

Supporting Attendance Policy

Document Data			
Document Type:	Policy		
Document Reference:	7786		
Document Status:	Approved		
Document Owner:	Head of HR Services		
Executive Lead:	Director of People		
Approval Authority:	Trust Partnership Forum/ JNCC		
Review Cycle:	36 Months		
Date Version Effective From:	01/04/2020	Date Version Effective To:	30/03/2023

What is in this policy?	<p>University Hospitals Bristol and Weston NHS Foundation Trust (hereafter referred to as UHBW or the Trust) is committed to promoting the health, safety and wellbeing of its workforce. This policy outlines support mechanisms and procedures to support staff who are absent due to ill health and to help them return to work, as well as providing a framework for managers to address challenging levels of absence, with the aim of enabling improved attendance.</p> <p>The Trust's Workforce Diversity & Inclusion Strategy sets out the ambition to be 'committed to inclusion in everything we do'. Ensuring dignity and respect for patients and staff is a core principle within this strategy, and promoting equality, diversity and human rights while challenging any form of inequality, discrimination and harassment is central to the Trust's Values.</p> <p>This Trust will not tolerate discrimination, harassment or bullying under any circumstances and particularly because of a protected characteristic. This is supported by the Trust's commitment to the Equality Act 2010 and its Public Sector Equality Duties as defined by the Act.</p> <p>Our Human Resources policies are written with this commitment as a guiding principle, to ensure that the policies and their application are inclusive and supportive to all of our staff.</p>
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Document Change Control				
Date of Version	Version Number	Lead for Revisions	Type of Revision	Description of Revision
September 2012	1	Director of Workforce & Organisational Development	Minor	Policy Review
November 2014	2	Director of Workforce & Organisational Development	Minor	Scheduled Review
July 2015	2.1	Director of Workforce & Organisational Development	Minor	Process update / clarification
March 2016	2.2	Director of Workforce & Organisational Development	Minor	Update to cover introduction of Nursing Revalidation
February 2018	3	Head of Employee Relations	Major	Removal of Bradford Factor / Change in process / Trigger points
September 2018	3.1	Head of Employee Relations	Minor	Clarification of process relating to ill health retirement
September 2019	3.2	Head of Employee Relations	Minor	Clarification of arrangements for Annual Leave whilst off sick, clarification of payment arrangements for phased returns, reference to Reasonable Adjustments Support Service
October 2021	3.3	Head of HR Services	minor	Policy formatted into UHBW template

Sign off Process and Dates	
Groups consulted	Date agreed
Trust Partnership Forum	25/09/2018
JNCC/LNC	01/07/2019

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Table of Contents

1.	Introduction	6
2.	Purpose	6
3.	Scope	6
4.	Definitions	7
4.1	Short-term sickness	7
4.2	Long-term sickness	7
5.	Duties, Roles and Responsibilities	7
5.1	Senior Leadership Team/Trust Board	7
5.2	Divisional Management Boards	7
5.3	Line Managers	7
5.4	All Staff	9
6.	Policy Statement and Provisions	9
6.1	Occupational Sick Pay Allowance (OSP)	10
6.2	Sickness Absence Certification	10
6.3	Additional Work following Sickness Absence	11
6.4	Reasonable Adjustments	11
6.5	Phased Return to Work	11
6.6	Other Employment	12
6.7	Grievances	12
7.1	Notification of Sickness Absence	12
7.2	Recording & Reporting of Absence to Payroll	12
7.3	Welcome Back to Work Discussion	13
7.4	Keeping in Touch	14
7.5	Sickness Whilst on Annual Leave	14
7.6	Sickness Prior to Annual Leave	15
7.7	Sickness on Bank Holiday dates	15
7.8	Accrual of Annual Leave during Sickness Absence	15
7.9	Annual Leave whilst on Long Term Sickness Absence	15
7.10	Part Day Sickness Absence	15
7.11	Sickness as a result of an injury/illness at work	16
7.12	Suspension for Medical Reasons	17
7.13	Absence following an accident involving a third party	17

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7.14	Alcohol and other drugs	18
7.15	Control of infection	18
8.	Sickness Absence Triggers and Process	18
8.1	Regular Attender	18
8.2	Wellbeing Discussion (Informal Stage)	18
8.3	Formal Stage 1 – Absence Review Meeting	19
8.4	Formal Stage 2 – Absence Review Meeting	19
8.5	Formal Stage 3 – Sickness Absence Hearing	20
8.6	Use of Management Discretion and Adjustments to Targets	20
9.	Managing Long Term Sickness Absence	21
9.1	Definition	21
9.2	Referral to Occupational Health	21
9.3	Exceptions	21
9.4	Long Term Sickness Absence Review Meetings	21
9.5	The First Review Meeting	22
9.6	The Second Review Meeting	23
9.7	The Final Review Meeting	23
9.8	Supporting a Return to Work from Long Term Sickness	23
9.9	Temporary Changes in Working Conditions	24
9.10	Redeployment on Medical Grounds	25
9.11	Medical evidence stating return to work is not possible due to ill health	25
9.12	Dismissal on the grounds of capability due to ill health	25
9.13	Ill Health Retirement	27
10.	Sickness Absence Hearing	28
10.1	Arrangements for the Hearing	28
10.2	Constitution of the Panel	28
11.	Percentage Attendance and Patterns of Absence	29
11.1	Process	29
11.2	Outcomes	29
12.	Access to Medical Records Act 1988 and Access to Health Records Act 1990 and Data Protection Act 1998	30
14.	References	30
15.	Associated Internal Documentation	30

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16.	Appendix A – Monitoring Table for this Policy	32
17.	Appendix B – Dissemination, Implementation and Training Plan	32
18.	Appendix C – Equality Impact Assessment (EIA) Screening Tool	33

1. Introduction

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW or the Trust) is committed to providing high quality care to patients within a safe environment by appropriately qualified and competent staff. To meet this commitment, it is important that staff members take a proactive approach to maintaining a good level of health and attendance and that the Trust have a range of services and interventions in place to support this.

Where sickness absence occurs, the Trust is committed to managing this in a supportive, empathetic and confidential manner, whilst ensuring that our services can continue to run effectively.

Staff have a contractual responsibility to attend work and should try to do everything possible to ensure that they are fit and well and able to attend work. In the circumstances where staff members are unable to attend work due to illness, absence must be reported and managed in accordance with this policy.

The policy also reflects relevant employment legislation including The Equality Act 2010 and the Employment Rights Act 1999. The policy has also been assessed against current NICE guidance (March 2009 and 2016) on workforce absence.

Some absence due to sickness is inevitable within any large organisation and sickness absence needs to be dealt with in a sympathetic and understanding way. It is recognised that absence can have an adverse effect on the quality of service provided by the Trust in terms of:

- Effects on morale, through increased work placed on colleagues;
- Increased business costs to cover the work, involving increased overtime;
- Reduced productivity;
- Effects on the ability to deliver the Trust's Operating Plans.

2. Purpose

The purpose of this Policy is:

- To ensure that all managers and members of staff understand their responsibilities with regard to managing sickness absence and supporting attendance.
- To ensure that early intervention and supportive measures are provided
- To ensure that all managers are trained appropriately to enable them to effectively support and manage their staff with respect to their fitness and attendance

3. Scope

This policy applies to all Trust staff, including Medical and Dental staff.

4. Definitions

4.1 *Short-term sickness*

Any episode of sickness absence up to and including 28 calendar days.

