Rotherham Doncaster and South Humber NHS Foundation Trust

Supporting health, wellbeing, and managing sickness absence policy

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1. Document summary

1.1 What is this policy about?

This policy explains how the trust supports staff who are unwell. It explains how sickness absence must be reported and managed. The trust will treat staff fairly and with compassion.

1.2 What must I do if I am unwell?

Colleagues must follow their local sickness reporting procedure, contact the nominated person before their shift starts, keep in regular contact and provide fit notes when required. All sickness absence must be recorded on ESR or HealthRoster. A welcome back to work discussion will normally take place after every period of absence to confirm that the colleague is fit to return, review their attendance and identify any support needed.

1.3 What happens when I return to work?

Your manager will normally meet with you after every sickness absence. This is called a welcome back to work discussion. You will talk about whether you are fit to return, your attendance and any support you need.

1.4 How is sickness absence reviewed?

The policy covers short-term and long-term sickness absence. Short-term absence may be reviewed at stages 1, 2 and 3 when trigger points are reached. Long-term absence is normally reviewed after 28 days, four months and nine months.

1.5 What support may be available?

The trust will consider support that may help a colleague remain at work or return safely. This may include occupational health advice, workplace adjustments, a phased return, temporary or alternative duties, changes to hours or working patterns, redeployment, disability leave and support for stress-related or musculoskeletal absence. Pregnancy-related absence, treatment for a critical illness, work-related accidents and other specific circumstances are addressed separately so that appropriate support and recording arrangements can be applied.

1.6 What are my rights?

You will be told in writing about formal meetings. You can usually bring a trade union representative or work colleague. You can appeal against a formal decision.

1.7 What if attendance does not improve?

Where attendance does not improve despite appropriate support and review, the policy allows for a consideration of continued employment meeting. Possible outcomes include further medical advice, additional adjustments, redeployment, a further monitoring period, ill health retirement where applicable, or dismissal on the grounds of medical capability. Any decision must consider the individual circumstances, current advice, and reasonable adjustments.

2. Introduction and aim

The trust is committed to protecting and improving the physical and mental health, safety, and wellbeing of all colleagues, including their psychological safety.
The trust will provide a working environment that supports wellbeing and, as far as reasonably possible, prevents work from harming colleagues' health.

The aim is to help colleagues contribute effectively, individually and as teams, so that patients, service users, and communities receive high-quality services.

The trust aims to improve working life and manage sickness absence fairly. Absence levels can help show the health of the workforce and the effectiveness of the workplace.

Sickness absence has direct and indirect costs and can affect colleagues, service delivery, and patient outcomes. The trust will therefore manage absence in a timely, fair, and supportive way.

This policy explains how the trust will support attendance and how sickness absence must be reported, recorded, reviewed, and managed. It also sets out the shared responsibilities needed to achieve the following aims.

- promote colleagues' health, safety and wellbeing
- use resources effectively
- identify changes needed to working practices or the working environment
- meet the trust's employment duties, including its duties under the Equality Act 2010
- support the trust to meet its sickness absence targets

The trust wants colleagues to remain at work with suitable support or return as soon as they are well enough. Managers must act promptly, understand the reasons for absence, and consider appropriate support.

The trust values every colleague's contribution. Managers and colleagues should discuss the cause of absence, the support needed and any steps that may help a safe and lasting return to work.

Colleagues who are unwell will be treated with empathy, understanding, and compassion. The trust will support recovery and protect employment where possible, while also reducing the effect of absence on the individual, their team, and services.

The trust recognises that colleagues may have periods of ill health during their career. Each case will be considered fairly and on its own facts. The trust will assume that sickness absence is genuine and will consider individual circumstances and its duties under the Equality Act 2010 and other relevant NHS employment requirements.

All colleagues are responsible for attending work when fit and for looking after their health. They should raise concerns that affect their health with a person or service they trust, such as their line manager, Human Resources, Freedom to Speak Up, a trade union representative or another appropriate colleague. Physical, emotional, and psychological effects will be considered.

Line managers have an integral role in supporting colleagues and undertaking health and wellbeing conversations, which form part of our supervision conversations and will be supported by systems and processes that enable them to undertake their role effectively.

The trust is committed to measuring attendance levels for all colleagues as it is recognised that levels of absence are an indicator of the health and wellbeing of colleagues, the environments that people work in and the performance of the trust overall.

This policy or procedure applies to all employees of the trust and should be considered in conjunction with the healthy workplaces staff support and stress at work policy. Reference should also be made to the agenda for change terms and conditions of service handbook. For medical staff, in the event of a conflict with this policy, the current relevant provisions of the doctor's contract, terms and conditions of service and maintaining high professional standards in the modern NHS will take precedence.

Where an issue is raised involving a seconded colleague from another organisation, the Human Resources team will consult with the human resources department of the other organisation involved, to agree a way forward, in accordance with the policy framework of each organisation. It is anticipated that the policy of the substantive organisation will be applied.

This policy is specific to the management of sickness absence and neither the trust disciplinary policy, nor the performance capability management policy and procedure should be used where there is a requirement only to manage sickness absence. This policy will always be used in such circumstances. However, the scope of this policy does not extend to addressing concerns regarding the validity of a colleague's sickness absence, this is a conduct matter and would be dealt with in line with the disciplinary procedure.

This policy promotes a fair and consistent approach in accordance with equality and diversity legislation and the trust's values and is committed to ensuring the health, safety, and welfare of all of its colleagues including physical and mental health and psychological safety.

The policy applies in respect of genuine sickness and the trust's starting point is that all sickness absence is genuine.

3. Procedure

Managers must make sure that every member of their team knows how to report sickness absence in their work area.

Colleagues must telephone the nominated contact before their shift is due to start. In exceptional circumstances, where the colleague is physically or psychologically unable to call, a family member, partner or spouse may call on their behalf.

Messages must not be left with anyone who is not authorised to receive them. A local procedure may allow initial contact by text message or Microsoft Teams so that the service is told promptly. However, a conversation must take place during the first day of absence. If the manager is not available, a follow-up telephone call must be made as soon as possible.

Colleagues are required to give the following information:

- explain when they first became sick, even if it was on one of their days off, or annual leave
- explain the reason for sickness or absence from work
- say how long they think they might be off work for
- highlight any urgent work issues that may require attention in their absence where appropriate
- confirm their contact details and agree when contact will be made

Managers must keep a written record of all contact during sickness absence. They must share the record with the colleague and place a copy on the colleague's personal file.

Sickness absence is recorded from the first day the colleague reports sick until the day they tell their line manager that they are fit to return. Weekends and non-working days remain part of the sickness period unless the colleague reports fit before their next rostered working day.

3.1 Self certification and fit notes

Colleagues must self-certify sickness absence lasting seven consecutive calendar days or fewer. The absence will be confirmed as part of the welcome back to work meeting.

For sickness absence lasting more than seven consecutive calendar days, the colleague must provide a fit note from an authorised healthcare professional. A fit note may be handwritten, printed, or sent digitally. A colleague treated in hospital may also receive a Med 10 form confirming the dates of their inpatient stay.

Colleagues must give their fit note to their manager as soon as possible and normally within three calendar days of receiving it. A copy may be scanned and emailed, forwarded if it was issued digitally, or sent by post. If this is not possible, the colleague must contact their manager and agree when it will be provided. The same requirement applies to every further fit note.

If colleagues feel able to return to work earlier than the date on their fit note, it should be with the agreement of their line manager who may seek advice from occupational health. For example, occupational health advice may be sought where there is concern of risk to the individual, colleagues, patients, or members of the public. The period of absence will continue whilst these discussions take place.

If colleagues are admitted to hospital, they will need to submit fit notes for the total period of their admission and in respect of their ongoing absence from work as soon as they are available.

