



Sheffield Health
and Social Care
NHS Foundation Trust

Policy:

HR 042– Supporting Attendance and Managing Sickness Absence

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Summary of policy

This policy guides Managers and employees on the supporting attendance and managing sickness the process.

The changes made to this version of the policy are summarised on pages 4 and 5 (amendment log).

Target audience	All SHSC employees
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Keywords	Sickness, triggers, absence, long, short, stress, Welcome back to work interview
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Storage

This is Version 8 and is stored and available through the SHSC Intranet/Internet.

This version supersedes the previous Version 7, March 2021.

Any copies of the previous policy held separately should be destroyed and replaced with this version.

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Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	Policy reviewed and published on the Trust intranet and Trust website	April 2015	Policy was improved to provide more information on promoting attendance (see Appendix L) and by enhancing the role of the Sickness Absence Review Meeting (section 6).
2.0	Policy reviewed and published on the Trust intranet and Trust website	November 2016	The policy was improved in consultation with Staff Side and the Sickness Absence Case Manager.
3.0	Policy reviewed and published on the Trust intranet and Trust website	April 2017	Early review undertaken to update the policy to comply with new regulatory requirements.
4.0	Policy reviewed in consultation with staff side and the sickness absence case manager.	October 2018	New guidance implemented and amended to clarify process and procedures on Promoting attendance and managing sickness.
5.0	Review / consultation/approval/ratification / issue / launch	October 2019 to end Feb 2020	<p>Full review completed as per the HR Policy Governance process -</p> <ul style="list-style-type: none"> • This policy has been transferred into the latest Policy on Policies format and has undergone a number of changes which include - improved clarity, additional new sections as well as amendments to correct typographical errors and make some reference updates. • Section 7.5 - Insertion of 'Action prior to Triggers being reached' when reaching 3 occasions of absence (to be reviewed after 6 months) • Page 11 - The description of 'Warning' has been changed to 'Improvement Notification' • Page 12 - Introduction of pro-rata triggers & tables for part-time staff

		<ul style="list-style-type: none"> • Section 6.4 - Descriptions of the wide support available for staff. Step Care Model level 1 & 2 Psychological Support Service (via PAM Occupational Health services), Workplace Wellbeing (level 3 & 4) Psychological Support, Physiotherapy Service (from Physio Med), Chaplaincy Service, Freedom to Speak Up guardian, Trust Staff Health & Wellbeing intranet widget for services and support for staff. • Section 7.7 Inserted - reimburse cost via expense policy for medical certificate (private) • Section 7.12 Occupational Health referral is an online process. • Section 7.12 Inserted - any travel expenses incurred by attending an Occupational Health appointment outside Sheffield will be refunded. • Section 7.14 Insertion of Curtailment of the policy. • Section 7.17 Insertion of new Redeployment paragraph. • Pages 36 & 37 - Dismissal hearing time scales increased to minimum of 30 days (from 10) and submission of statement of case (decreased to 5 days instead of 7). (This change provides consistency with the Disciplinary Policy). To be reviewed after 1 year • Section 7.33 - Insertion of a new section re Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (RIDDOR). • Insertion of right to appeal process rather than refer to another policy. • Page 46 - Injury allowance flow chart amendments and
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			<p>a new appendix N Injury Allowance Section 22 of Agenda for Change. To be reviewed after 6 months</p> <ul style="list-style-type: none"> • Following feedback from PGG in October Updated Data Protection Act date to 2018 on page 5. • Corrected decision making for application to manager with support from HRBP as opposed to HRBP alone in Injury allowance process flowchart. • The policy was approved by PGG on 10 February 2020 subject to the amendment of the next review date from 31st October 2023 to 31st January 2023, and the addition of the Equality Impact Assessment Form (which had been removed from the Policy on Policies template and is now being added back in).
6.0	Minor changes as shown - consultation/approval/ratification. / issue / launch	Oct 2020 - Nov 2020	<ul style="list-style-type: none"> • Section 7.5 - Insertion of 'Action prior to Triggers being reached' when reaching 3 occasions of absence (to be reviewed after 6 months) Review to be extended until 31/32021 • Flow chart - Injury Allowance reviewed (as per 6-month agreement to review) and amendment made due to previous error. • Wording clarity to confirm Improvement Plan starts from date of meeting within policy and template outcome letters • Transitional arrangements included in section 11
7.0	Planned interim reviews and minor changes	May 21	<ul style="list-style-type: none"> • Review of Pages 36 & 37 - Dismissal hearing time scales that was increased. • Following feedback - Clause to be inserted to Dismissal

