
- ensure awareness of this Policy and procedure
- keep up to date records and complete the relevant documentation
- monitor absence levels
- maintain contact with staff throughout all stages of the procedure
- conduct return to work interviews (within 2 days of return to work wherever possible)
- establish clear action plans for longer absences
- use all appropriate support, including consideration of any reasonable adjustments (see 6.9)
- be fair, consistent, sympathetic and supportive
- conduct meetings as set out in the Policy
- follow the procedure and associated documentation as set out in this Policy and Managers' Toolkit/Guide

5.2 **Employees** have contractual responsibilities regarding attendance as detailed below and an obligation to take responsibility, as far as is practicable, for their own health and wellbeing.

Employees will:

- meet their obligations under their contract and this Policy
- raise concerns with their manager if they believe their job is making them ill or contributing to illness
- report sickness absences promptly, in accordance with this Policy
- ensure that the appropriate certification is provided
- maintain contact with their manager during periods of sickness absence
- communicate effectively with the manager about their sickness absence
- co-operate fully with the Trust's Occupational Health Service and other services that provide support to the Trust and its employees
- help ensure that medical advice and treatment, where appropriate, is received as quickly as possible in order to facilitate a return to work

- attend meetings with their line manager to discuss their absence
- not abuse the sickness absence procedures or sick pay scheme

5.3 There is a general responsibility within **Directorates** to promote the health and wellbeing of the workforce. They will:

- raise awareness of the importance of having an attendance culture
- monitor absence and ensure managers take appropriate action
- facilitate the use of all appropriate support

5.4 Support Available

The following services are available to managers and employees:-

- Occupational Health Services – to provide advice and guidance to help assess the impact of any ill health, medical concerns and the prospects for recovery.
- Workplace Wellbeing Counselling Service – to provide a confidential service to employees in order to discuss concerns related to work or personal circumstances.
- Human Resources Department – to provide support and guidance to managers and employees in dealing with sickness absence and ill health and in the use of the Trust's related policies and procedures (see 11 below).
- Risk Department – to help minimise hazards and provide appropriate training.
- External Support – sources of external support may be identified by the Trust from time to time for any part of the procedure. The nature of such support will be identified separately and will amend/supplement the provisions in this Policy, as appropriate.

5.5 Staff Side Representatives will:

- work in partnership with Managers, Human Resources and the Occupational Health Service to ensure employees are treated fairly and consistently within the framework of the Policy.
- represent members in the workplace at the appropriate stages of the Promoting Attendance and Managing Sickness Absence Policy and procedures.

6. Process – Specific Details

6.1 Reporting and Recording Absence

Employees have a responsibility to report any sickness absence and to provide the line manager with all relevant information about the reason for sickness absence, the likely duration and any work/appointments that may need to be rearranged.

The employee must contact their line manager on the first day of absence as far in advance of their designated start-time as possible. Those working on nights or shifts

should notify their line manager immediately they become incapacitated to enable cover to be arranged as quickly as possible. This should be done by telephone by the employee.

The employee must not leave a message with a colleague unless this has been agreed locally. In these circumstances follow-up procedures should exist. Only in exceptional circumstances should someone call on the employee's behalf, e.g. if the employee is in hospital. If individuals are unable to make contact then arrangements must be made for a relative or friend to do so on their behalf with a follow-up call from the employee.

In all cases the employee must leave a number or address at which they can be contacted and if this changes they must let their line manager know.

Individual Directorates can specify and communicate more detailed requirements, which need to be met (e.g. particularly where any absence requires immediate cover arrangements). This should be set out in a local protocol and communicated to all relevant employees.

Failure to inform the line manager of absence in line with this Policy may lead to the absence from work being considered as unauthorised, resulting in loss of pay and potential disciplinary action.

The employee should state the nature of the illness or other reason for absence, when they first become unfit for work and, if possible, the estimated date of return. The employee must continue to update their line manager throughout the absence, either by telephone or by an alternative method if agreed in advance. The frequency and timing of the future contacts should be discussed and agreed at the time of the initial contact.

As a minimum the employee must telephone their line manager again on the 4th and 8th day of sickness absence and advise of their continuing absence. An employee must inform their line manager prior to their return that they are fit to do so giving as much notice as possible. If any employee is unable to resume work on the expected day they should telephone the line manager as soon as possible on the day they were intending to return to work.

Employees should confirm to their line manager whether the sickness continued into any days off/rest days or ended before then.

If the employee believes that their absence may have been caused by something that happened at work they should inform the line manager of this and arrange for an accident report form to be completed if appropriate.

Line managers should be aware which employees are absent from work within their unit and the reasons why. The line manager must keep records of the initial contact and all other contacts including logging the date and time.

6.2 Monitoring Sickness Absence

Line managers must ensure that all absences are recorded and analysed including part-days and irregular attendance. This Policy contains 'triggers' for both short term and long term absence but these do not preclude line managers from investigating other patterns of absence which cause concern.

All absences should be recorded on the Sickness Absence Monitoring Form. Other absences can be recorded on the same form using a colour coded system in order for any patterns of absence which could cause for concern to be identified.

6.3 Short term Absence

Short term absence generally involves absences which do not require a medical certificate and is a result of minor ailments. Judgement will be necessary as to when a short term absence could develop into a long term problem and where this looks a possibility an assessment should be made as to whether it would be better dealt with as a long term absence and the appropriate action taken.

Such absence, although not necessarily of long duration, can still be disruptive and costly. Managers need to take action to investigate the reasons for such absence and identify what reasons would assist with preventing the recurrence of any such absence. Repeated absence may indicate that there is an underlying reason related to the work environment and/or the employee's health. In such cases, it should be established whether the individual is receiving advice and treatment through their GP and a referral to the Occupational Health Service should be considered, if appropriate.

Managers shall also consider any other information which may give cause for concern such as the attendance pattern e.g. regular absence on a Monday and/or Friday, or patterns of absence over extended periods of time.

Where formal action is required to address the issues of concern, the procedures in Appendices H and K should be followed, as appropriate.

6.4 Long term Absence

For the purposes of recording the absence under the ESR system, long term absence is defined as absence which lasts for 4 weeks (28 days). However if an absence has lasted for two weeks and no date for return has been identified, it is good management practice that such absence will be classified as long-term for the purposes of the Policy.

In some situations the length of absence can be predicted in advance (e.g. planned surgery) but often the length of absence is unpredictable. The greater the uncertainty as to the possible length of absence, the more important it will be to obtain as much information as possible in order to ascertain what impact the absence will have and what steps could be taken to increase the prospects of a return to work.

A phased work return for employees coming back from long term sickness should be considered and, if appropriate, agreed. The period of phased work is normally over a period of up to four weeks with a review in the third or fourth week to see if a short extension may be appropriate. The phased return to work is detailed at Appendix J.

In considering what action is appropriate it will be important to balance a sympathetic approach to the employee's condition, with the needs of the Service.

The process for dealing with long term absence is set out in Appendices I and K, to be followed, as appropriate.

Long term absence can have implications for carry-over of leave across leave years. Please refer to the Leave Policy for further guidance.

6.5 Triggers for short term absences

Where an employee's absence level hits the trigger points identified below the formal sickness process would be invoked, unless the reason for hitting a trigger is a result of one of the following specified reasons: injury at work; disability; sickness relating to pregnancy; or planned surgery (with the exception of elective cosmetic surgery). This would be the process described in Appendix H. **N.B. – absence for the above reasons will still be considered as part of any record of absence and may be included in deliberations with discretion paramount.**

Elements of Appendix I may be appropriate where there is an underlying health reason for the short-term absence trigger being hit. Where such a reason exists and it is decided not to refer the employee to the formal process then the line manager must record this fact and the reason why.

The fact that there is no referral to the formal process for the above reasons does not mean that no further action will be identified at the Return to Work meeting or that a referral to Occupational Health cannot happen. The opportunity should be taken to explore with the employee what further support/action would be appropriate. Non-referral to the formal process will not preclude a subsequent referral to it on the basis of further absence.