Failure to submit fit notes as outlined above may result in pay being stopped for any uncovered periods of absence. Disciplinary action could also be taken for periods of unauthorised absence.

3.2 Recording of absence

All sickness absence must be recorded on the Electronic Staff Record (ESR) or HealthRoster. Line managers must make sure that each absence has the required self-certification or fit note.

Sickness absence falls broadly into two categories:

- A short-term absence is an absence of up to 28 calendar days for the colleague in question.
- An absence of longer than 28 calendar days.

The distinction between short-term and long-term absence helps managers apply the correct process. A colleague may meet both types of trigger. Managers must therefore consider the full attendance record and the colleague's individual circumstances.

3.3 Welcome back to work discussion

After every period of sickness absence, the colleague must attend a welcome back to work meeting. This should normally take place on the first day back. If shift patterns, work commitments or leave make this impossible, it must take place as soon as possible.

The meeting allows the line manager or deputy to confirm that the colleague is fit to perform their usual duties, discuss the reason for absence where appropriate, offer available support and review the colleague's attendance record.

The manager must confirm that the colleague is fit to return, including where temporary support such as a phased return is needed. The meeting should identify support that may help the colleague maintain healthy attendance.

The usual format of the meeting is:

- Welcome colleagues back to work and discuss the period of absence and identify any issues that may require further support or intervention.
- An opportunity to review colleagues' attendance in the previous 12-month period, any patterns of absence during your period of employment and check attendance in line with the trigger points identified in this policy.
- Line managers should reiterate the joint responsibilities under the policy. It is everybody's responsibility to make every effort to manage their own health and wellbeing and maintain satisfactory attendance levels.

In addition, colleagues should identify any health or personal concerns that they consider likely to impact on their future attendance. It is the line manager's responsibility to ensure all supportive actions are explored including a referral to occupational health for advice (for example) on any underlying health issues and to enable informed consideration of steps to help colleagues maintain attendance such as alternative work and, or reduced hours and, or adjustments to your normal duties.

Conclude the meeting agreeing any actions to be undertaken in the future.
A template to support welcome back to work discussions can be found in appendix A.

3.4 Patterns of absence

The trust reviews both the amount and pattern of sickness absence. If a concerning pattern is identified, the manager may arrange a wellbeing review meeting. A colleague who is not already at a formal stage will enter stage 1. A colleague who has attended a wellbeing review meeting within the previous rolling 12 months will move to the next stage.

Examples of patterns may include but are not limited to:

- regular absences on certain days or shifts (for example, Monday or Friday, first or last shift, earlies, lates, nights or weekend shifts)
- regular absences before or after a period of annual leave or following refusal of leave
- regular absences around school holidays
- regular absences around spells of good or inclement weather
- regular absences around public holidays or major sporting events
- regular patterns around part-day absence (episodes of this should be recorded by the line manager)
- annual patterns, for example, if absence occurs at a specific time each year

3.5 Formal management of sickness absence

3.5.1 Short term sickness absence

3.5.1.1 Deferral of stage 1

All colleagues will be monitored against the trigger points below. When a colleague with more than 12 months' service reaches the stage 1 trigger, the manager must review their attendance. If the colleague has not reached a formal stage during either of the previous two years, the stage 1 meeting will be deferred. The manager must write to confirm that the trigger has been reached but that no formal action will be taken. If the colleague has another absence and is still above the stage 1 trigger, the meeting cannot be deferred again.

3.5.1.2 Stage 1 (short term)

Trigger:

- 4 occasions of absence and, or 12 working days in a retrospective rolling 12-month period (pro rata for part-time colleagues, a calculator is available at appendix B)

Review:

- colleagues will be reviewed from the date of their return to work following confirmation at the welcome back to work meeting for 12 months and if the absence remains below the trigger points, no further action will be taken

3.5.1.3 Stage 2 (short term)

Trigger:

- within the 12-month review period there is a further 3 occasions of absence and, or 5 working days (pro rata for part-time colleagues) since the date of the stage 1 meeting

Review:

- colleagues will be reviewed for 12 months and if their absence remains below the trigger points no further action will be taken

3.5.1.4 Stage 3 (short term)

Before progressing to a stage 3 final review, the manager must consider current occupational health advice, recommended support, and reasonable adjustments. The possible next steps may include redeployment, ill health retirement, or dismissal on the grounds of medical capability.

Trigger:

- within the 12-month review period there is a further 3 occasions of absence or 5 working days (pro rata for part-time colleagues) since the date of the stage 2 meeting.

Review:

- colleagues who aren't dismissed will be reviewed for 12 months and if their absence remains below the trigger points, no further action will be taken

3.5.2 Managing short term sickness absence

3.5.2.1 Attendance review meeting (stage 1)

Managers will write to colleagues to notify them of the date of the formal meeting and their right to be accompanied by a union representative from an accredited union or work colleague. Colleagues will be given at least 7 calendar day notice of the meeting.

It is a contractual obligation for all colleagues to attend and participate in meetings. Where colleagues consistently fail to attend without a justifiable reason, this may lead to decisions being made without their input and disciplinary action may be considered.

3.5.2.2 At the meeting

- All absences in the rolling 12-month period leading to a colleague triggering a formal meeting will be reviewed. Any further absence after the letter has been sent, but before the meeting takes place will be dealt with separately as additional absence. The review will also include reasons for absence when absences occurred and the impact on the service or colleagues.
- At the meeting line managers will summarise any steps that have been taken to support colleagues to achieve a satisfactory level of attendance at work.
- Colleagues should raise any issues which they consider to be relevant to their absences including any underlying medical conditions which have or may, in the future, result in absence from work, any medication or treatment that they may be taking or anticipate taking in the future, and any general health

concerns which they may have. A conversation will take place about whether any additional support or reasonable modifications to normal duties or working hours or environment could assist in ensuring a colleague's satisfactory attendance at work.

- If the colleague has not previously been referred to occupational health a discussion will take place about whether a referral is required.
- If a referral to occupational health is made a further meeting will take place upon receipt of the report to discuss and document the advice and any actions. If this advice indicates that the colleague's health condition is regarded as a disability consideration will need to be given to what adjustments can be made to support them at work and whether it is appropriate to conclude stage 1 prior to any adjustments being implemented.
- Line managers will confirm that stage 1 has been concluded and will also explain how any future absence will be managed and the level of absence that will result in progression to a stage 2 meeting.
- Line managers will confirm the outcome of the meeting in writing within 10 calendar days of the meeting.
- Colleagues have the right of appeal against the conclusion of stage 1, this should be made in writing, setting out the grounds of appeal, to the appropriate level of management not previously involved in the process. Appeals should be submitted within 14 calendar days from the date of receiving the outcome letter.
- The appeal hearing will be chaired by a manager of an equivalent level or higher not previously involved, supported by the Human Resources Team.

3.5.2.3 Attendance review meeting (stage 2)

If, within 12 months of stage 1 being concluded a colleague has either 3 further episodes of sickness and, or 5 working days (pro rata for part-time colleagues) they will trigger a stage 2 attendance review meeting.

Colleagues will be notified in writing, of the date of the formal meeting and their right to be accompanied by a union representative from an accredited union or work colleague. Colleagues will be given at least 7 calendar day notice of the meeting.

3.5.2.4 At the meeting

- All absences since the stage 1 meeting and the stage 1 outcome letter will be reviewed. Any further absence before the meeting takes place will be dealt with separately as additional absence. The review will also include reasons for absence and when absences occurred.
- Line managers will summarise and document any steps that have been taken to support their team members satisfactory attendance at work following the stage 1 meeting and highlight the previous support which was discussed at the stage 1 meeting.
- Colleagues should raise any issues which they consider to be relevant to their absences including any underlying medical conditions which have or may, in the future, result in absence from work, any medication or treatment that they may be taking or anticipate taking in the future, and any general health concerns which they may have.

