

Absence Management (Sickness) Policy

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Target Audience- who does the document apply to and <u>who should be using it.</u> - The target audience has the responsibility to ensure their compliance with this document by:	All employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract). Medical staff must also refer to the Maintaining High Professional Standards for Medical & Dental Employees Policy (Ref 10).		
	<ul style="list-style-type: none"> 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. 		
Special Cases	There are no special cases in this policy		
Accountable Director	Director of Human Resources (HR)		
Author/originator – Any Comments on this document should be addressed to the author	Human Resources Advisor		
Division and Department	Corporate – Human Resources		
Implementation Lead	Human Resources		
If developed in partnership with another agency ratification details of the relevant agency			
Regulatory Position	<p>This policy has been formulated to comply with relevant legislation e.g. Equality Act 2010 (Ref 1) and the Advisory, Conciliation and Arbitration Service (ACAS) guidelines (Ref 2).</p> <p>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.</p>		
Review period. This document will be fully reviewed every 3 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.			

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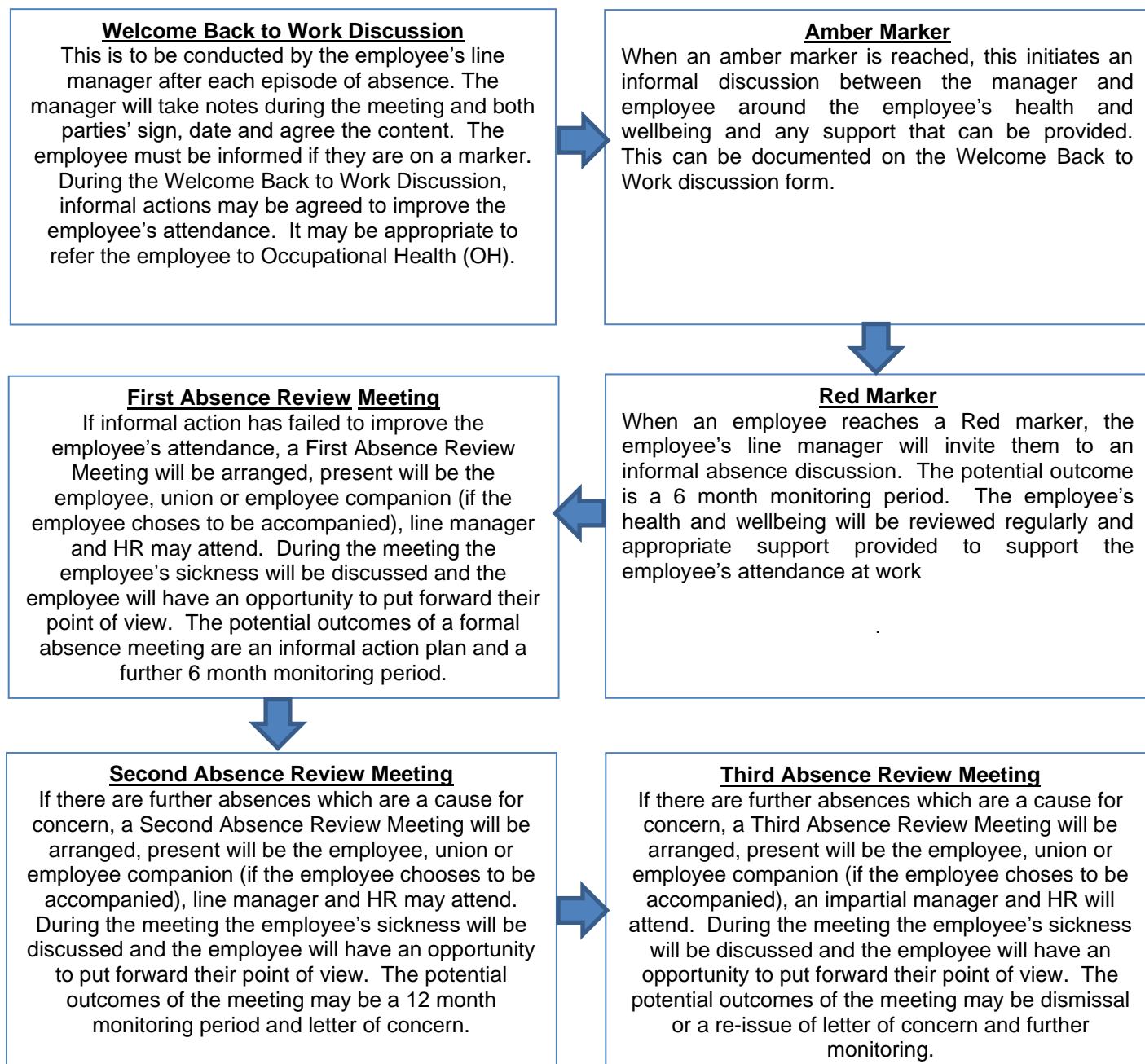
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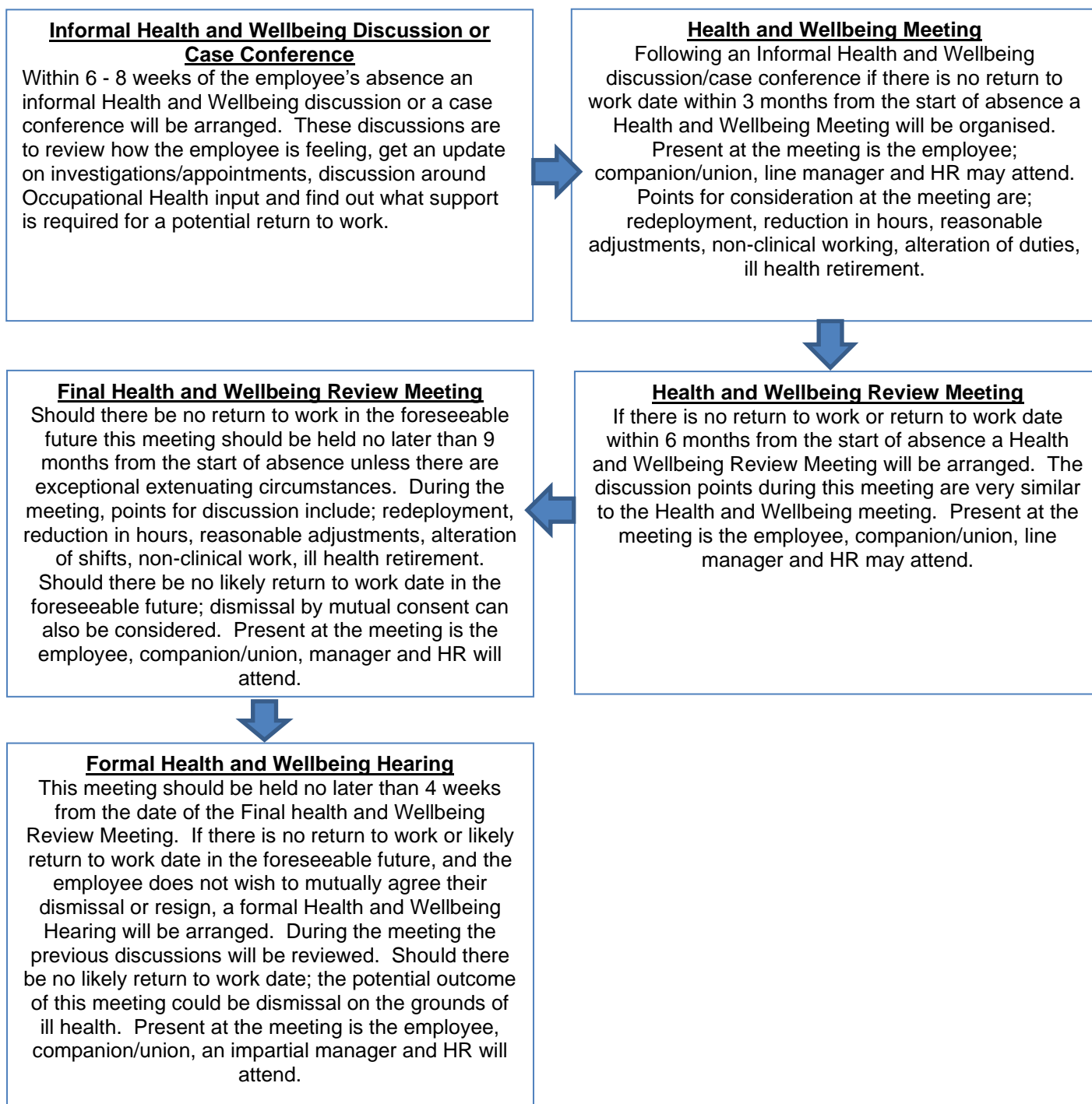
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Instant Information 1 – Flow Chart for Short Term Absence