4.2 *Long-term sickness*

In one single episode of sickness absence which exceeds 28 calendar days.

4.3 *Sickness absence without an underlying health cause*

This is defined as periods or a pattern of sickness for which Occupational Health have not confirmed a common underlying health cause. This will normally present itself as short-term sickness with a number of short periods of sickness absence, but can also include long-term sickness episodes.

4.4 *Sickness absence with an underlying health cause*

This is defined as a period or pattern of sickness for which Occupational Health have confirmed that there is a common underlying health cause. This will normally present itself as long term sickness but over few episodes – although it can in some cases present in a different pattern (for example a number of short periods of sickness absence). Examples of causes would be significant medical conditions such as clinical depression, back conditions or injuries, or multiple sclerosis.

4.5 *Percentage Attendance*

This is a calculation to establish the percentage of days or hours taken as sickness absence in relation to the total days/hours available to work, excluding annual leave and non-working days.

5. Duties, Roles and Responsibilities

5.1 *Senior Leadership Team/Trust Board*

- a) To monitor absence levels across the Trust and hold Divisional Boards accountable for ensuring proactive interventions and appropriate management of absences

5.2 *Divisional Management Boards*

- a) Accountable for reducing levels of sickness absence within their division, ensuring proactive interventions and appropriate management of absences.
- b) To promote this policy and ensure its effective implementation.
- c) To ensure that all managers understand their responsibilities for managing sickness absence and have had appropriate training.

5.3 *Line Managers*

- a) Completion of the Trust's Supporting Attendance E-Learning and Face-to-Face training.

- b) The effective management of sickness absence in their department/ward in line with this policy.
- c) To manage sickness absence in a fair and consistent manner, taking into account the needs of the service and the individual circumstances of each staff member.
- d) To ensure that staff have appropriate opportunities to engage in the process at all times.
- e) To ensure that risk assessments are undertaken so that a safe and conducive working environment is maintained in accordance with the requirements of the Trust's Health and Safety at Work policy.
- f) To consider making adjustments to the workplace that are reasonable in the view of service delivery, to enable staff to attend work, in accordance with the Equality Act (2010).
- g) Ensuring that all staff are aware of and follow the local arrangements for reporting sickness absence and that all new staff are made aware of the local procedure and provide up-to-date contact details.
- h) To ensure that staff understand their responsibilities for providing Fit Notes.
- i) To obtain advice from the Trust's Occupational Health service in relation to a staff member's sickness absence or concerns regarding their health.
- j) To inform staff who are off sick or at risk of taking time off sick as a result of a musculoskeletal injury about the Physiotherapy Direct Service. This service provides telephone assessment and advice and/or onward referral for treatment within Physiotherapy at the Trust.
- k) To signpost staff towards self-referral access to Occupational Health services including counselling, and to the intranet Wellbeing webpages for general support and advice.
- l) To hold a Welcome Back to Work Meeting as soon as their member of staff returns to work from each period of sickness absence (see section 6.3) and update the staff member's sickness record.
- m) To ensure that sickness absence in their area is reported to Payroll on a weekly basis or via E-rostering.
- n) To monitor the sickness absence levels of their staff and manage appropriately.
- o) To ensure that they are aware of and implement the most up to date Supporting Attendance Policy and have attended the 'Supporting Attendance' training provided by the Trust.
- p) To ensure that all staff are aware of their responsibilities under this policy and procedure.
- q) To agree and maintain regular contact with staff on sickness absence as reasonable in the individual circumstances (see section 6.4).
- r) To report to the Health & Safety Team any accidents and related absence that fall within RIDDOR (Reporting of Injuries, Diseases, Dangerous Occurrence Regulations).

5.4 All Staff

- a) To identify any work related issues which may impact adversely on their health and raise them with their line manager.
- b) To be aware of and cooperate fully with Trust policies and procedures in managing sickness absence, and understand and comply with their responsibilities.
- c) To notify their line manager or nominated person of their sickness absence as soon as they can, in line with local arrangements.
- d) To ensure that their line manager has their up-to-date contact details.
- e) If on sickness absence to cooperate fully and honestly with GPs, Occupational Health and their manager about the reasons for absence and return date.
- f) To keep in regular contact with their manager and inform them if circumstances change including their expected return to work date.
- g) To be available for and to attend meetings in relation to their sickness absence as requested by their line manager.
- h) To be available for and to ensure they attend all Occupational Health appointments and return referrals promptly.
- i) To ensure that their GP Fit Note is up to date and appropriate and passed to their line manager in a timely manner.
- j) To ensure that they attend a Welcome Back to Work meeting with their line manager after every episode of sickness absence.

To be aware that failure to inform their line manager of their first day of sickness absence in accordance with local reporting arrangements, failure to keep in regular contact, or failure to provide appropriate Fit Notes could result in action being taken under the Trust's Disciplinary or AWOL policies.

5.5 HR Services

- a) To provide advice and support to staff and managers as necessary, including attending both short term and long term sickness absence meetings where necessary.
- b) To monitor sickness absence and report to Divisional Boards via HR Business Partners.
- c) To notify managers, staff side representatives and staff of any changes to the Supporting Attendance policy, through Newsbeat, and through dissemination of information by HR Business Partners and Divisional Boards, paying particular attention to staff who do not usually or regularly have access to Connect.

6. Policy Statement and Provisions

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6.1 Occupational Sick Pay Allowance (OSP)

OSP will be paid in accordance with Section 14 of the Agenda for Change (AfC) handbook and in accordance with the member of staff's NHS reckonable service (Section 12 of the AfC handbook) as shown in the table below. The allowances in the table also apply to medical and dental staff.

Years of Service	Full Pay (Calendar Months)	Half Pay (Calendar Months)
During the first year of service	1 month	2 months
During the second year of service	2 months	2 months
During the third year of service	4 months	4 months
During the fourth and fifth years of service	5 months	5 months
After completing five years of service	6 months	6 months

In order to qualify for sick pay, a member of staff is expected to act reasonably with regard to their sickness absence and engage with all aspects of the policy. The Trust reserves the right to suspend payment of Occupational Sick Pay if the individual fails to engage as required.

On the first day of sickness absence a member of staff's entitlement is calculated by looking back over the previous twelve month period (from the day before the first day of sickness absence) and any entitlement used in that period is then deducted from the accrued entitlement on the first date of sickness absence.

For staff on pay spine points 9 to 54, pay during sickness absence is paid at basic salary level including allowances linked to basic pay. It does not include any other allowances or payments linked to working patterns or additional work commitments, for example, unsocial hours payments.

Staff who work for the Trust through the Temporary Staffing Bureau only, are not entitled to receive Occupational Sick Pay (OSP).

6.2 Sickness Absence Certification

The following applies to all staff and is not pro-rated for part-time staff:

Absences up to and including 7 consecutive calendar days (i.e. days 1 -7) require a Self-Certificate and Welcome back to Work Checklist (available on available on the HR pages of the Weston intranet and HRWeb) to be completed when the member of staff returns to work.

Absences over 7 calendar days require a GP Fit Note to be forwarded to the manager and received within 4 days of the 8th day of absence. These certificates must be signed by a doctor registered with the General Medical Council.

If sickness absence extends beyond that of the Fit Note, a further Fit Note must be provided within 4 days of the expiry of the original Note.

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Members of staff who consider themselves to be fit may be able to return to work prior to the expiry of their Fit Note, providing that an appropriate risk assessment is carried out where appropriate and all parties are in agreement that this is appropriate.