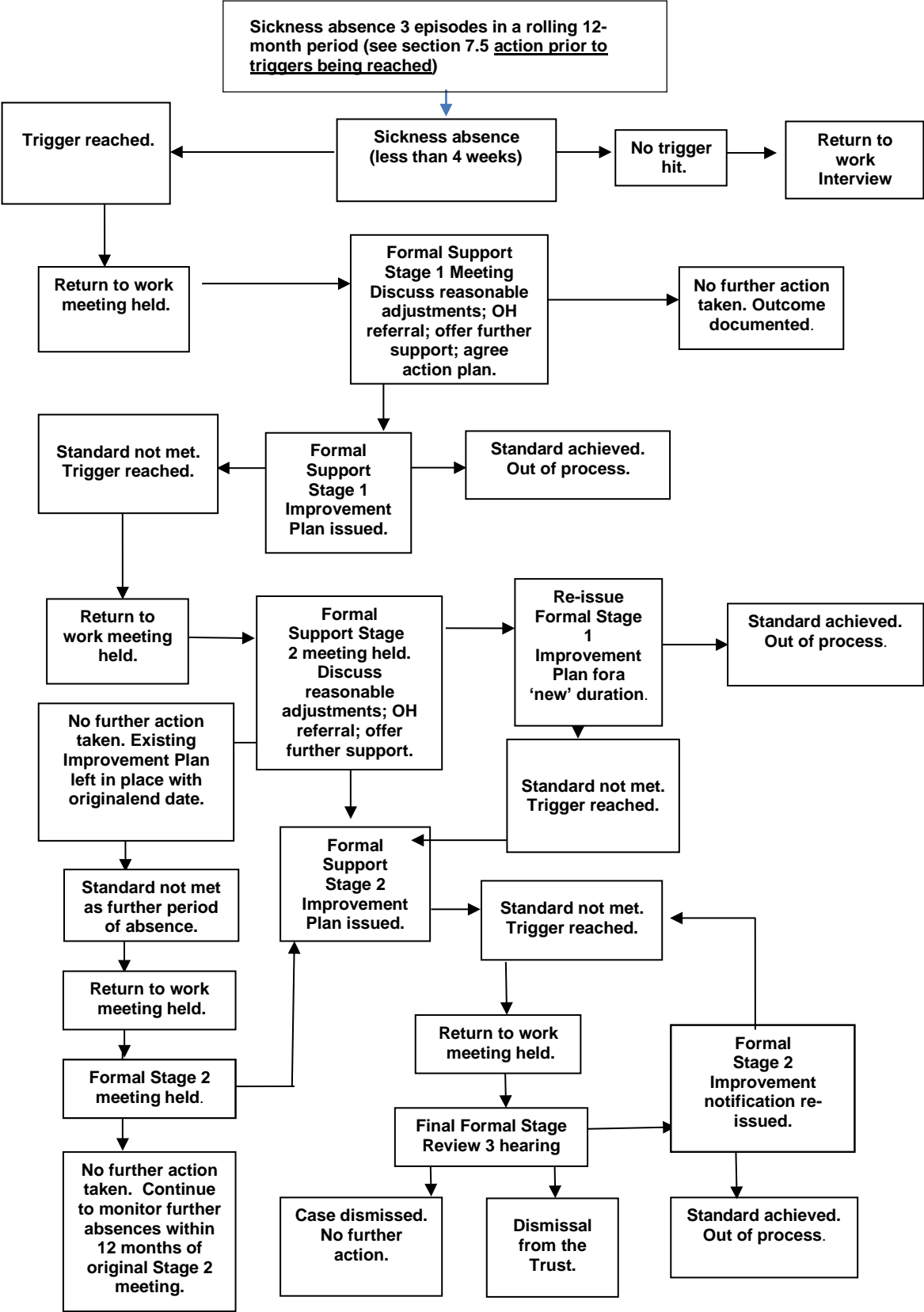
			<p>Hearing section to waiver the 30 working days' notice with mutual agreement with all parties.</p> <ul style="list-style-type: none"> • Review of Section 7.5 - Insertion of 'Action prior to Triggers being reached' when reaching 3 occasions of absence. • Review of Flow chart - Injury Allowance reviewed. • Minor changes to the managers role and responsibilities 6.1
8.0	Policy reviewed and published on JARVIS and SHSC website.	March 2023	<ul style="list-style-type: none"> • Minor spelling, grammar and other anomalies as necessary. • Policy title amended. • Re positioned first box on flow chart. • Supplement to flowchart, inserted clarity on absence occurrences. • Renamed Formal Stage 1 and 2 meetings renamed 'Formal Support meetings 1 and 2. • 6.1 Added Multi-Agency Team / Dual Management guidance. • 7.4 Improved clarity on occasions of sickness. • 7.5 Added fertility treatment to the list of discretion reasons. • 7.25 Absence Related to Fertility Treatment section added. • 7.29 Improved clarity on statutory annual leave carry over guidance. • Appendix C Para 10. Dismissal Hearing added guidance on redeployment. • Appendix D Failed Phased Returns Process. • 7.7 New fit note guidance taken from .Gov.