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Instant Information 2 – Flow Chart for Long Term Absence



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1 Introduction & Purpose

1.1 Introduction & Purpose

The Absence Management (Sickness) Policy provides guidance on how to manage short term and long term absence where an employee is unfit for work due to ill health. The emphasis is early intervention, knowing your staff and the use of appropriate support for employee Health and Wellbeing. Managers should adopt a culture of open and honest conversation to understand individual needs, while also taking into consideration the needs of the service.

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 Trust Attendance Tool kit provides additional information on this policy (Ref 3).

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

CQC	Care Quality Commission.
EIA	Equality Impact Assessment.
IP&C	Infection Prevention and Control.
NHS	National Health Service.
Dismissal by mutual consent	This is the process whereby both the employee and the Trust agree on the dismissal of the employee on the grounds of capability – ill health without the requirement for a formal Health and Wellbeing Hearing.
ACAS	Advisory, Conciliation and Arbitration Service.
TOIL	Time off in lieu.

2 Main Document Requirements

2.1 Definitions of sickness absence

Short term sickness absence is any absence lasting **less** than 28 days. Long term sickness absence is any absence lasting **28 days or more**. Long term absence can sometimes be planned in cases of surgery or will be unexpected.

2.2 Reporting Sickness Absence and 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.

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- Whilst off sick, not work within the Trust or externally within their 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 and Wellbeing, Staff Support Services, 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 (Ref 4).

2.3 Presenteeism

Employees must not attend work unless fit to do so, and must not return to work from sickness absence until they are fully recovered. If employees return to work too soon, they run the risk of passing their illness onto colleagues and patients and may also go off sick again themselves.

Where employees have returned to work too soon and had to recommence sickness absence again within 48 hours of returning, managers may use their discretion to count the episodes as one absence. Any second absence more than 48 hours after the first will be counted as a separate episode.

2.4 Welcome Back to Work Discussions (WARM)

Regardless of the duration of an episode of absence a Welcome Back to Work discussion should take place between the manager and employee on the day they return to work. If this is not practicable the discussion should be held within 48 hours of the initial return. This will be an opportunity to discuss the employee's fitness and ability to return to work as well as discussing any individual support required to facilitate a successful return to work and to support a sustained level of attendance. The Welcome Back to Work discussion should cover the following acronym WARM:

W **Welcome back** - setting an atmosphere that's friendly, open and understanding in regard to the employee and their wellbeing.

A **Absence discussion** - to fully understand why the employee was absent, looking at their attendance record and marker to date and highlighting any reoccurrences in absence.

Discussion around any GP or healthcare professional advice or guidance, and outline whether any support can be given to improve the employee's attendance. This may include a referral to Occupational Health or suggest a self-referral to Staff Support and /or engagement with the Employee Assistance Programme (EAP) Telephone Counselling Service.

Discuss any changes to working with the employee that may support their attendance. Any recommendation will be considered in light of service arrangements and further advice may be sought from Occupational Health and HR.

Discuss any incidences at work that led to the absence, referring to the incident reporting process if applicable.

R **Responsibility to attend work** - may be outlined, to remind the employee of any previous absences, marker points and expectations going forward.

M **Move on** - to support the employee with any work that can be picked up, discuss work that has been completed and introduce the employee back into work.

2.5 Short Term Absence Procedure

2.5.1 Absence Marker Points

The Trust uses marker points 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 support the individual back to work and to manage the impact sickness has on the delivery of the service. Line managers must ensure that sickness absence is managed fairly, consistently and effectively.