6.3 Additional Work following Sickness Absence

The Trust reserves the right to restrict any additional work, including overtime, bank or agency, being undertaken following periods of sickness absence but will not do so unreasonably, should only be restricted for an appropriate amount of time, and will be in discussion with the member of staff.

6.4 Reasonable Adjustments

The Trust has a legal duty to make reasonable adjustments for disabled staff to enable them to work, and not to discriminate against them. Information is available on the HR pages of the Weston intranet and HRWeb (Disability and Reasonable Adjustments).

6.5 Phased Return to Work

Phased returns should be considered as a supportive measure where a staff member is returning from a period of long-term sickness absence. This provides the benefit of a gradual increase in hours and/or duties over a short period of time to support them to build up to full fitness and to sustain their attendance.

Line managers will consider whether a phased return to work is appropriate with advice from Occupational Health and/or HR Services where appropriate. Where staff have accrued a significant amount of annual leave during their absence, it is not unreasonable for the Trust to request that some leave is used to support a phased return to work.

During an agreed phased return of 2 – 4 weeks (maximum 6 weeks in exceptional circumstances) employees will be paid their substantive rate of pay. When an individual has requested to extend their phased return beyond the agreed period, they will be paid for the hours worked only. If they wish to maintain their full pay during this period, they can elect to take some of their accrued annual leave.

For any change to the individual's pay, i.e. unpaid time during an extended phased return, managers will need to complete a change of conditions e-Form detailing the phased return plan, so that payroll can arrange for the appropriate payment of the employee.

The following guidelines should be applied when agreeing a phased return:

- A phased return is usually over a period of 2 to 4 weeks. In exceptional circumstances a period of up to 6 weeks may be agreed.
- Advice can be sought from Occupational Health regarding whether a phased return would be beneficial but can be agreed without OH advice where the manager and the member of staff are in agreement about a practicable solution.
- Staff members should be able to work a minimum of 50% of their standard working hours in order to return to work on a phased return arrangement, with the expectation that they will increase to 100% of their hours and activities by the end of the phased return to work.

- If a staff member is not fit to return to their contracted hours by the end of the phased return period, then a longer term resolution will need to be found.
- If the staff member's health condition is likely to be covered by the Equality Act 2010, Occupational Health advice regarding temporary or permanent adjustments to both hours and duties should be sought.
- Phased returns may also be used when a member of staff commences a trial period under the Redeployment Policy with Occupational Health guidance.

6.6 Other Employment

When away from work due to sickness or injury, staff should not generally carry out any other work, either within the Trust, with another employer or in a self-employed capacity, whether paid or unpaid. If other work is undertaken, this may be considered a fraudulent act and in breach of this policy and the Trust's Disciplinary Policy. Exceptions to this may be where another employer has been able to make suitable reasonable adjustments, which the Trust cannot accommodate, to enable the member of staff to continue working.

6.7 Grievances

If a member of staff believes that the policy or process has not been followed correctly, they have the right to submit a complaint under the Trust's Grievance Procedure.

7. Supporting Attendance Process – Basic Principles

7.1 Notification of Sickness Absence

The line manager will need to make any necessary arrangements to cover a member of staff's shift and duties when they are off work due to sickness absence. As soon as the staff member knows that they are not going to be able to attend work due to illness, they must contact their line manager. Only in exceptional circumstances should this contact be made after their shift has started. Staff should make every effort to speak to the relevant person to report their sickness. Voicemails or text messages should be followed up with verbal contact as soon as possible thereafter.

Every department will have local arrangements for reporting sickness absence (who to contact in manager's absence, leaving messages out-of-hours, phoning to say they will be returning etc.) and therefore, staff members should familiarise themselves with these arrangements.

Please refer to the First Day Sickness Absence User Guide on HR pages of the Weston intranet and HRWeb for further information.

7.2 Recording & Reporting of Absence to Payroll

The Trust's sickness absence monitoring system requires the submission of weekly returns to the Payroll department or through the e-rostering system. This involves recording the staff member's first date of absence and final date of absence, as well as the sickness code. This information is reported monthly to the Trust Board and Divisional Boards.

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Failure by the manager to consistently provide accurate and timely information to Payroll may result in disciplinary action or performance monitoring.

Managers must keep records of sickness absence to enable them to identify staff member sickness patterns at an early stage (template available on HR pages of the Weston intranet and HRWeb).

For members of staff claiming Injury Allowance, the manager should write 'IA' on the return form next to the staff member's name and advise the member of staff on the process of seeking an Injury Allowance for this period of absence. Further advice should be sought from HR Services. The final decision on eligibility for an Injury Allowance will be made by the Trust in accordance with the Trust's Guidance on Injury Allowance. There is no recourse to the NHS Pensions Agency (see section 6.11 for further information).

7.3 Welcome Back to Work Discussion

A Welcome Back to Work Discussion must be undertaken at the earliest opportunity after a staff member has returned from sickness absence and should be done within 5 working days of the staff member's return to work.

During the Welcome Back to Work Discussion, the manager should discuss the staff member's wellbeing in further detail and offer any additional appropriate support. They should explore further if there is an underlying medical condition contributing to the absence. They may also outline the benefits of the Occupational Health services and agree whether a referral is appropriate.

The Welcome Back to Work Discussion will give manager an opportunity to:

- Welcome the staff member back to work.
- Make sure they are recovered and establish if they are fit enough to return to work and continue their duties.
- Establish whether any medical issues are ongoing and whether further treatment is taking place or being planned.
- Allow the member of staff the opportunity to outline any concerns they may have about their working environment or outside the workplace that are affecting their ability to attend work and fulfil all their duties.
- Discuss and agree any follow up action as necessary e.g. OH referral, signposting them to staff health and wellbeing page, stress risk assessments, temporary or permanent modifications to their hours and duties, time off for further treatment etc.
- Obtain or check all the correct documentation has been provided.
- Brief the staff member on what they've missed whilst off sick and schedule update session as necessary.
- Discuss any concerns the manager may have about the staff member's level of absence and advise on any follow-up actions that may be required e.g. Wellbeing meeting, Stage 1/2/3 discussion.

Absences for 7 consecutive calendar days or less can be self-certified. This is done via the Welcome Back to Work Form. The self-certification or GP certificate (Fit Note) should be used as a basis for the discussion between the manager and the staff member.

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Below are the key points in relation to the Welcome Back to Work Discussion:

- Welcome back to work discussions need to be carried out by the manager after every instance of absence, without exception to ensure fairness and consistency.
- They should normally be conducted by the staff member's immediate supervisor or manager or by another supervisor or line manager within the department. They are informal meetings with a staff member and their manager and therefore there is no right at this stage to be accompanied by a union representative or friend/colleague. The meetings should be held face to face where possible.
- Discussions should be carried out where possible on the day the staff member returns to work or as soon as possible thereafter and no later than 5 working days after the staff member's return to work – where this is not possible the reason for the delay should be documented on the Welcome Back to Work form.
- The Welcome Back to Work checklist must be used each time as it also provides the self-certification for the absence, and is available via this link on HR pages of the Weston intranet and HRWeb.

7.4 *Keeping in Touch*

It is very important for staff members to stay in contact with the Trust while they are absent. If the member of staff is likely to be absent longer than one day, their manager should agree with them the best way for keeping in touch in order to support them whilst they are absent.

The employee must engage with all aspects of the policy. The Trust reserves the right to suspend payment of Occupational Sick Pay if the individual fails to engage as required.

