

Wellbeing and Sickness Policy

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| Equality, Diversity and Human Right Statement | The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This procedure should be implemented with due regard to this commitment. | | |
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1. Purpose

The aim of the policy is to ensure a consistent approach to the management of sickness absence and offer staff support to achieve an appropriate level of attendance. There is a clear link between a healthy and engaged staff and patient outcomes. It is accepted that all members of staff may at some point during their employment suffer some degree of ill health or accident/. In such circumstances the Trust will endeavour to offer all reasonable assistance in facilitating the individual member of staff's recovery from ill health and ultimately their return to work.

It is important to remember that the objective in managing sickness is, wherever possible to assist the employee to return to work, or to improve their attendance.

2. Scope

This policy will cover all employees of the Trust, including those on fixed term contracts, temporary/secondment agreements and Medical and Dental staff.

3. Policy Content

4.1 Introduction

The Trust is committed to creating a culture of well-being and this policy sets out how we will support you to keep well and in work. There are times though when sickness absence, whether it is a long-term absence or several shorter-term episodes, will mean that management support and action is required. This policy sets out what you can expect to happen in these circumstances.

4.2 Why your well-being matters

Creating a culture of well-being in our organisation is crucial. Not only is it the right thing to do for you, but it also makes sense for the effectiveness of the organisation.

We're all unique and that's a positive thing. It means that some people may experience more or different challenges with their health & well-being. In these situations, we may need to make changes to create an environment where people can be their best. For example:

- Colleagues with long-term medical conditions, who are neurodiverse or who have a disability may need some changes to their working hours, duties or environment
- Colleagues from some ethnic backgrounds are more likely to experience certain medical conditions than others, which may require adjustments or additional support
- We may need to make changes and adjustments for colleagues who are experiencing mental health difficulties
- Our workforce is around 80% female, meaning we need to have clear understanding and support associated with women's health

Our commitment as an employer

- Consider the individual circumstances and needs of colleagues
- Lead with compassion and have regular conversations about health & well-being
- Act promptly on any well-being concerns
- Support attendance at medical appointments when they can't be arranged outside of normal working hours

Our expectation of you, our colleagues

- Act promptly if you have any health concerns and don't attend work if you are not well enough
- Make healthy choices and informed decisions to protect you, your colleagues, your family and our patients / service users
- Talk to someone at work if you're struggling
- Engage in conversations about your well-being

4.3 Helping you to stay well in work

Our primary focus is to create a culture of well-being that helps you to stay well and in work. This means we commit to:

- Make sure that your working environment is safe for you and that you are provided with the personal protective equipment that is necessary
- Ensure you have breaks that provide opportunity to take time away from the working environment
- Consider all flexible working requests that would support your well-being with an open mind and where the focus is “how we can make this work”
- Everyone having workload and work demands that are appropriate and manageable. If things become too much, our first response will be complete a stress risk assessment and to work with you to complete an action plan.
- Provide access to rest areas that are conducive to relaxation and well-being
- Complete personal risk assessments and well-being plans with you to build our understanding and agree actions that need to be taken

There is a mutual responsibility for you and the Trust to comply with health and safety requirements, to report injuries and dangerous occurrences (RIDDOR), to adhere to the Equality Act 2010 and other relevant legislation associated with employment and the workplace.

All of this is underpinned by regular discussions and check ins for all employees about your health & well-being, which provide opportunity for you to discuss any health and well-being concerns and what's working well for you. These conversations should ideally take place with your line manager, but we recognise there may be times when you would prefer to have these discussions with another trusted colleague, in which case we will work with you to support this.

Discussions about your health and well-being should always be supportive one-to-one discussions and should consider your well-being holistically (physical, mental, emotional, social, spiritually, financial, environmental, and occupational). They should identify positive wellbeing practices or choices that are helping you to stay well, areas where support can be provided, and you should be signposted to relevant services that may be of help.

Your well-being discussions will help inform a personal well-being plan. This doesn't have to be written down, but it's important that you consider what helps to keep you well and factor these things into your discussions with your manager. You should also consider what negatively affects your health & well-being and identify, with the help of your manager if you need it, what can be done to prevent these things from happening.

4.4 Our Well-being Services

[We have a number of colleagues who can support your well-being.](#) Every department should have a wellbeing champion who are able to share health and wellbeing support and opportunities within and outside the trust. They are also able to escalate concerns to the trust health and wellbeing lead who can provide direct support. Some colleagues have undertaken additional training e.g., Mental Health First Aiders. You will be able to find contact of the health and wellbeing team on the staff hub.

Our well-being services can be accessed via Occupational Health and the staff hub and are there for you and for our managers and leaders. You shouldn't be concerned about being referred to occupational health or other well-being services, as their expertise is vital in helping to keep you to stay well in work, supporting you while off sick, and support you to return to work as able. It is our intention to understand how your health affects your ability to perform your job role and how work affects your health.

For a full list of Trust guidance and Policies related to supporting your wellbeing please see appendix 4.

4.5 Looking after yourself

It's essential that you take personal responsibility to look after yourself and apply the principles of self-care. It is important to seek support and medical attention when concerns arise and we will support you to attend medical appointments. Where possible appointments should take place on non-working days or outside of your scheduled working time. When this is not possible, you should discuss this with your manager and provide your appointment confirmation documentation in line with the Special Leave Policy.

It's important that you understand your personal health and well-being risk factors, so doing things like understanding your weight, BMI, heart rate, blood pressure, cholesterol and blood glucose readings are a good starting point. The occupational health and wellbeing team will support this by providing regular mini health checks in case you can't access these in other ways.

The health and wellbeing pages on the staff hub have lots of lifestyle advice to help you to help your health. The Trust will make arrangements available for you to have vaccinations that are recommended or required for health care workers. You will also be provided with relevant factual information to help you make informed choices and answer any questions you have regarding your health.

4.6 Disability and work

If you have a disability, it may mean that you need some adjustments in the workplace to enable you to fulfil the requirements of your role.

Under the Equality Act (2010), a person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. 'Substantial' is more than minor or trivial and 'long term' means the impairment is ongoing for 12 months or longer. Progressive conditions can also be classed as a disability. Whether a condition is considered a disability will, in most cases, depend on all the individual facts and circumstances.

4.6.1 Disability Adjustments

If you have a disability, it may be appropriate for the Trust to make reasonable adjustments. An example of an adjustment to support your disability may be paid disability adjusted days. This is not the same as Sick Leave or Special Leave. Disability adjusted days is a 'reasonable adjustment' under the Equality Act (2010) and is distinct from sickness absence as it includes time when an individual is well but absent from work for a reason related to their disability.

Consideration and granting of disability adjusted days is on a case-by-case basis, supported by Occupational Health advice. Any disability leave that is afforded is requested per financial year (April to March) and should be monitored and recorded appropriately. It should be noted that this time can be taken in hours or days, where appropriate and can include travel time.

A Disability Adjusted Days request must be completed and submitted to your line manager. Managers may wish to seek advice from Business HR when considering requests for adjusted days.