Absence markers 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 (TOIL), medical appointments, other authorised paid or unpaid leave e.g. jury service, career break are excluded from marker point calculations.

Where a ward is closed due to Norovirus and employees are absent as a direct result, each employee or ward manager must inform Occupational Health and follow the Infection, Prevention and Control guidelines (Ref 9).

Annual leave must 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 reflected on the e-roster system. This should be included for review in absence marker points.

2.5.2 Informal Short Term Absence Management – Amber Marker

When an employee reaches the amber marker of 3 episodes or six+ days within a rolling 12 months the manager should hold an initial informal discussion regarding the employee's absences, the reasons for them and review if any supportive measures can be put in place. This can be documented as part of the Welcome Back to Work discussion form. Managers should follow up with regular reviews of the employee's Health and Wellbeing – this can be incorporated into regular 1-1's. The objective and expectation is that early discussion around an employee's Health and Wellbeing will decrease the likelihood of formal intervention.

2.5.3 Informal Short Term Absence Management - Red Marker

Should an employee reach a red marker an Informal Absence Discussion will take place between the line manager and the employee. This meeting will be an opportunity for both the manager and employee to discuss support and expectations moving forward. This may include discussion around a Management Referral to Occupational Health or self-referral to Staff Support and/or engagement with the Employee Assistance Programme (EAP) Telephone Counselling Service if not already considered.

Following this discussion attendance will continue to be monitored for a period of six months. If there are any further episodes of sickness absence within this period, the employee may be invited to a First Absence Review.

2.5.4 Formal Short Term Absence Management

If, following the Informal Discussion, an employee has further absence this should be discussed at the Welcome Back to Work discussion and if the employee's absence is a cause for concern they should be notified that the formal process will commence.

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.

The line manager will compile an Absence Review Summary which will provide details of the absence history and associated actions 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 must be done promptly. If an employee fails to attend an appointment that has been made for them without reasonable grounds the Absence Review Summary will be completed based on the information available.

2.5.5 First Absence Review Meeting

This is the start of the formal process, in which the employee's health, well-being and capability to work are reviewed and steps to support/improve attendance are discussed, agreed and monitored.

On completion of the Absence Review Summary and where it would be reasonable, the employee may be invited to attend a First Absence Review Meeting. At least five calendar days' notice will be given to the employee to attend and they will have the right to be accompanied (see Section 2.10)

A written invitation will be sent to the employee and they will be provided with a copy of the Absence Review Summary prior to the meeting.

The meeting must 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 time off in lieu (TOIL).

During the meeting the information contained within the Absence Review Summary must be discussed, and the employee given the opportunity to put forward their point of view.

The purpose of the meeting will be to discuss and consider the following:

- A review of what has happened to date including the main points discussed/agreed at the Informal stages.
- A review of any previous formal action included in the Absence Review Summary.
- A referral to the Occupational Health Department/discuss Occupational Health advice received.
- Any reasonable adjustments that would support a reduction in sickness absence.
- To agree an action plan and improvement in their sickness absence levels moving forward.
- Set a further period of monitoring for 6 months and an expectation that the employee will reduce absence to below Trust marker levels.

A meeting summary letter will be sent to the employee following a First Absence Review Meeting and this would normally be received within seven calendar days of the meeting. The letter will include details of any monitoring period and any agreed actions and timescales to improve the employee's attendance at work.

2.5.6 Second Absence Review Meeting

If the employee has further absence during the monitoring period and their absence continues to give cause for concern then a Second Absence Review Meeting may be arranged. The format of this meeting will be as for the First Absence Review Meeting (Section 2.5.5). An Absence Review Summary will be produced and sent to the employee with the written invite to the meeting and given at least five calendar days' notice. The employee will have the right to be accompanied (see Section 2.10)

At this meeting the manager will need to consider the on-going impact of this on the service and on other team members.