7.5 *Sickness Whilst on Annual Leave*

If a member of staff (who is not on long term sickness absence) is sick whilst on annual leave, they must contact their line manager and advise them of sickness on the 1st day of sickness and NOT on return from leave. A GP note is required for this period. The amount of annual leave not actually taken can be credited and taken within the staff member's remaining annual leave year. If a fit note is not provided for the period of sickness, the period of time will be recorded as annual leave.

If a member of staff falls sick whilst on annual leave, during which time they have travelled away from home, they should still make every possible attempt to contact their line manager and advise them of their sickness. In exceptional circumstances, where this is not possible, on their return from annual leave, managers may ask the staff member for relevant travel documents. This may also affect Statutory Sick Payments if sickness is outside of the EU.

If a member of staff fails to return to work on an agreed date following annual leave and fails to communicate with their line manager, this will be regarded as unauthorised absence and the AWOL process outlined in the Absence Without Leave Policy should be followed.

7.6 *Sickness Prior to Annual Leave*

Where a member of staff is sick immediately prior to commencing annual leave, they must inform their line manager in order that this time can be recorded as sick leave.

7.7 *Sickness on Bank Holiday dates*

In the event of any sickness occurring on a bank holiday, the hours cannot be claimed back or taken at a later date.

7.8 *Accrual of Annual Leave during Sickness Absence*

Staff will accrue their normal contractual annual leave during periods of short term or long term sickness absence. Bank holiday entitlement will not accrue during periods of sickness absence and will need to be reduced from any annual hours total for part-time staff not working a 5 day week.

Where a member of staff returns to work prior to the end of the annual leave year they should try to take their accrued annual leave within the remaining leave year, or the normal carry over provision will apply (restricted to a week of the normal hours).

Where an individual is on sickness absence at the end of the leave year, or sickness absence has prevented the taking of leave during the leave year, a maximum of 20 days / 150 hours (pro-rata for part-time staff) can be carried forward into the new leave year.

7.9 *Annual Leave whilst on Long Term Sickness Absence*

Staff are expected to be available to attend meetings and appointments relating to their sickness absence during their period of absence.

If a staff member plans to go away for a break/holiday whilst they are on sickness absence and will not be available for meetings or appointments whilst away, they may do so if their GP or Occupational Health confirm that it will not be detrimental to their health.

In these circumstances, the staff member must agree this with their line manager in advance and inform them in writing, prior to travel, of the dates, details of travel and period of unavailability. Annual leave entitlement will be debited for this period.

In cases where an individual is in receipt of half pay or nil pay and wishes to use some annual leave, Payroll must be notified of the period of annual leave in order to make an adjustment for pay purposes. A FIT note must continue to be provided in order that the sickness absence remains unbroken.

7.10 *Part Day Sickness Absence*

If the employee works 50% or more of their contracted hours on the day of absence, it is considered that the individual has made every effort to come to work and this is excluded from the absence process.

If an employee works less than 50% of their contracted hours on the day of absence, they will be considered absent from work and this will be included as part of the episode.

Part-day absence of more than 50% should be recorded on the individual absence log, and the weekly absence return and the normal return to work processes should be applied on the employee's return.

If an employee's absence record shows a pattern of part-day absence, their manager should raise this concern during the Welcome Back to Work meeting, and if appropriate they should be referred to Occupational Health for advice. The advice requested should include whether there is an underlying health cause and prospects for improvement. Continued absence of this kind may result in the employee being formally escalated through the policy (see section 10).

7.11 Sickness as a result of an injury/illness at work

All staff who have symptoms of diarrhoea and/or vomiting are expected to refrain from work for at least 48 hours in line with Infection Control advice. Unless it is clear the symptoms relate to a specific ward/work area, absence due to diarrhoea and vomiting will be recorded in the normal way.

Where diarrhoea and/or vomiting is caused by infection on a ward, and this is confirmed by the Infection Control Team, the incidents should be treated as special leave with pay.

Where an absence is caused by an incident at work this would normally be excluded from short term sickness process. This should be clearly identified in the weekly sickness returns and entered as **industrial injury** (*not sickness*) as the 'absence type'. The manager should also refer to the Injury Allowance Form and Guidance on HR pages of the Weston intranet and HRWeb for further consideration of eligibility of an Injury Allowance. Initially the absence will be treated and paid as sickness absence until the decision of the Trust has been made. Retrospective adjustments will then be made.

Any accident at work must also be recorded in accordance with the requirements of the Trust's Incident Reporting Policy and RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) as appropriate.

Where absence is over 7 days excluding the date of incident causing the injury this will be reported by the Safety Department to the Health & Safety Executive within 15 days as required by law.

The manager must take personal responsibility for following this up and keep a copy on the employee's personal file. In the case of a RIDDOR reportable incident, the following documentation will be requested and must be submitted within three weeks of the request date:

- The total number of days sickness absence including weekends and days off
- Copy of the off-duty rota or staffing establishment for the day the accident occurred
- Relevant patient information e.g. mobility assessment if the incident involved a patient
- Witness statements/ injured person statement
- Risk assessments and/or safe systems of work
- Occupational Health referral confirmation where appropriate

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- Description of equipment involved and environment where relevant.

Please see Injury at Work guidance for further information on the process for claiming Injury Allowance.

7.12 Suspension for Medical Reasons

Where the manager is satisfied (on medical advice), that an employee's continued presence on duty cannot be permitted due to a medical condition which may cause harm to themselves, other staff and/or patients, the employee should be placed on special leave from work in that area until the matter is resolved or the employee submits sick notes and is then subject to the normal sick pay provisions. This includes, for example, clinical staff who have a cold sore that is wet and weeping, who should not attend work in any area with immuno-suppressed patients. Every effort should be made to find alternative suitable work in another area:

If absence from work is unavoidable it must be:

- Confirmed in writing by the manager
- Treated as special leave with pay (if the reason for suspension is for infection control, special leave will only be payable whilst infectious)
- Of short duration
- Be recorded on their sickness absence record but will not count as an episode or towards the percentage attendance

In cases where an employee does not agree with the request to be placed on special leave and therefore, not to attend work, the suspension checklist should be followed.

In addition, the suspending manager should, if practicable, meet with the employee in person to inform them of their suspension immediately, or at the beginning of the employee's next working shift. In exceptional circumstances, and after discussion with HR Services, the suspending manager may undertake the suspension by a phone conversation with the employee. In either circumstance, the manager must use the Suspension Meeting Checklist (Appendix B of the Disciplinary Policy) as a guide.

If meeting in person, ideally a member of HR Services should attend the suspension meeting, and union representation should be offered to the employee if they are a member of a recognised Trade Union. If this is not possible, suspension will not be unduly delayed, but all parties should be informed of the action that has been taken.

7.13 Absence following an accident involving a third party

Where an employee is absent as a result of an accident involving a third party, and where damages may be recoverable from the third party, the Payroll department should be notified immediately by the line manager.

In such circumstances, the sick pay paid to an employee is by way of a loan recoverable from any damages received by them on settlement of their claim.

7.14 Alcohol and other drugs

Employees absent due to alcohol or other drug related problems should be managed in accordance with the Trust's Substance Misuse Policy.

7.15 Control of infection

Managers/Supervisors must consider the Trust's control of infection policies that affect their area of responsibility. For example, staff who have been abroad for four weeks or more should contact Occupational Health who will undertake an initial risk assessment by telephone and follow through any staff who may need further advice, investigation or referral.