Some examples of reasons for planned disability leave (but are not limited to leave that is associated with their disability) include:

- Hospital, doctors, or complementary medicine practitioner's appointments (by accredited practitioners)
- Hospital treatment as an outpatient
- Assessment for conditions such as dyslexia and dyspraxia etc.
- Hearing aid tests
- Training with a guide dog or hearing dog
- Counselling/ therapeutic treatment
- Change of medication regime
- Physiotherapy/Occupational therapy/Speech & Language therapy
- Patient education
- The adjustment/mending of technical aids.

There may be exceptional occasions where an individual requires a period of unplanned disability leave for a longer period than the amount initially agreed. Any extension to time off must be agreed with your line manager. Some examples may include (but are not limited to):

- A period of time off while reasonable adjustments are made at work
- To allow an individual with either a newly acquired disability, or where there has been a significant change in the condition, to make changes inside and outside work, in order to accommodate their disability where there is a need for substantial changes to be made.
- If an individual is absent due to sickness and it becomes clear that they may now qualify for disability leave they should discuss this with their line manager and submit a Disability Adjusted Days Request Form.

A suite of training regarding managing sickness, supporting mental health and more is available via Learning and Development.

4.6.2 Reasonable Adjustments

Adjustment needs may vary between members of staff, their experience of their disability or long-term condition, and the type of work they carry out. There is no 'one size fits all' method to use however, it is a legal requirement to make reasonable adjustments.

Occupational therapy, physiotherapy and equality, diversity and inclusion have produced condition profiles which are available on the health and wellbeing pages to support with condition management and provide reasonable adjustment suggestion specific to the difficulties experienced.

For further guidance regarding Reasonable Adjustments please refer to the Reasonable Adjustments Policy.

4.7 Supporting you during ill health and sickness absence

4.7.1 Definitions

Absence from work due to ill health has been categorised as being either short or long term. For the purposes of this policy, short term and long-term absence has been defined as follows:

- Short-term sickness absence is usually less than 28 calendar days
- Long-term sickness is defined as a period of absence which is more than 28 days of absence where there is no immediate prospect of a return to work. The absence should be medically certified.

It is important that we get the balance right between supporting staff and the Trust being able to deliver services effectively and safely.

There can be occasions where you may have a combination of short- and long-term absence which will be addressed in line with the Trust sickness absence trigger points.

4.8 Reporting your absence

Each department's reporting procedure within the Trust will vary depending on service needs. Your line manager will advise you of the specific reporting procedure for your department during local induction.

If you are unwell and unable to work, you should contact your line manager (nominated appropriate person) in person detailing the reasons for your absence and the expected absence duration. On rare occasions when you may be unable to contact your line manager directly, a representative may contact the department on your behalf, but you must make contact personally as soon as you are able and ideally within the first 24 hours of your absence or the next working day.

It is important that you inform the Trust of your absence at the earliest opportunity, as arrangements may need to be put in place to cover your shift. As a minimum, this should be 4 hours prior to shift commencement if your department has this facility. If you work within a department that is closed prior to the start of your working day, please make contact as soon as reasonable possible. During the initial contact, it's important that you and your manager agree a reasonable frequency and form of communication going forward. Your manager may agree that contact could be via verbal updates or written updates i.e., email or text message. This will depend on individual circumstances and can be adjusted in the future if necessary.

If you are too unwell to work, [you should complete a self-certification for absences lasting up to 7 calendar days](#). You can complete this as part of your return-to-work discussion with your line manager when you resume to duty.

If you remain unable to work after 7 calendar days (including non-working days), you need to obtain a Statement of Fitness to Work 'fit note' and send this to your line manager ensuring there are no gaps.

Unfortunately, a backdated fit note will not be accepted unless there are extenuating circumstances which need to be discussed with your line manager. A fit note can

be obtained from a healthcare professional who is supporting and accessing your ongoing treatment/diagnosis. The fit note will say that you are either 'not fit for work' or 'may be fit for work'. If your fit note says that you may be fit for work, you should discuss what changes might help you to return to work with your manager. Where necessary, support and guidance can be obtained from the Trust's Occupational Health department.

If the Trust is unable to support or facilitate temporary adjustments that can meet your needs and service delivery, then you will be considered 'not fit for work'.

It is important that you provide details about the reason for your absence along with any medical diagnosis and symptoms. This will ensure that the reason for your absence is recorded accurately, and the appropriate next steps are taken. We also need to know if your absence relates to a disability, as consideration will need to be given in respect of disability and reasonable adjustments in the workplace.

The use of annual leave/lieu days to cover periods of sickness is not permitted but can be used to facilitate an early return to work.

4.9 Unauthorised Absence

In instances where you fail to report your sickness absence to your department, this may be classed as unauthorised absence which may be managed in line with the Trust's Disciplinary Policy.

4.10 Working Whilst off Sick

There may be occasions during periods of sickness absence where Occupational Health or a health care professional involved in your care have advised that it would be therapeutically beneficial to recovery for you to participate in paid/unpaid/voluntary work. In these instances, this should be discussed and agreed with your line manager.

However, if you are potentially fraudulently claiming sickness benefits from the Trust, the matter will be referred to the Mersey Internal Audit Agency (MIAA) for investigation and action that may be taken that can range from internal disciplinary action through to criminal prosecution.

There are a number of associated areas of risk relating to sickness, including but not limited to:

- Working whilst off sick
- Sickness leave abuse
- Forged and/or counterfeit fit notes

All suspicions of fraud, bribery or corruption should be reported to the Trust's Anti-Fraud Specialist, Phillip Leong, on 07721 237352 or by email to phillip.leong@miaa.nhs.uk / phillip.leong@nhs.net, or via the national Fraud and Corruption Reporting Line on 0800 028 40 60 or online reporting form <https://cfa.nhs.uk/reportfraud>.

4.11 Sickness Whilst at Work

If you become ill or suffer an accident at work, please inform your line manager, who will discuss the most appropriate course of action and ensure your health, wellbeing, and safety. If any staff member leaves trust premises without notifying their manager this could be classified as unauthorised absence and may be subject to loss of pay and disciplinary action.

If you are unfit to remain in work and leave work at any point during a shift because of illness this absence will be recorded on the appropriate system. This episode of sickness will not be counted towards the sickness trigger points unless we have concerns regarding a pattern of part day attendances. It should be noted that any subsequent full working days of sickness following this will be counted as episodes for the purposes of management in line with the trigger points.

If you suffer an accident at work or believe that your illness/condition is attributable to your employment, you should complete the appropriate Accident/Incident Datix Form as soon as possible.

4.12 Occupational Health & Well-Being referrals

In order to provide you with appropriate support and provide your managers with necessary advice, your manager can request that you attend Occupational Health. Your line manager will discuss your referral and the reasons for the referral. A copy of the completed referral form will be given to you by the manager making the referral.

In rare circumstances you may wish for your manager not to refer you to Occupational Health. In this case, you should have a discussion with your manager explaining the details and allow your manager the opportunity to clearly set out to you why a referral is required and give you an opportunity to discuss the referral in more detail.

Your manager will be able to refer you to Occupational Health without your consent to ensure that appropriate action and support is taken in line with policy.

Your manager will include details of the lack of consent within the referral.