The outcome from this meeting may be a further monitoring period of 12 months and a letter of concern being issued to the employee advising them that failure to achieve the target reduction in absence will result in a Third Absence Review Meeting. The potential outcome of the Third Absence Review Meeting is dismissal on the grounds of capability, due to an inability to attend work on a regular basis.

2.5.7 Third Absence Review Meeting

This is the stage at which the employee's employment position is reviewed and dismissal is considered. This stage should be used when the employee has failed to meet or sustain the required standards following receipt of a letter of concern as the outcome from the Second Absence Review Meeting. The employee will be given at least five calendar days' notice of the meeting in writing and will have the right to be accompanied (see Section 2.10)

The line manager will be required to complete a full summary report for this meeting which will include all documentation in relation to the sickness absence for the previous 12 months.

The meeting will be an opportunity to review:

- The employee's attendance record.
- The meetings/actions that have taken place to date.
- The up-to-date Occupational Health report.
- Whether all alternative options have been fully explored.
- The employee's view of the situation.
- The manager's view of the situation.
- The impact of the attendance record on the service.

The purpose of the meeting will be to consider options, including:

- Dismissal on grounds of capability or some other substantial reason.
- Consideration of any further actions/adjustments if these would facilitate a sustained improvement in attendance.
- Extending the monitoring period for a maximum of two months to allow for an expected improvement in attendance.

Following the meeting the employee will be provided with a summary letter. Where a decision to dismiss is reached, 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.

2.5.8 Sickness Management process ceased and an employee has another absence

Should an employee be unable to maintain their attendance and have further sickness absence within six months of the end of a set monitoring period, the manager has the discretion to recommence the sickness management process. This would recommence at the level of the employees most recent formal meeting where their record continues to exceed the red sickness marker.

2.6 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 and 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 the individual back to work.

2.6.1 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.

Where appropriate, a home visit may also be made by the manager and the employee will receive prior notice of this. Agreement from the employee must be sought prior to any home visit.

2.6.2 Occupational Health

Managers must 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.

2.6.3 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 General Practitioner (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

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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.

2.7 Informal Long Term Absence Management

2.7.1 Informal Health and Wellbeing Discussion

Following receipt of the Occupational Health report, and usually within the first six to eight weeks of the employee's absence, the employee will be invited to attend an informal health and wellbeing discussion. 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 health and wellbeing discussion may take the form of a case conference (not at the employee's home). Attendance at a case conference will include Occupational Health, the employee, the employee will also be given the opportunity to bring a companion and HR may attend, if required.

The purpose of this discussion 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.

2.8 Formal Long Term Absence Management

2.8.1 Health and Wellbeing 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, the employee's line manager will invite them to attend a Health and Wellbeing Meeting within three months from the start of the employees' absence. The line manager must give at least five calendar days' notice of this meeting in writing and a copy of the Absence Review Summary will be provided prior to the meeting.

Employees have the right to be accompanied at formal meetings – see section 2.10. HR may also be present.

The employee or their companion must 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 must 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.

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- 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.

2.8.2 Health and Wellbeing Review Meeting

If a likely return to work date is unable to be established, or where OH 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 Health and Wellbeing Review Meeting. This will be held no later than six months from the start of the employees' absence.

At least five calendar days' notice of this meeting will be given in writing and a copy of the Absence Review Summary will be provided prior to this. Prior to this meeting a further referral to OH will usually be required for a review of the employee's on-going absence from work.

Employees have the right to be accompanied at formal meetings – see section 2.10. HR may also be present.

Consideration must also be given at the meeting by both parties to any reasonable adjustments (outlined in section 2.9) 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, a Final Health and Wellbeing Review Meeting will be arranged no later than 9 months from the commencement of their absence.

2.8.3 Final Health and Wellbeing Review Meeting

If, following the Health and Wellbeing Review Meeting the employee has not returned to work they will be invited to a Final Health and Wellbeing Review Meeting. This will be held no later than 9 months from the start of the employees' absence unless there are exceptional extenuating circumstances. At this stage the options available would be discussed if not already reviewed e.g. redeployment, ill health retirement. Consideration must also be given at the meeting by both parties to any reasonable adjustments (outlined in section 2.8.1 above) which may facilitate the employee returning to work. Consideration can also be given at this stage to dismissal by mutual consent (see section 2.9.5)

At least five calendar days' notice of this meeting will be given in writing along with a copy of the Absence Review Summary. Prior to this meeting a further referral to OH will usually be required for a review of the employee's on-going absence from work.