8. Sickness Absence Triggers and Process

See Appendix A for a procedure flowchart. Please note that these trigger points are a guidance and reference point for managers to ensure fair application of the policy and are not intended to be punitive. Each individual should be dealt with in a sensitive manner and on a case by case basis.

8.1 Regular Attender

A member of staff is considered to be attending regularly if in any 12 month rolling period they have had fewer than 4 episodes, or less than two weeks (see 7.1a) across 2 or more episodes, of short or long term absence (and are not already on a formal or informal stage of this policy).

a) Definition of "two weeks"

For the purposes of this policy, two weeks are defined as two times the contracted weekly working hours (to a maximum of full-time). For staff groups with a 37.5 hour full-time contract, this figure would be 75 hours. For staff groups with a 40 hour full-time contract, this figure would be 80 hours. In both cases the figure is pro-rated down for part-time staff (but not upwards for above-full-time work).

8.2 Wellbeing Discussion (Informal Stage)

If the member of staff has 4 or more absences, or two weeks (see 7.1a) of absence cumulated over 2 or more episodes, in a rolling 12 months, their manager should hold a 'Wellbeing Discussion' which can form part of the Welcome Back to Work meeting.

In this meeting the manager should investigate whether there is an underlying problem causing the sickness absences and consideration should be given to the reason for the absence. They should also identify any appropriate support and well-being for the staff member, including referral to Occupational Health department if required (see Factsheet on Occupational Health Referrals on HR pages of the Weston intranet and HRWeb). Details of the discussion should be noted in the Welcome Back to Work form.

The manager should agree an Informal Improvement Plan which encourages the staff member to improve their attendance and identify methods of supporting them to have fewer than 2 further

episodes and less than two weeks (see 7.1a) of absence, in the 6 month period following the meeting.

As this is an informal meeting with a staff member and their manager, there is no right at this stage to be accompanied by a union representative or friend/colleague. Managers have the discretion to agree to requests to be accompanied where considered appropriate.

If the member of staff meets their improvement plan, they will return to being considered a Regular Attender.

8.3 *Formal Stage 1 – Absence Review Meeting*

If a member of staff does not meet the targets set at the informal stage, having either 2 further episodes or two weeks (see 7.1a) of sickness absence, they will trigger *Formal Stage 1*.

The manager should arrange a *Formal Stage 1 Absence Review Meeting* and agree an Improvement Plan which encourages the staff member to improve their attendance and identify methods of supporting them to have fewer than 2 further episodes and less than two weeks (see 7.1a) of absence, in the 6 month period following the meeting. Following the meeting the manager should issue a 'letter of concern' (template letter available on HR pages of the Weston intranet and HRWeb).

As this Stage 1 meeting is a formal meeting members of staff have the right to be accompanied by a union representative or friend/colleague not acting in a legal capacity. Managers may request an HR Representative to attend if required.

If the member of staff meets their Improvement Plan they will no longer be under this formal stage of the policy. However, any reoccurrences of poor attendance in the following 12 months, in accordance with initial the trigger points, will result in further absence management commencing at the stage previously reached i.e. Formal Stage 1.

8.4 *Formal Stage 2 – Absence Review Meeting*

If a member of staff does not meet the targets set at Stage 1, having either 2 further episodes or two weeks (see 7.1a) of sickness absence, they will trigger Formal Stage 2.

The manager should issue a 'letter of concern' (template letter available on HR pages of the Weston intranet and HRWeb) and agree a Stage 2 Formal Improvement Plan which encourages the staff member to improve their attendance and identifies methods of supporting them to have fewer than 2 further episodes and less than two weeks (see 7.1a) of absence in the 6 month period following the Stage 2 meeting.

As this is a formal meeting members of staff have the right to be accompanied by a union representative or a friend/colleague not acting in a legal capacity. An HR Representative will also attend.

If the staff member meets their improvement plan they will no longer be under this formal stage of the policy. However, any reoccurrences of poor attendance in the following 12 months, in

accordance with initial the trigger points, will result in further absence management commencing at the stage previously reached, i.e. Formal Stage 2.

8.5 Formal Stage 3 – Sickness Absence Hearing

If a member of staff does not meet the targets set at Stage 2, having either 2 further episodes or two weeks (see 7.1a) of absence, they will trigger Formal Stage 3.

Upon their return from the absence that triggered Stage 3, the member of staff should be told that they are on the final stage of the policy and that a hearing will be arranged to consider their attendance levels which may result in their dismissal on the grounds of capability due to their health. The member of staff will have the right to be accompanied at this meeting by a union representative, or friend/colleague not acting in a legal capacity.

At this stage, managers should have explored all reasonable adjustments that could have been made to support the required improvement in attendance and must work closely with HR to ensure all appropriate steps have been taken in accordance with this policy. Further support for reasonable adjustments can be sought from the Reasonable Adjustments Support Service

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8.6 Use of Management Discretion and Adjustments to Targets

The above targets are recommended to ensure consistency and equity in the application of this policy across the Trust. However, there may be circumstances when it is appropriate for managers to use discretion to adjust the targets. This must be undertaken in conjunction with support and advice from HR or Occupational Health e.g. for cases which are covered by the provisions of the Equality Act 2010.

Examples of where it may be appropriate to apply discretion include:

- Where a staff member is covered under the Equality Act due to an underlying condition where further allowances are agreed.
- Where a member of staff and their manager know in advance that a number of episodes will occur due to, for example, a series of out-patient appointments/planned appointments/planned surgery/treatment and expected recovery time. Where a period of recovery is extended beyond that initially expected, this will be included as a period of absence in respect of the targets.
- Where a staff member is diagnosed with a terminal illness.
- Where a staff member is absent immediately following an injury or illness sustained whilst on duty (where this is proven and accepted as an Industrial Injury).
- Pregnancy related absence (pregnancy related absence must be discounted for purposes of the short term absence process and percentage attendance, but must be recorded as absence on all absence records).
- Sickness following a bereavement or absence due to a bereavement.

In all cases the manager should record the absences but in accordance with the above may decide not to pursue them in relation to breaches of the policy triggers. Managers should be consistent in

their consideration of whether to use discretion, as well as open, honest and fair with staff members. Managers should seek advice from HR Services and/or Occupational Health.

Episodes can be grouped together if they are a continuation of the same illness, within a very short timeframe, for example 48 hours.

If a member of staff is absent from work over a shift that spans two days (e.g. a 12 hour shift from 8pm to 8am) this will be treated as one episode and not counted over two days.

9. Managing Long Term Sickness Absence

9.1 Definition

Long term sickness is a single episode of absence which exceeds 28 calendar days where the reason for which is given as sickness or injury.

A period of long term absence may still be included as a period of sickness in escalating poor attendance through the short term absence procedure.

9.2 Referral to Occupational Health

Line managers may wish to refer employees to Occupational Health for advice as soon as the absence has exceeded 28 calendar days or as soon as it is clear that they are likely to be off for more than 28 calendar days. However, this will depend on the nature of the illness and/or the information provided by the employee or their GP/Consultant.

Absences related to stress, anxiety, work related stress or musculoskeletal problems should be considered for immediate referral.

Following the Occupational Health report, the manager should arrange to discuss the report with the member of staff and what support or adjustments may be required.

9.3 Exceptions

Where a staff member is undergoing treatment in respect of a critical illness or is waiting for surgery, the timescales below should be revised in accordance with their treatment and recovery plan. See the Critical Illness User Guide on HR pages of the Weston intranet and HRWeb for further information.