- Any medical advice obtained to date, as well as any supporting additional information provided by colleagues, the manager or your union representative will be reviewed and considered.
- If the absence is considered to be disability related and meets the definitions outlined in the Equality Act, a discussion will take place about whether any additional support, modifications or adjustments to normal duties or working hours or environment could assist in ensuring satisfactory regular attendance at work, whilst also considering the needs of the department.
- Line managers will confirm if they consider it necessary to consult with the Human Resources team regarding any procedural issues and, or the Occupational Health team. In this case, the conclusion of stage 2 will be deferred until that consultation has taken place. If following consultation, the line manager decides to conclude stage 2 then it is not necessary for a further meeting to take place, but the detail of these discussions will be confirmed in the outcome letter.
- If a referral to occupational health is made a further meeting will take place upon receipt of the report to discuss and document the advice and any actions. If this advice indicates that a health condition is regarded as a disability consideration will need to be given to what adjustments can be made to support an individual at work and whether it is appropriate to conclude stage 2 prior to any adjustments being implemented (see section 12). The decision whether stage 2 has been concluded will be confirmed at the meeting.
- The line manager will also explain that a further absence, which results in the colleague being at or above the trigger points, will result in progression to a stage 3 meeting.
- Line managers will confirm the outcome of the meeting within 10 calendar days.
- Colleagues have the right of appeal against the conclusion of stage 2, this should be made in writing, setting out the grounds of appeal, to the appropriate level of management not previously involved in the process. Appeals should be submitted within 14 calendar days from the date of receiving the outcome letter.
- The appeal hearing will be chaired by a manager of an equivalent level or higher not previously involved, supported by the Human Resources team.

3.5.2.5 Stage 3 consideration of continued employment meeting

If, within 12 months of stage 2 being concluded a colleague has either 3 further episodes of sickness and, or 5 working days (pro rata for part-time colleagues) they will trigger a stage 3 consideration of continued employment meeting.

Prior to the meeting taking place line managers in consultation with the Human Resources team must consider whether a referral to occupational health is required for an up-to-date assessment.

Colleagues will be notified in writing, of the date of the formal meeting and their right to be accompanied by a union representative from an accredited union or work colleague. Colleagues will be given at least 7 calendar day notice of the meeting.

The meeting will be chaired by a manager who has not had any direct involvement with the management of the colleague's attendance or absence to date, and has the authority to dismiss, supported by the Human Resources team.

The purpose of this meeting is to consider the absence record and whether the colleague's employment by the trust should be continued or terminated.

At the meeting:

- the colleagues' absences to date will be reviewed. The review will also include reasons for absence and when absences occurred.
- the line manager will present a summary of any steps that have been taken to support their team member in maintaining a satisfactory attendance at work, which will include details of the discussions during the previous stage 1 and 2 (where applicable) meetings.
- colleagues should raise any issues which they consider to be relevant to their absences including any underlying medical conditions which have resulted, or may in the future result, in absence from work; any medication or treatment that they may be taking; and any general health concerns they may have. If any new information is presented not previously considered by occupational health a further referral may be required.
- any medical advice obtained through the management of the attendance to date, as well as any supporting additional information provided by colleagues, the manager or the union representative will be reviewed and considered.
- any other factors relevant to the colleague's case will be reviewed including any adjustments made to their role, for example, in relation to hours or duties and whether redeployment has been considered.
- consideration will be given to whether the absences are disability related and whether they meet the definitions outlined in the Equality Act. The chair will need to consider what support has been offered and any adjustments that have been made to help the colleague sustain their attendance at work and whether there is any further support the organisation or anything further the colleague can do to maintain a satisfactory attendance at work.
- the chair will discuss with the colleague the likelihood of their attendance reaching a satisfactory level and in what time scale and consideration will be given to the impact of their non-attendance in the workplace.

Outcomes from the meeting:

- redeployment into a different role or adjustments to the current post.
- adjournment of the meeting to take medical or occupational health advice on whether adjustments can be identified which would support your satisfactory attendance at work. It will be the responsibility of management to consider whether any proposed adjustments are reasonable in all of the circumstances
- in exceptional circumstances the chair may consider a further monitoring period under stage 2 of the policy with clearly defined targets
- dismissal from post with pay in lieu of notice
- the chair will confirm the outcome of the meeting in writing within 10 calendar days

- appeals against dismissal should be submitted to the chief executive within 14 calendar days from the date of receiving the outcome letter setting out the grounds of your appeal
- the appeal hearing will be chaired by a manager of an equivalent level or higher not previously involved, supported by the Human Resources team

3.5.3 Break in service

If a colleague who is being managed under this policy takes a break in service, monitoring will pause and resume when they return to work. This includes maternity leave, paternity leave, adoption leave and career breaks.

3.5.4 Managing long term sickness absence

The trust aims to support colleagues on long term sickness absence whilst also taking into account its obligations to provide safe and high-quality services to our patients and recognising the impact absence has on colleagues or teams.

There is a requirement for managers and colleagues to maintain regular communication during a period of long-term absence. It is essential that line managers understand the reason for sickness absence so that they can start to gather all the necessary information and consider any help, advice or support that could be put in place to support their team member to return to work. Regular communication must be maintained and at the end of each conversation an agreement will be made to schedule the next conversation. Formal sickness review meetings will take place as detailed in the table below, but it is recommended that regular informal meetings take place by mutual agreement. Colleagues are welcome to be accompanied at these meetings by a trade union representative or a work colleague. A human resource advisor may also be in attendance at these meetings.

3.5.4.1 First formal wellbeing review (long term)

Trigger:

- 28 days from the start of the absence

3.5.4.2 Second formal wellbeing review (long term)

Trigger:

- 4 months from the start of the absence

3.5.4.3 Third formal wellbeing review (long term)

Trigger:

- 9 months from the start of the absence

3.5.4.4 Consideration of continued employment meeting (long term)

The consideration of continued employment meeting will be held if:

- the period of absence has continued for more than 9 months with no agreed return date within 12 months
- If it has been identified that there is a need to curtail the policy

Managers are expected to exercise judgement in respect of the appropriate timing of the scheduling of meetings and occupational health referrals. However, an early referral can facilitate the implementation of an early rehabilitation plan, therefore after two weeks absence the manager should discuss with their team member

whether a referral to occupational health would be beneficial. If the colleague is physically unable to attend a face-to-face consultation due to their illness consideration should be given to a telephone referral.

3.5.5 Formal wellbeing review meetings

Once a colleague has been absent for 28 days continuously, they should be notified in writing by the manager that a first formal wellbeing review has been arranged to discuss their absence. A second formal wellbeing review meeting will be arranged once the colleague has been absent for four consecutive months. The manager will provide at least seven calendar days' notice to their team member of the formal wellbeing review and will confirm their right to be accompanied at the meeting and whether a human resource advisor will be present at the meeting.

If the colleague cannot attend any of the trust establishments for medical reasons, then an offer of an alternative venue, home visit, or telephone consultation or Microsoft Teams should be considered.

The following information will form the basis of the discussion:

- determining the reason for sickness and prognosis for returning to work (how likely it is that the colleague will return to work)
- any treatment plans that the colleague may have in place and the expected duration of that treatment plan
- has the colleague any perceived (or actual) barriers to returning to work (including the need for workplace adjustments)
- are there any actions required such as an occupational health referral (colleagues should be referred to occupational health if they are off work or likely to be off for longer than 4 weeks), the colleague has a right to a copy of the occupational health referral and report
- colleagues should be signposted to the appropriate advisors for their condition, details of support agencies (staff access only) (opens in new window) is available on the intranet.
- advise on the next steps in relation to the management of their absence from work and highlight temporary injury allowance, where appropriate
- a review of any periods of absence in the 12-month period prior to the current period of absence to determine whether any absence was linked to an underlying health condition. This information will be used to support consideration of potential reasonable adjustments and to inform the request for advice from occupational health. It may also highlight previous patterns of absence which the manager will discuss with the colleague
- any personal circumstances which may be adversely contributing to the sickness record including secondary employment outside the trust, or those colleagues that have a role as a primary carer in their lives outside of work.
- whether short term changes to working patterns and or duties would facilitate a return to work
- schedule the next informal catch up, within the next four to six weeks

The line manager will confirm the discussions in writing following the meeting and the date for the next informal wellbeing meeting.