Employees have the right to be accompanied at formal meetings – see section 2.10. HR may also be present.

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

2.8.4 Formal Health and Wellbeing Hearing

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If, following the Final Health and Wellbeing Review Meeting the employee has not returned to work or they do not wish to mutually agree their dismissal or resign, they will be invited to a Formal Health and Wellbeing Hearing within four weeks of the Final Health and Wellbeing Review Meeting

At least five calendar days' notice of this meeting will be given in writing along with a copy of the Absence Summary Report which will include all documentation in relation to the employee's on-going absence. Prior to this meeting a further referral to OH will usually be required for a review of the employee's on-going absence from work.

Employees have the right to be accompanied at formal meetings – see section 2.10. HR will also be present.

Consideration must also be given at the meeting by both parties to any reasonable adjustments (as outlined in section 2.9.1) which may facilitate the employee returning to work. Before deciding to dismiss an employee on the grounds of capability - 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 capability – ill health.

Following the meeting the employee will be provided with a summary letter. Where a decision to dismiss is reached, 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.

2.8.5 Dismissal by Mutual Consent

There may be some instances where the nature of the employee's illness is such that they do not believe that there is any prospect of them returning to work within a reasonable timeframe; they do not wish to proceed with a formal meeting or hearing or are too unwell to do so. In such circumstances they may wish to consent to the Trust dismissing them on the grounds of capability - ill health. If this is the case the possibility of giving consent to dismiss them should be discussed with the employee at one of the long term sick process review meetings. The employee should be satisfied that the Trust has taken all reasonable action to support them to return to work where this might be possible and sought alternatives.

If the manager is not a Band 8a or higher, the manager will need to obtain written confirmation from someone in their reporting line who is at that level that they have the delegated authority to dismiss in these circumstances.

If the employee wishes to proceed with dismissal by mutual consent, this discussion must be detailed and documented in a letter making it clear that the employee will be dismissed on the grounds of capability - ill health and the date of dismissal confirmed. The employee can retract their consent at any point leading up to the confirmed date of dismissal.

The employee will still have the right to appeal the decision. Should the employee not wish to be dismissed from employment, but does not want to attend a formal hearing, they retain the right to resign from their post. If the employee retracts their consent to be dismissed the manager will prepare to progress to the next stage of the long term sickness review process.

Employees when considering this option need to be aware that they will have their notice period and any outstanding annual leave paid as full pay as Payment in Lieu of Notice (PILON) and this will not be pensionable.

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2.8.6 Multiple Episodes of Long Term Absence

If an employee meets their monitoring period but then has a further sickness absence within six months of this and their record continues to reach or exceed a red marker, the manager has the discretion to recommence the sickness management process at the level of their most recent formal meeting.

2.9 The Right to Appeal

- An employee has the right to appeal against dismissal or dismissal by mutual consent. Appeals must 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 employee's 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 must be informed of the decision in writing and the decision of the appeal meeting will be final.

2.10 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 OH.

2.11 Appointment of a Formal Meeting Manager

Table of Authority:

Possible outcome of formal meeting	Who has the authority to chair the meeting?
Dismissal	8A or above
Appeal Meeting for Dismissals	8B or above (outside of the employee's directorate)

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

2.12 Time off for Other Appointments / Treatments

2.12.1 Treatment for Non-medical Reasons

All employees planning to undertake any treatment for voluntary non-medical reasons (e.g. cosmetic surgery) within work hours (unless undertaken whilst on annual leave) will be referred to Occupational Health for advice. Unless it is confirmed that such treatment will be beneficial to the employee's health and wellbeing, the employee will not receive occupational sick pay and may be refused the time off work (outside of annual leave) to undertake the procedure. In addition, any infections or post treatment complications connected with such treatment will also be unpaid unless recommended otherwise by OH. However, if the employee has a Fit note, they may still receive statutory sick pay.