4.12.1 When to refer

There is no set time when to refer to Occupational Health. The optimum time will depend on the manager "knowing their employee" and their individual circumstances. A manager does not have to wait until you go off sick before making a referral to Occupational Health for advice and not every episode of sickness will require a referral. It is, however, essential that when termination of employment is being considered on health grounds, Occupational Health advice should be obtained and should have been within the last three months of the initial date of final sickness review.

A referral may also be considered in the following circumstances:

- Where there are concerns that the work being undertaken may be impacting on a health condition (even where the employee is not absent) N.B. this

includes scenarios such as musculoskeletal issues / skin problems within a clinical role, symptoms of stress being demonstrated but as, yet no sickness absence has occurred.

- Where there are general concerns regarding attendance
- After you have been, or are likely to be, absent for 28 calendar days with no clear return to work date. Where sensitive cases exist that are likely to be off long term, early referral should still be considered to access appropriate support and advice e.g., employees with cancer / long term conditions.
- Referrals to Occupational Health in cases of short-term absence are not routinely required, however, should be considered when guidance is required as to whether there is an underlying health condition impacting on frequent short-term sickness absence.
- Where advice is required on reasonable adjustments not already in place, that can be implemented to reduce / remove the risk of aggravating an underlying health condition.
- If health issues are impacting performance.
- If there are concerns following medical suspension, injury, violence and aggression and ability to undertake elements of role.
- In line with the Equality Act 2010
- Routine planned operations do not require an assessment unless there are complications or concerns about the employee's ability to return to work.
- If absence is due to stress and / or musculoskeletal / violence and aggression issues, an automatic referral to Occupational Health may not be required if the employee is able to access health and wellbeing support within the Trust. Employees and managers can self-refer to Physiotherapy and psychology. The manager may still make a referral to Occupational Health and Occupational Therapy via the Management Referral System if advice on how to support the employee in the workplace is required.

4.12.2 Referral process

You have a legal right to request to see all documentation in your personal Occupational Health file including managerial referral forms.

The Occupational Health professional assesses a case by considering the information from the manager, the information from the employee and the medical elements of the case. Information provided by the manager will ensure that the Occupational Health professional has sufficient information to undertake a full balanced assessment and to provide an effective report. Please ensure that you ask relevant questions as this will ensure that your response will address the difficulties at hand. This information is necessary to ensure time spent with Occupational Health is maximised, and that the assessment provided during the appointment can be used effectively by both the employee and the department.

Once an appropriately completed referral has been received by Occupational Health, it will be triaged by Occupational Health and an appointment will be arranged with

the most appropriate professional, with the most appropriate method (face to face, telephone or on tele-health).

The assessment will take place and a report will be generated responding to the questions raised in the referral. The Occupational Health professional will decide with input from you, if further information is required from your doctor, hospital specialist or other health professional to provide further guidance. In these cases, the report may be delayed but Occupational Health will always inform the manager if this applies. The Occupational Health professional will confirm with the employee their consent, at the time of the assessment for the release of the report to the line manager.

Under the General Medical Council (GMC) guidance, the employee has a right to view the report before it is sent to the manager. In these cases, the report may be delayed, however, Occupational Health will always inform the manager if this applies. The employee can request factual changes, but the Occupational Health opinion will not be changed.

If consent is not provided, Occupational Health will write to the manager explaining that consent has not been provided. If the employee does not wish to see the report prior to its release to the manager, then they will receive a copy at the same time. In some circumstances, the Occupational Health professional may arrange to review the employee.

The manager may be requested to provide a written update on the situation in order to ensure that the Occupational Health professional has up to date information during this consultation.

4.12.3 Failure to attend Occupational Health

In instances where you are unable to attend your allocated appointment, you must notify Occupational Health immediately so that another appointment can be arranged, and the original appointment allocated to another employee. Failure to attend without prior notice will be classified as a Did Not Attend (DNA) and the manager will be notified. According to NHS data each DNA can incur significant costs to the organisation. Therefore, it is essential that Occupational Health resources are utilised appropriately, and the manager highlights the importance of attending the Occupational Health appointment when the referral is being made.

If you fail to attend two consecutive appointments without notification, this will result in the referral process being stopped and the manager will be advised to seek advice from Business HR. Failure to attend or give consent to your line manager having access to your report may result in limited information being available to the manager. This may influence decisions and management of the absence to the detriment of the employee. Failure to attend the formal review meetings or any occupational health appointments may result in the withdrawal of Occupational Sick Pay.

4.12.4 Returning to work

When you are fit to return to duty, you should notify your line manager as soon as possible. You should notify your line manager of your fitness to work even if you are

resuming to annual leave or your days off. This will ensure that the sickness absence record is correct and reflective of the actual days lost to sickness absence.

A [wellbeing discussion](#) should take place with your line manager before your return to discuss your return-to-work arrangement and any support that is needed. This is especially important if you have been off work for some time.

[After every period of sickness absence, you'll have a return to work and wellbeing discussion with your line manager to make sure that you are supported and well enough to return.](#) Ideally this should happen on the day of your return, but no later than day 3. The content, actions and next steps will be documented. It's important that you share all relevant information with your manager. If they are becoming concerned about your level of absence, they will tell you. You will agree together any supportive actions that you and / or your manager will take. For the Return to Work and Wellbeing Discussion template please see appendix 6.

Where necessary, it may be necessary for line managers to highlight concerns regarding sickness absence patterns during return-to-work discussions.

4.13 Managing sickness absence

4.13.1 How your absence will be managed

It is important that we get the balance right between supporting you and us being able to deliver our services effectively and safely. Well-being discussions with your line manager will take place regularly. If you have an underlying medical condition, please ensure that you explain the impact of this to your line manager and discuss any adjustments that would help you in work.

4.13.2 Frequent Sickness Absence Trigger Points

There may be occasions when your absence gives your line manager a cause for concern. In circumstances where it has been identified that you have frequent or persistent sickness absence or display a regular unacceptable pattern of attendance due a variety of reasons which are unrelated without any underlying medical condition it may be appropriate to formally manage this.

The Trust has agreed that the following trigger points will be applicable when absence is deemed unacceptable:

- **3 occasions of absence or**
- **10 working days (single or cumulative) sickness absence in a rolling 12-month period – [this will be pro-rata'd for staff who are part time or for full-time staff who work less than 5 days per week](#) (as per appendix 20)**
- **1 occasion of long-term sickness greater than 28 days**
- **an unacceptable pattern of absence***

Note An unacceptable pattern of absence may relate, for example, to particular days of the week, particular shifts, school holidays, repeated periods of long-term*

sickness, coinciding with sporting or other events or pattern of persistently falling just below the defined triggers.

4.14 Formal Sickness Absence Meetings

If your absence record gives cause for concern and breaches the triggers as set out above, your manager will review your absence with you and invite you to meetings to discuss your absence.

At meetings where a second improvement notice may be issued or termination of contract considered, the manager will be supported by a member of the Business HR Department.

4.14.1 Informal Confidential Advisory

[Where a manager identifies concerns regarding your absence record, you will be invited to an Informal Confidential Advisory.](#) The line manager will use this meeting as an opportunity to highlight your absence is causing concerns and explore any support that can be offered to improve attendance.