The trigger points at each stage of the process are as follows:

To initiate a First Formal Meeting

- 3 periods of absence in 3 months/or total of 10 days absence in 3 months
- 4 periods of absence in 12 months/or total of 15 days absence in 12 months
- Any other pattern of absence which gives rise for concern

(For part time employees, a day means the hours they were scheduled to work on that day or shift.)

Triggers applicable following a Formal Stage 1 warning being issued

Where an employee has received a Stage 1 warning, then (unless the circumstances in paragraph one above are relevant), the triggers that apply during the currency of the warning will be:

- 2 periods of absence in the first 3 months / or a total of 5 days absence in the first 3 months following the warning being issued;
- 3 periods of absence in 12 months / or total of 10 days absence in 12 months;
- Any other pattern of absence which gives cause for concern (including previous years).

Triggers applicable following a Formal Stage 2 warning being issued

Where an employee has received a Stage 2 warning, then (unless the circumstances in paragraph one above are relevant), the triggers that apply during the currency of the warning will be:

- 1 period of absence in 3 months following the warning being issued;
- 2 periods of absence in 12 months / or total of 5 days absence in 12 months;
- Any other pattern of absence which gives cause for concern (including previous years).

6.6 Maintaining Contact

When an employee is absent from work due to sickness it is important that contact is maintained between the line manager and employee. The manager needs to ensure that work is reallocated, service delivery is maintained and steps are being taken to help progress the employee's recovery. The employee needs to ensure that they do not feel isolated, vulnerable or out of touch.

The type of contact should be agreed between the employee and the manager and should be sensitive and non-intrusive.

Maintaining appropriate regular contact with an employee whilst on sickness absence is recognised as good management practice and does not constitute harassment. It also:

- keeps the employee up to date with service changes
- makes them feel that they are still a part of the team
- helps to reduce anxiety about returning to work

The line manager must keep records of the initial contact and all other contacts including logging the date and time of discussions.

6.7 Reporting and Certification

In all cases the line manager must complete the electronic SSPA form to record the first full day of sickness absence and SSPB form to record the last day of sickness.

Both the employee and the line manager have a duty to ensure that sickness absence is certified for all relevant periods of sickness absence.

Every absence lasting 4 continuous days or more (including any non-working days during the week or at the weekend) has to be certified to ensure prompt and correct payment of contractual and statutory sick pay and to ensure that accurate records are maintained.

For absences lasting 4-7 days (including non working days) the employee is required to complete a self certification form on the last day of absence (or 8th day of absence if absence continues). The employee must then submit this to the line manager.

If the employee continues to be absent for more than seven consecutive days they must consult a Doctor and obtain a medical certificate (fit note), which must be forwarded immediately to the line manager.

Absence without appropriate certification, e.g. GP's fit note, is classed as unauthorised absence. Failure to adhere to the certification procedures may result in loss of sick pay and disciplinary action. Misleading or false statements may be dealt with under the Trust's Disciplinary Policy.

Where there is continuing sickness absence the employee, must submit to the manager medical fit notes to cover the whole period of absence leaving no gaps or days uncovered by a note.

Exceptionally, if the employee's line manager is concerned at the frequency of an employee's absence, or their account of their reasons for absence, then as part of the formal absence procedure the employee may be required to submit a doctor's medical certificate, rather than self certificates, from their first day of absence. In such cases, the employee should be advised of this in writing. This should take the form of a medical certificate, and not a 'private' GP note.

Employees can return to work at any time (including before the end of the fit note) without going back to see their doctor again - even if their doctor has indicated that they need to assess them again, however in such cases it is essential that an appropriate risk assessment is undertaken.

6.8 Early Intervention

One of the most successful tools in reducing employee absence is early intervention by line managers involving good communication between line manager and employees. A large part of managing absence is about ensuring staff can raise issues that may be troubling them at an early stage so that they can be addressed before they escalate.

6.9 Temporary Adjustments

It will be beneficial to the employee and the provision of services to consider whether there are any temporary adjustments which can be agreed to allow the employee to continue working. Some examples are given below:

▪ Assistance to work

If an employee is fit to carry out their job, but is unable to physically get to work alternative arrangements to get to work should be considered.

▪ Being assigned alternative tasks

An employee might be able to undertake alternative tasks (with no loss of pay) for an agreed period of time. For example, if an employee is unable to stand or walk for a period of time, they could be assigned work at a desk or workstation to assist with inputting data, processing referrals etc.

▪ Working in a different unit

An employee might work into a different unit. For example, if the employee is working in the community but is unable to work alone or travel, they may be placed in a residential setting.

▪ Working from home

An employee who is unable to attend the workplace could be assigned project work that could be carried out at home, for example, writing a policy or report. This could be work in the employee's service or working for another service area.

The Trust is under a legal obligation to consider reasonable adjustments for employees with a disability, as defined under the Equality Act 2010. However, any temporary adjustments must be reasonable and appropriate. Temporary and/or reasonable adjustments should be discussed and considered for all employees regardless of whether or not they are covered under the Equality Act.

Non Attendance at Sickness Absence Meetings

In some circumstances, the member of staff may feel that because of illness they are not able to attend a scheduled sickness absence meeting (e.g. under the formal process below the level of potential dismissal). Where this occurs the line manager should seek to re-arrange within a reasonable timescale i.e. normally no more than 1 week. If the staff member is not able to attend this re-scheduled meeting then the line manager can decide to proceed and identify next steps on the basis of the information available. This includes any information the staff member or their representative may provide in advance of the re-scheduled meeting.

The meeting is able to proceed without the staff member being present. However, where this occurs, it is important that the employee is made aware of the importance of attending the meeting and that if they are unable to attend, for whatever reason, the manager may have to consider holding the meeting in their absence.

Where the meeting is to consider potential dismissal of the staff member then advice from the Occupational Health Service should be sought as to when the member may be able to attend and a decision made on whether attendance would be possible within a reasonable timescale. In these circumstances, HR advice should always be sought.

6.10 Return to Work Interviews

Return to Work interviews are recognised as one of the most effective ways of managing sickness absence and done well are an excellent way of maintaining harmonious working relationships. A Return to Work interview should be carried out and the appropriate documentation completed and signed by both parties after **every** period of absence regardless of the duration of the absence. It is recommended that the interview is carried out, where possible, **immediately upon return, but no later than two working days after the employee has returned to work**. It should be carried out in an environment which provides appropriate confidentiality.

If it is not possible for the line manager to undertake the Return to Work interview within the first two days, other ways to undertake this should be considered, e.g. by the line manager's deputy/assistant, another time/date arranged by agreement or via the telephone.

If the employee is returning after a long term absence, a phased return to work, normally over four weeks, should be considered and, where appropriate, agreed at the Return to Work interview. There should be a review meeting in the third week and a short extension to the phased return period may be appropriate. The phased return to work is detailed at Appendix J.

Representation is not necessary in order to carry out a Return to Work interview. However, if an employee feels that they would like representation at the meeting or be supported by a colleague from the Trust, the initial Return to Work interview should be carried out in order to ascertain if the employee is fit to return to work and to receive updates in their area of work. A further meeting can then be arranged to discuss issues in more detail with a representative or supportive colleague from the Trust present.

The purpose of the Return to Work interview should be given to the employee at the start of the interview. It should be stressed at the interview that it is a two way

process designed to support the employee's return to work, but also to identify any underlying issues that may impact on future attendance.

The manager will need to be assured that the employee is now fit to return to work and that they are up to speed with any changes within their area of work. Where there is any doubt they should contact Human Resources to establish whether there is a need for a competent person to undertake a workplace assessment and therefore a need to contact the Risk Department.