2.12.2 Surgery or Treatment for Affirmation of Gender identity

In the event that an employee intends to undergo affirmation of Gender identity surgery and may require time off to achieve the change without unnecessarily comprising their physical and mental health, the amount of time off will depend on the employee's needs. The employee must make every effort to arrange treatment outside of working hours but there will be occasions when this is not possible and it would be reasonable to allow some time off for appointments. Absence for reasons of gender reassignment cannot be treated less favourably than if it is for sickness or some other cause with which a reasonable comparison could be made.

2.13 Miscellaneous

2.13.1 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.

Examples include:

- Medical suspension, e.g. if they have a serious allergic reaction to a chemical they use at work.
- Suspension for maternity reasons, for example if they're pregnant and work in a lab that uses radiation.

A risk assessment will take place in addition to exploration of reasonable adjustments and where it is deemed that suspension on medical grounds is appropriate, it will be on full pay. Medical suspension will be regularly reviewed, as is not a long term solution, nor a contractual entitlement.

Advice must be sought from HR and OH as part of the risk assessment process.

2.13.2 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.

2.13.3 Occupational Sick Pay and Additional Allowances

From 1 July 2018, for employees whose basic pay is above £18,160, and for new starters, full pay is pay which is in line with the appropriate pay point in the relevant pay circular (Ref 7).

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2.13.4 Absence during Annual Leave

If an employee is absent whilst on annual leave the following principles apply:

- Should an employee become ill whilst on annual leave, they are entitled to claim that annual leave back **only** if they report their absence using the procedure outlined in the Absence Management (Sickness) Policy and provide medical certification for the entire period of sickness (i.e. there will be no right to self-certify).
- The employee will not be entitled to claim back bank holidays during periods of absence due to sickness.
- 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 United Kingdom (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.
- Employees absent from work due to ill health will continue to accrue their annual leave entitlement. If the absence prevents the employee from taking their full annual leave entitlement before the end of the calendar year, they will only be permitted to carry over their statutory allowance of 28 days (5.6 weeks) pro rata, minus any annual leave already taken during that calendar year.
- Any carry-over of statutory leave must be taken prior to an employee returning to work, and in exceptional circumstances, on advice from Occupational Health, can be used to extend a phased return to work.

2.13.5 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 long term 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 (See 2.13.4).

3 Monitoring Compliance and Effectiveness of Implementation

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

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be take if gaps are identified
Performance of the Trust against the sickness absence target	Review performance against sickness absence in	Human Resources Team.	Monthly.	Workforce report.	Action plan to be agreed with the Divisional

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of 3.5%.	month. Identify trends and hotspots through analysis of the reasons for sickness absence.				Director with the support of the Human Resources Team.
100% Sickness absence data reports sent to departments.	Reports.	Workforce Information/HR.	Monthly.	Workforce report. Divisional Meetings. Departmental Meetings.	Action plan to be agreed with the Divisional Director with the support of the Human Resources Team.
100% Internal departmental sickness audits Welcome Back to Work ~Occupational Health referral ~Self-certification ~Understanding of the policy and process.	Audit of the department to measure compliance with the policy.	Human Resources.	Monthly.	Report to the department manager and Divisional Director.	Support plan agreed with Human Resources.

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 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 and the Employee Assistance Programme (EAP) Telephone Counselling Service.
- Review the relevant data and the reasons for sickness absence to ensure sufficient support is put in place to encourage attendance at work.

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4.3 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 Welcome Back to Work discussions following any period of absence and take appropriate action under this Policy to proactively manage absence levels within their team.
- Deal with absence issues in a timely manner.
- Be objective and fair at all times.
- Complete absence review summaries that are clear, concise, factual and in chronological order.
- Ensure appropriate support is offered to employees when applying this policy.

4.4 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 well-being and follow appropriate advice.

4.5 Human Resources

Human Resources will:

- Provide guidance and advice to all employees 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.