9.4 Long Term Sickness Absence Review Meetings

Managers should maintain regular contact, at least monthly, with all members of staff who are on long term sickness absence. This can be either in person, by telephone or letter, depending on the employee's preference, so that they can offer support and help if required and keep updated on the employee's progress.

In some circumstances it may be necessary to have additional 'wellbeing' meetings in between the 3 formal review meetings.

For the formal review meetings described in section 8.5, 8.6 and 8.7, the manager should write to the member of staff inviting them to attend a meeting to discuss their absence, the Occupational Health report (if available), options available to support their return to work or other options. If the staff member is not able to attend the meeting due to their medical condition, the manager should discuss whether a home visit would be appropriate or whether to delay the meeting until they are able to attend.

As these are formal meetings the member of staff has the right to be accompanied by a union representative or friend/colleague not acting in a legal capacity, and a representative from HR Services may also be present. The matters that may be discussed at the review meetings are:

- A review of any actions agreed from previous meetings
- Advice provided from GPs, Occupational Health and/or other health professionals
- Whether a further Occupational Health referral (or other medical advice) is necessary
- Forms of support to the employee including Physio Direct and the Trust Counselling Service
- Likely return to work timescales
- Reasonable adjustments required to help facilitate a return to work
- Redeployment options (if appropriate) – temporary or permanent
- Ill health retirement
- Inform employees when they are about to go into half-pay and nil pay
- If they are off due to a workplace injury, inform them of their potential entitlements under the Injury Allowance Scheme and share the guidance
- A date for the next review meeting

A record should be made of the meeting and followed up in writing.

All sickness meetings need to be handled with sensitivity and compassion. There may be non-health related reasons which are causing the absence such as domestic or financial difficulties and the staff member must be given support so that they feel able to discuss confidentially the reasons which may be causing their poor attendance record. If the staff member is in a trade union or professional body it may be appropriate to signpost them to the local representative who may be able to provide additional support.

At any stage if there is an indication that the individual may not be able to return to work in the foreseeable future a panel may be arranged to consider possible dismissal on the grounds of capability due to ill health. This course of action should only be taken in conjunction with advice from HR and Occupational Health. In these circumstances, the 2nd review meeting may not take place.

9.5 *The First Review Meeting*

The first review meeting should normally take place as soon as it is known that the episode of sickness absence will be long term, or after 28 calendar days of absence. The meeting provides the opportunity to find out how the staff member is progressing with their recovery, discuss any support that is available, discuss potential return to work date and provisional plan to support

their return, including reasonable adjustments and phased return where appropriate. If the staff member has attended an Occupational Health appointment the report can be discussed and if not discuss whether an appointment would be beneficial at this time.

9.6 *The Second Review Meeting*

If a staff member does not have a return to work date, then a second review meeting should (in most cases) be held no more than 4 weeks after the first review meeting. The options discussed at the previous meetings should be reviewed along with any additional information from the staff member, their GP/Consultant, Occupational Health or other health professionals.

If Occupational Health have confirmed that the staff member is unable to return to their substantive role and redeployment is not an option, the staff member should be invited to a Final Review Meeting.

9.7 *The Final Review Meeting*

A final review meeting should usually take place within two months of the second review meeting. At the meeting all information from Occupational Health and the staff member, as well as the previous formal meetings held will be reviewed. The purpose of the meeting is to make a final decision with regard to the long term sickness absence.

If there is no clear return date within a reasonable timescale, i.e. within the next 8 weeks, or Occupational Health have confirmed that the member of staff will not be able to return to their substantive role and that redeployment (including consideration of the Equality Act 2010) is not a suitable option, then the possibility of dismissal on the grounds of capability due to ill health and the option of ill health retirement (if appropriate) should be discussed.

Failure to hold the final review meeting within 12 months from the current sickness absence starting may result in the staff member having their half pay sick pay reinstated in accordance with the provisions of the Agenda for Change Handbook. Reinstatement of pay will depend on the reasons for delays for holding the meeting prior to the sickness lasting 12 months and should be discussed with HR.

9.8 *Supporting a Return to Work from Long Term Sickness*

Once the staff member has advised of their return to work date their line manager should prepare for their return. Preparations may include a risk assessment, local re-orientation, update on any managerial/staff changes, policy/protocol updates and essential training updates.

If an employee is fit to return to work before the end of their Fit Note period and the employee, manager and Occupational Health, if appropriate, agree that it is appropriate for the employee to return, a risk assessment must be undertaken before they can return. Managers do not need to wait until the end of the Fit Note for the employee to return to work if they are happy to do so.

In the majority of cases employees will be able to return to their normal duties following long term absence. However, there may be occasions where the staff member's GP or Occupational Health

may recommend adjustments to enable them to return to work which could include any of the following recommendations:

- Phased return to work
- Temporary change to duties
- Specialist equipment/furniture
- Other adjustments as appropriate

Managers must consider making reasonable adjustments where possible taking in to consideration the impact on service or team, cost implications and scope within the working environment. This is of particular importance when the employee has chronic illness which may come under the definition of a disability under the Equality Act 2010. Advice must be obtained from Occupational Health.

Managers should ensure that they carry out an appropriate risk assessment where required (and in all situations when a staff member feels ready to return to work prior to the end date of their current Fit Note).

9.9 Temporary Changes in Working Conditions

Where a member of staff's health would benefit from a temporary change in working conditions, for example, a change in duties or reduction in responsibilities or hours, and where this can be accommodated, the following guidelines should be applied:

- It is essential that this temporary change is communicated in writing and that a review date is set for four weeks. A temporary change should be no longer than 12 weeks; at the end of this period the staff member should return fully to their substantive role.
- Where a staff member returns temporarily on a lower grade this should be in line with the Pay Protection Policy.
- Any change should be by mutual agreement between the staff member and his/her manager taking into account any recommendations made by Occupational Health.
- Managers are responsible for making any reasonable adjustments and may seek HR Services advice.

If the manager is unable to find an appropriate position within the Division that would meet the recommendations for temporary/permanent adjustments in order to facilitate a return to work, they should raise this with the HR Business Partner for the Division who may be able to help identify temporary redeployment opportunities across the Trust.

If a suitable temporary position cannot be found, the staff member will need to remain on sickness absence until they are fully fit to return to their substantive role and will need to provide further Fit Notes.

If a member of staff unreasonably refuses a temporary placement, their entitlement to Occupational Sick Pay may be suspended.

9.10 *Redeployment on Medical Grounds*

If Occupational Health advise that the staff member is unable to return to their substantive role on medical grounds on a permanent basis, suitable alternative employment should be considered in line with the Redeployment Policy.

Staff whose employment in their current post is no longer tenable due to health related issues may be placed on the Redeployment Register. Occupational Health guidance will be sought to establish whether redeployment is appropriate.

Where appropriate, staff should be placed on the Redeployment Register at the earliest opportunity and will remain on the register for the duration of their contractual notice period or 4 weeks, whichever is the greater.

A formal meeting will be convened with the member of staff to confirm that they will be placed on the Redeployment Register and to serve them with their contractual notice of dismissal on grounds of capability due to ill health. This meeting should be attended by a senior manager with authority to dismiss, supported by a senior HR representative. As this is a formal meeting staff members have the right to be accompanied at the meeting by a union representative, or friend/colleague not acting in a legal capacity.

9.11 *Medical evidence stating return to work is not possible due to ill health*

If Occupational Health advise that a member of staff cannot return to either their substantive or an another role the staff member must be informed that the Trust will need to consider whether or not their employment should be terminated on the grounds of capability due to ill health.