The Return to Work interview provides the manager with the opportunity to sit down with the employee and discuss the period of absence in detail. It is important to try and identify any underlying issues and in order to do so the employee needs to understand that support and assistance can be provided e.g. Workplace Wellbeing or Occupational Health.

The Return to Work interview provides the opportunity for managers to explain the role of Occupational Health and Workplace Wellbeing in assisting employees with concerns that they may have.

Again, the Return to Work interview is the appropriate time to inform an employee if there are concerns about their attendance record, and whether an absence review meeting or a meeting under the formal procedure, needs to be considered. If an employee has triggered under this Policy, the manager **must** arrange a sickness absence meeting. At that meeting, a line manager may decide that no further action is required, e.g. the absence is for planned surgery, in which case the reason must be recorded on the Return to Work form. All Return to Work interviews must be recorded and evidenced in writing by utilising the Return to Work Form.

6.11 Absence Review Meeting

Prior to hitting a trigger under the Policy, managers may, after a Return to Work interview, decide that a sickness absence meeting would be appropriate prior to making any decision to refer to the formal stages of the process. This will be a meeting with the employee having the right to representation.

A Sickness Absence Meeting **must** be arranged in every case where an employee has hit a trigger under this policy.

6.12 Occupational Health Referral

The role of the Occupational Health Service is to provide employees with appropriate support and advice and to provide managers with relevant medical advice and a prognosis in order to assist them with decisions regarding future employment. Where appropriate, managers may also seek guidance on what measures can be put in place to support the employee.

At any point of the process there is the option for a manager to refer an employee to Occupational Health if they feel that there may be underlying health reasons for an employee's poor attendance. The contents of the OH referral should be discussed with the employee and a copy of the referral letter sent to the employee.

Individuals may also self refer to Occupational Health for advice and support about the best way of enabling a return to work. Information from a self referral will not be given to a manager or Human Resources without the consent from the employee. Self-referrals are not an appropriate method of identifying the implications of the

sickness absence for the work situation and cannot take the place of a management referral. They are, therefore, of limited value and may lead to delays in identifying appropriate support for the member of staff.

If at any time it is evident that an absence is likely to continue for over 4 continuous weeks, advice should be sought from Occupational Health at the earliest opportunity. Such a referral does not need to wait for 4 weeks as it is important to take appropriate action as early as possible.

Where a referral to Occupational Health has been made by a manager, employees have a contractual obligation to attend appointments with Occupational Health. Employees need to inform their manager of any changes to their appointment and such revised appointments must be as close to the original appointment as reasonably possible.

Failure to attend an appointment without good reason may result in disciplinary action and failure to cooperate with a referral (this includes the employee not returning a signed consent form) will mean that the Trust will have to proceed on the basis of the medical information available to it at the time. More than one change to appointments will not be permitted without agreement with the line manager. Failure to attend an Occupational Health appointment may incur a cost to the employee. If no notice is given by a member of staff, a missed OH Nurse appointment will incur a cost of £20, and a missed OH Consultant appointment will incur a cost of £100 to the employee. Costs may change in line with inflation.

If an employee is referred to a dismissal hearing for Long Term Sickness Absence, the manager should always seek Occupational Health advice prior to such a referral being made and to seek advice from HR. The manager should always explain in the OH referral letter that the employee is to be referred for a dismissal hearing and the outcome could result in the termination of employment. Relevant correspondence, e.g. letter confirming a sickness absence meeting, should accompany the referral, as well as a signed consent form from the employee.

OH referrals within the short term sickness absence process should only be made at the latter stage(s) of the sickness absence process if necessary.

Management looking to make a referral to Occupational Health should consider the guidance available in this Policy's Managers' Guide which is alongside the Policy on the intranet.

Managers must send the OH referral letter to HR prior to it going to the employee or OH.

HR may suggest amendments to that referral letter.

A consent form, signed by the employee, must accompany the OH referral letter (it is advisable to give a deadline date for its return and enclose a SAE).

If an employee provides medical evidence which is contrary to that provided by Occupational Health then the relevant Occupational Health Physician will be asked to consider the evidence provided and revise any previous guidance where this is justified. If the Occupational Health Service declines to revise any previous guidance then the advice of OH will take precedence.

6.13 Ill Health not leading to absence

There may be occasions where an employee is suffering from ill health, but this does not lead to the employee being absent from work. If the employee believes that their ill health is having an impact on their ability to undertake their job they should raise this with their line manager. The line manager should discuss this matter confidentially with the employee and discuss whether any additional support can be provided to the employee to support them at work.

Depending on the circumstances, it may be helpful to seek advice and guidance from the Human Resources Department and/or the Trust's Occupational Health Service.

6.14 Long Term Absence and Disability

It is possible that the nature of any employee's illness, or the effects of it, may create a situation whereby they fall within the definition of "disabled" under the Equality Act 2010 (dealing with disability discrimination). This places specific legal obligations on employers and the HR Department must be contacted for further advice.

6.15 Regular hospital attendance during/following illness/hospitalisation

An employee must discuss any such attendances or appointments with their line manager. The Line Manager should still monitor the absence using these procedures but sickness absence reporting requirements will not apply. However, if an employee is unable to attend work following disability leave, that absence is classed as sickness. Disability leave is applicable for disabled employees covered under the Equality Act and is granted for treatment, tests, etc, in relation to their disability. Should an employee be absent by sickness following disability leave, for whatever reason, this would be classed as sickness absence.

6.16 Sources of Support

At any stage of the process, the line manager should consider whether there is any other support which could be of assistance. This is most likely to arise in a case of long term absence and may involve, for example, contacting the Access to Work Service at Job Centre Plus, Department for Work and Pensions. Further information can be obtained from the Occupational Health Service. Workplace Wellbeing could offer confidential counselling on a self referral basis from the employee.

6.17 Pension Advice

Line managers (or any other member of staff) are not able to provide advice on pensions but they should ensure staff are aware that they may need to seek such advice especially where there are any changes to their hours or early retirement is a possibility.

6.18 Disciplinary Issues

The Trust's Disciplinary Policy will be invoked in cases where:-

- Medical evidence indicates that there is no medical reason justifying the absence;
- There is other evidence that an employee is claiming to be ill when they are not, or undertaking activities, which are clearly inconsistent with their stated illness or condition;
- Fraudulent claims for sick pay are made;

- There is a failure to notify or provide appropriate certification in line with the Trust's policies and procedures.

6.19 Alcohol, Drug and other Substance Abuse

Where monitoring or counselling in a sickness absence context reveals a problem relating to misuse of drugs or alcohol, the Trust's Substance Misuse Policy should be referred to.

6.20 Stress Management at Work Policy

The Managing Sickness Absence Policy covers all sickness absence including absences relating to stress.

In recognition of the particular importance of helping managers and employees deal with stress, a separate Stress Management at Work Policy has been developed. This Policy should be referred to where sickness absence is related to stress and the guidance used as part of the considerations as to how best to manage the sickness absence.

6.21 Pregnancy Related

If an employee is absent with sickness which is pregnancy related, the line manager should still monitor the absence using these procedures. If the level of absence as a result of pregnancy related ill health breaches the trigger points or becomes long term, the line manager must consult with Human Resources with regard to the best means of managing the absence, and also of supporting the member of staff.

6.22 Terminal illness

An employee who is diagnosed as terminally ill is exempt from the normal procedures for dealing with long term or frequent short term sickness as detailed in this Policy.

Should a manager be informed of an employee's terminal illness, s/he must consult with Human Resources to discuss the best means of managing the absence as sensitively and compassionately as possible.

It is important that contact is maintained via a designated member of the employee's family or a close friend during treatment, hospitalisation and/or while at home during their sickness absence.

All offers of support and assistance should be given, including the offer of obtaining the employee's pension benefits through the ill health retirement process. If the latter is requested by the employee/family, the employee may not have to attend the Occupational Health Service but would need to submit to HR, confirmation of the terminal illness from the Consultant or General Practitioner. HR will then urgently process the ill health retirement pension benefits which will be in the form of a lump sum.