Should the colleague return to work prior to the meeting date then the meeting will be cancelled.

Where pay is to change as a consequence of being absent from work, moving from full pay to half pay or half pay to no pay, it is the managers responsibility to ensure that the colleague is aware of when the change will take place and the effect of the change on the individual's salary.

Dependent on the circumstances of each individual case informal wellbeing meetings should take place every four to six weeks to provide support to the colleague and for management to maintain an understanding of their team member's progress. These discussions are to be formally recorded and shared, and a form is available to record these meetings. A copy of the form must be placed on the colleague's personal file and sent to the staff side representative (where applicable).

3.5.6 Third formal wellbeing review meeting

Once a colleague has been absent for nine months, they will trigger a third formal wellbeing review meeting. They should be notified in writing by the manager that a formal wellbeing review has been arranged to discuss their absence. The manager will provide at least seven calendar days' notice, to their team member of the formal wellbeing review and will confirm their right to be accompanied at the meeting and whether a human resource advisor will be present at the meeting.

In addition to the discussion points in section 3.5.5, the following matters must also be considered:

- would alternative employment (where a vacancy is available) or reasonable adjustments to the current post assist the colleague in returning to work
- what information has been received regarding the colleague's prognosis and does this indicate the colleague may be able to return within 12 months of the start of the absence
- if a return-to-work date is identified a discussion needs to take place to establish the support required from the organisation to facilitate the return to work and what steps the colleague is taking to prepare themselves for their return
- if a timescale for returning to work cannot be established full consideration will be given to the implications for the trust and effect on the colleague and a decision may be made to refer the colleague to a consideration of continued employment meeting
- the colleague should also be advised of the process for making an application for early or ill health retirement

The line manager will confirm the discussions in writing following the meeting and the date for the next informal wellbeing meeting.

3.5.7 Returning to work from long term sickness absence

3.5.7.1 Phased returns

A phased return should be discussed and agreed if colleagues have been absent due to long term sickness as it is recognised that a gradual integration back into the workplace will help colleagues bridge the gap between sickness absence and normal

working. A phased return can be recommended by the occupational health service or through agreement between manager and team member. Each phased return will be individual and designed around the needs of each colleague. Clear expectations and objectives will be agreed at the start and will be reviewed during the phased return period.

The phased return should not normally exceed 4 weeks and can be less than 4 weeks, according to advice from occupational health. The organisation will support a phased return to work in accordance with the following guidelines.

The organisation will fully support the first two weeks of a four-week phased return. Following this, for the remainder of the phased return, the colleague will be required to take annual leave; time in lieu; flexi-leave or unpaid leave for the days or hours they are not in work.

Example, a phased return to work of 4 weeks is recommended; the staff member is full time and works 5 days:

Week	Number of days recommended to work	Number of days additional leave paid by the trust	Number of days leave or unpaid leave to be taken or requested by colleague
1	2	3	
2	2	3	
3	3	0	2
4	4	0	1

Example, a phased return to work of 4 weeks is recommended; the staff member is part time and works 3 days:

Week	Number of days recommended to work	Number of days additional leave paid by the trust	Number of days leave or unpaid leave to be taken or requested by colleague
1	0.5	2.5	
2	1	2	

Week	Number of days recommended to work	Number of days additional leave paid by the trust	Number of days leave or unpaid leave to be taken or requested by colleague
3	2	0	1
4	2	0	1

Advice from the Human Resources team should be sought on facilitating any phased return of less than or more than 4 weeks and queries relating to phased returns for part-time staff. The modified duties or timetable for reduced hours and the duration of the period should be clearly documented as part of the return-to-work process.

A manager is responsible for reviewing the phased return to work to check progress, provide ongoing support and ensure all reasonable adjustments have been enacted. It should be noted that phased returns can and should be amended if difficulties are identified.

3.5.7.2 Workplace adjustments

Workplace adjustments will normally be recommended through occupational health and, or the moving and handling team, but GP's, health practitioners and other professionals may make recommendations that will support colleagues in returning to work. All recommended adjustments must be considered by the line manager and a response should be provided if these are unable to be implemented. If these are deemed to be reasonable and viable then they will be implemented. Advice should be sought from the Human Resources team when considering adjustments and if a recommended adjustment cannot be implemented the rationale for this must be clearly explained to the team member.

If, due to their health condition, a return to their substantive role is not possible immediately, but they are able to perform alternative duties this will be supported on a temporary basis up to a maximum of 2 months. This is to assist a return to work at the earliest opportunity and only applies where there is an expectation that a return to their substantive post is possible.

In cases where a colleague has a disability or long-term condition, consideration should be given to what reasonable adjustments can be made, see the section below. Short term temporary arrangements are not normally appropriate if a colleague has a disability unless temporary arrangements would assist whilst consideration is given to longer term reasonable adjustments.

The different types of workplace adjustments that may be considered are:
phased returns (please see above)

- changing hours or work patterns
- moving tasks to a more accessible area
- redeployment for medical reasons, where a suitable vacancy exists

- providing new or modifying existing equipment and tools
- modifying work furniture
- additional training
- providing supervision and, or mentor
- adjustment of triggers for disability-related illness
- disability leave, refer to section 13
- hybrid working

The above list is not exhaustive, and other adjustments may be suggested by occupational health. Staff side representatives or professional organisation representatives can be involved in the identification and agreement of workplace adjustments.

If colleagues are not able to return to their substantive role after a 2-month period their line manager will review the situation and discuss the options available, supported by the human resource team. Only in exceptional circumstances, for example, a date for a return to their substantive post has been identified in the near future, for example, within the next month can the short-term temporary arrangements be extended.

Where a colleague is unable to fulfil the requirements of the adjusted role a further referral should be made to occupational health for advice.

3.5.8 Triggering the formal stages of the short-term sickness absence procedure

When a colleague returns from long-term sickness absence, the line manager must check whether the absence has triggered the short-term procedure. The number of days in the long-term absence will not be counted, but the episode itself will be counted. If this reaches a trigger, the colleague will be invited to the appropriate stage meeting.

In exceptional circumstances, such as critical illness, a manager may decide not to count an episode towards the triggers. The manager must first seek advice from the Human Resources team and record the reason on the welcome back to work paperwork.

3.5.9 Consideration of continued employment meeting

This will be held if either:

- the period of absence has continued for more than 9 months with no agreed return date within 12 months
- If it has been identified that there is a need to curtail the policy (section 9)

The consideration of continued employment meeting will be with a manager not previously involved in the management of the sickness absence period and has the authority to dismiss, supported by a member of the Human Resources team. The meeting will be conducted in a supportive and compassionate way, with recognition for the potential impact of the situation on the colleague. Colleagues will be given a minimum of 7-day notice of the meeting, and they will have the right to be accompanied by a union representative from an accredited union or work colleague.