Where the staff member does not accept the contents of the report from the Occupational Health Service, they have the option of obtaining independent medical evidence at their own cost. This will be taken into consideration in conjunction with Occupational Health, before reaching a decision.

9.12 *Dismissal on the grounds of capability due to ill health*

Where Occupational Health have advised that the individual is unable to return to work or unlikely to return to work within a reasonable period of time, no reasonable adjustments can be made to the post and redeployment is not possible, the line manager will advise the employee that they will be writing a report recommending consideration that the individual's contract of employment be terminated on the grounds of capability due to ill health. A copy of the report will also be sent to the employee and HR Services.

The report will be submitted to a senior manager who will review the case and either;

- a) Convene a panel hearing to hear the case, appropriately constituted in accordance with Section 10 below.

The panel will consider all the information from Occupational Health and the staff member, as well as the previous formal meetings held. If the employee has failed to attend OH

appointments without providing good reason on two occasions, any decisions regarding their employment may need to be made based on the limited information available.

The member of staff must be invited to the hearing. However, they may choose not to attend and should be given the option to present their case in writing. The management case will be presented and a final decision will be made by the panel Chair. If dismissed, the staff member will have the right of appeal.

Staff members have the right to be accompanied at the hearing by a friend or colleague not acting in a legal capacity or a trade union representative.

- b) Advise that a formal meeting should be arranged with the member of staff and their line manager (who should be given delegated authority). Their representative will be able to attend if they wish and a member of HR Services may also be in attendance. During the meeting, the individual will be given the opportunity to present any pertinent facts and a decision made by the line manager on whether their employment should be terminated on grounds of capability due to ill health.

It is important that the senior manager considers the full context of the case when deciding the appropriate process, including being sensitive of the impact of asking the member of staff to attend a hearing. In particular, situations involving critical or terminal illness (if it is appropriate to be considering dismissal), or where the member of staff themselves accept that the appropriate outcome is for their employment to be terminated, the manager should try to follow a process that will have the lowest level of formality possible. For example a meeting held under s8.12b above may be used primarily as an opportunity to thank a long-serving employee for their service without working through a formal sickness report. The manager must seek HR advice if they are unsure on the appropriate course of action. It is also possible to take cues from the employee themselves and/or their union representative on what would be acceptable.

If the individual elects not to attend either the meeting or the panel, or is not well enough to attend, a representative may attend without the employee to, for example, present the employee's statement. Alternatively, the meeting may take place in their absence and they will be given the opportunity to submit a written statement if they wish to. They will be informed of the outcome of the decision, preferably by telephone but dependent on the employee's preference. This will then be confirmed in writing.

The relevant contractual notice must be given in writing. The employee will return to full contractual pay for the notice period (with the sickness absence ended on the day before the notice period commences). Notice for bank-only staff should be given in accordance with the bank contract of employment. Statutory Sick Pay payments may continue until the termination date.

The termination form should state clearly that it is a termination of employment on the grounds of capability due to ill health, and should also include a request to pay the appropriate period of contractual notice at full pay.

Worked notice paid normally will be paid at the usual monthly intervals until the date of leaving is reached. Pay in lieu of notice should only be used when the Trust would otherwise be in breach of its contractual notice period.

Where payment in lieu of notice is agreed, this will be paid as a statutory duty by the employer and will be paid as a lump sum. This payment is 'Compensation for Loss of Office' and with effect from 8 April 2018 will be subject to the same tax and national insurances deductions as normal income.

Where a lump sum of worked notice is to be paid, the manager must first agree this with Payroll then write to the member of staff asking them to confirm that the request for a lump sum of worked notice has come from them and is being applied at their own request. Two copies of this letter must be sent to the member of staff, who should sign both copies and return one to the manager and keep one for their own records.

Where a member of staff runs out of Occupational Sick Pay entitlement, this is not an automatic reason for dismissal. Although payment to the staff member has ceased, both parties are still bound by the contract of employment and any dismissal of a member of staff for this reason alone could be unfair.

9.13 Ill Health Retirement

Members of staff who have a minimum of two years' pensionable service will be eligible for the payment of a pension and a lump sum when retiring on the grounds of ill health. Final approval for the payment of a pension and lump sum rests with the NHS Pension Scheme. Staff who have less than two years' pensionable service will be eligible for a refund of their contributions.

An application for ill health retirement is a conditional application to retire, and if approved the employee will be considered to have given formal notice of their wish to retire on the date the Trust is notified in writing that the application for ill health retirement has been approved, with their contractual notice period beginning on that date. However a retirement date may be agreed which is mutually beneficial to both the staff member and the manager. Please refer to the Retirement Policy for the retirement procedure. Employees who retire in this way will continue on their existing entitlement of Occupational Sick Pay for their notice period if they are unable to work.

If Tier 1 ill health retirement is approved, the employee will be placed on the redeployment register for the duration of their notice period and be eligible to be redeployed into any suitable alternative employment (please refer to the Redeployment Policy), subject to pension rules.

Any decision should be made in the full knowledge of the potential effect on the staff member's pension and lump sum. Further advice should be sought from the Pensions Office, and anyone considering an application for ill health retirement should seek advice either from HR Services or their union. It is essential the Trust Pensions Office is informed that an application is to be made and ideally submitted by that office.

There is no guarantee that an application to retire on the grounds of ill-health will be approved by the NHS Pensions Agency. Any decision made under this policy to dismiss a member of staff on the

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grounds of capability due to ill health will not be affected by a proposed or unsuccessful application to retire on the grounds of ill health.

If the incapacity results from an injury that occurred as a result of employment, the staff member may be entitled to benefits under the National Health Service Injury Benefit Scheme, (irrespective of whether they are members of the NHS Pension Scheme). Similar payments may be made if the incapacity is due to illness that is occupational in origin. In order to process potential eligibility the manager should seek advice from the Trust Pensions Office.

10. Sickness Absence Hearing

10.1 Arrangements for the Hearing

The arrangements for the hearing must be confirmed to the staff member in writing allowing at least 5 working days' notice. The information supplied to the staff member in the letter notifying of the hearing must include:

- The requirement to attend the hearing and the reason
- The date, time and place of the hearing
- The details of the relevant evidence
- The right of the staff member to be accompanied by a Trade Union representative, friend or colleague, not acting in a legal capacity
- The name of the manager conducting the hearing
- The names and job titles of the presenting manager and HR support
- Documents which will be produced in evidence during the hearing, including the management and staff member's statement of case
- A request for details of the staff member's representative (if any) at the hearing
- Where the staff member is an accredited Trade Union representative, the normal procedure should be followed. Depending on the circumstances, however, it is advisable to discuss the matter at an early stage with an official employed by the union, after obtaining the staff member's agreement
- A hearing may be re-arranged once if the staff member or their representative is unable to attend. At the second attempt, the hearing will take place and a decision will be made in their absence unless there are extenuating circumstances. With the approval of the Chair of the panel, a different manager or HR adviser may present the case to avoid delay in hearing the case.
- If an employee fails to attend the first hearing without notification, the hearing may go ahead in their absence.

10.2 Constitution of the Panel

The hearing will be organised by the Chair of the panel, who will be appropriately authorised or will have delegated responsibility to issue a sanction including dismissal.

- The panel should also include a senior member of HR to advise the panel on process.

- In some cases there may be a third panel member present as an expert in the field relating to the staff member's place of work or from the profession to which the staff member belongs.
- The panel should have access to recent Occupational Health advice.