		<ul style="list-style-type: none"> • 7.2 Amendments to Patterns of Absence. • 30 Days hearing notice changed to 25 days in line with Disciplinary Policy Dec 2022. • Added guidance on E-Roster to record sickness. • Added Agile Working Policy 7.30. • Added Menopause Guidance 7.32 • NHS England Wellbeing Conversation added, Appendix F, Para 3. • Changed Improvement Plan to improvement plan (throughout). • Removed expenses for travelling outside of Sheffield for OH appointments. • Removed reference to disruption and cost within procedure. • Replaced 'Trust' with SHSC throughout. • Replaced Human Resources with 'People Directorate or 'HR Business Partnering Team' where applicable. • Appendix G, Para 22.7, added parameters of Injury Allowance taken from NHS Employers guidance. • 7.17 Added clarity on the loss of public holiday entitlement during sickness absence. • 7.18 Part days sick, clarity reviewed, and Health Roster guidance added. • Amended the title of Policy. • Menopause Guidance Appendix F para 5. • Listed Health and Wellbeing support Appendix F Para 6.
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			<ul style="list-style-type: none">• Added Workplace Adjustment and Wellbeing Passport (WAWP) to Appendix F para 7.
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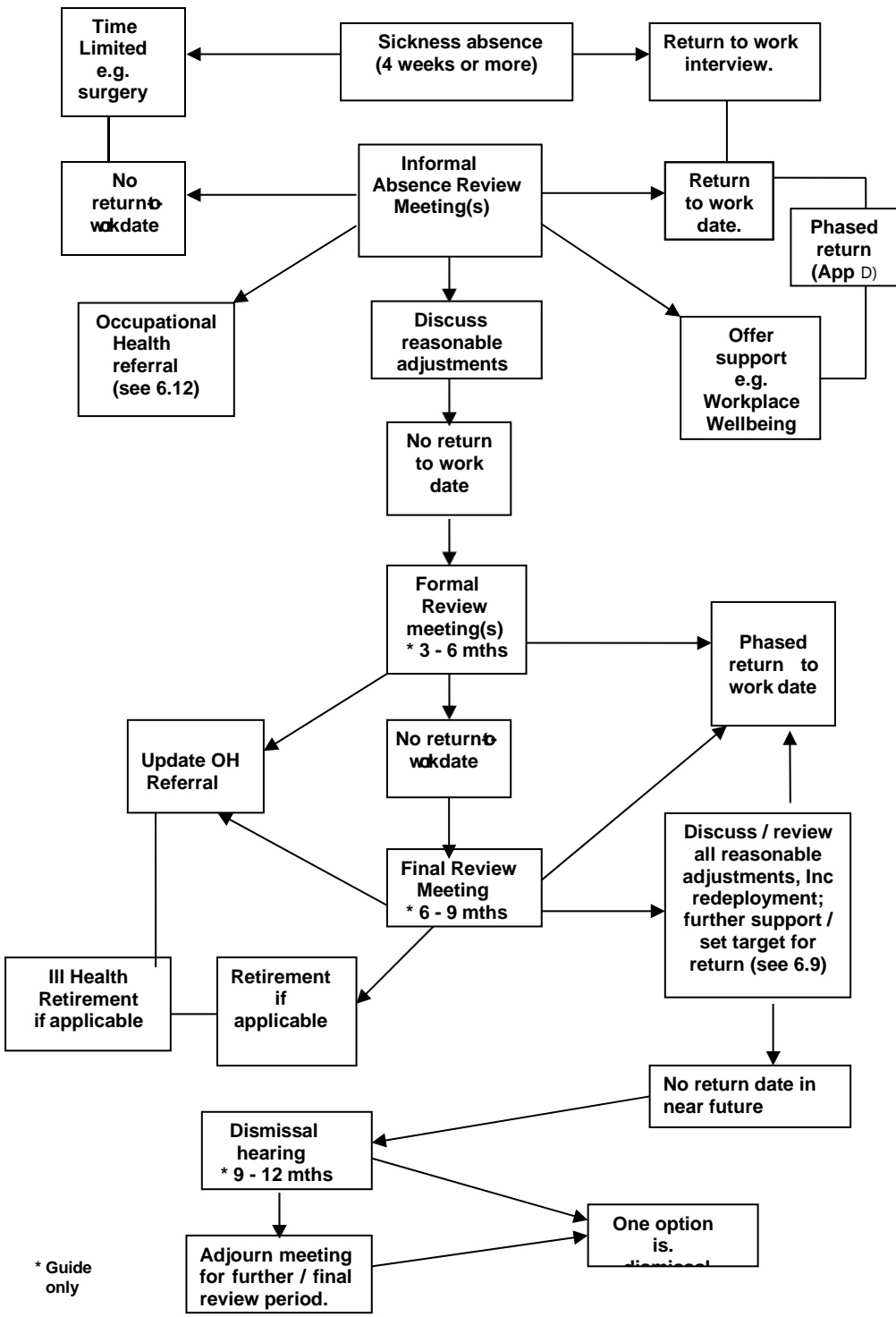
Flowchart 1

SHORT TERM ABSENCE PROCEDURE



Flowchart 2

LONG TERM ABSENCE PROCEDURE



* Guide only

Supplement to Flowcharts: Summary of Trigger Points for Short Term Absences

The trigger points agreed under this Policy are in any 12-month rolling period assessed from the most recent first day of absence.

If you commence a period of absence of 28 calendar days or more, the occasion of absence will count towards the total number of occasions in a rolling 12-month period.

Where an employee returns to work after **3 (three)** occasions of absence in a rolling 12-month period managers should, ensure that they highlight to the employee that they are approaching the first stage sickness absence triggers and consider any reasonable adjustments or supportive measures that may be required.

The trigger points at each stage of the process are as follows:

To initiate a Formal Support Stage 1 Meeting

- 3 periods of absence in 3 months/or total of 10 working days (pro-rata for part-time employees) absence in 3 months
- 4 periods of absence in 12 months/or total of 15 working days (pro-rata for part-time employees) absence in 12 months

Any other pattern of absence which gives rise to concern (including previous years – refer to HR).

(For part-time employees, a day means the hours they were scheduled to work on that day or shift.)

Triggers applicable following a Formal Support Stage 1 Improvement Plan being issued

Where an employee has received a Support Stage 1 Improvement notification, the duration applies for a 12-month period with effect from the date of the review meeting. The new set of triggers that apply during the period of the notification plan will be:

- 2 periods of absence in the first 3 months / or a total of 5 working days (pro-rata for part-time employees) absence in the first 3 months following the Improvement Plan being issued;
- 3 periods of absence in 12 months / or total of 10 days working (pro-rata for part-time employees) absence in 12 months;
- Any other pattern of absence which gives rise to concern (including previous years – refer to HR).

Triggers applicable following a Formal Support Stage 2 Improvement Plan being issued

Where an employee has received a Support Stage 2 Improvement notification, the duration applies for a 12-month period with effect from the date of the review meeting. The triggers that apply during the currency of the notification period will be:

- 1 period of absence in 3 months following the Improvement Plan being issued;
- 2 periods of absence in 12 months / or total of 5 days working (pro-rata for part-time employees) absence in 12 months;

- Any other pattern of absence which gives rise to concern (including previous years – refer to HR)

refer to HR).

The principle of applying a pro-rata trigger is to manage sickness absence consistently and fairly across the Trust, applying a pro-rata principle based on working days is a proportionate means of achieving that aim.

For full details refer to section 7.5 and Appendix B.

1. Introduction

Sheffield Health and Social Care (SHSC) values the contribution its employees make to meet our vision to provide high quality, integrated health and social care services which aspire to national excellence and improve individual's health and wellbeing.