6.23 Domestic/Personal Circumstances

Where the reason for sickness absence is due to domestic/personal circumstances, managers will treat such matters sensitively. This could involve enabling the

employee to discuss the issues with Human Resources, Occupational Health or Workplace Wellbeing. However, the line manager retains responsibility for managing the absence. The employee should appreciate that the line manager can only act on the information that is available and that sick leave should not be taken for these purposes.

6.24 Absence due to accident caused by third parties

An employee who is absent as a result of an accident by a third party and receives damages from the third party (even if this takes place some time after the absence) is not entitled to sick pay. The Trust will advance a sum not exceeding the amount of sick pay payable under their contract on condition that the employee claims damages for the amount advanced and repays to the Trust the corresponding amount actually received as damages. Once received, the absence shall not be taken into account for the purposes of assessing sick pay entitlement. Absence due to an accident at work, is still classed as sickness absence and is covered by this Policy.

6.25 Sickness absence and annual leave

Sickness will supersede annual leave in circumstances where an employee has prebooked holiday and is unable to take that holiday due to being unwell, or becomes unwell whilst on holiday, or is advised by their GP and/or OH to have a period away as convalescence. In these circumstances such leave will then be reclassified as sickness absence.

If an employee is ill prior to the start of the holiday and therefore the holiday has to be cancelled, they should follow the usual sickness reporting procedures. If an employee is ill during a holiday, they should contact their line manager at the first opportunity during their leave to report that they are ill and should obtain a medical certificate provided by a medical practitioner showing the dates they were ill and the nature of the illness.

Where an employee wishes to go on holiday whilst off sick they must inform their line manager of their intention to take a holiday as this should be recorded and taken as annual leave. This would also apply to any pre-booked holiday taken whilst on sick leave.

Further guidance on annual leave is contained in the Leave Policy.

Employees should be aware of the option to request annual leave during a period of long term sickness.

Employees should be aware that any carry forward of annual leave into a new leave year will be subject to the statutory annual leave provision (i.e., 28 days, pro-rata for part time staff).

Further advice should be sought from the line manager and/or Human Resources.

6.26 Sickness absence during the working day/shift

Employees who become ill during the working day and leave work (with the manager's permission or other responsible officer if the manager is not available) will be credited with that day and will not be classed as absence for sick pay purposes although the absence will still be recorded for monitoring purposes and may be considered in

accordance with the Policy as detailed within the paragraph below. However, if the absence continues into the next day (and beyond) they must comply with the reporting procedures outlined above. If an employee leaves work without their manager's permission it is regarded as unauthorised absence.

If the employee shows a pattern of attending work and then leaving for sickness reasons during the working day/shift, the manager will address the issue with the employee, to try and determine the reason for the pattern. Depending on the circumstances any further incidents will be recorded and the appropriate procedure applied.

6.27 Visiting Worksites whilst off sick

Visits to worksites whilst an employee is off sick can only be done by prior agreement with their line manager, e.g. invited to attend a sickness absence meeting or to call in with a fit note.

Normally an employee on sick leave should not enter a worksite or base to undertake any duties or responsibilities, including the checking of emails, post, etc.

However, there may be circumstances where a line manager agrees certain work may be appropriate. Such circumstances should be checked with HR as they will need to ensure there is adequate insurance cover to safeguard both the individual and the Trust.

6.28 Work/life Balance and Health Promotion

The Trust recognises that the introduction of policies in relation to this can contribute to a reduction in sickness absence and a committed and motivated workforce. The Trust currently has several policies / procedures supporting Work/life Balance which are:-

- Parenting Leave Policy
- Flexible working including job sharing and part time working •
- Time off in lieu (if appropriate)

The Trust will also actively consider how best to promote health and wellbeing. This will include initiatives relating to 'flu vaccinations, healthy eating, cessation of smoking, etc.

Further guidance is given in Appendix L.

6.29 Personal Sickness Insurance Schemes, etc

Where an employee has a personal sickness insurance or similar scheme relating to sickness, this may need to be taken into account in assessing any actions. For this to occur, the onus is on the employee to inform the line manager at the earliest opportunity of the relevance and details of any such scheme.

6.30 NHS Injury Benefit Scheme / Injury Allowance

As from 31st March 2013, the NHS Injury Benefit Scheme has been changed in relation to injuries sustained or diseases contracted after that date. The relevant arrangements are set out in the Trust's Injury Allowance Scheme. See Appendix M.

7. Dissemination, storage and archiving (Control)

Human Resources policies and procedures are referred to in all employees' contracts of employment and statement of terms.

Policies are available through the HR portal on the Trust intranet and, if necessary, a paper copy can be provided by the Human Resources Department.

An email has been sent to all SHSC employees informing them of the revised Policy.

The previous Policy will be removed from the intranet and replaced with the new version by HR.

Managers are also responsible for ensuring that hard copies of the previous version are removed from any policy/procedural manuals or files stored locally.

Archive policies are available from the HR Department.

8. Training and other resource implications

The Human Resources Department offers training and support to managers in the implementation of human resources policies.

9.

Audit, monitoring and review

HR policies are subject to joint monitoring and review between management and Staff Side in the Trust's Joint Consultative Forum.

The monitoring process, for compliance with this Policy, is as follows:

1. Managers keep their own records on an ongoing basis, including spreadsheets of sickness absence to show triggers, patterns and irregular attendance;
2. The ESR system produces data which is used at Directorate level and management/team meetings;
3. ESR produces sickness absence data for the HR Advisers;
4. Periodic auditing when requested by HR;
5. HR Advisers' meetings with managers – ongoing, and includes sickness absence meetings with employees as well as case conferences between managers and HR.
6. The HR Sickness Absence Case Manager will support staff with regard to queries and with the provision of advice and reports as appropriate.
7. The review date for this policy is 31 August 2019.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation

10.

To be reviewed following implementation and feedback from management and staff side	Human Resources policies are subject to joint monitoring and review between management and staff sides in the Joint Consultative Forum.	Any changes will be discussed and approved by the HR Policy Group	At least every 3 years	HR Directorate Partner/HR Adviser	Human Resources policies are subject to joint monitoring and review between management and staff sides in the Joint Consultative Forum.	Human Resources policies are subject to joint monitoring and review between management and staff sides in the Joint Consultative Forum.
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Promoting Attendance and Managing Sickness Absence Policy FINAL April 2017 to Aug 2019
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Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
Finalise Policy and forward to Policy Governance Manager	HR Adviser	7/10/16	Completed
Send all staff email to inform of new Policy and identifying main changes.	HR Director	31/10/16	Email written and agreed
Send a communication to all Managers informing of the new Policy, identifying main changes and outlining their responsibilities.	HR Director	31/10/16	Email written and agreed
Send a communication to Directors and Senior Managers informing of the new Policy, identifying the main changes and outlining their responsibilities.	HR Director	31/10/16	Email written and agreed
Upload new Policy onto intranet and remove and archive old version.	Director of Corporate Governance	Within 5 working days of ratification and after Policy launch 1/11/16	

11.

Review training for Policy. Gain input from all the HR team to ensure Directorate/Service line dynamics are considered.	HR Advisers/Attendance Case Manager	31/10/16	
Review the Managers Guide/Tool Kit, including template letters.	HR Advisers/Attendance Case Manager	31/10/16	
Reflect on how the new Policy was launched and implemented.	HR Team	01/05/17	

12.

Links to other policies, standards and legislation (associated documents)

- Capability Policy
- Disciplinary Policy
- Equal Opportunities and Dignity at Work Policy
- Redeployment and related policies
- Stress Management at Work
- Any other appropriate policies

12. Contact details

- 12.1 Members of the Human Resources Advice Team should be contacted for advice and support for issues relating to managing attendance at work. Contact an HR Adviser or HR Directorate Partner via the HR Department on 0114 226 3277.

13. References

There are no specific references.