Following the Confidential Advisory, your attendance will be monitored for a period of 12 months from the date of the meeting, where it is envisaged, the support offered will assist you in achieving an improved attendance record.

Where line managers continue to have concerns regarding sickness absence, managers will refer to the Trust trigger points and where absence breaches the triggers, arrange a formal meeting (see Appendix 7 for Informal Confidential Advisory Template).

4.14.2 Formal Sickness Meetings

**A Business HR representative is not required to be in attendance at the first review meeting, but in some complex circumstances it may be considered. Business HR will be in attendance at the second and final review meetings as described below. The staff member should be informed of their right to representation by either a staff side representative or work-based colleague.*

Employees will be given reasonable notice of sickness hearings, and this will normally be ten calendar days unless otherwise agreed.

4.14.3 First Formal Wellbeing Meeting

If sickness continues to be concerning following a confidential advisory, you will be invited to a First Formal Wellbeing meeting to understand the circumstances and any contributing factors in more detail. In all circumstances there should be a discussion about your well-being, your sickness absence reason(s), what actions have already been taken, what support you need, and your manager will help to facilitate the implementation of these actions where relevant and appropriate. If you wish, you can be accompanied at this meeting by a trade union representative or work colleague.

Your manager will consider all the information and circumstances and give you a well-being concern notice. In making this decision, managers will consider:

- Your previous attendance records
- Any recent in or out of work factors that affected your health and well-being
- The impact of any disability or long-term medical condition
- Whether treatments plans appear to be working
- Whether there are any types of absence that should be discounted (e.g., associated with pregnancy, injury at work, gender reassignment or to comply with infection prevention and control requirements)
- How many periods of sick leave you have taken within a relatively short time period
- If there appears to be a pattern of absence
- The impact of your absence(s) of the delivery of services.

If a **First Formal Wellbeing Notice** is issued, this will remain 'live' on your file for a period of 12 months to allow you the opportunity to improve your well-being and attendance. There will be regular check in discussions during this time to see how you are, to ensure that you are supported, and are taking positive personal well-being actions.

Where line managers continue to have concerns regarding sickness absence, managers will refer to the Trust trigger points and where absence breaches the triggers, arrange a stage 2 formal review meeting.

Template outcome letters are located on the Staff Hub as Appendices to the policy.

4.15.4 Second Formal Wellbeing Meeting

A further formal sickness absence meeting will take place if your manager has concerns that you have further breached the trust's trigger points or if any treatment programmes are not resulting in expected improvement or if you are not taking positive personal actions that would help improve any underlying medical conditions and your health and well-being.

Your manager will again consider your personal circumstances and the impact on service delivery in deciding whether to keep the situation under review or escalate to a **Second Formal Wellbeing Notice**. If you are escalated to a second well-being notice, this will remain on file for a period of 12 months to allow staff the opportunity to improve wellbeing and attendance. If you wish, you can be accompanied at these formal meetings by a trade union representative or work colleague. A Business HR representative will also attend this meeting.

Where line managers continue to have concerns regarding sickness absence, managers will refer to the Trust trigger points and where absence breaches the triggers, arrange a Final Sickness Review meeting.

Template outcome letters are located on the Staff Hub as Appendices to the policy.

4.15.5 Final Formal Wellbeing Review

If, having been issued with a second well-being concern notice, your if your manager has concerns that you have further breached the trust's trigger points or your treatment programme is not resulting in the expected improvements, a Final Formal Wellbeing Review meeting will be convened, at which consideration will be given to terminating your employment with the organisation because of ill health capability. This meeting will be chaired by someone in the organisation who has the authority to dismiss with support from Business HR and an independent manager. You can be accompanied by a trade union representative or work colleague at that meeting.

The purpose of the review meeting will be:

- To consider the staff members attendance record.
- To ensure that appropriate support has been offered to the member of staff in achieving an improved level of attendance.
- To give the member of staff the opportunity to discuss any problems, raise any concerns or to highlight any mitigating factors that they may wish for the panel to be taken into account.
- To discuss recent Occupational Health advice.

Upon conclusion of the meeting, the panel will be required to make a decision that could include **dismissal on the grounds of capability**.

You have the right of appeal if your employment is terminated. Please refer to **section 4.18** for further details.

If there are grounds to believe there is a pattern to your absence(s) that cannot be explained in well-being discussions and formal sickness absence meetings, a fact-finding process will seek to understand the situation more fully. If this process finds evidence of potential wrongdoing or deliberate manipulation of sick pay provision / absence management element of this policy, consideration may be given to disciplinary process in line with the Trust policy.

4.16 Long term absence (4 weeks or more)

If you are off work for more than 28 days, your sickness absence will be classified as long term. You may be referred to occupational health to help inform the management of your sickness absence and return to work arrangements. Your manager will keep in touch with you regularly during your absence. You should agree between you how this will be done. Your manager will agree to meet with you for Formal Wellbeing Review meetings. This may vary depending on your diagnosis and potential duration of sickness.

The trigger points that will be considered during your period of long term absence are as set out in **Table 1**. However, the following special considerations should be considered in circumstances by the line manager.

4.16.1 Special Considerations

The following will form the basis of discussions at all stages of both short term and long term absence reviews.

- The employee’s overall historical sickness record
- Any personal circumstances which may be offered as mitigation.
- Any on-going disability and reasonable adjustments in accordance with the Equality Act
- Discussion and offer of any appropriate support or assistance.

It is recognised that there may be occasions when line managers may wish to exercise judgment in the application of the trigger points and the above list of criteria be used to support decision making in exceptional circumstances. The rationale for the decision reached should be clearly documented and recorded within the personnel file. This will assist the Trust in ensuring that decisions are applied fairly and consistently to individuals at LUFHT.

Any consideration should be discussed with a representative of the Business HR team who will advise on the appropriateness of any deviation from the established trigger points to ensure consistency, fairness and that the policy is applied with compassion.

Where trigger points are extended as a reasonable adjustment, please be advised that your sick pay will not be extended as per AFC Terms and Conditions.

While there is an expectation for the policy to be applied reasonably, there is equally an onus on the Trust to act fairly and with equity to all staff. Line managers should ensure that any exceptions are fair, reasonable, and robust.