If a member of staff is dismissed on the grounds of capability they will be given the right of appeal against the decision. Any appeal must be sent in writing to the Head of Employee Relations within 10 working days of receipt of written confirmation of the decision. The appeal will be dealt with in line with the Trust's Appeals Policy and Procedure.

11. Percentage Attendance and Patterns of Absence

There will be occasions in which a member of staff has a significant record of absence over an extended period of time, which is having a detrimental effect on the service but has occurred in a pattern which has not led to the formal procedures for managing long term or frequent absence. Under these circumstances, the Trust may use a percentage attendance calculation to determine whether the member of staff should be escalated onto a formal stage of the absence management procedure.

The percentage attendance calculation determines the percentage of working hours lost as sickness absence as a proportion of the total working hours available across a 12 month period. This excludes annual leave and non-working days. 3-year attendance can be calculated to provide context, but is not used as a trigger for escalation.

Managers may also identify employees who have a pattern of absence, for example at the beginning and end of shift patterns such as Monday/Friday, regular half days, being absent due to sickness before or after annual leave or regular absence at Christmas or other holiday periods.

11.1 Process

Percentage attendance calculations should be completed by the line manager. HR Services can provide appropriate information and support. Supporting documentation for undertaking a percentage attendance review can be found on HR pages of the Weston intranet and HRWeb.

The principles of consideration of underlying health issues and reasonable adjustments still apply. Where there is an underlying health issue, the manager should seek advice from HR Services to determine if the percentage attendance review is appropriate.

Prior to completing the percentage attendance report the individual should be informed by their manager that the report is being completed and the reason why it is being completed.

Once completed, the report should be submitted to the divisional HR Business Partner.

11.2 Outcomes

The divisional HRBP will review the percentage attendance report and determine the appropriate next step. The HRBP will also take into consideration whether the absence management process has been followed appropriately in the past, when determining the level of escalation. Where

escalation to a formal stage of the policy is indicated, the employee may be escalated in line with the following guidelines:

81% to 90% over the last 12 months or more, consider escalation to the next formal stage of the policy

71% to 80% over the last 12 months or more, consider escalation two stages up the policy

Less than 70% over the last 12 months or more, consider escalation to stage 3 of the policy

If the employee is escalated through the formal process, they should receive a copy of the percentage attendance report. The process for the different stages described in section 7 should then be followed. If there is no escalation following the review, the percentage attendance report will be kept on the individual's personnel file in HR Services, and the employee may ask for a copy.

12. Access to Medical Records Act 1988 and Access to Health Records Act 1990 and Data Protection Act 1998

The Trust will comply with the requirements of the above legislation on access to health records by Trust employees. The 1990 Act enables staff members to request in writing access to their health records or part of their health record from a doctor (including a company doctor). Where such a request is received it will be necessary for the Occupational Health Physician to respond in accordance with the Act's requirements.

13. Standards and Key Performance Indicators

13.1 Applicable Standards

Applicable standards include all areas covered by this policy, where specific standards will be used to monitor compliance, including all standards staff are expected to follow and reach in order to comply with this policy. For example, this might include regulatory requirements.

13.2 Measurement and Key Performance Indicators

Levels of Sickness Absence within the Trust in accordance with the agreed Trust target KPI

14. References

NHS Terms & Conditions of Employment Handbook

15. Associated Internal Documentation

Appeals Policy & Procedure

Disciplinary Policy & Procedure/Resolving Conduct Concerns Policy

Emergency & Special Leave Policy

Equality, Diversity & Human Rights Policy

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Grievance Policy & Procedure

Incident Reporting Policy

Injury Allowance Guidance

NHS Terms & Conditions of Employment Handbook

Performance Improvement Policy

Recruitment Policy

Redeployment Policy

Retirement Policy

Staff Conduct Policy

Substance Misuse Policy

16. Appendix A – Monitoring Table for this Policy

Objective	Evidence	Method	Frequency	Responsible	Committee
To ensure that the Policy and its application remains effective	Levels of Sickness Absence within the Trust in accordance with the agreed Trust target KPI	Monitoring at Divisional and Trust Board	Monthly	Divisional Boards and Trust Board	Divisional Boards and Trust Board
To ensure that policy remains fit for purpose	Adherence and effective application of Policy	Policy review	36 months	HR Services Team	Policy Group / Staff Partnership Forum
To ensure effective application of Policy	Application of Policy and Sickness Absence reporting procedures by line managers and staff	Audit	As required	HR Services	Workforce Management Group

17. Appendix B – Dissemination, Implementation and Training Plan

The following table sets out the dissemination, implementation and training provisions associated with this Policy.

Plan Elements	Plan Details
The Dissemination Lead is:	Head of HR Services
Is this document: A – replacing the same titled, expired policy, B – replacing an alternative policy, C – a new policy:	A
If answer above is B: Alternative documentation this policy will replace (if applicable):	[DITP - Existing documents to be replaced by]
This document is to be disseminated to:	All staff
Method of dissemination:	Newsbeat and Divisional Comms

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Plan Elements	Plan Details
Is Training required:	Yes
The Training Lead is:	HR Services

Additional Comments
[DITP - Additional Comments]

18. Appendix C – Equality Impact Assessment (EIA) Screening Tool

Further information and guidance about Equality Impact Assessments is available here:

<http://nww.avon.nhs.uk/dms/download.aspx?did=17833>

Query	Response
What is the main purpose of the document?	To provide guidance for the management of procedural documents within the organisation.
Who is the target audience of the document?	Add <input checked="" type="checkbox"/> or <input checked="" type="checkbox"/>
Who is it likely to impact on? (Please tick all that apply.)	Staff <input checked="" type="checkbox"/> Patients Visitors Carers Others

Could the document have a significant negative impact on equality in relation to each of these characteristics?	YES	NO	Please explain why, and what evidence supports this assessment in relation to your response.
Age (including younger and older people)		x	
Disability (including physical and sensory impairments, learning disabilities, mental health)	x		The Trust will use reasonable adjustments to ensure that disabled staff are not treated less favourably.
Gender reassignment		x	
Pregnancy and maternity		x	
Race (includes ethnicity as well as gypsy travelers)		x	
Religion and belief (includes non-belief)		x	
Sex (male and female)		x	
Sexual Orientation (lesbian, gay, bisexual, other)		x	
Groups at risk of stigma or social exclusion (e.g. offenders, homeless people)		x	
Human Rights (particularly rights to privacy, dignity, liberty and non-degrading)		x	

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treatment)			
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Could the document have a significant positive impact on inclusion by reducing inequalities ?	YES	NO	If yes, please explain why, and what evidence supports this assessment.
Will it promote equal opportunities for people from all groups?		x	
Will it help to get rid of discrimination?		x	
Will it help to get rid of harassment?		x	
Will it promote good relations between people from all groups?		x	
Will it promote and protect human rights?		x	

On the basis of the information/evidence so far, do you believe that the document will have a positive or negative impact on equality? (Please rate by circling the level of impact, below.)

Positive impact				Negative Impact		
Significant	Some	Very Little	NONE	Very Little	Some	Significant

Will the document create any problems or barriers to any community or group? ~~YES~~/ NO

Will any group be excluded because of this document? ~~YES~~/ NO

Will the document result in discrimination against any group? ~~YES~~ / NO

If the answer to any of these questions is YES, you must complete a full Equality Impact Assessment.

Is a full equality impact assessment required? ~~YES~~ / NO

Date assessment completed: 13/10/2021

Person completing the assessment: [REDACTED]

Status: Approved

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