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	New draft policy created	November 2015	Existing Managing Sickness Absence Policy reviewed and amended to create new Promoting Attendance and Managing Sickness Absence Policy
1.1	Review	May 2016	Amendments made following Policy being discussed at JPG
1.2	Review	July 2016	Further amendments made following discussion at JCF
1.3	Review	August 2016	Further amendments made following discussion at EDG
1.4	Review	October 2016	Further amendments following consideration by Policy Governance Manager
2.0	Review and formatting	October 2016	Final changes made and Policy formatted to required standard
2.1	Minor modification	April 2017	Minor modification approved by EDG and approved by Staff Side.

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
2.0	November 2016	November 2016	
	24 th April 2017	Comms Digest April 2017	

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

See below.

Stage 3 – Policy Screening - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://nwww.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No	N/A	N/A
DISABILITY	No	N/A	N/A
GENDER REASSIGNMENT	No	N/A	N/A
PREGNANCY AND MATERNITY	No	N/A	N/A
RACE	No	N/A	N/A
RELIGION OR BELIEF	No	N/A	N/A
SEX	No	N/A	N/A

SEXUAL ORIENTATION	No	N/A	N/A
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Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

M Platts 28-07-16

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site <http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf> (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

☒ **Yes. No further action needed.**

☐ **No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?

☐ **No, no further action needed.**

☐ **Yes, go to question 3**

3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.

1.1 What is the policy/decision title?

1.2 What is the objective of the policy/decision?

1.3 Who will be affected by the policy/decision?

Will the policy/decision engage anyone's Convention rights? **NO** However,

YES

- Be alert to any possibility that your policy may discriminate against anyone in the exercise of a Convention right
- Legal advice may still be necessary – if in any

Will the policy/decision result in the **NO** restriction of a right?
○ Things may change, and you may need to

reassess the situation

YES

YES

Is the right an absolute right?

NO

Is the right a limited right?

NO

1) Is there a legal basis for the restriction? AND

2) Does the restriction have a legitimate aim? AND

3) Is the restriction necessary in a

Will the right be limited only to the democratic society? AND extent set out in the relevant

YES 4) Are you sure you are not using a Article of the Convention?

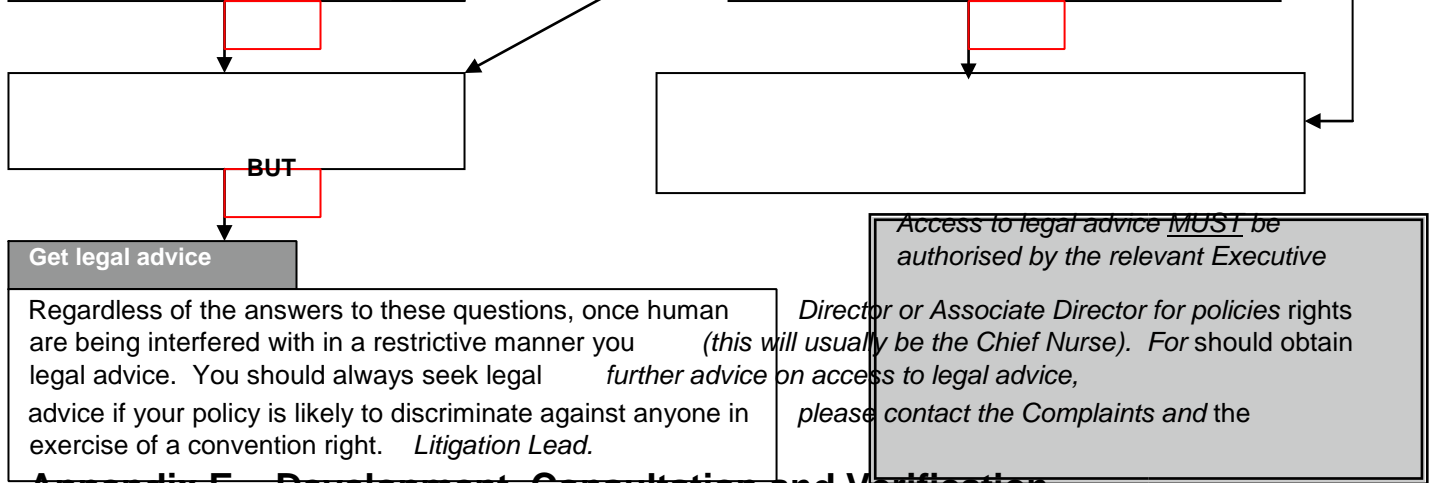
sledgehammer to crack a nut?

YES

NO

Policy/decision *is* likely to be **Policy/decision is *not* likely to be human rights compliant please contact the Head of Patient**

Experience, Inclusion and Diversity.



Appendix E – Development, Consultation and Verification

Version No.	Type of Change	Date	Description of change(s)
1	New draft policy created by Michele Platts	November 2015	New policy written to simplify stages in process, remove ambiguity and make language and processes clearer.
	Consultation with HR Team - feedback incorporated into draft	January 2016	Amendments made following consultation included spelling and grammar changes. Feedback on formal stages in the process.
1.1	Consultation at JPG	May 2016	Changes made after discussion at JPG.
1.2	Verification at JCF	July 2016	Changes made after discussion at JCF.
1.3	Ratification at EDG	September 2016	
1.4	Slight Modification	April 2017	Slight modification agreed by EDG and Staff Side

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy Document Template which can be downloaded on the intranet.

1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo ✓
- The title of the policy (in large font size as detailed in the template) ✓
- Executive or Associate Director lead for the policy • The policy author and lead ✓
- The implementation lead (to receive feedback on the implementation) ✓
- Date of initial draft policy ✓
- Date of consultation ✓
- Date of verification • Date of ratification • Date of issue • Ratifying body • Date for review • Target audience ✓
- Document type • Document status ✓
- Keywords ✓
- Policy version and advice on availability and storage ✓

2. Contents page

3. Flowchart

N/A

4. Introduction

5. Scope

6. Definitions

7. Purpose

8. Duties

9. Process

10. Dissemination, storage and archiving (control)

11. Training and other resource implications

12. Audit, monitoring and review

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan

14. Links to other policies (associated documents)

15. Contact details

16. References

17. Version control and amendment log (Appendix A)

18. Dissemination Record (Appendix B)

19. Equality Impact Assessment Form (Appendix C)

20. Human Rights Act Assessment Checklist (Appendix D)

21. Policy development and consultation process (Appendix E)

22. Policy Checklist (Appendix F)

THE FOLLOWING APPENDICES (G TO M) ARE SPECIFIC TO THIS POLICY

APPENDIX G

Definitions

Line Manager: this is the person identified as being the person to whom you need to report to regardless of the precise title of the role e.g. supervisor. In certain situations an employee may be required to notify someone who is not their line manager, in the normal course of events, but will be deemed to be the line manager for these purposes.

Short term absence: this is any absence which is not classified as long term absence. Normally it will last for a short period of time, and will usually be for minor ailments which do not necessarily require a medical certificate.

Long term absence: For recording on ESR this type of absence refers to where an employee is absent for 4 weeks (28 continuous days) or more. This includes non-working days whether at weekends or otherwise. However, for the purposes of good management practice, for identifying any actions to support a return to work, the relevant period will be 2 calendar weeks.

Authorised Manager: this is a manager who is authorised under the appropriate Policy to dismiss. In most cases, an employee's line manager, cannot act as the authorised manager.

APPENDIX H

Procedure for Managing Short term Absence

1. Trade Union or Other Representatives

A trade union representative or work colleague employed by the Trust may accompany the employee at all formal stages of the procedure and this will be set out in the covering letter together with the information regarding absence which is causing concern. There is scope for a meeting to be postponed because of the unavailability of a representative and where such a request is made further advice should be sought from the HR Department. Any postponed meeting should take place no more than 7 days after the date of the postponement.