Table 1:

| Policy Stages | Trigger Points |
|---------------------------------------|---|
| | Long Term |
| Informal Confidential Advisory | <p>28 days of consecutive absence or more in a rolling 12 month period.</p> <p>Your line manager will arrange a wellbeing meeting with you and will discuss the above areas in more detail.</p> <p>Where you successfully return to work, support will continue to be offered and your attendance will continue to be monitored in line with the overall policy triggers points as set out in section 4.13.2.</p> |
| First Formal | 2 months consecutive absence in a rolling 12 month period |

| | |
|---|---|
| <p>Wellbeing Meeting</p> | <p>Your line manager will arrange a wellbeing meeting with you and will discuss the above areas in more detail.</p> <p>Where you successfully return to work, support will continue to be offered and your attendance will continue to be monitored in line with the overall policy triggers points as set out in section 4.13.2.</p> |
| <p>Second Formal Wellbeing Meeting</p> | <p>4 months consecutive absence in a rolling 12 month period</p> <p>Your line manager will arrange a wellbeing meeting with you and will discuss the above areas in more detail.</p> <p>Where you successfully return to work, support will continue to be offered and your attendance will continue to be monitored in line with the overall policy triggers points as set out in section 4.13.2.</p> |
| <p>Final Sickness Review Meeting</p> | <p>6 months consecutive absence in a rolling 12 month period Consideration will be given to termination of employment. (section 2.14.1)</p> <p>The final sickness review will explore your absence in more detail and try to ascertain if you are fit to resume to duty.</p> <p>Where you successfully return to work, support will continue to be offered and your attendance will continue to be monitored in line with the overall policy triggers points.</p> <p>Where you are unfit to resume to duty section 4.15.5 will be considered and termination of contract on the grounds of capability may be the outcome.</p> |

4.17 Wellbeing Meetings

You will have wellbeing review meetings with your manager to discuss your personal circumstances, diagnosis, treatment plans and any adjustments that might support your return to work. This could include a phased return to work, where your duties, working hours or place of work are adjusted for a temporary period to help you build back up to your normal responsibilities.

Ordinarily a phased return will last up to 4 weeks. There may be occasions when it is appropriate to extend your phased return, and you may wish to discuss further extension with the use of annual leave / time owing should you not be quite ready to return to full duties.

Sometimes it may be more appropriate for a temporary flexible working arrangement to be put in place to give you more time, especially if you know your recovery might take some time but you feel able to contribute at work. Any such temporary flexible working arrangement will be considered favourably and will not be considered against existing flexible working arrangements in place within your department for

other reasons. For further guidance please review the Trust's Flexible Working Policy.

If you, or Occupational Health, indicate at any time during your sickness absence that you are unlikely to ever be able to return to your normal role, redeployment into an alternative role or alternative duties will be considered. This would be into an existing vacancy within the organisation.

You will be provided with details of these positions and if you meet the essential criteria for the position, or could do so with reasonable training or development, you will be given preferential access to these vacancies. In these circumstances, preferential access will be alongside anyone else who is being considered for redeployment on medical grounds or where an organisational change has placed someone at risk of redundancy. Any redeployment search will end at the end of your notice period, should your employment with the Trust be terminated. If you are a member of the NHS Pension Scheme, you may also wish to discuss ill health retirement with occupational health & well-being.

4.17.1 Final Formal Wellbeing Review

Where absence continues for a period of 6 months and where there is no anticipated or planned return date in place, we will need to consider whether you are likely to return to work. A Final Sickness Review will be arranged to consider:

- Occupational Health opinion and whether you are likely to be able to return to work in the foreseeable future. This may include medical information from the GP or consultant where necessary
- Reasonable adjustments have been considered and implemented
- No alternative suitable employment has been found
- The employee is unfit to return to work in any capacity

The Formal Wellbeing Review Meeting will be convened at which termination of your employment may be considered on the grounds of ill health capability.

This can be brought forward in exceptional circumstances based on occupational health & well-being advice, for example if it becomes clear that that you will never be able to return to work, or if you specifically request for this to happen. It can also be extended where treatment programmes are ongoing and where occupational health advice indicates a positive prognosis of return to work.

If following a period of long term sickness absence, you can return to work with the support of your manager prior to the 6 months, your period of absence will be managed in line with the sickness triggers of the policy (section 4.13.3). Your line manager will schedule a Formal Wellbeing Review Meeting to review your absence, and consideration may be given to issuing you with the next Formal Wellbeing Notice from what you are currently on. This will be based on your previous sickness management history e.g., current live Formal Wellbeing Notice.

If you advise us that you are unable to return to work and conclude your contract should be terminated but do not wish to attend a meeting as this may affect your wellbeing, arrangements can be made to confirm this decision in writing without the need for you to attend a meeting. Alternatively, you could arrange for your Trade Union to attend on your behalf. You would still have the right to appeal the decision (see section 4.18 for appeal).

If the decision is dismissal, you should be advised that you are entitled to your statutory period of pay in lieu of notice, together with any pay for outstanding annual leave in line with your contract of employment.

You should also be advised of your right to appeal against this decision. The line manager should then confirm the content and decision from the meeting in writing.

Note: Provisions within the Agenda for Change Terms and Conditions of Service handbook, now allow for the Trust to consider the option to terminate employment before the employee has reached the end of the contractual paid sick absence period.

4.18 Appeals

If you are dismissed in line with this policy, you have the right to appeal against a decision to terminate your employment within 14 days from the date of the letter confirming dismissal. The appeal should be made in writing to the Deputy Chief People Officer detailing the full grounds for your appeal. Prior to the appeal meeting you will need to clearly set out your reasons and any new information or information you do not believe was fully considered at the time.

4.19 Escalation to Formal Stages

In instances where you demonstrate improved levels of sickness absence, the formal stages of the policy will expire after 12 months with the aim being that no further formal management of sickness absence is necessary.

However, there may be occasions when your attendance becomes a concern again and it may be necessary for you to 'loop back' [re-enter] Stage 1 Formal Review Meeting. This will only apply in instances where the trigger points set out in the policy are breached.

There may be occasions when it is appropriate for your absence not to 'loop back' and the above special considerations will apply to support your manager making a fair and consistent decision.

4.20 Medical Redeployment Options

4.20.1 Temporary Redeployment

If you, or occupational health, indicate at any time during your long-term sickness absence you are unable to return your substantive post, but are fit to carry out some duties which will allow you to return to work and aid your recovery, then a temporary redeployment may be considered.

A temporary redeployment may be an identified vacancy not yet filled, a post which needs cover due to sickness or maternity leave or a created post which fulfils service need in a certain area, but which will not be filled substantively. An example of the latter would be providing clerical support in a busy office for an agreed number of hours per week. A temporary redeployment may be a lower band and fewer hours than the substantive role, but the employee's contractual pay will not be affected.

A temporary redeployment does not need to be in the same department, Care Group or Division.

Any placement would need to be made with your agreement and that of the receiving manager, if different. Your fitness to carry out restricted or alternative duties should also be supported by a Fit Note from your GP.

Payment for any temporary redeployment will remain the responsibility of the employee's manager for the substantive post.

Temporary redeployments are not a long-term solution and will be for 8 weeks and subject to regular review in order to facilitate a return to the substantive post as soon as possible. If a return to the substantive post is not feasible then other options should be explored as outlined below.

A temporary redeployment may also be considered a reasonable adjustment under the Equality Act (2010) until longer term adjustments can be implemented in relation to the employee's substantive post.

4.20.2 Permanent Re-deployment

If you, or Occupational Health, indicate at any time during your sickness absence that you are unlikely to return to your normal role in the foreseeable future, redeployment into an alternative role or alternative duties will be considered. This would be into an existing vacancy within the organisation.

You will be provided with details of these positions and if you meet the essential criteria for the position, or could do so with reasonable training or development, you will be given preferential access to these vacancies. In these circumstances, preferential access will be alongside anyone else who is being considered for redeployment on medical grounds or where an organisational change has placed someone at risk of redundancy. You will be placed on the Redeployment Register for a period of 3 months.