To meet our vision, we need to ensure the health and wellbeing of our workforce and maximise attendance at work. SHSC is committed to promoting an attendance culture which recognises that it is generally better for health and wellbeing to be at work and to focus on a person's capacity for work rather than their incapacity. It is the responsibility of all employees to work together to promote a healthy workplace and, when absence is unavoidable, ensure the effective management and support of that sickness absence and ill health for a prompt return.

The SHSC will achieve this by:

- Providing a framework for the health, safety, and wellbeing of all employees. This will include use of risk assessments to identify and manage hazards impacting on health in the workplace and policies which facilitate a healthy work/life balance;
- Promoting ownership of the Policy through partnership working, communication and feedback;
- Implementing this procedure to support and manage employee absences;
- Ensuring that appropriate training is provided to managers and employees;
- Monitoring levels of sickness absence and their causes for individuals, teams and SHSC as a whole;
- Reviewing and improving the procedure, as necessary.

High absence levels adversely affect not only our ability to meet our vision but can prevent us from achieving our standards and key performance indicators. The result is:

- Poorer quality of care and service
- Missed deadlines.
- Additional employment costs
- Low morale
- Diminished reputation
- Higher workloads for colleagues

Guiding Principles

The following principles apply to the Trust's procedures for dealing with sickness absence.

- Good attendance is valued, and managers should acknowledge this through appropriate feedback whether as part of the performance development review process or otherwise;
- Absence management will not imply any distrust of employees or concerns regarding their conduct;

- Sickness absence will be treated in accordance with the Trust's Equal Opportunities and Dignity at Work Policy and statutory requirements; Employees will be treated consistently, and the sickness absence procedures will be fairly applied across the Trust, taking account of service needs as well as individual and group needs.
- SHSC will promote a positive and preventative rather than a punitive approach.
- SHSC will be sensitive and supportive to those suffering the effects of ill health.
- Sickness absence cases will be conducted with respect for confidentiality and in accordance with the requirements of the Data Protection Act 2018 and Access to Medical Reports Act 1988 and Human Rights Act 1998.
- Open communication between managers and employees will be encouraged and promoted.
- SHSC will aim to distinguish between absence due to sickness and any abuse of the sickness absence process.
- Managers have the right to meet employees where they have concerns about attendance. Similarly, employees have the right to raise with their manager concerns and problems, which they believe, may affect their performance and attendance.
- Managers will consider the full range of options available in determining appropriate outcomes. The needs of the service will be a vital consideration in this process.
- Managers have the right to require employees to attend a medical and/or interview with the Occupational Health Service so that information can be gained to help manage issues of health.
- SHSC accepts the legitimate role of trade union representatives to represent their members within this procedure.

2. Scope

This Policy and procedures apply to all employees. In cases of incapability, not due to ill health, referral should be made to the Trust's Capability Policy.

3. Purpose

The key purpose of a Supporting Attendance and Managing Sickness Absence Policy is to encourage reliable attendance among all employees so that a dependable staffing base can be established to meet service needs.

The policy and procedures are designed to:

- Ensure that managers and relevant employees jointly seek to minimise sickness absence and the causes of sickness absence;
- Reflect best practice and statutory rights;
- Enable managers and employees to understand their role in the management of

sickness absence as well as the support that is available;

- Provide a framework for reporting, certifying, and managing both short term and long-term absence;
- Set out the principles underpinning the management of sickness absence;
- Promote attendance through consideration by managers, staff and Staff Side of how to improve health and wellbeing.

4. Definitions

Please refer to Appendix A.

5. Details of the Policy

Please refer to the introduction at section 1.

6. Duties

6.1 The role of the **line manager** is crucial in managing long and short-term absence.

Attendance at work is important to maintain efficiency, cost effectiveness, standards of client care and staff morale.

Line Managers will (for employees they manage):

- Support an environment that promote and encourage attendance.
- Ensure awareness of this Policy and procedure
- Keep up to date records and complete the relevant documentation
- Follow the procedure and associated documentation as set out in this Policy and the Managers' Toolkit/Guide
- Monitor absence levels within their teams.
- Maintain agreed regular contact with staff throughout all stages of the procedure.
- Conduct welcome back to work interviews (within 2 days of return to work wherever possible)
- Establish clear action plans for longer absences.
- Use all appropriate support, including consideration of any reasonable adjustments (see 7.9)
- Be fair, consistent, sympathetic, and supportive.
- Conduct meetings as set out in the Policy.
- Provide early signposting of appropriate supportive intervention at the earliest opportunity aiding prevention.
- Multi-Agency Team / Dual Management

6.2 If SHSC is hosting an employee from an external organisation i.e. the local council, it is the line managers responsibility to liaise with that organisations HR department and management to ensure their policies and procedures are adhered to. The employee should actively engage with both organisations and be aware of relevant policy and guidance. **Employees** have contractual responsibilities regarding attendance as detailed below and an obligation to take responsibility, as far as is

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practicable, for their own health and wellbeing.

Employees will:

- Meet their obligations under their contract and this Policy.
- Raise concerns immediately with their manager if they believe their job is making them ill or contributing to illness or as soon as you are reasonable aware
- Report sickness absences promptly, in accordance with this Policy
- Ensure that the appropriate certification is provided.
- Maintain agreed regular contact with their manager during periods of sickness absence.
- Communicate effectively with the manager about their sickness absence.
- Co-operate fully with the Trust's Occupational Health Service and other services that provide support to SHSC and its employees
- Help ensure that medical advice and treatment, where appropriate, is received as quickly as possible in order to facilitate a return to work
- Attend meetings with their line manager to discuss their absence
- Not abuse the sickness absence procedures or sick pay scheme.