The purpose of the meeting is to consider whether it is appropriate to terminate employment, and the following matters will be reviewed and discussed:

- the absence history to date (including the reason, the length, previous indications of a return to work, engagement in keeping in touch with your manager, steps the trust has taken to support your return to work. Prognosis and any new indication of a return to work, effect of your continuing absence on the trust's services and whether it can reasonably be sustained for a further period; medical and, or occupational health reports)
- whether further advice should be sought from occupational health
- whether there are any other adjustments the trust could consider that would facilitate a return to work at all or within a timeframe that the trust considers reasonable in all the circumstances
- any matters the colleague considers of relevance to the purpose of the meeting

Once all the facts of the case have been presented the chair will adjourn the meeting to carefully consider the next steps in the management of the period of sickness absence. In considering all the facts they will decide on the appropriate course of action which could be:

- to pause the consideration of continued employment meeting to allow another referral to occupational health for a report to be prepared before the chair decides on the final outcomes from the consideration of continued employment meeting. This may include a request to occupational health for advice on any adjustments that may facilitate a return to work. The chair will then consider whether such adjustments are reasonable in all the circumstances
- to pause the process where a return date has been indicated, and the chair considers it reasonable in all the circumstances to wait until that date. If the colleague is then unable to return to work in the timescale identified, then the consideration of continued employment meeting will be reconvened
- to terminate employment on the grounds of ill health capability in these circumstances colleagues will be informed of their entitlement to payment in lieu of notice and their right of appeal

In all circumstances a letter confirming the decision should be provided, if practicable, within seven calendar days of the date of the meeting to the colleague's stated or last known home address, by first class recorded delivery. The letter will be signed by the chair of the meeting and a copy also sent to the colleague's representative, where applicable.

Where a decision has been taken to dismiss a colleague due to their continued high levels of sickness absence, this would be on the grounds of capability, for example, the colleague is no longer capable of maintaining the required levels of attendance expected in order to undertake the full duties of the post.

The facts of the dismissal must be confirmed by letter. The letter will include:

- appeals against dismissal should be submitted to the chief executive within 14 calendar days from the date of receiving the outcome letter setting out the grounds of your appeal

- the appeal hearing will be chaired by a manager of an equivalent level or higher not previously involved, supported by the Human Resources team

3.6 Curtailment of the policy

The trust normally expects every stage of this policy to be followed. Exceptionally, it may be fair and reasonable to shorten the process. This must be agreed between the manager and colleague after advice from the Human Resources team and occupational health.

If it is clear that a colleague will not be able:

- to return to work in any capacity within 12 months of absence, or
- in the case of terminal illness only following discussion with the individual, see section 31

Where there is a pattern of repeated triggering stage 2 of the policy the line manager can curtail the policy and refer the colleague to a consideration of continued employment meeting.

3.7 Right of appeal

Colleagues have the right of appeal against the conclusion of each stage of the policy.

Appeals against the conclusion of a stage should be made in writing, setting out the grounds of appeal, to the appropriate level of management not previously involved in the process. Appeals should be submitted within 14 calendar days from the date of receiving the outcome letter.

Appeals against dismissal should be submitted to the chief executive within 14 calendar days from the date of receiving the outcome letter setting out the grounds of your appeal.

The appeal hearing will be chaired by a manager of an equivalent level or higher not previously involved, supported by the Human Resources team.

3.8 Appeal

If colleagues are a member of a pension scheme, they may wish to explore applying for ill health retirement which includes early access to their pension on the grounds of ill health.

If colleagues have two years or more membership in the NHS Pension scheme they may wish to make an application for ill health retirement. Whilst the trust can support the completion of the relevant documentation the decision whether the application is accepted will be taken by the NHS Pensions agency and not the trust.

If the application is accepted colleagues will not be able to access their pension benefits until their employment has been terminated either by a decision to dismiss on the grounds of capability being taken at a consideration of employment meeting or by them giving notice of their retirement. A decision may be taken by the trust in

regard to continued employment in line with this procedure prior to colleagues receiving a decision regarding their pension application.

If the advice from occupational health supports ill-health termination and where a colleague is a member of the NHS Pension Scheme, the colleague may be advised to contact pay services using the rdash.pensions@nhs.net email address. It should, however, be noted that ill-health retirement is a process which is independent of ill health or capability dismissal, and that the decision whether a colleague should receive the benefits associated with ill health retirement is taken by the NHS Pensions agency, independently of the trust. Pay services can be contacted to discuss the process for submitting an application to the NHS Pensions agency to apply for ill health retirement.

For employees who are members of other pension schemes, such as a local authority scheme, the process for applying for ill-health retirement may vary. If a colleague is in a different pension scheme and is seeking to make an application, they must consult with their line manager or Human Resources team prior to application, so the correct process can be followed.

For further information and to obtain a copy of the relevant documentation please contact pay services team on rdash.payservices@nhs.net.

3.9 Adjustment for a disability

Colleagues are considered disabled under the Equality Act (2010) if they have a physical or mental health condition that has a “substantial” and “long-term” negative effect on their ability to undertake normal daily activities.

What substantial and long-term mean:

- substantial is more than minor or trivial, for example, it takes much longer than it usually would to complete a daily task like getting dressed
- long-term means it is likely to last for 12 months or more

The trust is committed to making reasonable adjustments to support all colleagues (regardless of disability) to maintain their attendance at work. Further guidance on implementing and reviewing reasonable adjustments (staff access only) (opens in new window) is available on the trust’s intranet.

Many factors will be involved in deciding what adjustments to make including advice from occupational health, GP, or other Specialist agencies and they will depend on individual circumstances. Different people will need different changes, even if they appear to have similar health problems. It is also recognised there will be different levels of support that a service can accommodate at any particular point in time.

It will be for the line manager to consider what adjustments are reasonable within their service area. All reasonable adjustments should be documented on the wellbeing passport (staff access only) (opens in new window). This should be reviewed regularly to ensure that it is up-to-date and that the adjustments continue to be fit for purpose.

If there are adjustments that the line manager is unable to accommodate the reasons should be fully explained and documented.

Due to the size of the organisation, there is a greater expectation on the trust to consider and make reasonable adjustments. If there is a cost involved in a reasonable adjustment, for example, equipment is required or computer licences need to be purchased trust has a centralised budget that can be accessed through the Equality, Diversity, and Inclusion team at rdash.equalityanddiversity@nhs.net.

In making a decision on whether an adjustment is reasonable for a service to accommodate line managers must consider the following factors in conjunction with seeking advice from occupational health the Human Resources team and the Equality, Diversity, and Inclusion team:

- how the adjustment will prevent or reduce the disadvantage to the disabled colleague and help them to maintain good attendance
- its practicality
- the cost
- any potential impact on service delivery, colleagues, and patient's
- ability to accommodate the adjustments alongside adjustments already made for other colleagues in the same role, team, or area

3.10 Disability leave

Many disabled colleagues may never, or only very rarely, need to take disability leave.

If a colleague defines themselves as a disabled person, under the terms of the Equality Act (2010), there is a duty to make reasonable adjustments where appropriate. Disability leave is a form of a reasonable adjustment. The colleague's personal record on electronic staff record (ESR) should record the fact that they have a disability.

Disability leave should not be used as a replacement for sick leave; it is a preventative measure only. As a reasonable guide a maximum of 2 days (15 hours), pro rata for part-time colleagues, can be requested in any leave year and should be monitored and recorded appropriately. Should additional time in excess of the 2 days (15 hours) pro rata be required then further advice should be sought from occupational health and the Human Resources team. It should be noted that this time can be taken in hours or in days, where appropriate and should also include travel time taken. Colleagues are required to provide evidence of such appointments to their manager.

Employees with ongoing medical problems which may be defined as a disability under the Equality Act and require disability leave to attend their appointments, should discuss their requirements with their manager. If leave is authorised, the amount should be clearly stated, and this should be recorded as approved, paid leave on the electronic staff record (ESR).

3.11 Time off to assist colleagues to manage underlying health problems

There are a number of programmes run to help people manage their underlying health conditions, for example, dose adjustment for normal eating (DAFNE) for people with type 1 diabetes. Paid time off should be granted to allow colleagues to attend courses as recommended by their GP or other medical practitioner. This will be paid at plain time rates and should be recorded as authorised absence. This should not be regarded as sickness absence. It is recognised giving paid time off in these and similar circumstances may prevent sickness absence and support colleagues to achieve good self-management of their underlying condition. Requests will be considered based on what can reasonably be accommodated.