4.6 Occupational Health

Occupational Health will:

- Provide a proactive Occupational Health Service to reduce the likelihood of sickness absence (e.g. pre-placement screening, immunisation programmes, health surveillance) and to support employees in maintaining their attendance at work.
- Advise employees and managers on any appropriate adjustments in the workplace (with consideration to the Equality Act 2010 – disability section) 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 ten 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 for the first specialist consultation in OPD (GWH referral's only).

4.7 Trade Unions

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For subscribing trade union members 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.

4.8 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. All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

5 Further Reading, Consultation and Glossary

5.1 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:

Ref. No.	Document Title	Document Location
1	Equality Act 2010	www.legislation.gov
2	ACAS Guidelines	http://www.acas.org.uk
3	Attendance Toolkit	http://intranet/services/departments-h/human-resources-hr/toolkits/absence-toolkit
4	Conduct Management Policy	T:\Trust-wide Documents
5	Procedure for the Recording of HR Meetings	http://intranet/services/departments-h/human-resources-hr/toolkits/conduct-toolkit/guides
6	Leave Policy	T:\Trust-wide Documents
7	NHS terms and condition of service handbook (Agenda for Change)	www.nhsemployers.org
8	Agenda for Change Pay Bands	www.nhsemployers.org
9	Standard Infection, Prevention and Control Precautions Policy	T:\Trust-wide Documents
10	Maintaining High Professional Standards for Medical & Dental Employees Policy	T:\Trust-wide Documents

5.2 Consultation Process

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

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Job Title / Department	Date Consultee Agreed Document Contents
Occupational Health and Wellbeing Manager	17/06/2020
Head of Clinical Coding	04/06/2020
Head of Service - Sterile Services and Community Dentistry	03/06/2020
Deputy Lead Cancer Nurse and EOL Nurse	11/06/2020
Senior Sister, Day Surgery	03/06/2020
Head of Service – Research and Innovation	07/07/2020

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:		
1	What is the name of the policy, strategy or project? Absence Management (Sickness) Policy	
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet? The Absence Management (Sickness) Policy provides guidance on how to manage short term and long term absence where an employee is unfit for work due to ill-health. The emphasis is early intervention, knowing your staff and the use of appropriate support for the employee's Health and Wellbeing.	
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?	No
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a <i>relative</i> adverse effect on other groups?	No
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?	No

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Signed by the manager undertaking the assessment	Bethan Davies
Date completed	29 th April 2020
Job Title	HR Advisor

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a [STAGE 2 - Full Equality Impact Assessment](#)

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

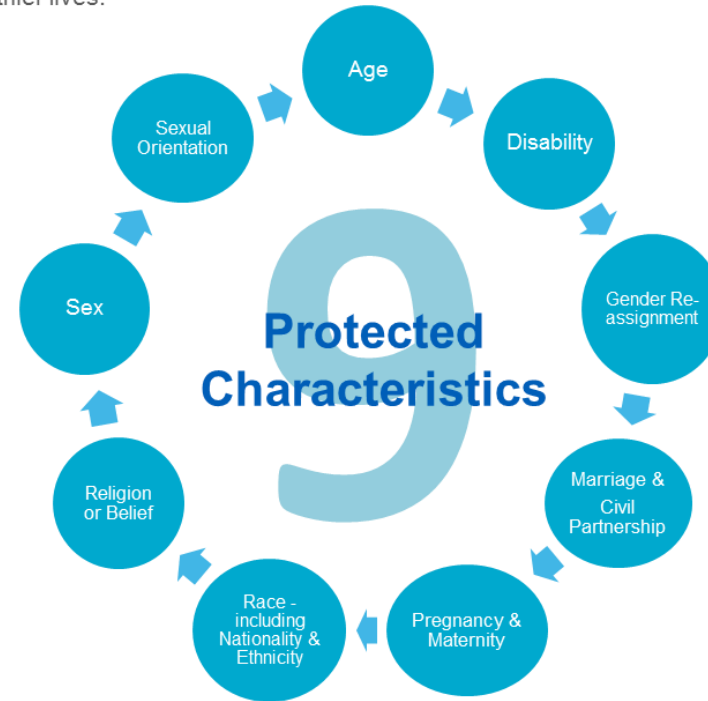
Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey,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

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.



Trust Equality and Diversity Objectives

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