Any redeployment search will end at the end of your notice period, should your employment with the Trust be terminated. If you are a member of the NHS Pension Scheme, you may also wish to discuss ill health retirement with occupational health & well-being. **(Further information on ill health retirement can be found in section 4.23.2)**

Prior to the end date of your notice period, you will be invited to a formal meeting. This formal meeting will be chaired by someone in the organisation who has the authority to dismiss, who will be supported by a member of the Business HR

department. You can be accompanied by a trade union representative or work colleague at that meeting. Before making this decision, consideration will be given to your length of absence, the latest occupational health advice, the impact of any treatment programme and your own thoughts about your ability to return to work.

4.20.3 Modified approach to Sickness Management

It is recognised that in some circumstances concern / review meetings / or Final Review meeting may not always be appropriate, for example in cases of long-term sickness. In these circumstances the approach may be modified where mutually agreed, for example facilitating the meeting in a suitable alternative way, or location, or discussions around mutually agreed termination or supporting with the application of Ill health retirement.

4.20.4 If you have a terminal prognosis

If your medical condition is untreatable, we will work with you at this most difficult time to understand your wishes and will provide you with information to help you make the decision that is right for you. For example, we will ensure that it is your choice as to whether you remain in employment until you die, or we help you to rapidly progress an ill health retirement application with the NHS Pension Scheme. You will be provided with all the pay and pension information you need to make that decision and will be supported by someone who has the knowledge and understanding of these circumstances. Support for line managers and colleagues who are closely involved will be offered through HR, chaplaincy & spiritual care teams or well-being services.

The Trust has joined the ***Dying to Work Charter*** to further support you during a time where you and your family face huge emotional stress, fear and possible financial concerns. The charter is about choice. It's about giving an individual options around how they want to proceed at work. In some cases, an individual will want to continue to work for as long as they can, for financial security or because work can be a helpful distraction from their illness. In other cases, a person may decide that they do not want to work anymore and would rather spend their remaining time with family and friends, getting their affairs in order, or simply doing what they want. Whatever choice a person makes they should expect help and support from their employer.

For full details please visit www.dyingtowork.co.uk

4.21 Managing work impairment associated with poor well-being or presenteeism

Presenteeism occurs when you attend work despite illness, injury, or mental health problems, often resulting in reduced productivity as you are 'too ill' to work. It's important to recognise that your well-being can sometimes impact on your ability to perform your duties at work, safely and effectively. Well-being discussions will be the bedrock to improving understanding and to agree actions that you and your manager can take to address this. If though, despite all agreed support being put in place, you struggle to perform your duties to the level required, it may be necessary and

appropriate for your performance to be managed under the Trust’s capability or performance management policy.

4.22 Sick pay

If you are absent from work due to illness you will receive sick pay in accordance with national terms and conditions of employment. Extension to contractual sick pay provisions can be considered in exceptional circumstances where:

- The Trust has failed to take reasonable steps to facilitate and support your recovery and return to work; or
- Where there is the expectation of your return to work in the short term and an extension would materially support your return and/or assist recovery

| Length of service | Sick pay |
|---|--|
| During the 1 st year of service | 1 month’s full pay and 2 months’ half pay |
| During the 2 nd year of service | 2 months’ full pay and 2 months’ half pay |
| During the 3 rd year of service | 4 months’ full play and 4 months’ half pay |
| During the 4 th & 5 th years of service | 5 months’ full pay and 5 months’ half pay |
| After completing 5 years of service | 6 months’ full pay and 6 months’ half pay |

Sick pay is calculated using your basic salary* (excluding enhancements but including high-cost area supplements and locally agreed protection) unless you were:

- Employed by the NHS under Agenda for Change terms and conditions at 30th June 2018, and have a basic salary of £18,160 or less; or
- Are absent due to injuries, diseases or other health conditions sustained or contracted in the completion of your duties of your employment which are wholly or mainly attributable to your NHS employment and where the employer has determined your eligibility for injury allowance.

Full pay is inclusive of any statutory benefits (e.g. statutory sick pay) so as not to make sick pay greater than normal working pay. The combined addition of statutory sick pay to half pay must not exceed full pay.

Should your employment come to an end, sick pay stops from your last day of employment.

** The period during which sick pay is paid and the rate of sick pay for any period of absence is calculated by deducting from the employee’s entitlement, on the first day of absence, the aggregate periods of paid sickness during the 12 months immediately preceding that day.*

4.23 Other Measures

4.23.1 Cessation of additional hours

There may be occasions when concerns regarding your sickness absence cause your manager to review the number of hours you're working above your contracted hours (including bank work). Your manager will discuss whether it is appropriate for any additional hours to continue or whether it may be appropriate to temporarily cease any additional hours or bank shifts if excessive hours are contributing to an underlying problem.

Any decision to cease additional hours will be done in discussion with you and be solely in the interest of your health and wellbeing improving. If this has been agreed, managers should not then ask employees to undertake additional hours to help with staff shortages.

There should not be an 'automatic ban' on working additional hours following a period of sickness absence, instead each case should be considered in terms of its appropriateness in relation to the absence levels and health and well-being of the employee concerned.

4.23.2 Ill Health Retirement

Within the terms of the NHS Pension Scheme, a member of staff may retire on the grounds of medical incapacity at any age after two years' pensionable service. The decision as to whether the application is accepted rests solely with the NHS Pensions Agency. Further advice on retirement on such grounds is available from the Pensions team.

4.23.3 Failure to Attend Meetings

You must attend meetings unless your health condition prevents you from doing so. It must be recognised that in cases of long-term ill health in particular, there will be occasions when you may be too unwell to attend a proposed meeting. Any such request for postponement will therefore be dealt with appropriately based on individual circumstances. If appropriate, meetings can be arranged away from the place of work or at your home with your permission.

In the event of your failure to attend a meeting without reasonable explanation, there will be an opportunity for one further re-arranged meeting to take place. The re-arranged meeting will be held in your absence and a representative (Trade Union representative or workplace colleague) can attend on your behalf and decisions will be made based on the evidence available. The re-arranged meeting will allow 10 calendar day's notice and will be confirmed in writing.

Where you make contact and confirm you are unable to attend the first arranged meeting date, a further re-arranged date can be agreed. This will allow 10 calendar days notice and will be confirmed in writing. In exceptional circumstances, notice of meetings can be extended past 10 calendar days however the meeting must be concluded within one month of the first arranged date. If you fail to attend the agreed re-arranged meeting, this will proceed in your absence and a decision will be made

based on the evidence available. Failure to attend a re-arranged meeting (second attempt) can also lead to the Trust's Disciplinary policy being invoked due to failure to comply with Trust requirements.

4.23.4 Medical Suspension

Medical suspensions are rare and would only normally be considered in the following circumstances:

- If an employee's health and safety is put at risk e.g., if they become seriously allergic to a chemical at work or a newly expectant mum working in a lab that uses radiation
- If it is believed they are a risk to themselves or others because of ill health
- In line with Suspension from Work (on Maternity Grounds) Order 1994

If a decision is reached that medical suspension is appropriate action, a formal wellbeing meeting should be arranged with the employee to confirm the details.