If action is being taken against an employee who is a trade union representative then there is a need to advise the full-time officer or branch secretary of the relevant Trade Union. The line manager must contact the HR Department for further advice.

2. Formal Stage Review Meetings

A Formal Stage Review meeting **must** be convened once a trigger point under this Policy (6.5 of the Policy refers) has been reached. All offers of support and assistance, e.g. confidential referral to Workplace Wellbeing, should be recorded.

3. Formal Stage 1 Review Meeting

Where short term absence levels meet the trigger points (see 6.5 of the Policy) and the formal procedure has been invoked, the manager will write inviting the employee to attend a formal meeting and attach a list of their sickness absences.

The employee will be provided with a minimum of 7 working days written notice of the date and time of the meeting and their right to representation. During this interview, concerns about the employee's absence record will be discussed. The employee will be provided with the opportunity to put forward any relevant points relating to the issues including any mitigating circumstances. Ways to support and assist the employee will also be discussed.

The purpose of the meeting will be to:

- confirm the standards of attendance which are required for the individual
- seek to identify reasons for the absences, including any underlying medical conditions
- explore ways of improving attendance to achieve the required standard and agree an action plan, including, if appropriate, referral to Occupational Health/Workplace Wellbeing - determine the outcome of the meeting, the options being to:

1. Issue a Stage 1 warning;
2. Take no further action.

The line manager will write to the employee within 5 working days of the meeting, confirming the points discussed, actions identified and right of appeal (see 6 below). A copy of this letter should be placed on the employee's personal file.

Should the employee reach a trigger point during the currency of the warning, they would be informed of this at the Return to Work meeting and a Sickness Absence meeting arranged at the next stage of the process.

The issuing of any warning to employees not meeting the required attendance standard is not a matter of misconduct. A warning in this stage of the procedure will usually be for twelve months.

The manager will record and keep notes of the relevant meetings.

4. Formal Stage 2 Review Meeting

Where an employee hits a trigger set at Stage 1, there is an expectation that the Stage 2 warning will be issued unless the manager considers there are mitigating circumstances to warrant an alternative course of action. Should the manager decide not to issue the warning the rationale for this decision must be documented.

At the Formal Stage 2 Review Meeting the manager will set out the required standards for improvement in the employee's attendance. Previous support and assistance provided to the employee will be discussed and any further support, as appropriate, will be discussed and agreed. Referral to OH may be appropriate at this stage of the Policy. The purpose of the meeting will be as set out in the above stage. A member of the HR Team should attend meetings at this stage.

At this stage in the process the manager must decide on one of the following options:

1. Issue the Stage 2 warning;
2. Take no further action and leave the existing Stage 1 warning in place with the original end date;
3. Re-issue the Stage 1 warning for a new duration of 12 months from the date of the meeting.

The line manager will write to the employee within 5 working days of the meeting, confirming the points discussed, actions identified and right of appeal, if appropriate. A copy of this letter should be placed on the employee's personal file.

The issuing of any warning to employees not meeting the required attendance standard is not a matter of misconduct. A warning in this stage of the procedure will usually be for twelve months.

The process and implications of moving to the final stage should be fully explained to the employee and be part of the confirmation letter, including that if there is no improvement to their sickness absences and no mitigating circumstances, one option at this final stage would be dismissal.

Further action where option 2 is taken

Should the manager decide on option 2, and any further absence occurs before the end date of the original Stage 1 warning from date of original Stage 1 warning, the employee would be informed at the Return to Work meeting that a further formal meeting at Stage 2 of the process will be arranged to review their attendance.

At this formal meeting the manager must decide on one of the following options:

1. Issue the Stage 2 warning;
2. Take no further action, but continue to monitor any further absences that occur within 12 months of the original Stage 2 meeting being held.

The line manager will write to the employee within 5 working days of the meeting, confirming the points discussed, actions identified and right of appeal (see 6 below). A copy of this letter should be placed on the employee's personal file.

The issuing of any warning to employees not meeting the required attendance standard is not a matter of misconduct.

The process and implications of moving to the final stage should be fully explained to the employee and be part of the confirmation letter, including that if there is no improvement to their sickness absences and no mitigating circumstances, one option at this final stage would be dismissal.

5. Final Formal Stage 3 Review Meeting

The meeting will be held in the same way as Stage 1 and Stage 2 but with an authorised manager reviewing and chairing the meeting. A member of the HR Team must be present to advise the Authorised manager.

The line manager will write to the employee informing them of the date, time and venue for the hearing and make it clear that this is a final meeting where an Authorised manager reviews and chairs the meeting, and that one option may be dismissal, in line with the Promoting Attendance and

Managing Sickness Absence Policy. A HR Adviser must also be present at the meeting to advise the line manager.

The line manager will put forward a management case consisting of:

- the employee's absence record
- copies of notes of all relevant meetings and correspondence
- actions considered and taken previously, including any support provided and adjustments made to the role etc
- any mitigating circumstances/explanations put forward by the employee and/or their representative
- information regarding any underlying health issues and the relevant medical (OH) reports
- any other information the manager deems to be relevant such as the impact of the absence on the organisation and service delivery.

A copy of management's statement of case should be provided at least 10 working days prior to the date of the meeting. The letter should include the right to be represented by either a union representative or a colleague employed by the Trust.

The employee or their representative will submit their statement of case at least 7 working days prior to the date of the meeting.

The notification arrangements should follow the same procedure as that of the Capability Policy.

The Authorised Manager will determine the outcome of the Formal Stage 3 meeting and will confirm one of the following courses of action:

- Dismissal from the Trust;
- Re-issuing the formal stage 2 warning which will remain on file usually for a further period of 12 months from the date of the meeting;
- To dismiss the case and take no further action. However, this does not preclude the manager from making recommendations/informal actions.

In all Formal Stages of this Policy, if a warning is issued to a member of staff, in addition to a copy being held on the employee's personal file, a copy must also be provided to Human Resources to ensure the correct and up to date record is maintained pertaining to an individual's record of sickness.

6. Appeal

The employee will be informed of any decision, in writing, within 5 working days and where the decision was to move to the next stage of the Policy, appeal rights must be included in the confirmation letter. Where a decision to dismiss has been made, the letter will also inform the employee of the right to appeal (see Appendix K).

7. Medical Practitioners

These arrangements will be operated to take account of, where appropriate, the separate procedure for medical staff relating to Disciplinary, Capability, ill Health and Appeals.

APPENDIX I

Procedure for Managing Long term Absence

1. Early intervention

The line manager must make contact with the employee as soon as possible and especially if it appears that the absence will be for 4 weeks or more. The contact would be to:

- find out how the employee is feeling
- gather available information regarding expected length of absence
- ascertain any immediate steps which could assist with the employee's return to work
- establish whether a referral to Occupational Health would be appropriate at this stage and/or mention confidential referral to Workplace Wellbeing

The reason for the contact is to be supportive and there should be no implication that the employee is being required to return to work before they are medically fit to do so. If for any reason the contact cannot be made by telephone, the manager could write to the employee.

Although the initial contact could be by telephone, the manager could agree during that contact to meet the employee on an informal basis before the 4 weeks period if this is appropriate to do so, e.g. if work related concerns need to be discussed.

2. Occupational Health Referral

If not already actioned an employee should normally be referred to Occupational Health if they have had 4 weeks of sickness absence unless a return to work date has been identified or the referral would not assist with the return to work, e.g. time limited surgery. Please also refer to 6.12 of the Policy.

3. Trade Union or Other Representatives

As set out below, a trade union representative or work colleague employed by the Trust may accompany the employee at various points in the procedure and this will be set out in the invite letter together with the information regarding the absence which is causing concern. There is scope for a meeting to be postponed because of the unavailability of a representative and where such a request is made further advice should be sought from the HR Department. Any postponed meeting should be reconvened no later than 7 calendar days after the date of the postponement.