6.3 Directorates / Care Networks

There is a general responsibility within Directorates / Care Networks to promote the health and wellbeing of the workforce. They will:

- Raise awareness of the importance of having an attendance culture
- Monitor absence and ensure managers take appropriate action.
- Facilitate the use of all appropriate support.

6.4 Support Available

The following services are available to managers and employees: -

- Occupational Health Services – to provide advice and guidance to help assess the impact of any ill health, medical concerns and the prospects for recovery. Occupational Health also provides Step Care Model level 1 and 2 Psychological Service of support via a well-being online referral
- Workplace Wellbeing Counselling Service – to provide a confidential service to employees in order to discuss concerns related to work or personal circumstances.
- Physiotherapy Service - Physiotherapy is offered to all eligible employees who have a musculoskeletal problem.
- Chaplaincy Service - The Chaplaincy team within SHSC is employed to support staff members as well as service users and their families.
- Freedom to Speak Up Guardian - Provides advice and support to staff at any stage of raising a concern and will ensure it is looked into.
- Health & Wellbeing - On JARVIS there is a Health and Wellbeing, Support for Staff section which provides themed areas of supportive initiatives.
- People Directorate – to provide support and guidance to managers and employees in dealing with sickness absence and ill health and in the use of the Trust's related policies and procedures.

- Risk Department – to help minimise hazards and provide appropriate training.
- External Support – sources of external support may be identified by SHSC from time to time for any part of the procedure. The nature of such support will be identified separately and will amend/supplement the provisions in this Policy, as appropriate.

6.5 Staff Side Representatives should:

- Work with Managers, People Directorate and the Occupational Health Service to ensure employees are treated fairly and consistently within the framework of the Policy.
- Support members at any stage of the policy if members' request
- To represent members in the workplace at the appropriate stages of the Supporting Attendance and Managing Sickness Absence Policy and procedures.

7. Procedure

7.1 Reporting and Recording Absence

Employees have a responsibility to report any sickness absence and to provide the line manager with all relevant information about the reason for sickness absence, the duration and any work/appointments that may need to be rearranged.

The employee must contact their line manager on the first day of absence as far in advance of their designated start-time as possible. Those working on nights or shifts should notify their line manager immediately they become incapacitated to enable cover to be arranged as quickly as possible. This should be done by telephone by the employee.

The employee must not leave a message with a colleague unless this has been agreed locally. In these circumstances follow-up procedures should exist. Only in exceptional circumstances should someone call on the employee's behalf, e.g., if the employee is in hospital. If individuals are unable to make contact, then arrangements must be made for a relative or friend to do so on their behalf with a follow-up call from the employee.

In all cases the employee must leave a number or address at which they can be contacted and if this change they must let their line manager know.

Individual Directorates can specify and communicate more detailed requirements, which need to be met (e.g. particularly where any absence requires immediate cover arrangements). This should be set out in a local protocol and communicated to all relevant employees.

Failure to inform the line manager of absence in line with this Policy may lead to the absence from work being considered as unauthorised, resulting in loss of pay and potential disciplinary action.

The employee should state the nature of the illness or other reason for absence, when they first become unfit for work and, if possible, the estimated date of return. **If the absence is related to bereavement the manager must refer to the bereavement section of the**

leave policy. The employee must continue to update their line manager throughout the absence, either by telephone or by an alternative method if agreed in advance. The frequency and timing of the future contacts should be discussed and agreed at the time of the initial contact.

As a minimum the employee must telephone their line manager again on the 4th and 8th day of sickness absence and advise of their continuing absence. An employee must inform their line manager prior to their return that they are fit to do so giving as much notice as possible. If any employee is unable to resume work on the expected day, they should telephone the line manager as soon as possible on the day they were intending to return to work.

Employees should confirm to their line manager whether the sickness continued into any days off/rest days or ended before then.

If the employee believes that their absence may have been caused by something that happened at work, they should inform the line manager of this and arrange for an accident report form to be completed if appropriate.

Line managers should be aware which employees are absent from work within their unit and the reasons why. The line manager must keep records of the initial contact and all other contacts including logging the date and time.

7.2 Monitoring Sickness Absence and Patterns of Absence

Line managers must ensure that all absences are recorded and analysed including part- days and irregular attendance. This Policy contains 'triggers' for both short term and long-term absence but these do not preclude line managers from investigating other patterns of absence which cause concern.

All absences should be recorded on E-Roster. There is an option on E Roster to tick when Return to Work and OH referrals have taken place. Managers need to ensure this is selected once it has taken place.

SHSC reviews both attendance levels and patterns of absence. If an unsatisfactory pattern of absence is identified managers have the right to escalate an employee to a Formal Support Stage Meeting. If an employee is currently not at a Stage of the Policy, they will be referred to a Formal Support Stage 1 meeting.

If an employee has already triggered the policy and been referred to a Support Stage within the previous rolling 12-month period, the employee will move to the next stage of the policy.

Formal meetings arranged under this Policy will consider the employee's attendance record for the period of absence over a rolling 12 months and taking into consideration the employees attendance record for the previous 12 months prior to the start of the formal support management process. Where a pattern of absence has been identified, information reflecting the full pattern of absence will be presented and considered.

7.3 Short term Absence

Short term absence involves absences which do not require a medical certificate and is a result of minor ailments. Judgement will be necessary as to when a short-term absence could develop into a long-term problem and where this looks a possibility an assessment should be made as to whether it would be better dealt with as a long-term absence and the

appropriate action taken.

Managers need to take action to investigate the reasons for such absence and identify what reasons would assist with preventing the recurrence of any such absence. Repeated absence may indicate that there is an underlying reason related to the work environment and/or the employee's health. In such cases, it should be established whether the individual is receiving advice and treatment through their GP and if appropriate, a referral to the Occupational Health Service and or Physio Med should be considered as soon as practically reasonable.