4.24 Miscellaneous Provisions

4.24.1 Sickness and Annual Leave or Bank Holidays:

Where sickness occurs during annual leave, so long as there has been compliance with the requirements for notifying and certificating sickness and where a medical certificate is provided, this will be treated as sick leave and any hours will be reinstated to your entitlement accordingly. You will not be entitled to an additional day off if sick on a Bank Holiday that you would otherwise have been required to work as part of your basic week.

If you wish to go away on holiday whilst on sick leave you must advise your manager of this in advance. You must also ensure that your activities are not prejudicial to your recovery.

In accordance with current legal requirements, if you are on sick leave and have taken less than 4 weeks Statutory annual leave entitlement (i.e. 20 days or pro rata 4 weeks equivalent for part timers) and who had been unable or 'unwilling' to take this, is entitled to the balance when you return to work even if this means it needs to be taken in the next leave year. Any annual leave already taken within the current leave year should be deducted from this amount.

4.24.2 Fraud, Bribery and Corruption

The Trust aspires to the highest standards of corporate and personal conduct. The Trust does not tolerate acts of fraud, bribery or corruption committed against it or in the wider NHS. Such offences divert much needed monies away from NHS patient care. Mersey Internal Audit Agency (MIAA) delivers the Trust's Anti-Fraud Service and has the remit to undertake criminal investigations on behalf of the Trust as appropriate.

Under the Fraud Act 2006, fraud is the dishonest intention of someone to make a gain for themselves or another, or to cause loss to another (or expose them to a risk of a loss) through false representation, failing to disclose information, or abuse of position.

Conviction in the Crown Court of any offence under this Act may result in a prison sentence of up to 10 years and/or an unlimited fine. Additional potential sanctions for offenders may include disciplinary action, referral to a relevant professional body and/or civil action.

The Trust is committed to raising staff awareness of fraud, bribery and corruption risks. There are a number of associated areas of risk relating to sickness, including but not limited to:

- Working whilst off sick
- Sickness leave abuse
- Forged and/or counterfeit fit notes

Whilst on sickness leave, you will generally be regarded as unfit to undertake any work and you must not undertake (in any capacity) paid/unpaid/voluntary work, unless the Occupational Health Service has advised that to do so would be therapeutically beneficial to recovery and this has been accepted by the line manager.

If you are considered to be potentially fraudulently claiming sickness benefits from the Trust, the matter will be referred to MIAA for criminal investigation which may subsequently lead to criminal, disciplinary and/or civil sanctions being applied.

All suspicions of fraud, bribery or corruption should be reported to the Trust's Anti-Fraud Specialist, Phillip Leong, on 07721 237352 or by email to phillip.leong@miaa.nhs.uk / phillip.leong@nhs.net, or via the national Fraud and Corruption Reporting Line on 0800 028 40 60 or online reporting form <https://cfa.nhs.uk/reportfraud>.

4.24.3 Grievance

Any dissatisfaction arising from the implementation of this policy should be raised with the line manager in the first instance. In the event of a failure to agree you may pursue the matter through the Trust's Grievance Policy.

5. Exceptions

No Exceptions

6. Training

Well-being and sickness absent management training can be provided by the Trust Business HR team.

7. Monitoring of compliance

| Minimum requirement to be monitored | Process for monitoring e.g. audit | Responsible individual/group/committee | Frequency of monitoring | Responsible individual/group/committee for review of results | Responsible individual/group/committee for development of action plan | Responsible individual/group/committee for monitoring of action plan and Implementation |
|-------------------------------------|-----------------------------------|--|-------------------------|--|---|---|
| a. duties | Monitoring and results of audits | Business HR | Quarterly | Risk Management Sub Committee | Business HR | Risk Management Sub Committee |

| | | | | | | |
|--|--------------------------|-------------|-----------|-------------------------------|-------------|-------------------------------|
| b. process for maintaining contact with absent employees | Random Sample Monitoring | Business HR | Quarterly | HR Sickness Absence Managers | Business HR | HR Sickness Absence Managers |
| c. planning and facilitating return to work plans | Random Sample Monitoring | Business HR | Quarterly | HR Sickness Absence Managers | Business HR | HR Sickness Absence Managers |
| d. planning and undertaking control or adjustments | Random Sample Monitoring | Business HR | Quarterly | HR Sickness Absence Managers | Business HR | HR Sickness Absence Managers |
| e. process for analysing sickness absence data | Audit See summary below | Business HR | Quarterly | Risk Management Sub Committee | Business HR | Risk Management Sub Committee |
| f. arrangements for the organisational overview of sickness absence data | Audit See Summary below | Business HR | Quarterly | Risk Management Sub Committee | Business HR | Risk Management Sub Committee |

8. Relevant regulations, standards and references

- Equality and Diversity in Employment Policy
- Flexible Working Policy
- Special Leave Policy
- Capability Policy
- Disciplinary Policy
- Reasonable Adjustments Policy
- Stress Management Policy
- Domestic Abuse Policy
- Wellbeing at Work Action Plan

9. Equality, diversity and human right statement

The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This SOP should be implemented with due regard to this commitment.

10. Legal requirements

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).

11. Appendices

Appendix 1: Equality impact assessment

| | |
|---|--|
| Title | |
| Strategy/Policy/Standard Operating Procedure | |
| Service change (Inc. organisational change/QEP/ Business case/project) | |
| Completed by | |
| Date Completed | |

Description *(provide a short overview of the principle aims/objectives of what is being proposed/changed/introduced and the impact of this to the organisation)*

Who will be affected *(Staff, patients, visitors, wider community including numbers?)*

The Equality Analysis template should be completed in the following circumstances:

- **Considering developing a new policy, strategy, function/service or project(Inc. organisational change/Business case/ QEP Scheme);**
- **Reviewing or changing an existing policy, strategy, function/service or project (Inc. organisational change/Business case/ QEP Scheme):**
 - If no or minor changes are made to any of the above and an EIA has already been completed then a further EIA is not required and the EIA review date should be set at the date for the next policy review;
 - If no or minor changes are made to any of the above and an EIA has NOT previously been completed then a new EIA is required;
 - Where significant changes have been made that do affect the implementation or process then a new EIA is required.

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations.

Section 1 should be completed to analyse whether any aspect of your paper/policy has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed below.

When considering any potential impact you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, staff

numbers and demographics, local consultations or direct engagement activity. You should also consult available published research to support your analysis.