If action is being taken against an employee who is a trade union representative then there is a need to advise the full-time officer or branch secretary of the relevant Trade Union. The line manager must contact the HR Department for further advice.

4. Meet the Employee – informal meeting

Please refer to (1) above for initial contact prior to the end of the first 4 weeks period.

When an employee has been absent for 4 continuous weeks and a date of return in the near future cannot be established, the line manager should arrange an informal meeting with the employee as soon as possible. This meeting will normally take place on Trust premises and can be at any chosen site which is convenient to those involved. A home visit can be carried out in agreement with the employee.

At this informal stage, it may be appropriate for the manager to seek HR advice without actually having an HR Adviser present at the meeting; the employee may wish to be accompanied by a trade union representative or a colleague employed by the Trust.

Key areas for discussion will be:-

- the nature of the illness and current prognosis
- possible return date
- impact of the absence on the workplace

- any causes attributable to the working environment
- other underlying causes and offer of support/assistance, e.g. Workplace Wellbeing
- proximity of half pay/no pay situation
- Occupational Health report or referral
- Any other important information

A record of meetings should be made and kept on the personal file. Should the manager decide that OH referral is not appropriate at this early stage, e.g. time limited surgery, notes should be kept as to the reason(s) why not and a copy sent to HR.

5. Further Action

Depending on the information gathered at the meeting with the employee and any advice received from Occupational Health, one or more of the following actions may be taken:

- Further advice obtained from Occupational Health as necessary and/or confidential referral to Workplace Wellbeing.
- Short term measures to assist the employee back to work.
- Any reasonable adjustments should be discussed whether or not the employee is covered under the Equality Act 2010.
- Redeployment under the Trust's Redeployment Policy.
- Other support mechanisms which may be identified and implemented
- Phased return of up to 4 weeks (see, however, Appendix J if employee absent for less than 12 weeks) [otherwise manager will infer this is a standard option after 4 weeks absence, not 12 as stated in Appendix D.

The line manager should record any measures put in place and set a timescale for reviewing progress, including further meetings with the employee (see 6. below).

6. Formal Review Meetings

Whilst the initial meetings with the employee will be informal (see 4. above), there will be a need to formally review progress. For example, where it is clear that the absence will continue beyond three months, a formal review meeting must be held. Dependent upon individual circumstances, there may be further, formal review meetings and where the absence will continue beyond six months, a final review meeting must be considered (see 8. below). All further action set out in 5. above should be reviewed.

Advice should be sought from Human Resources and it will usually be appropriate for a HR Adviser to be present at such meetings. The employee has a right to representation.

7. Returning to Work

Where an employee is likely to be able to return to work, it will be important to consider how this can be managed effectively. This might include the need for a mini-induction/refresher programme. All appropriate support, assistance and reasonable adjustments should be considered, e.g. phased return (see Appendix J), any changes to working practices.

It should be established whether any adjustments need to be made and consideration should be given to the need for a workplace assessment by a competent person. In such circumstances the Risk Department should be contacted. Adjustments could include reasonable modifications to the

working environment (including the obtaining of special aids or equipment) and/or reasonable changes to working hours or practices.

Consideration of such adjustments should be made as early as possible especially where there may be a need to receive external support regarding advice and/or funding.

Provision should be made to ensure the return to work is carried out in a sympathetic and structured way consistent with the employee's capabilities and it should be agreed how progress will be monitored and recorded during the initial stages of the return.

8. Final Review Meeting

In the event of the actions listed above not leading to an identified date for return to work then a decision may be made to refer the matter to a Final Review. The timing of the Final Review will depend on the circumstances but it should normally occur between 6 and 9 months of sickness absence. The review would consider the employee's continuing employment, including whether the employee may be eligible for ill health retirement pension benefit and/or consider dismissal on the grounds of ill health.

Any actions being contemplated as a result of the Final Review will be discussed with the employee and their representative, if applicable, before any final decisions are made and confirmed in writing. A HR Adviser should be involved / present at this meeting.

Where the long term absence is the result of a specified medical condition with a likely end date (e.g. recuperation following an operation) it may be quite appropriate for the Final Review to determine that the period of absence should run its course and for the manager to simply maintain supportive and sensitive contact. A referral to Occupational Health would need to be made if advice on reasonable adjustments or redeployment was required or the absence continued beyond the identified date of return.

The line manager may decide to adjourn the meeting and set a final review period during which the employee's absence will be monitored with a warning that should the employee not be able to return to work during that time, the final meeting will be reconvened and a dismissal meeting may be then subsequently convened.

9. Final Review and Conditions for Contractual Sick Pay

For those staff employed on Agenda for Change, it has been agreed at national level that sick pay for those who have exhausted contractual sick pay entitlement 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

Reinstatement of sick pay should continue until the final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.

These arrangements will only apply where the failure to undertake the final review meeting is due to delay by the employer.

The arrangements do not apply to those staff who are not on Agenda for Change terms and conditions.

10. Dismissal Hearing

Where a long term period of absence continues and a final review meeting has taken place the employee may be asked to attend a Dismissal Hearing.

The purpose of the Dismissal Hearing will be to consider whether there are any further actions that the Trust can take to assist the employee in continuing in their employment or whether employment should be terminated due to the employee's ill health.

As with short term absence, the line manager will need to make a referral to a manager with the authority to consider the matter at a Dismissal Hearing. Before making any such referral the original line manager must have taken the appropriate steps to establish the latest position from Occupational Health regarding the employee's health and particularly what the prognosis is for the employee.

The line manager will then put forward a management referral consisting of:

- the employee's absence record
- copies of notes of all relevant meetings and correspondence
- actions considered and taken previously including any support provided and adjustments made to the role etc
- any mitigating circumstances/explanations put forward by the employee and/or their representative
- information regarding any prognosis on the employee's health, the relevant medical reports & information relating to any disability under the Equality Act 2010
- any other information the manager deems to be relevant such as the impact of the absence on the organisation and service delivery.

The Authorising Manager conducting/chairing the dismissal hearing will write to the employee informing them of the date, time and venue for the hearing at least 10 working days prior to the hearing. The letter should include the right to be represented at the meeting by either a union representative or a colleague employed by the Trust and include a copy of the management referral. The hearing should follow the same procedure as that of the Dismissal Hearing under the Disciplinary Policy. The manager conducting/chairing the dismissal hearing should be supported by a HR representative.

The employee or their representative will submit a statement of case 7 working days prior to the date of the meeting.

11. Appeal

The employee will be informed of the decision in writing within 5 working days. Where a decision to dismiss has been made the letter will also inform the employee of the right of appeal. (see Appendix K)

12. Medical Practitioners

These arrangements will be operated to take account of, where appropriate, the separate procedure for medical staff relating to Disciplinary, Capability, ill Health and Appeal.

APPENDIX J

Phased Return to Work

To enable a successful rehabilitation of an employee back into the workplace following long term ill health a phased return to work plan may be appropriate. It is not an absolute right or requirement, but depends very much on the circumstances of the case. It must be discussed with the employee and agreed by the manager. Advice regarding a phased return to work plan can be obtained from Occupational Health and/or Human Resources where it is necessary.

Aim

The aim of the plan is to successfully rehabilitate an employee in their return to work and gain permanency in their return. The plan is intended to be a short term measure to facilitate the employee's return to full duties and contracted hours of work within a set period of time, normally up to a maximum of four weeks. The need for less than full duties and/or contracted hours may be due to physical or mental health related reasons affecting their ability to immediately return to full duties.

Process

The manager should discuss a phased return to work plan with the employee prior to their return. It may be necessary, in some circumstances, to forward the plan to Occupational Health to seek clarification on the impact of the plan on the employee's recovery. Advice can also be obtained from Human Resources.

It may be that as a result of a previous referral to Occupational Health, a phased return to work is suggested or recommended in their report. As the role of Occupational Health is to advise on the impact of an employee's health on their ability to work, the manager must develop the plan considering both the advice on this from Occupational Health and the opportunities and limitations of possible arrangements within the workplace. If the manager is in any doubt about the impact of a proposed phased return to work plan on the employee's recovery and return to work, further advice from Occupational Health or Human Resources should be sought.