3.12 Intermittent absences related to treatment for a critical illness

The trust recognises that there are circumstances where colleagues are managing treatment for a critical illness but can attend work in between treatment cycles. An example of this may be a colleague with cancer who is unwell and unable to attend work whilst receiving chemotherapy but is able to attend work during breaks from treatment. In these and similar scenarios the trust would wish to support colleagues to attend work when they are able to do so. Line managers will be asked to give careful thought to what reasonable adjustments can be put in place to support colleagues in this situation. Whilst short term absence related to treatment will be recorded for sick pay purposes it will not be counted against the trigger points described in this policy or be taken account of in formal management processes. Any periods of absence discounted should still be within the range of what can reasonably be accommodated. Line managers need to ensure that local absence records clearly show where absence has been discounted for management purposes.

3.13 Illness at work

If a colleague starts work and then leaves because they are unwell, the day will normally be recorded as a full day's attendance rather than sickness absence. If this happens more than twice in a year, each further event may be managed as an episode of sickness absence under section 3.5.

If a colleague attends work and their line manager decide that they are unfit for duty on the grounds of ill health and informs them to go home, their absence from work, for that day only, will be recorded as medical suspension and will not be counted for sick pay or management purposes.

In light of the above it is the responsibility of all colleagues to discuss their illness with their line manager so that they are both clear on the grounds that the colleague is leaving work, for example, whether this is the colleague's decision or the line manager's decision. Colleagues have a personal responsibility to make a judgement on whether they are fit to remain at work and should not rely on their line manager sending them home if they know they are not fit to remain at work.

3.14 Suspension on medical grounds or medical exclusion

It may be necessary to suspend a colleague on medical grounds from work if:

- in the opinion of occupational health, the colleague is unfit for work but is declaring themselves fit or is being declared fit by their own medical practitioner
- necessary aids or adaptations are not operating or in place
- if a manager requires medical advice regarding whether a colleague is fit to attend work

Any exclusion of this type will be on full pay. A service manager or head of service, at a minimum of band 8a has the authority to medically suspend and this will be reviewed regularly, at least monthly.

Medical exclusion applies in situations where a colleague feels physically fit but may still be carrying an infection and therefore, they are required to refrain from work for a specified period of time.

3.15 Pregnancy related absence

The trust has a duty of care towards the health and well-being of pregnant colleagues and any absence relating to pregnancy must be dealt with sensitively.

If a pregnant colleague is off work or becomes ill, with a pregnancy-related illness from the fourth week before the expected week of childbirth (EWC), maternity leave will start on the day after the first complete day of absence.

If a pregnant colleague has a pregnancy-related illness prior to the last four weeks before the expected week of childbirth, which is certified (either by medical or self-certification), this absence would be reported and recorded as sickness-absence but should not be counted when assessing whether the policy has been triggered.

Managers should ensure that colleague's receive appropriate support in relation to any absence related to a pregnancy. Welcome back to work meetings should take place, and managers should maintain contact with colleagues who are off work for a long period. Appropriate risk assessments should be undertaken, and consideration should be given to what reasonable adjustments can be made to support colleagues to return to work. Occupational health advice should be sought, as necessary.

Please refer to the trust's family leave policy (maternity, shared parental leave, adoption, paternity, and nursing mothers).

3.16 Sickness absence and fertility treatment

Please refer to the trust's family leave policy (maternity, shared parental leave, adoption, paternity, and nursing mothers).

3.17 Sickness absence and annual leave

This section should be read in conjunction with section 5.1.13 and 5.1.14 of the trust's annual leave policy.

If a colleague is ill whilst on annual leave, to reclaim the annual leave which has not been taken as a result of their illness or sickness, the colleague must follow their departmental sickness absence notification procedure and to produce a self-certification or medical certificate to cover the days of illness, irrespective of the length of the absence. The cost of any certificate will be borne by the individual.

This period of sickness absence will be considered as part of the colleague's overall sickness absence record and may result in triggering a formal meeting. In accordance with agenda for change terms and conditions, colleagues will not be entitled to an additional day off if they are absent due to sickness on a general public holidays or bank holiday that they would otherwise have been required to work as part of their basic week.

3.18 Redeployment

Redeployment will be considered in the formal absence management process but will not be appropriate in all circumstances.

Occupational health advice must be sought on whether redeployment into an alternative established post would allow the colleague to maintain an acceptable level of attendance. The line manager will assess, based upon this advice and in conjunction with the factors set out in the adjusting for disability section 12 whether it is reasonable to support the search for an established alternative post through the redeployment process.

Once agreed, alternative established posts will normally be considered on the same grade and same working hours as the substantive post. Redeployment on reduced hours or a lower band will be considered by agreement with the colleague; however, pay protection will not apply where the colleague agrees to accept a post on this basis.

Redeployment can be considered for any period of absence of 28 days or more when it has been identified that a colleague is not able to return to their substantive post.

When managing absence triggered by the number of occasions of absence redeployment would normally be considered at stage 2 of the procedure.

3.19 Accidents or work-related absences

Managers must follow the trust's incident reporting procedure and relevant health, safety, and security policies when sickness absence is linked to an accident at work.

Any accident at work must be recorded on the appropriate system or form (IR1).

Where there has been an accident at work the colleague may, where appropriate, be referred to the occupational health service immediately.

Where absence results in a loss of pay following an accident at work, advice should be sought from the Human Resources team concerning eligibility to pursue an application under the NHS injury allowance.

Managers will review any accidents at work and discuss these with their colleague at the welcome back to work meeting and confirm whether the absence directly associated with the accident at work is excluded from monitoring.

Where colleagues are already on a monitoring stage this will be reviewed.
Long term absences due to an injury at work, will be monitored in line with the procedure for managing long term sickness absence to ensure contact and support continues from the line manager and other actions such as re-referral to occupational health, temporary redeployment and return to work plans may need to be made depending on the length of absence and support already in place.

3.20 Stress-related absence

The trust recognises that work-related stress is a serious matter and wishes to ensure that early, pro-active management interventions are made with the purpose of identifying and addressing the issues at hand and providing appropriate support to staff experiencing stress which is linked to their work. This may include early conversations to look at adjustments that can be made in the workplace and the utilisation of the healthy workplaces staff support and stress at work policy.

When a colleague indicates that they are absent due to a stress related illness attributable in part or wholly to the workplace then the manager, following consultation with an advisor from the Human Resources team, should arrange a referral to occupational health at the earliest possible stage in conjunction with a stress risk assessment.

3.21 Musculoskeletal absence

If colleagues experience a musculoskeletal injury or are absent due to a musculoskeletal problem, a referral to occupational health will be made by the line manager to identify early intervention and support for their condition if appropriate. The services offered by occupational health are musculoskeletal treatment and a musculoskeletal triage or advice service workplace assessment information (staff access only) (opens in new window).

3.22 Time off for treatment not defined as incapacity

Certain operable conditions such as infertility are not in themselves, defined as incapacity and therefore staff would not be automatically entitled to sick pay. This would also be the case for cosmetic procedures, for example, where a person chooses to undergo an operation, or invasive medical procedure, to alter their physical appearance for aesthetic rather than medical reasons. However, if a colleague, as a consequence of the operation or treatment are incapacitated for work, regardless of the original condition, sick pay would be payable.

Where appropriate, managers should look to support colleagues during the course of their treatment through discussions for example, alternative duties or leave requests to prevent unnecessary stress during the course of treatments. It may be necessary to refer to the flexible working policy.

3.23 Bereavement leave
Following a period of bereavement leave if the colleague is unable to return to work due to sickness, then the colleague must follow the normal sickness absence reporting procedure. Further details on bereavement leave can be found in the trusts special leave policy.