Managers shall also consider any other information which may give cause for concern such as the attendance pattern e.g., regular absence on a Monday and/or Friday, or patterns of absence over extended periods of time.

Where formal action is required to address the issues of concern, the procedures in Appendices B and E should be followed, as appropriate.

7.4 Long term Absence

For the purposes of recording the absence under the ESR system, long term absence is defined as absence which lasts for 4 weeks (28 days). However, if an absence has lasted for two weeks and no date for return has been identified, it is good management practice that such absence will be classified as long-term for the purposes of the policy. If you commence a period of absence of 28 calendar days or more, the occasion of absence will count towards the total number of occasions in a rolling 12-month period.

In some situations, the length of absence can be predicted in advance (e.g., planned surgery) but often the length of absence is unpredictable. The greater the uncertainty as to the possible length of absence, the more important it will be to obtain as much information as possible in order to ascertain what impact the absence will have and what steps could be taken to increase the prospects of a return to work.

A **phased work return** for employees coming back from long term sickness should be considered and, if appropriate, agreed. The period of phased work is normally over a period of **up to four weeks** with a review in the third or fourth week to see if a short extension may be appropriate. The phased return to work is detailed at Appendix D.

In considering what action is appropriate it will be important to balance a sympathetic approach to the employee's condition, with the needs of the Service.

The process for dealing with long term absence is set out in Appendices C and E, to be followed, as appropriate.

Long term absence can have implications for carry-over of leave across leave years. Please refer to the Leave Policy for further guidance.

7.5 Triggers for Short Term Absences

Prior to triggers being reached

Where an employee returns to work after **3 (three)** occasions of absence in a rolling 12-
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month period managers should, ensure that they highlight to the employee that they are approaching the first stage sickness absence triggers and consider any reasonable adjustments or supportive measures that may be required. This step will still take place if one or more of the occasions is related to one of the following reasons – **injury at work, disability, sickness relating to pregnancy, fertility treatment planned surgery (with the exception of some elective surgery e.g., cosmetic), domestic violence, or medically diagnosed work-related stress.**

This discussion could take place as an extension of the welcome back to work meeting or if the employee requests a separate meeting this can be arranged, but should take place within 10 days of the return to work date.

Note that as set out below managers may use discretion at any stage of the sickness procedure.

When reaching triggers

Where an employee's absence level hits the trigger (see below), the formal sickness process would be invoked. If the reason for hitting a trigger is a result of one of the following specified reasons: **injury at work; disability; sickness relating to pregnancy; fertility treatment planned surgery (except for some elective surgery e.g. cosmetic) or domestic violence, or medically diagnosed work-related stress** these absence reasons will still be recorded. Discretion should be paramount when making the decision on the outcome of formal stages if absences are as a result of one of the specified conditions mentioned above as they may count towards the triggers. This would be the process described in Appendix B.

It may be appropriate where there is an underlying health reason for the short-term absence trigger being hit discretion may be applied (see Appendix B). Where such a reason exists, and it is decided not to refer the employee to the formal process then the linemanager must record this fact and the reason why.

The fact that there is no referral to the formal process for the above reasons does not mean that no further action will be identified at the Welcome Back to Work Meeting / Interview or that a referral to Occupational Health cannot happen. The opportunity should be taken to explore with the employee what further support/action would be appropriate. Non-referral to the formal process will not preclude a subsequent referral to it on the basis of further absence.

When considering whether an employee has triggered under a formal stage of the policy, you must review their absence record:

At the Welcome Back to Work Interview - **12 months prior to the first day of the most recent episode of absence**, must be assessed.

If the employee has hit a trigger, and subsequently a formal stage meeting is arranged, an assessment must take place at the meeting, of the absence record from 12 months prior to the first day of the most recent episode of absence, even if that is effectively more than 12 months ago. This is particularly relevant in cases where formal stage meetings may be rearranged due to unforeseen circumstances, as it is appropriate and necessary to still consider all episodes of absence which originally led to the employee triggering a formal stage of absence management.

The trigger points at each stage of the process are as follows:

The trigger points agreed under this policy are in any 12-month rolling period assessed from the most recent first day of absence.

To initiate a First Formal Meeting

- 3 periods of absence in 3 months/or total of 10 working days (pro-rata for part-time employees) absence in 3 months
- 4 periods of absence in 12 months/or total of 15 workings days (pro-rata for part-time employees) absence in 12 months

Any other pattern of absence which gives rise for concern (including previous years – refer to HR).

(For part-time employees, a day means the hours they were scheduled to work on that day or shift).

Triggers applicable following a Formal Support Stage 1 Improvement Plan being issued.

Where an employee has received a Stage 1 Improvement notification, the duration applied is for a 12-month period with effect from the date of the review meeting. The triggers that apply during the currency of the Improvement Plan will be:

- 2 periods of absence in the first 3 months / or a total of 5 working days (pro-rata for part-time employees) absence in the first 3 months following the Improvement Plan being issued;
- 3 periods of absence in 12 months / or total of 10 working days (pro-rata for part-time employees) absence in 12 months;
- Any other pattern of absence which gives rise to concern (including previous years – refer to HR).

Triggers applicable following a Formal Stage 2 Improvement Plan being issued.

Where an employee has received a Stage 2 Improvement notification, the duration applied is for a 12-month period with effect from the date of the review meeting. The triggers that apply during the currency of the notification period will be:

- 1 period of absence in 3 months following the Improvement Plan being issued.
- 2 periods of absence in 12 months / or total of 5 working days (pro-rata for part-time employees) absence in 12 months;
- Any other pattern of absence which gives rise to concern (including previous years – refer to HR).

The principle of applying a pro-rata trigger is to manage sickness absence consistently and fairly across the Trust, applying a pro-rata principle based on working days is a proportionate means of achieving that aim.