Section 1 – Initial analysis

| Equality Group | Any potential impact? Positive, negative or neutral | Evidence <i>(For any positive or negative impact please provide a short commentary on how you have reached this conclusion)</i> |
|---|--|---|
| Age <i>(Consider any benefits or opportunities to advance equality as well as barriers across age ranges. This can include safeguarding consent, care of the elderly and child welfare)</i> | | |
| Disability <i>(Consider any benefits or opportunities to advance equality as well as impact on attitudinal, physical and social barriers)</i> | | |
| Gender Reassignment <i>(Consider any benefits or opportunities to advance equality as well as any impact on transgender or transsexual people. This can include issues relating to privacy of data)</i> | | |
| Marriage & Civil Partnership <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on same sex couples)</i> | | |
| Pregnancy & Maternity <i>(Consider any benefits or opportunities to advance equality as well as impact on working arrangements, part time or flexible working)</i> | | |
| Race <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on ethnic groups including language)</i> | | |
| Religion or belief <i>(Consider any benefits or opportunities to advance equality as well as any barriers effecting people of different religions, belief or no belief)</i> | | |

| | | |
|--|--|--|
| <p>Sex <i>(Consider any benefits or opportunities to advance equality as well as any barriers relating to men and women eg: same sex accommodation)</i></p> | | |
| <p>Sexual Orientation <i>(Consider any benefits or opportunities to advance equality as well as barriers affecting heterosexual people as well as Lesbian, Gay or Bisexual)</i></p> | | |

If you have identified any **positive** or **neutral** impact then no further action is required, you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address.

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/Project Initiation Documents/Business case/policy document detailing what the negative impact is and what changes have been or can be made.

If you have identified any negative impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.

Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

| | |
|--|------------|
| <p>Is what you are proposing subject to the requirements of the Code of Practice on Consultation?</p> | <p>Y/N</p> |
| <p>Is what you are proposing subject to the requirements of the Trust’s Workforce Change Policy?</p> | <p>Y/N</p> |
| <p>Who and how have you engaged to gather evidence to complete your full analysis? (List)</p> | |
| <p>What are the main outcomes of your engagement activity?</p> | |
| <p>What is your overall analysis</p> | |

based on your engagement activity?

Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table; all actions should be added to the Risk Register for monitoring.

| Action required | Lead name | Target date for completion | How will you measure outcomes |
|-----------------|-----------|----------------------------|-------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Following completion of the full analysis you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

Section 4 – Organisation Sign Off

| Name and Designation | Signature | Date |
|---|-----------|------|
| Individual who reviewed the Analysis | | |
| Chair of Board/Group approving/rejecting proposal | | |
| Individual recording EA on central record | | |

Appendix 2: Roles and responsibilities

| Role | Responsibility |
|----------------------------|--|
| <p>Employee</p> | <p>You have a responsibility to:</p> <ul style="list-style-type: none"> • Give a regular and effective service to the Trust. • Report any absence from work to the appropriate person at the earliest opportunity and maintain regular contact • Provide appropriate medical certificates in accordance with this policy. Failure to do so may result in the termination of pay and disciplinary action being taken in line with the Disciplinary Policy • Respond to regular and appropriate contact from your line manager during any period of absence. • Attend formal meetings and Occupational Health appointments at a mutually agreeable time, unless your illness prevents you from doing so. Continued non-attendance without a valid explanation for Occupational Health appointments may result in formal action being taken. • By mutual agreement, return temporarily to other suitable duties. • Co-operate with your line managers in the management of their absence. • Seek advice from Staff Counselling if you have been referred for stress related absence |
| <p>Line Manager</p> | <p>Managers are responsible for:</p> <ul style="list-style-type: none"> • A commitment to the provision of good working conditions within their workplace area. • Maintaining health and safety standards ensuring appropriate risk assessments are undertaken by qualified staff • Ensuring all staff within their remit are treated fairly, sympathetically and consistently • Ensuring that each member of staff understands the Wellbeing and Sickness Policy, the local notification procedure within their own work area, and that it is the responsibility of the line manager to monitor all absences. • Monitoring and reviewing the attendance levels of staff and analysing reasons for sickness. • Establish the reasons behind individual and overall levels and patterns of sickness absence in their work area to enable sickness absence to be kept to a minimum. • Records of sickness absence, which will be kept by the line manager to enable the identification of |

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| | <p>individual absence patterns at an early stage. Records must include dates of absence and reasons for absence.</p> <ul style="list-style-type: none"> • Maintaining appropriate regular contact with the employee during any period of absence. • Managing an employee's return to work, including the consideration of a return temporarily to other suitable duties by mutual agreement. • Conducting informal return to work interviews with employees, ideally on the first day back at work after every period of absence. • Making only appropriate and considered referrals to Occupational Health • Confidentiality in the holding of medical information. • The specific duty to inform the Health and Safety Department when an accident or incident at work results in an employee being off sick for more than 3 days, so that the Health & Safety Executive can be notified as required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). • Records must be maintained in a secure location. • Advise employee about the Staff Counselling service if sickness absence is stress related • Complete an incident form |
| <p>Staff Support / Occupational Health</p> | <p>The Staff Support Service may:</p> <ul style="list-style-type: none"> • Be approached directly by an individual employee, or may be recommended indirectly, i.e. through an Occupational Health referral, for an employee seeking confidential counselling on a work related health or other personal issue. <p>The Occupational Health Service will:</p> <ul style="list-style-type: none"> • Provide line managers with timely and comprehensive medical advice in order to assist them in making decisions during employee absence and regarding continuing employment. • Provide the line manager with a report on an individual's fitness to perform the duties of their post. • Occupational Health practitioners will provide employees with a confidential service with access to support and advice. • If there is a conflict of opinion between the occupational health physician and employees GP, independent external advice will be sought. |

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| <p>Human Resources</p> | <p>The Business Human Resources team have the responsibility to:</p> <ul style="list-style-type: none"> • Monitor the implementation of the policy in partnership with Staff Side • Ensure procedures are managed fairly across the Trust. • Provide training, guidance and support to Line managers on the operation of this policy. <p>The Business Human Resources Team will provide support to line managers at any stage of the formal procedure. Please note Business HR must be consulted before steps are taken to terminate employment.</p> |
| <p>Trust</p> | <p>The Trust is responsible for:</p> <ul style="list-style-type: none"> • Ensuring that the appropriate policies and procedures are in place and that line managers are supported in implementing them. • Ensuring that conditions at work exist to promote the good health and well-being of the workforce and to enable employees to provide regular and effective attendance at work. • Implementing a wide ranging and compulsory training programme for those responsible for managing sickness. • Putting systems in place that preserve, enhance and improve the health of staff. • Putting systems in place that monitor the effectiveness of the policy. • Undertaking regular analysis of sickness absence levels across all areas of the Trust to identify and report on trends with detailed review of hot spot areas • Development of Action Plans to tackle hot spot areas based upon analysis of data and costs • Development of Health at Work strategies that make the connections between the management of Occupational Health, sickness absence, counselling and support services and stress management |

Appendices 3 – 20

All appendices are available on the Staff Hub

| Appendix Number | Title |
|-----------------|---|
| 3 | Guidance for Managers |
| 4 | Supporting Your Wellbeing Trust Services |
| 5 | Record of Notification of Sickness |
| 6a | Self-Certification |
| 6b | Return to Work and Wellbeing Discussion |
| 7 | Informal Confidential Advisory |
| 8 | Sickness Review Meeting Record |
| 9 | Injury at Work Guidance and Application Form |
| 10 | Sickness Absence Action Plan |
| 11 | Wellbeing at Work Action Plan |
| 12a-c – 13a-d | Invite to Short Term / Long Term Formal Meetings |
| 14 - 19 | Outcome Letters |
| 20 | Table for calculation of 10 working days pro rata trigger point |