Under normal circumstances, a phased return over a period of four weeks would not be appropriate for sickness absences of less than twelve weeks duration. However, it may be appropriate during the first week of returning to agree a 'flexible' start/finish and/or a supernumerary role. If in any doubt, advice can be sought from HR.

If a phased return to work plan does not result in a full return to work being achieved, then on occasions this may need to be extended, for a limited period only. This would follow a review meeting which should take place in the third week of the initial period of four weeks.

The manager will monitor the employee's progress within the phased return to work regularly (at least once a week) and at any time consider with the employee any further adjustments that may be required.

If at the review meeting, in the third week, the employee is experiencing difficulties fulfilling the phased return to work plan the manager can make necessary adjustments including changes to the employee's role or duties.

For phased returns, a maximum of 50% of annual leave can be used for phased returns including any leave carried over from the previous year. The actual amount to be used would be considered on a case by case basis in consultation with HR, the individual and the individual's Staff Side representative or colleague.

APPENDIX K

Rights of Appeal

Employees have a right of appeal at each formal stage of the process for short term absences. The right of appeal will be included in all appropriate confirmation letters. An employee's appeal letter must include reasons for the appeal and be received within 7 days of receipt of any confirmation letter.

Where decisions are made to terminate employment under this Policy, whether for short or long term absence, the employee has the right of appeal.

In order to exercise this right, the employee must write to the appropriate Manager within 7 working days of receipt of the written notice of termination of employment. In their letter, the employee must state the grounds of their appeal.

The process for hearing the appeal will follow that set out in the Capability Policy.

Medical Practitioners

These arrangements will be operated to take account of, where appropriate, the separate procedure for medical staff relating to Disciplinary, Capability, ill Health and Appeals.

APPENDIX L

Promoting Staff Health and Wellbeing

The Trust recognises that one element of promoting attendance at work is supporting our staff to maintain their health and wellbeing. The Trust is committed to doing this through various methods.

Whilst there has been no formal programme of work since the '12 for 12' project a number of ongoing initiatives e.g. The Cycle to Work Scheme, have continued to support staff health and wellbeing.

1. Supervision and Appraisal

The Trust is committed to ensuring that all staff have access to appropriate supervision and an annual PDR. For example one aspect of supervision is a restorative function that seeks to manage any negative effects on a member of staff resulting from their work.

2. Trust wide Initiatives

A long established resource for staff includes **Workplace Wellbeing** (WWB) which can be found in the health and wellbeing widget on the Trust intranet dashboard (see section 3 below)

http://xct/widget.php?wdg=wdg_health_and_wellbeing&page=495.

WWB offers counseling and consultancy services to NHS staff to help with both work related and personal issues such as stress, relationship difficulties (personal or at work), loss of confidence and many others.

The Trust has introduced **Schwartz Rounds**. http://xct/widget.php?wdg=wdg_general_info&page=555

A Schwartz Round is a safe, reflective and supportive monthly forum where all staff are invited to come and think about the emotional and social dilemmas that arise in our work.

Everyone is welcome (not just clinical or senior staff) and you don't need to book to attend.

A number of different **Mindfulness** courses have also been taking place including Mindful Leadership and Introduction to Mindfulness.

3. Health and Wellbeing Intranet Widget

On the staff intranet dashboard there is a Health and Wellbeing widget.

http://xct/widget.php?wdg=wdg_health_and_wellbeing

You need to add this to your intranet homepage as it is not a mandatory widget through editing your dashboard

The Health and Wellbeing Section includes advice for both staff and people who use our services.

The staff sections of most relevance include:

- **Being More Active** – this includes advice and information on activities such as cycling, walking, swimming, dancing and information about gyms and leisure centres. In addition staff may find information useful on the Move More website helpful.
www.movemoresheffield.com/
- **Healthy Living** - this includes advice and information on good nutrition, alcohol use and smoking cessation.
- **Improving Mental Wellbeing** this includes advice and information on Work life Balance, Tackling Stress, Looking Good and Feeling Good and Culture for Wellbeing as well as a link to the Workplace Wellbeing pages.

4. Health and Wellbeing of Staff is everybody's business

After the '12 for 12' staff health and wellbeing initiative we developed some ideas for staff, their teams and leaders to consider.

What can you do as a Manager/Leader?

- Could you do a stress risk assessment for your team / service?
- How can you make sure people 'take a break'?
- How do you promote your team's health and wellbeing?

What can you do as an individual?

- Think about your own health and wellbeing.
- What do you do to keep yourself healthy?
- Can you improve your wellbeing?
- How could changing your diet, increasing exercise, watching alcohol intake, stopping smoking etc?

What can you do as a team?

- Can you agree to have a shared lunchtime once a month?
- How can you improve your environment?
- Could you go for a walk in break time?
- Can you get together for a fun activity?
- Could you improve how you relate to each other?

What can you do as a colleague?

- Do you notice if a colleague is having a difficult time?
- What could you suggest to others to improve health?

APPENDIX M

Sheffield Health and Social Care

NHS Foundation Trust

Injury Allowance

The Joint Consultative Forum have recently agreed the process under which the new arrangements for Injury Allowance will operate within the Trust. This communication sets out the background to the new arrangements and the process involved.

Background

Following an agreement by the NHS Staff Council, a new Injury Allowance scheme (IA) has been introduced with effect from 31st March 2013. This replaces the previous Temporary Injury Allowance and Permanent Injury Benefit scheme. The details are set out in a new Section 22 of Agenda for Change. The arrangements will apply to all employees, as corresponding arrangements will operate. The new IA is to recompense employees who have temporarily lost income due to an injury or illness as a result of work. The employer is responsible for determining entitlement for Injury Allowance and must decide if the injury, disease or other health condition is wholly or mainly attributable to the employee's NHS duties. Decisions on payment should take into account an individual's sick pay entitlements to enable the timely payment of the Injury Allowance. The IA is paid as an income top-up to eligible staff. The allowance will top up NHS sick pay and certain other income i.e. contributory state benefits, up to 85 per cent of pay. This means that in practice it is likely to operate once full sick pay has ended and the individual has moved onto halfsick pay. It can also apply in principle to phased returns but our current arrangements mean that there is no shortfall in payment in any case.

The allowance is limited to the period of the employment contract only and restricted to a period of up to 12 months per episode. The IA ceases to be paid when one of the following conditions is satisfied:

- 12 month maximum payment period is reached
- pay is no longer reduced below 85 per cent

- employee returns to substantive employment
- employee is redeployed. (Where they have to change jobs permanently to a position on lower pay due to a work related injury, disease and/or other health condition, they will receive a period of protected pay that is the same as the provision for pay protection during organisational change)
- contract of employment is terminated, possibly resulting in access to ill health retirement benefits.

Process and Procedures

The normal absence management procedures will be applied during any period of absence. The individual has responsibility for making a claim. Employees should provide all relevant information in writing to their Service Director, as with a grievance submission, and should specify that it is a claim for Injury Allowance. The claim should include medical evidence, that is in their possession or that can be reasonably obtained, to enable the Trust to determine the claim.

Employees are required to claim any contributory state benefits they may be entitled to and must inform their Servicer/ Professional Director immediately on receipt of such benefits. Where timely notification is not provided, any overpayment of injury allowance that arises as a result would be recovered from the employee.

A flowchart outlining the process is attached. This will be placed on the Intranet together with the published Employer and Staff Guides.

Whilst no specific time-period is specified in S22, it is important that any claims are submitted in a timely manner and should be no later than the expiry of any period of full sick-pay.

Queries

If you have any queries please direct them in the first instance to your line manager who will seek advice from their HR Adviser as necessary.

FLOWCHART – Injury Allowance Process:

