Absence Management (Sickness) Policy

Equality Impact
Great Western Hospitals NHS Foundation Trust strives to ensure equality of opportunity for all service users, local people and the workforce. As an employer and a provider of health care, the Trust aims to ensure that none are placed at a disadvantage as a result of its policies and procedures. This document has therefore been equality impact assessed in line with current legislation to ensure fairness and consistency for all those covered by it regardless of their individuality. This means all our services are accessible, appropriate and sensitive to the needs of the individual.

Special Cases
This policy applies to all employees of the Trust, including doctors and dentists, whether on a substantive, honorary, fixed term, bank or volunteer contract. This policy does not form part of an employee’s contract of employment. NOTE: The requirements of a doctor or dentist are no different to any other employee and short term absence will be managed under this policy. However, if dealing with long term absence we are required to follow the Trust’s “Maintaining Professional Standards and Performance for Medical and Dental staff (Ref 2)”.

Our Values
Service Teamwork Ambition Respect
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1 Document Definition

1.1 Introduction

Great Western Hospitals NHS Foundation Trust (the Trust) is committed to encouraging employees to maintain their health and well-being by supporting them to attend work. However, the Trust recognises that on occasion employees may not be able to attend work due to ill health and this is unavoidable.

This policy is intended as a guidance framework for what the Trust considers to be a reasonable level of attendance at work, and to outline the procedure if an employee's attendance at work falls below this level.

A manager is entitled to make a decision on the outcome of a hearing based on their reasonable belief and the balance of probability; there is no requirement for absolute proof as is required in a court of law. Any breach of this policy that may be considered fraudulent will be reported to the Local Counter Fraud Specialist for investigation, and may result in criminal and/or disciplinary proceedings being commenced under the Trust Conduct Management Policy (Ref 1).
2 Instant Information – Flow Chart

Short term absence

**Return to work meeting**
Conducted by the employee’s line manager after each episode of absence. The manager will take notes during the meeting and both parties’ sign date and agree the content. The employee should be informed if they are on a trigger.

**Amber Trigger**
During the return to work meeting informal actions may be agreed to improve the employee’s attendance. Action at this stage may include setting an informal attendance target for a reasonable period of time, which would usually be 3 months. It may be appropriate to refer the employee to Occupational Health.

**Formal Absence Meeting**
On completion of the summary report a formal meeting will be arranged, present will be the employee, union or employee companion (if the employee chooses to be accompanied), line manager and a HR representative. During the meeting the information provided in the summary report will be discussed and the employee will have an opportunity to put forward their point of view. The potential outcomes of a formal absence meeting are an informal action plan, or a first written warning (in the first instance), final written warning or dismissal.

**Red Trigger**
If informal action has failed to improve the employee’s attendance, the manager will compile an absence summary report which will include any relevant documentation in relation to the employee’s absence within the last 12 months. It may be appropriate to refer the employee to Occupational Health.

Long Term Sickness

**Informal Meeting or Case Conference**
Following receipt of the OH report and usually within 4-6 weeks of the employee’s absence an informal meeting or a case conference will be arranged. These meetings are to discuss how the employee is feeling, get an update on investigations/appointments, and find out what support required for return to work.

**Stage One Absence Review Meeting**
Following an informal meeting/case conference if there is no return to work date within 4-6 weeks and it is reasonable to do so, a summary report will be collated and a stage one absence review meeting will be organised. Present at the meeting is the employee, companion/union, line manager and a HR representative may attend. Points for consideration at the meeting are; redeployment, reduction in hours, reasonable adjustments, non-clinical working, alteration of duties, ill health retirement.

**Stage Two Absence Review Meeting**
4-6 weeks after a stage one review meeting, if there is no return to work or likely return to work date in the foreseeable future a stage two review meeting will be arranged. The discussion points during this meeting are very similar to a stage one meeting. Present at the meeting is the employee, companion/union, line manager and a HR representative

**Stage Three Absence Review Meeting**
4-6 weeks after a stage two review meeting, if there is no return to work or likely return to work date in the foreseeable future a stage three meeting is arranged. During the meeting points for discussion include; redeployment, reduction in hours, reasonable adjustments, alteration of shifts, non-clinical work, ill health retirement. Should there be no likely return to work date in the foreseeable future; the potential outcome of this meeting could be dismissal on the grounds of ill health. Present at the meeting is the employee, companion/union, manager and a HR representative.
3  STAR Values and Attendance

The Trust values provide a foundation upon which it operates; the way, in which its employees act, the way in which its employees speak and the way in which its employees treat their patients and their colleagues. These STAR values underpin the Absence Management (Sickness) Policy, and represent the way in which the procedure is used in practise. The table below outlines how each of the STAR values relate to this policy:

| Service – We will put our customers first | • To take personal responsibility for the service we provide and our own health and wellbeing  
• To make patient care and safety our priority  
• To strive to provide the best service for patients and colleagues by being available for work  
• To encourage others to provide the best service  
• To take pride in our work |
| --- | --- |
| Teamwork - We will work together | • To have an awareness of the impact sickness absence has on colleagues and other teams  
• To ensure we are reliable  
• For management to be supportive of health and wellbeing  
• For managers to apply the Absence Management (Sickness) Policy and for all employees to ensure they are familiar with the policy |
| Ambition – We will aspire to provide the best service | • To act as a good role model  
• To have a positive attitude  
• To demonstrate professionalism  
• Encourage others |
| Respect – We will act with integrity | • To be open and honest whilst maintaining confidentiality  
• To be an advocate for the Trust  
• To demonstrate compassion and empathy  
• To treat others with dignity and respect |

4  Document Details

4.1  Introduction and Purpose of the Document

The Absence Management (Sickness) Policy applies to both short term and long term absence where an employee is unfit for work due to ill health.

The definitions of sickness absence detailed below are to provide a guidance framework for managing absence. The Trust will manage an employee’s overall absence under the most appropriate process to ensure satisfactory levels of attendance, and where there is an evident pattern of intermittent long term absence this may be managed under the short term absence process. The Trusts Attendance Tool kit provides additional information on this policy (Ref 3).
4.2 Glossary/Definitions

The following terms and acronyms are used within the document:

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence Summary Report</td>
<td>A document that reports the facts of the absence case, allegation for example the employee is on a red trigger with 4 occasions, the dates of absence including any completed RTW forms and OH referrals / reports</td>
</tr>
<tr>
<td>Formal absence meeting</td>
<td>A formal meeting that is recorded where the employee is invited by a formal meeting manager to discuss their trigger points and occasions/reasons of absence, to present their mitigation, discuss reasons for their absence and review the evidence in the summary report. At the meeting Human Resources may attend and the employee has the right to representation. At the end of the meeting a decision will be made and the employee informed of the outcome.</td>
</tr>
<tr>
<td>Long term sickness</td>
<td>A prolonged period of absence due to ill health where the likelihood of a return to work within the foreseeable future is unlikely or unknown.</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
</tr>
<tr>
<td>OH</td>
<td>Occupational Health</td>
</tr>
<tr>
<td>Reasonable adjustments</td>
<td>Are adjustments to an employee’s duties that will support and enable the employee to improve and sustain their attendance at work whilst supporting the employees’ health and well-being. Reasonable adjustments are a temporary measure that should also meet the needs of the service. Reasonable adjustments are temporary and will normally be reviewed a maximum of every three months.</td>
</tr>
<tr>
<td>Return to Work Meeting (RTW)</td>
<td>A return to work meeting should be conducted by the employee’s line manager after each episode of absence to welcome them back to work, review of the employees completed self-certificate, ensure they are safe to work and to discuss any changes within the department. This meeting should take place on the employees first day back at work or as soon as practically possible</td>
</tr>
<tr>
<td>Short term sickness</td>
<td>Certified or uncertified intermittent periods of absence due to ill health. (Persistent short term absence due to an underlying medical condition will be managed under the short term procedure)</td>
</tr>
</tbody>
</table>

5 Main Policy Content Details

5.1 Reporting Sickness Absence & Pay

All employees who cannot attend work due to ill health have a responsibility to;

- Inform their line manager (or nominated deputy) of the reasons for their absence in person by telephone as soon as possible, or at least one hour before their expected start time ensuring reasonable notice is given so cover can be arranged where required.
- Keep in regular contact with their line manager or agreed person in charge, daily for the first seven days and then weekly.
- Provide medical certificates for absences longer than seven calendar days, or self-certification forms for absence up to seven calendar days in a timely manner. All medical certificates must consecutively cover any period of absence.
- Keep their manager up to date with any new information about their health, treatment, progress towards recovery and timescales for returning to work.
- Whilst off sick, not work within the Trust or externally within your contracted working hours. Any breach of this may be considered fraudulent and will be reported to the Local Counter Fraud Specialist for investigation.
- Contact their manager as soon as they become fit for work even if it is on a day that they do not usually work. This is to ensure that the correct length of sickness absence is recorded and managers are aware who they can contact to attend work in the event of a major incident.
• Take a proactive approach to their health and well-being, engaging with support services available through Occupational Health or externally as appropriate.

Failure to adhere to the correct reporting procedure could result in absence from work being classed as unauthorised, which may affect an employee’s entitlement to occupational sick pay. Serious or persistent failure to report absence correctly may result in disciplinary action being taken under the Trust’s Conduct Management Policy.

6 Short Term Absence Procedure

6.1 Absence Trigger Points

The Trust uses trigger points to set an expectation for employee’s attendance at work, and as a prompt for discussion and/or action at each level. It is the employee’s decision to consider if they are fit to be at work, taking into account appropriate advice and support. The purpose of this policy is not to question whether an employee’s sickness is genuine; it is to manage the impact sickness has on the delivery of the service.

Absence triggers are based on an individual’s cumulative sickness absence over a rolling 12-month period and are defined as follows:

• **AMBER** - three sickness episodes or six+ days absent in a rolling 12-month period
• **RED** – four sickness episodes or 12+ days absent in a rolling 12-month period

Absences relating to pregnancy, maternity, paternity, parental, adoption leave, carer/compassionate issues, authorised annual leave, time off in lieu, medical appointments, other authorised paid or unpaid leave e.g. jury service, career break are excluded from trigger point calculations.

Where a ward is closed due to Noro Virus and staff are absent as a direct result, staff must consult with Occupational Health and provide samples.

Annual leave should not be taken or used when an employee has a period of sickness absence.

When an employee is unable to complete a full shift due to illness, this will be recorded locally and be included for review in absence trigger points.

The Trust may allow some flexibility in the application of the above trigger points as a reasonable adjustment where it is known that an employee has a disability for the purposes of the Equality Act 2010 (Ref 4). In these circumstances Occupational Health guidance should be sought on what a reasonable level of attendance would be taking into account the employee’s job role and underlying medical condition.

7 Informal Short Term Absence Management

7.1 Return to Work Meeting

It is the responsibility of the employee and the line manager to ensure that return to work meetings take place. A return to work meeting should be conducted by the employee’s line manager after each episode of absence to welcome them back to work, review of the employees completed self-certificate, ensure they are safe to work and to discuss any changes within the department. This meeting should take place on the employee’s first day back at work or as soon as practically possible. The manager will take notes of the return to work meeting.

7.2 Amber Trigger Management

If an employee reaches an amber trigger, at the return to work meeting informal actions may be agreed to try and improve the employee’s attendance at work. Action at this stage may include setting
an informal attendance target for a reasonable period of time, to encourage the employee to maintain their attendance and raise their awareness of how they can reduce their triggers.

It is important that managers and teams are discussing any concerns early where necessary so that any issues that may be impacting on an employee’s ability to provide acceptable attendance at work are not left unresolved.

8 Formal Short Term Absence Management

8.1 Red Trigger Management - Investigation

If, following a period of absence an employee has reached a red trigger, they should be notified of this at their return to work meeting.

Following this, if the employee’s absence is a cause for concern and informal action has failed to improve their attendance, the manager will compile an absence summary report which will include any relevant documentation in relation to the employee’s absence over the last 12 months.

If appropriate the manager may make a referral to Occupational Health to form part of the absence summary report, and this should be done promptly. If an employee fails to attend an appointment that has been made for them without reasonable grounds the absence summary report will be completed based on the information available.

8.2 Formal Absence Meeting

On completion of the absence summary report and where it would be reasonable, the employee may be invited to attend a Formal Absence Meeting. At least five calendar days’ notice will be given to the employee to attend.

A written invitation will be sent to the employee and they will be provided with a copy of the absence summary report prior to the meeting.

The meeting should be held without unreasonable delay, whilst allowing the employee reasonable time to prepare for the meeting. Therefore with agreement the employee may be asked to attend a formal absence meeting outside of working hours. A discussion will be held between the line manager and employee on how this will be compensated e.g. paid or TOIL.

During the meeting the information contained within the absence summary report should be discussed, and the employee given the opportunity to put forward their point of view. A review of any previous informal or formal action included in the summary report should take place, as well as any further support that the employee feels is required to support them to improve their attendance.

At a formal meeting there will always be an adjournment for the manager to consider all the evidence and information discussed to consider whether issuing a sanction is appropriate. There may be a need to reconvene on a different day but this will only be in exceptional circumstances.

An outcome confirmation letter will be sent to the employee following a Formal Absence Meeting and this would normally be received within seven calendar days of the meeting. The letter may also include any agreed actions and timescales to improve the employee’s attendance at work.

If a potential outcome of a formal meeting is dismissal, our practice is to appoint a meeting manager from a different Division.

8.3 Recording of a Formal Absence Meeting

The HR department will provide a recording device for all formal meetings to ensure an accurate record of the meeting is held. The employee will be informed at the start of the meeting that the meeting will be recorded and if they are happy to continue, they will also be advised that on request
they can ask for a copy of the recording on a CD. Meeting notes will only be transcribed in
exceptional circumstances and if required. Please read the Procedure for the Recording of HR
Meetings (Ref 5) which is available on the Trust Intranet – Conduct Toolkit.

9 Possible Outcomes from a Formal Absence Meeting

9.1 Next Steps Informal Action Plan
Where it would be unreasonable for a formal sanction to be issued based on the information
available, an informal action plan may be agreed or recommended to support the employee in
ensuring they achieve the expected level of attendance.

9.2 First Written Warning (Short Term Absence)
If following the formal meeting it is believed that the attendance does not meet acceptable standards
the employee will be given a first written warning. This warning will usually expire after six months
unless there is a further occurrence of absence or otherwise stated.

9.3 Final Written Warning (Short Term Absence)
If there is a further occurrence of absence following a first written warning, a final written warning will
be given to the employee. This warning will usually expire after twelve months unless there is a
further occurrence of absence or otherwise stated.

9.4 Further Action
During a formal process, further action may include a short term review of additional working
commitments. This could include secondary employment, overtime and bank work that could be
impacting the employee’s ability to support their own well-being and their capability to maintain their
attendance in their substantive post.

9.5 Dismissal
Dismissal on grounds of ill-health (Capability) or Some Other Substantial Reason (SOSR), dismissal
for either of these reasons will be with notice, or pay in lieu of notice where appropriate.

The employee will be provided with the appropriate notice in writing with the reasons for dismissal and
the date on which their employment will terminate. The employee will also be notified of their right of
appeal.

10 Long Term Absence Procedure
The Trust recognises that from time to time employees ill health may prevent them from attending
work for a prolonged period of time. The Trust is committed to supporting employees in these
situations, taking into account the affect ill health has on an employee's personal circumstances
balancing these with the needs of the service.

When dealing with long term absence the Trust will treat employees with dignity and compassion
ensuring all appropriate options are considered to support individuals back to work.

10.1 Maintaining Contact
When an employee is absent from work long term, the line manager will contact them on a regular
basis (advised minimum is every seven days) and the employee also has a responsibility to maintain
regular contact with their manager. The most appropriate method of contact will be agreed. This
approach is to ensure the employee is supported during the period of absence, is kept up to date with
any relevant changes within the Trust and the manager is aware of the expected length of absence
where known.
10.2 Occupational Health

Managers should refer employees to Occupational Health promptly to ensure early support is facilitated.

Employees on long term sickness absence have a duty to take all reasonable steps to engage with this process and are strongly encouraged to attend Occupational Health appointments as required. If an employee does not wish to be referred or fails to attend a scheduled appointment with Occupational Health on more than two occasions, the line manager will work through the stages of this policy with the information they have available to them.

10.3 Fitness to Attend Meetings

If an employee is absent from work they will still be required to attend meetings when requested to do so. Where appropriate a manager may make a referral to Occupational Health to establish whether an individual is fit to attend work place meetings. If an employee is unable to attend workplace meetings on the advice of Occupational Health or their GP, the Trust will request an indication of how long this is likely to be for. If an employee is unable to attend meetings in the workplace for an unsustainable length of time, the long term absence procedure will continue on the information available and the employee will be advised of this. Where appropriate employees will be given the opportunity to provide a written statement if they are not fit to attend a meeting to ensure their views are fully considered in any decisions made regarding their absence.

10.4 Annual Leave

For clarity surrounding annual leave when an employee is unable to take their entitlement due to a period of long term sickness, please refer to the Leave Policy (Ref 6)

11 Informal Long Term Absence Management

11.1 Informal Meeting

Following receipt of the Occupational Health report, and usually within the first 4-6 weeks of the employee’s absence, the employee will be invited to attend an informal meeting. This meeting will be with their line manager.

The meeting will normally be held at the employees usual place of work, but may be held at the employees home or other agreed location if appropriate. Depending on the circumstances this informal meeting may take the form of a case conference. Attendance at a case conference will include Occupational Health, the employee will be given the opportunity to bring a companion and HR may attend if required.

The purpose of this meeting is for the employee to discuss how they are feeling, what support they may require from the Trust and whether they are able to give an indication of a date they may be fit to return to work. It is also an opportunity for the employee to provide an update on their current state of health including any further medical evidence, treatment plan and prognosis for recovery in the short and long term.

If a likely return to work date is able to be established, a phased return plan may be discussed and agreed with the employee to support them back to work. This plan will include any advice from Occupational Health in relation to reasonable adjustments the Trust may be required to consider supporting the employee in returning to work.

If a likely return to work date within a reasonable period is unknown taking into account all the relevant information, the formal stages of this process will be implemented.
12  Formal Long Term Absence Management

12.1  Stage One Absence Review Meeting

If informal action has failed to support the employee back to work, or a likely return to work date in the foreseeable future is unknown, their line manager will compile an absence summary report. This will include any relevant documentation relating to the employee’s absence from work including all available medical evidence and a further referral to Occupational Health will usually be required. This will usually be within four to six weeks of the Informal Counselling Meeting taking place, where it is appropriate and reasonable to do so.

On completion of the absence summary report, the employee’s line manager will invite them to attend a formal Stage One Meeting. At least five calendar days’ notice of this meeting will be given in writing and a copy of the absence summary report will be provided prior to the meeting.

Employees who are a member of a union have the right to be accompanied at this meeting by a trade union representative or an official employed by a trade union and certified as being competent to accompany a worker. Alternatively employees have the right to be accompanied by a workplace companion and HR may attend.

The employee or their companion should be given the opportunity to present their view, as well as any suggestions for support they feel may be beneficial in facilitating a return to work. The meeting should also include a discussion as to whether a likely return to work date can be established.

Consideration at this stage may also be given to the following adjustments on either a permanent or temporary basis in order to support the employee in returning to work;

- Redeployment on the grounds of ill health to suitable alternative employment
- Reduction in hours of work
- Reasonable adaptations to the working environment
- Alteration of shift patterns
- Non clinical work (where appropriate)
- Alteration of duties within the role
- An application for Ill health retirement

Following the meeting the employee will be sent a letter summarising the discussion, confirming any agreed actions, timescales and clarifying next steps.

12.2  Stage Two Absence Review Meeting

If a likely return to work date is unable to be established, or where Occupational Health advice is clear in that the employee is unlikely to be able to return to work within the foreseeable future the employee will be invited to attend a Stage Two Meeting. This is usually within four to six weeks of the Stage One Meeting where it is appropriate and reasonable to do so.

Prior to this meeting the employee’s line manager will update the absence summary report from the Stage One Meeting with any relevant documentation. A further referral to Occupational Health will usually be required for a review of the employee’s on-going absence from work.

On completion of the absence summary report the employee will be invited to attend a Stage Two Meeting. At least five calendar days’ notice of this meeting will be given in writing and a copy of the absence summary report will be provided prior to this.

Employees who are a member of a union have the right to be accompanied at this meeting by a trade union representative or an official employed by a trade union and certified as being competent to
accompany a worker. Alternatively employees have the right to be accompanied by a workplace companion. HR will be attendance at this meeting.

Consideration should also be given at the meeting by both parties to any reasonable adjustments (outlined in section 11.1 as above) which may facilitate the employee returning to work. Employees are expected to engage with any reasonable course of action that may be proposed.

Following the meeting the employee will be sent a letter summarising the discussion, confirming any agreed actions, timescales and clarifying next steps. The employee will be advised at this stage that if a likely return to work date is not able to be provided within the foreseeable future, the outcome of the next formal meeting may be their dismissal on the grounds of ill health incapability.

12.3 Stage Three Absence Review Meeting

If, following the Stage Two Meeting the employee has not returned to work they will be invited to a Stage Three Meeting where a potential outcome is dismissal on the grounds of ill health.

Employees who are a member of a union have the right to be accompanied at this meeting by a trade union representative or an official employed by a trade union and certified as being competent to accompany a worker. Alternatively employees have the right to be accompanied by a workplace companion. HR will be attendance at this meeting.

Before deciding to dismiss an employee on the grounds of ill health the manager will consider whether, despite all reasonable adjustments being made, the employee is likely or able to return to work within the foreseeable future.

If on the balance of probabilities the employee is unlikely or unable to return to work within the foreseeable future, and taking all other relevant information into account, they will be dismissed with notice, on the grounds of ill health incapability.

13 The Right to Appeal

- An employee has the right to appeal against any formal sanction taken at all stages of this policy. Appeals should be made in writing to the HR representative who attended the meeting, no later than seven calendar days from receipt of the letter confirming the outcome of the meeting.
- Any appeal must explain the grounds for doing so, which must be either that the employee felt the decision was unreasonable, the manager did not take account of all the evidence or the employee has further evidence which may affect the outcome.
- An appropriate manager will be appointed to hear the appeal and the employee will be invited to attend an appeal meeting without unreasonable delay, usually within 14 calendar days of receipt of the appeal letter. The appeal meeting is a formal meeting and employees have the right to be accompanied.
- The appeal manager may request the original manager to attend the appeal hearing as a witness to ensure rationale of the original decision is clear.
- The employee should be informed of the decision in writing and the decision of the appeal meeting will be final.

14 The Right to be Accompanied

- Employees have the right to be accompanied at meetings under the formal stages of this Policy.
- Employees who are a member of a union can be accompanied by a trade union representative or an official employed by a trade union and certified as being competent to accompany a worker. Alternatively employees have the right to be accompanied by a workplace companion. There is no right to be accompanied by a solicitor or legal representative.
In exceptional circumstances, and where it would be reasonable to do so a family member may be permitted to attend a formal meeting. In such cases, prior advice may be sought from Occupational Health and agreement from the line manager and Human Resources representative.

An employee can request to reschedule an informal or formal meeting once for up to seven calendar days from the original date of the meeting to allow more time for preparation and/or due to the availability of their companion.

If the employee is unwilling or unable to attend a rescheduled meeting, the appointed manager will use the available evidence to make their decision and confirm this in writing to the employee. This includes appointments with Occupational Health.

15 Appointment of a Formal Meeting Manager

Table of Authority:

<table>
<thead>
<tr>
<th>Possible outcome of formal meeting</th>
<th>Who has the authority to chair the meeting?</th>
</tr>
</thead>
<tbody>
<tr>
<td>First or Final Written Warning</td>
<td>Employee’s line manager or manager of an equivalent banding and above</td>
</tr>
<tr>
<td>Appeal Meeting for First or Final Written Warning</td>
<td>Equivalent or higher banding to the original hearing manager</td>
</tr>
<tr>
<td>Dismissal</td>
<td>8A or above</td>
</tr>
<tr>
<td>Appeal Meeting for Dismissals</td>
<td>8B or above (outside of the employee’s directorate)</td>
</tr>
</tbody>
</table>

*For Formal Meetings involving Doctors or Dentists the manager will be of equivalent banding as per the guidance above

16 Miscellaneous

16.1 Medical Suspension

In exceptional circumstances the Trust may suspend an employee on medical grounds if there is a reasonable belief that there is a danger to themselves, patients, colleagues or members of the public in them remaining in work. Suspension on medical grounds will be on full pay.

Advice should be sought from the Human Resources and Occupational Health if medical suspension is required.

16.2 Injury Allowance

If an employee sustains an injury, contracts a disease or other health condition that is wholly or mainly attributable to NHS employment they may be entitled to claim Injury Allowance (Ref 7). Any employee wishing to submit a claim for Injury Allowance is advised to contact the Human Resources Team for further advice.

16.3 Occupational Sick Pay and Additional Allowances

An employee who is on pay spine points 9 to 54 (Ref 8) will have their occupational sick pay calculated on basic pay. There is no entitlement to receive enhancements or additional payments (Ref 7).

16.4 Absence during Annual Leave

If an employee is absent whilst on annual leave the following principles apply (Ref 6);

- Should an employee become ill whilst on annual leave, they are entitled to claim that annual leave back if they report their absence using the procedure outlined in this policy and provide medical certification for the entire period of sickness (i.e. there will be no right to self-certify).
• Employee’s requesting reinstatement of annual leave due to sickness absence must put this request in writing to their line manager. Reinstatement of annual leave will not be considered otherwise.
• If the employee is out of the UK, they must contact their line manager as soon as reasonably practical, particularly if it is likely to affect their return to work date. If the original medical certificate and/or supporting statement are not in English, the employee must provide an authorised translation.

16.5 Phased Return to Work
A phased return to work plan is designed for rehabilitation to enable an employee to gradually build up to their substantive role and hours following a period of absence within an agreed reasonable timeframe. Occupational Health can provide guidance on a suitable phased return to work plan with information from other medical sources as appropriate. This can form a reasonable adjustment and there is no automatic entitlement to a phased return to work. The Trust will support a paid phased return to work plan of up to four weeks in a rolling twelve month period by authorising the difference in hours as paid authorised leave.

In addition to a formal phased return to work, any accrued annual leave can be used towards a phased return to work (Ref 6).

17 Duties and Responsibilities of Individuals and Groups

17.1 The Trust Board
The Trust Board will:

• As a healthcare provider, support and encourage employees to look after their own health and wellbeing
• Provide training to managers who may be required to use this policy
• Recognise that employees may find being managed under this policy stressful and ensure it is applied fairly with empathy, compassion and respect for individual circumstances
• Ensure employees are able to access a confidential counselling service through Staff Support Services
• Review the relevant data and the reasons for sickness absence to ensure sufficient support is put in place to encourage attendance at work

17.2 Managers
Managers will:

• Educate employees on their responsibilities under this policy
• Ensure that sickness absence is promptly and accurately recorded
• Monitor absence within their team, conduct timely return to work meetings following any period of absence and take appropriate action under this Policy to proactively manage absence levels within their team
• Ensure appropriate support is offered to employees when applying this policy

17.3 Employees
Employees will:

• Take all reasonable steps to come to work.
• Proactively engage with any support identified through Occupational Health (or externally through a GP) to maintain regular and sustained attendance at work.
• Engage in maintaining contact with their line manager and the Trust.
• Take responsibility for their own health and wellbeing and follow appropriate advice.
17.4 **Investigating Managers**

Investigating Managers will:

- Deal with absence issues in a timely manner.
- Seek appropriate advice from Occupational Health and Human Resources.
- Be objective at all times and come to a fair and justifiable conclusion after a full investigation.
- If it is decided that a case is to be referred to the formal stage, the investigating manager must complete a summary of their findings that are clear, concise and factual. All evidence should be submitted in chronological order.

17.5 **Human Resources**

Human resources will:

- Provide guidance and advice to employees at all levels within the Trust.
- Ensure this policy is applied in a fair and consistent manner.
- Provide accurate absence data to managers.
- Provide analysis of trends and hotspots to the Trust.
- Review the effectiveness of this policy and procedure.
- Provide solutions focused advice taking into account relevant employment legislation.
- Ensure meetings under this policy are conducted without unreasonable delay.

17.6 **Occupational Health (OH)**

Occupational Health will:

- Provide a proactive Occupational Health Service to reduce the likelihood of sickness absence (e.g. pre-employment screening, immunisation programmes) and to support employees in maintaining their attendance at work.
- Advise employees and managers on any appropriate adjustments in the workplace to support attendance including; rehabilitation, redeployment, retraining, adaptations to the role or working pattern, and/or ill-health retirement in order to enable line management to make an appropriate decision.
- Offer employees an appointment within six working days of receipt of a management referral.
- Submit to all individuals named on a referral a report within 48 hours of an appointment.
- Provide quality reports in response to all questions submitted in management referrals.
- Refer employees (where appropriate) under the Fast Track agreed procedure.

17.7 **Trade Unions**

Trade Unions will:

- Provide support and guidance to employees.
- Represent the employee.
- Work in partnership with the Trust to support the health and well-being of its employees.
- Support with the review of the effectiveness of the policy.

17.8 **Document Author and Document Implementation Lead**

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

17.9 **Target Audience – As indicated on the Cover Page of this Document**

The target audience has the responsibility to ensure their compliance with this document by
- Ensuring any training required is attended and kept up to date.
- Ensuring any competencies required are maintained.
- Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.

### 18 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below:

<table>
<thead>
<tr>
<th>Measurable policy objectives</th>
<th>Monitoring / audit method</th>
<th>Monitoring responsibility (individual / group /committee)</th>
<th>Frequency of monitoring</th>
<th>Reporting arrangements (committee / group to which monitoring results are presented)</th>
<th>What action will be taken if gaps are identified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Performance of the Trust against the sickness absence target of 3.5%</td>
<td>Review performance against sickness absence in month Identify trends and hotspots through analysis of the reasons for sickness absence</td>
<td>Employee Relations Team</td>
<td>Monthly</td>
<td>Workforce report</td>
<td>Action plan to be agreed with the Divisional Director with the support of the Employee Relations Team</td>
</tr>
<tr>
<td>Sickness absence data reports</td>
<td>Reports</td>
<td>Workforce Information/HR</td>
<td>Monthly</td>
<td>Workforce report Divisional Meetings Departmental Meetings</td>
<td></td>
</tr>
<tr>
<td>Internal departmental sickness audits Return works ~Occupational Health referral ~Self-certification ~Understanding of the policy and process</td>
<td>Audit of the department to measure compliance with the policy</td>
<td>Employee Relations</td>
<td>Monthly</td>
<td>Report to the department manager and Divisional Director</td>
<td>Support plan agreed with Employee Relations</td>
</tr>
</tbody>
</table>

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Note: This document is electronically controlled. The master copy of the latest approved version is maintained by the owner department. If this document is downloaded from a website or printed, it becomes uncontrolled.
19 Review Date, Arrangements and Other Document Details

19.1 Review Date
This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust-wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.

19.2 Regulatory Position
The Equality Act 2010 (Ref 4) makes it unlawful to discriminate against people with a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities. It is unlawful to discriminate on the grounds of age, culture, disability, ethnic origins (including gypsies and travellers), gender, gender re-assignment, marriage and civil partnership, nationality, pregnancy and maternity, race, religion and belief and sexual orientation. The Trust will take into account its legal duty under the provisions of The Equality Act 2010 (Ref 4).

19.3 References, Further Reading and Links to Other Policies
The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

<table>
<thead>
<tr>
<th>Ref. No.</th>
<th>Document Title</th>
<th>Document Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Conduct Management Policy</td>
<td>T:\Trust-wide Documents</td>
</tr>
<tr>
<td>2</td>
<td>Maintaining Professional Standards and Performance for Medical and Dental staff&quot;</td>
<td>T:\Trust-wide Documents</td>
</tr>
<tr>
<td>3</td>
<td>Attendance Toolkit</td>
<td>T:\Trust-wide Documents</td>
</tr>
<tr>
<td>5</td>
<td>Procedure for the Recording of HR Meetings</td>
<td>T:\Trust-wide Documents</td>
</tr>
<tr>
<td>6</td>
<td>Leave Policy</td>
<td>T:\Trust-wide Documents</td>
</tr>
<tr>
<td>7</td>
<td>NHS terms and condition of service handbook</td>
<td><a href="http://www.nhsemployers.org">www.nhsemployers.org</a></td>
</tr>
<tr>
<td>8</td>
<td>Agenda for Change Pay Bands</td>
<td><a href="http://www.nhsemployers.org">www.nhsemployers.org</a></td>
</tr>
</tbody>
</table>

19.4 Consultation Process
The following is a list of consultees in formulating this document and the date that they approved the document:

<table>
<thead>
<tr>
<th>Job Title / Department</th>
<th>Date Consultee Agreed Document Contents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department / Line managers</td>
<td>17/03/16</td>
</tr>
<tr>
<td>Human Resources Department; including Recruitment and Medical Workforce</td>
<td>03/03/16</td>
</tr>
<tr>
<td>Joint Policy Review Group</td>
<td>18/04/16</td>
</tr>
</tbody>
</table>
Appendix A – Equality Impact Assessment

Are we Treating Everyone Equally?
Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Our Vision
Great Western Hospitals NHS Foundation Trust wants its services and opportunities to be as accessible as possible, to as many people as possible, at the first attempt.

Trust Equality and Diversity Objectives

- Better health outcomes for all
- Improved patient access and experience
- Empowered engaged and included staff
- Inclusive leadership at all levels

9 Protected Characteristics

- Age
- Disability
- Gender Re-assignment
- Religion or Belief
- Race - including Nationality and Ethnicity
- Pregnancy and Maternity
- Sexual Orientation
- Sex
- Marriage and Civil Partnership

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# Appendix B – Quality Impact Assessment Tool

## Purpose
To assess the impact of individual policies and procedural documents on the quality of care provided to patients by the Trust both in acute settings and in the community.

## Process
The impact assessment is to be completed by the document author. In the case of clinical policies and documents, this should be in consultation with Clinical Leads and other relevant clinician representatives. Risks identified from the quality impact assessment must be specified on this form and the reasons for acceptance of those risks or mitigation measures explained.

## Monitoring the Level of Risk
The mitigating actions and level of risk should be monitored by the author of the policy or procedural document or such other specified person. High Risks must be reported to the relevant Executive Lead.

## Impact Assessment
Please explain or describe as applicable.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Consider the impact that your document will have on our ability to deliver high quality care.</td>
</tr>
<tr>
<td>2.</td>
<td>The impact might be positive (an improvement) or negative (a risk to our ability to deliver high quality care).</td>
</tr>
<tr>
<td>3.</td>
<td>Consider the overall service - for example: compromise in one area may be mitigated by higher standard of care overall.</td>
</tr>
<tr>
<td>4.</td>
<td>Where you identify a risk, you must include identify the mitigating actions you will put in place. Specify who the lead for this risk is.</td>
</tr>
</tbody>
</table>

## Impact on Clinical Effectiveness & Patient Safety
5. Describe the impact of the document on clinical effectiveness. Consider issues such as our ability to deliver safe care; our ability to deliver effective care; and our ability to prevent avoidable harm. This Policy provides a clear framework for managing sickness absence, supporting employees return to work and their well-being which will assist clinical effectiveness and patient safety.

## Impact on Patient & Carer Experience
6. Describe the impact of the policy or procedural document on patient / carer experience. Consider issues such as our ability to treat patients with dignity and respect; our ability to deliver an efficient service; our ability to deliver personalised care; and our ability to care for patients in an appropriate physical environment. This Policy provides a clear framework for managing sickness absence, supporting employees return to work and their well-being which will assist patient & carer experience.

## Impact on Inequalities
7. Describe the impact of the document on inequalities in our community. Consider whether the document will have a differential impact on certain groups of patients (such as those with a hearing impairment or those where English is not their first language). No impact identified.