3.24 Transgender colleagues
Colleagues undergoing medical and, or surgical procedures related to gender reassignment may require some time off from work. Line managers must allow colleagues paid time off work to undergo such procedures and it should not be counted towards the trigger points. Managers are reminded of the need for absolute confidentiality around a colleague's gender identity.

3.25 Medical appointments or procedures
Unless a colleague is rendered unfit for work, there is no right to paid time off to attend a medical appointment, unless they have a recognised disability as detailed in sections 12 and 13. However, managers should consider facilitating the appointment where it is urgent or would impact on the health of the colleague. Appointments should be made at the beginning or end of a working day, where possible. Colleagues may wish to discuss flexible working arrangements with their manager to facilitate attendance at medical appointments.

3.26 Sickness whilst suspended from duty
If a colleague remains or becomes ill during a period of suspension, sick pay and the triggers outlined in this policy will apply for the duration they are sick. The terms of the suspension should always be made clear in writing.

3.27 Menopause
The trust understands that colleagues may need support and adjustments before, during and after the menopause and the manager is responsible for fostering a culture where staff feel comfortable in discussing menopause matters which has a wider positive impact across the workplace.

We are also aware that people of diverse gender expressions and identities experience menopause, and it is therefore not just an issue for female colleagues. Transgender, non-binary, and intersex staff may experience the menopause, either due to age-related hormonal changes or hormone treatments and surgeries.

Colleagues are encouraged to declare any menopausal condition to their line manager, in order that any reasonable adjustments can be identified and implemented so far as it is reasonably practicable. It also aims to ensure that staff can feel confident that ongoing support will be provided by their line manager and by the trust so that they are able to continue to deliver their duties safely and effectively.

Sickness absence arising as a direct result of menopause will be recorded and monitored as per this policy. Any reasonable adjustments that can be identified to support colleagues will be implemented so far as it is reasonably practicable.

Further guidance on supporting colleagues going through the menopause (staff access only) (opens in new window) can be accessed on the intranet. Advice on the management of menopausal absence can be obtained from occupational health and or the Human Resources team.

Research is still ongoing to understand whether men experience the menopause. It is recognised that men experience a range of symptoms in their late forties early fifties which range from depression, loss of sex drive, erectile dysfunction and other physical and emotional symptoms, which could be due to a steady decline in testosterone levels, but this is unlikely to cause the problem in itself. Supportive conversations should take place with colleagues to understand how they are feeling and the support that they might require.

3.28 Terminal illness

In cases of a terminal illness diagnosis, we will provide colleagues with the security of work, peace of mind and the right to choose the best course of action for them and their families which helps them through this challenging period with dignity and without undue financial loss.

It is recognised that safe and reasonable work can help maintain dignity and offer a valuable distraction and be therapeutic.

During periods of absence managers will keep in touch and arrange to visit colleagues in a place they are comfortable. Prior arrangements will be made with the colleague to ensure support is in place throughout the absence and discussion will take place on the appropriate management of the absence.

It is recognised that each case is unique and further support and advice can be sought through the Human Resources team.

3.29 Occupational sick pay

Colleagues who are absent from work due to illness will be entitled to occupational sick pay (subject to their reckonable NHS service and subject to the terms and conditions of agenda for change), as follows:

Service	Entitlement
During first year	1-month full pay and 2 months half pay
During the second year	2 months full pay and 2 months half pay
During the third year	4 months full pay and 4 months half pay
During the fourth and fifth years	5 months full pay and 5 months half pay

Service	Entitlement
After five years' service	6 months full pay and 6 months half pay

The period during which sick pay is calculated for payment purposes and the rate at which it is paid is based on the periods of absence in the 12 months preceding the first day of the current absence.

Where pay is to change as a consequence of being absent from work, moving from full pay to half pay or half pay to no pay, it is the managers responsibility to ensure that the staff member is aware when the change will take place and the effect of the change on the individual's salary.

Managers do not have to wait until the colleague's sick pay provision has been exhausted before making the decision to terminate.

3.30 Overtime or additional hours

Where colleagues are returning from a period of long-term sickness absence, they should not work overtime or any additional hours over and above their contractual arrangements, during their phased return to work, or for a period of four weeks; whichever is longer. However, if colleagues are returning to their substantive hours, they can request to undertake additional hours or overtime upon their return to work.

Unsocial hours payments will not be payable during periods of sickness absence, except in the following cases:

- Colleagues who are absent due to injuries, diseases or other health conditions sustained or contracted in the discharge of their duties of employment and, which has been approved as work-related absence (WRA) are not in receipt of injury allowance. Agenda for change terms and conditions section 2.13.

3.31 Probationary contracts

Employment contracts for all new starters to the trust include the paragraph that confirms that the offer of employment is subject to a probationary period of six months.

During the probationary period, the new colleague is required to demonstrate capability or suitability for the position in which they are employed and as such should receive confirmation that their employment may be terminated if they do not reach the required standards. Should a colleague breach the triggers set out in this policy within the first six months of their employment consideration will need to be given to whether the probationary period has been successful. This will take into account the reasons for the sickness absence and whether any adjustments could be made to support the colleague to sustain their attendance at work. It should be noted that the definition of capability under employment legislation includes reference to health and competence. Please see probationary periods procedure.

3.32 Disciplinary action or transfer to the disciplinary policy

All colleagues are required to comply with all aspects of this policy and failure to do so may lead to action being taken under the disciplinary policy. For example, any instances of fraud relating to sickness absence or repeated failure to follow the absence reporting procedure, attend wellbeing review meetings or occupational health appointments. No action will be taken until your manager has fully explored the circumstances with you.

4. Responsibilities

4.1 All colleagues

- Be open and honest with their manager and occupational health about the reason for absence, relevant health information and any disability that may affect attendance. Managers can only make decisions using the information available to them.
- Follow the local sickness reporting procedure, keep in regular contact, and provide fit notes on time.
- Attend occupational health, wellbeing, physiotherapy, and sickness review appointments wherever possible.
- Take reasonable steps to stay well, maintain attendance, and return to work as soon as they are fit.
- Seek advice or support from their manager, occupational health, Human Resources, their GP, or another health professional when needed.
- Consider suitable alternative work, adjusted duties, working patterns or other recommended adjustments that may support attendance or a safe return to work.

4.2 Line managers

- Manage any absence in an effective, timely and consistent manner in accordance with this policy
- Develop a relationship of mutual trust and respect with colleagues that enables open discussions and support in relation to sickness absence and its causes.
- Ensure all sickness is accurately reported and recorded in electronic staff record (ESR) or health roster.
- Agree and maintain regular contact with colleagues when they are absent from work and ensure that fit notes are received in a timely way.
- Ensure welcome back to work meetings are undertaken with each colleague after each period of absence.
- Assess each period of absence and establish whether a trigger point has been reached and discuss this with the colleague concerned, indicating the action to be taken.
- Establish and operate standardised reporting procedures for sickness absence across their area and ensuring these are adhered to.
- Proactively seek advice from occupational health or other support agency to facilitate a colleague's timely return to work.
- Identify repeat or long-term absences for the same health condition, and discuss with the colleague, in consultation with occupational health and the

Human Resources team, if necessary, ways in which to manage any underlying issues.
- Identify when a colleague is likely to return to work and agree a course of action for supporting their return on a sustained basis.
- Conduct and maintain risk assessments and health and wellbeing conversations for all colleagues.
- Ensure all steps are taken to maintain a colleague's attendance at work ensuring they seek advice and support from occupational health, or the Human Resources team or trade union representatives as required.
- Arrange review meetings and ensure all correspondence related to the review meetings are completed and sent out in a timely manner.
- Attend training and ensure that own knowledge and awareness of the policy is kept up to date

4.3 Lead director

The director of people and organisational development has responsibility for the implementation of this policy and coordination of an appropriate communication or training strategy, together with ensuring that appropriate monitoring arrangements are in place.