Pro-rata tables

Pro-rata table for initial trigger of 15 days (PW = per week)

1 working day PW	2 working days PW	3 working days PW	4 workings day PW	5 working days PW
3 days triggered	6 days triggered	9 days triggered	12 days triggered	15 days triggered

Pro-rata table for trigger of 10 days

1 working day PW	2 working days PW	3 working days PW	4 workings day PW	5 working days PW
2 days triggered	4 days triggered	6 days triggered	8 days triggered	10 days triggered

Pro-rata table for trigger of 5 days

1 working day PW	2 working days PW	3 working days PW	4 workings day PW	5 working days PW
1 day triggered	2 days triggered	3 days triggered	4 days triggered	5 days triggered

7.6 Maintaining Contact

When an employee is absent from work due to sickness it is important that agreed regular contact is maintained between the line manager and employee. The manager needs to ensure that work is reallocated, service delivery is maintained, and steps are being taken to help progress the employee's recovery. The employee needs to ensure that they do not feel isolated, vulnerable, or out of touch.

The type of contact should be agreed between the employee and the manager and should be sensitive and non-intrusive.

Maintaining appropriate regular contact with an employee whilst on sickness absence is recognised as good management practice and does not constitute harassment. It also:

- Keeps the employee up to date with service changes.
- Makes them feel that they are still a part of the team.
- Helps to reduce anxiety about returning to work.

The line manager must keep records of the initial contact and all other contacts including logging the date and time of discussions.

7.7 Reporting and Certification

In all cases the line manager must complete the electronic SSPA form to record the first full day of sickness absence and SSPB form to record the last day of sickness or via the e-Roster system immediately (best practice) or within 5 days.

Both the employee and the line manager have a duty to ensure that sickness absence is certified for all relevant periods of sickness absence.

Every absence lasting 4 continuous days or more (including any non-working days during the week or at the weekend) must be certified to ensure prompt and correct payment of contractual and statutory sick pay and to ensure that accurate records are maintained.

For absences lasting 4-7 days (including non-working days) the employee is required to

complete a self-certification form on the last day of absence (or 8th day of absence if absence continues). The employee must then submit this to the line manager.

If the employee continues to be absent for more than seven consecutive days, they must consult a Doctor and obtain a medical certificate (fit note), which must be forwarded immediately to the line manager.

Absence without appropriate certification, e.g. fit note, is classed as unauthorised absence. Failure to adhere to the certification procedures may result in loss of sick pay and disciplinary action. Misleading or false statements may be dealt with under the Trust's Disciplinary Policy.

As of July 2022, a fit note can be issued by nurses, occupational therapists, pharmacists and physiotherapists in addition to doctors. This means that an employee may be issued a fit note by someone other than a doctor if they are discussing the employee's fitness to work. These healthcare professionals should be treating the employee under NHS services.

Where there is continuing sickness absence the employee, must submit to the manager medical fit notes to cover the whole period of absence leaving no gaps or days uncovered by a note.

Exceptionally, if the employee's line manager is concerned at the frequency of an employee's absence, or their account of their reasons for absence, then as part of the formal absence procedure the employee may be required to submit a doctor's medical certificate, rather than self-certificates, from their first day of absence. In such cases, the employee should be advised of this in writing. This should take the form of a medical certificate, and not a 'private' GP note - any cost incurred will be reimbursed via the Expenses Policy.

Employees can return to work at any time (including before the end of the fit note) without going back to see their doctor again - even if their doctor has indicated that they need to assess them again, however in such cases it is essential that an appropriate risk assessment is undertaken. If the employee intends to return to work before the expiry of the fit note, they should make contact with their line manager to agree this.

7.8 E-rostering

All sickness should be entered onto HealthRoster as soon as possible to ensure that an accurate record of attendance is maintained.

Where the episode of sickness prompts an attendance management trigger, the unavailability will appear yellow on the roster with a warning triangle. The manager should check which trigger has been reached by hovering over the unavailability and the individual's attendance record should be reviewed. This can be accessed via Personnel – Sickness.

The individual's Personnel - Sickness record should also be reviewed every time the employee has an absence to determine if the employee has reached or is close to reach the formal trigger point in order to inform the discussion at the return-to-work discussion. In addition, the manager should also review the Personnel - Sickness record to determine if other patterns of absence are emerging e.g., a number of part day absences or exclusion on infection control grounds.

7.9 Early Intervention

One of the most successful tools in reducing employee absence is early intervention by line managers involving good communication between line manager and employees. A large part of managing absence is about ensuring staff can raise issues that may be troubling them at an early stage so that they can be addressed before they escalate.

7.10 Temporary Adjustments

It will be beneficial to the employee and the provision of services to consider whether there are any temporary/reasonable adjustments which can be agreed to allow the employee to continue working. Examples are given below:

Assistance to work

If an employee is fit to carry out their job but is unable to physically get to work alternative arrangements to get to work should be considered.

Being assigned alternative tasks

An employee might be able to undertake alternative tasks (with no loss of pay) for an agreed period. For example, if an employee is unable to stand or walk for a period of time, they could be assigned work at a desk or workstation to assist with inputting data, processing referrals etc.

Working in a different unit

An employee might work into a different unit. For example, if the employee is working in the community but is unable to work alone or travel, they may be placed in a residential setting.

Working from home and Agile Working

An employee who is unable to attend the workplace could be assigned project work that could be conducted at home, for example, writing a policy or report. This could be work in the employee's service or working for another service area.

SHSC is under a legal obligation to consider reasonable adjustments for employees with a disability, as defined under the Equality Act 2010. However, any temporary adjustments must be reasonable and appropriate. Temporary and/or reasonable adjustments should be discussed and considered for all employees regardless of whether or not they are covered under the Equality Act.