Ensuring absence is managed within the area of responsibility and that this policy and procedure and any absence management system is effectively implemented, embedded, and monitored across their area.

Promoting the health and well-being of the workforce and the provision of a safe, healthy working environment to enable colleagues to attend work regularly.

Ensuring line managers enact and follow the triggers outlined within the framework through monitoring, for example, return to work discussions, appropriate timescales and undertaking risk assessments and health and wellbeing conversations, recording all outcomes on electronic staff record (ESR).

4.4 Human Resources team

- Provide support and advice in the application of this procedure, ensuring consistency is applied which will include providing appropriate training to managers to support them in their responsibilities under this policy.
- Discuss and advise on reasonable adjustments including the suitability of temporary and, or permanent redeployment to support a colleague's return to work at the earliest possible opportunity.
- To advise and support every stage 3 wellbeing review, appeals, and other stages where necessary.
- Monitor and report on sickness absence levels as appropriate.
- Support the development of leadership or managerial skills across the organisation, reinforcing best practice and ensuring that managerial input which falls short of the desired level and expectations is addressed.

4.5 Occupational health service

- Supporting the health and well-being of colleagues, and in the provision of impartial clinical advice to enable managers to deal fairly and equitably with the management of attendance.
- Providing advice on matters relating to health at work, expected timescales of absence and measures including reasonable adjustments to consider that may support a return to work in the substantive role or an alternative role.
- Supporting issues that are related to disability or long-term conditions which includes the identification of possible reasonable adjustments that may be made to facilitate a return to work.
- Identifying if counselling or physiotherapy or any other specialist services are required to facilitate the return to work of a colleague.

4.6 Trade union representatives

- Provide advice and guidance on this policy to their members.
- Provide representation at sickness absence meetings or hearings for colleagues who wish to be accompanied (where appropriate).
- Work in partnership with trust managers and the Human Resources team to support colleagues in returning to work and maintaining their attendance at work.
- Participate in the development of this policy and support its implementation and training of managers and colleagues.

5. Training

5.1 Managers

5.1.1 Managers on policy change

- Managers must complete this training when appointed and whenever the policy changes.
- The training lasts half a day and covers how to manage sickness absence.
- Human Resources delivers the training.
- Attendance is recorded on the Electronic Staff Record (ESR) or the colleague's personal file.

5.1.2 Managers on updates of any policy changes

- Managers will receive policy updates through agreed communication channels.
- Where a workshop is needed, it will normally last one day and include sickness absence management.
- Human Resources delivers the workshop.
- Attendance is recorded on ESR or the colleague's personal file.

5.2 Human resources

- How often should this be undertaken: On appointment and thereafter if needed.
- Length of training: Variable.
- Delivery method: Local induction and personal coaching.

- Training delivered by whom: Human resources managers.
- Where are the records of attendance held: Electronic staff record (ESR) or personal files

5.3 Staff side

5.3.1 Staff side on policy change

- How often should this be undertaken: Once on policy change.
- Length of training: Variable.
- Delivery method: Through policy forum and cascaded their after.
- Training delivered by whom: Human resources department.
- Where are the records of attendance held: Electronic staff record (ESR) or personal files.

5.3.2 Staff side on updates of any policy changes

- How often should this be undertaken: Updates of any policy changes via agreed communication channels.
- Length of training: Variable.
- Delivery method: Personal coaching.
- Training delivered by whom: Regional staff side representatives.
- Where are the records of attendance held: Electronic staff record (ESR) or personal files.

6. Monitoring Arrangements

6.1 Feedback Compliance

- How and who by: Feedback about experience of implementing the policy by Human resource advisors, line managers and staff representatives.
- Reported to: Director of people and organisational development.
- Frequency: As occurs.

6.2 Data Compliance

- How and who by: Data collected from sickness hearings by Human resources advisors.
- Reported to: Care groups or directorates meetings.
- Frequency: Monthly.

6.3 Trust absence levels

- How and who by: Electronic staff record (ESR) reports by Human resource advisors.
- Reported to: Care groups or directorates meetings.
- Frequency: Monthly.

7. Related documents and associated references

- Attendance for duty during periods of inclement weather or disruption to the public transport system policy
- Change management policy and procedure

- Counter fraud, bribery, and corruption policy
- Disciplinary policy
- Family leave policy (maternity, shared parental leave, adoption, paternity, and nursing mothers)
- Flexible working policy
- Leaving employment policy and procedure
- Health and safety policy
- Health, safety, and security suite of policies
- Healthy workplaces staff support and stress at work policy
- Incident management policy
- Infection prevention and control manual
- Performance capability management policy and procedure
- Personal development review (PDR) policy
- Special leave policy
- Agenda for Change Terms and Conditions Services Handbook 4 (2010).
- Equality Act (2010).
- Health and Safety Executive Guidance on Absence Management (2004).
- The Information for Health and Social Care Website (NHS I-View).
- The NHS Staff Council Guidelines on Prevention and Management of Sickness Absence November (2012).
- Maintaining High Professional Standards in the Modern NHS.

8. Appendices

8.1 Appendix A Welcome back to work meeting form

Welcome back to work meeting form (staff access only) (opens in new window)

8.2 Appendix B Pro rata triggers

For a full-time colleague, the trigger is 12 working days or 90 hours. The tables below show the equivalent trigger in hours for colleagues who work non-standard days or part-time hours.

8.2.1 Non-standard days

Hours worked per week	Trigger in hours
37.5	90
37	89
36.5	87.5

Hours worked per week	Trigger in hours
36	86.5
35.5	85
35	84
34.5	83
34	81.5
33.5	80.5
33	79
32.5	78
32	77
31.5	75.5
31	74.5
30.5	73
30	72
29.5	71
29	69.5
28.5	68.5

Hours worked per week	Trigger in hours
28	67
27.5	66
27	65
26.5	63.5
26	62.5
25.5	61
25	60
24.5	59
24	57.5
23.5	56.5
23	55
22.5	54
22	53
21.5	51.5
21	50.5
20.5	49

8.2.2 Part-time hours

Hours worked per week	Trigger in hours
20	48
19.5	47
19	45.5
18.5	44.5
18	43
17.5	42
17	41
16.5	39.5
16	38.5
15.5	37
15	36
14.5	35
14	33.5
13.5	32.5
13	31
12.5	30

Hours worked per week	Trigger in hours
12	29
11.5	27.5
11	26.5
10.5	25
10	24
9.5	23
9	21.5
8.5	20.5
8	19
7.5	18
7	17
6.5	15.5
6	14.5
5.5	13
5	12
4.5	11

Hours worked per week	Trigger in hours
4	*9.5*
3.5	8.5
3	7
2.5	6

8.3 Appendix C Attendance review form stage 1

Attendance review form stage 1 (staff access only) (opens in new window)

8.4 Appendix D Attendance review form stage 2

Attendance review form stage 2 (staff access only) (opens in new window)

8.5 Appendix E Formal wellbeing review form

Formal wellbeing review form (staff access only) (opens in new window)

8.6 Appendix F Informal review form

Informal review form (staff access only) (opens in new window)

8.7 Appendix G Deferral letter

Deferral letter (staff access only) (opens in new window)

8.8 Appendix H Transfer to new policy letter

Transfer to new policy letter (staff access only) (opens in new window)

8.9 Appendix I Formal Wellbeing Review Invite letter

Formal wellbeing review invite letter (staff access only) (opens in new window)

8.10 Appendix J Stage 1 Invite letter

Stage 1 invite letter (staff access only) (opens in new window)

8.11 Appendix K Stage 2 Invite letter

Stage 2 invite letter (staff access only) (opens in new window)