Non-Attendance at Sickness Absence Meetings

In some circumstances, the member of staff may feel that because of illness they are not able to attend a scheduled sickness absence meeting (e.g., under the formal process below the level of potential dismissal). Where this occurs the line manager should seek to re-arrange within a reasonable timescale i.e., normally no more than 1 week. If the staff member is not able to attend this re-scheduled meeting, then the line manager can decide to proceed and identify next steps based on the information available. This includes any information the staff member or their representative may provide in advance of the re-scheduled meeting.

It is important that the employee is made aware by the line manager of the importance of attending a sickness absence meeting and that if they are unable to attend, for whatever reason, the manager may have to consider holding the meeting in their absence with the

employee informed of any decisions and outcomes made.

Where the meeting is to consider potential dismissal of the staff member then advice from the Occupational Health Service should be sought as to when the member may be able to attend, and a decision made on whether attendance would be possible within a reasonable timescale. In these circumstances, HR advice should always be sought.

7.11 Welcome Back to Work Meetings / Interviews

Welcome Back to Work Meetings / Interviews are recognised as one of the most effective ways of managing sickness absence and done well are an excellent way of maintaining harmonious working relationships and welcoming the employee back to work.

A Welcome Back to Work Meeting should be conducted and the appropriate documentation completed and signed by both parties after **every** period of absence regardless of the duration of the absence. It is recommended that the interview is carried out, where possible, **immediately upon return, but no later than two working days after the employee has returned to work**. It should be carried out in an environment which provides appropriate confidentiality. The manager should tick on E Roster when the Return to Work has taken place. If it is not possible for the line manager to undertake the Welcome Back to work meeting within the first two days, other ways to undertake this should be considered, e.g. by the linemanager's deputy/assistant, another time/date arranged by agreement or via the telephone.

If the employee is returning after a long-term absence, a phased return to work, normally over four weeks, should be considered and, where appropriate, agreed at the Welcome Back to work meeting. There should be a review meeting in the third week and a short extension to the phased return period may be appropriate. The phased return to work is detailed at Appendix D.

Representation is not necessary in order to carry out a Welcome Back to work meeting. However, if an employee feels that they would like representation at the meeting or be supported by a colleague from the Trust, the initial Welcome Back to work meeting should be carried out in order to ascertain if the employee is fit to return to work and to receive updates in their area of work. A further meeting can then be arranged to discuss issues in more detail with a representative or supportive colleague from SHSC present.

The purpose of the Welcome Back to work meeting should be given to the employee at the start of the interview. It should be stressed at the interview that it is a two-way process designed to support the employee's return to work, but also to identify any underlying issues that may impact on future attendance.

The manager will need to be assured that the employee is now fit to return to work and that they are up to speed with any changes within their area of work. Where there is any doubt they should contact People Directorate to establish whether there is a need for a competent person to undertake a workplace assessment and therefore a need to contact the Risk Department.

The Welcome Back to Work Meeting provides the manager with the opportunity to sit down with the employee and discuss the period of absence in detail. It is important to try and identify any underlying issues and in order to do so the employee needs to understand that support and assistance can be provided e.g. Workplace Wellbeing or Occupational Health.

The Welcome Back to work meeting provides the opportunity for managers to explain the role of Occupational Health and Workplace Wellbeing in assisting employees with concerns that they may have.

Where an employee returns to work after 3 occasions of absence in a rolling 12 month period managers should ensure that they highlight to the employee that they are approaching the first stage sickness absence triggers, discuss any concerns about their attendance record and consider any reasonable adjustments or supportive measures that may be required. If the employee

requests a separate meeting this can be arranged, but should take place within 10 days of the return to work date

If an employee has triggered under this Policy, the manager **must** arrange a sickness absence meeting. At that meeting, a line manager may decide that no further action is required, e.g. the absence is for planned surgery, in which case the reason must be recorded on the Welcome Back to Work form. All Welcome Back to Work meetings must be recorded and evidenced in writing by utilising the Welcome Back to Work Form (also known as the Return To Work Form - RTW).

7.12 Absence Review Meeting

If an employee has triggered under this Policy, the manager **must** arrange a Formal Stage Sickness Absence Meeting to review to sickness record. This will be a meeting with the employee having the right to representation.

A Sickness Absence Meeting **must** be arranged in every case where an employee has hit a trigger under this policy. This is for consistency and fairness.

7.13 Occupational Health Referral

The role of the Occupational Health Service is to provide employees with appropriate support and advice and to provide managers with relevant medical advice and a prognosis to assist them with decisions regarding future employment. Where appropriate, managers may also seek guidance on what measures can be put in place to support the employee. The Trust's Occupational Health referral is an online process.

At any point of the process there is the option for a manager to refer an employee to Occupational Health if they feel that there may be underlying health reasons for an employee's poor attendance. The contents of the Occupational Health referral should be discussed with the employee.

If at any time it is evident that an absence is likely to continue for over 4 continuous weeks, advice should be sought from Occupational Health at the earliest opportunity. Such a referral does not need to wait for 4 weeks as it is important to take appropriate action as early as possible, even prior to absence from work.

Where a referral to Occupational Health has been made by a manager, employees have a contractual obligation to attend appointments with Occupational Health. Employees need to inform their manager of any changes to their appointment and such revised appointments must be as close to the original appointment as reasonably possible.

Failure to attend an appointment without good reason may result in disciplinary action and failure to cooperate with a referral will mean that SHSC will have to proceed on the basis of the medical information available to it at the time. More than one change to appointments will not be permitted without agreement with the line manager. Failure to attend an Occupational Health appointment may incur a cost to the employee. **If no notice is given by a member of staff, a missed Occupational Health Nurse appointment will incur a cost of £20 to the employee, and a missed Occupational Health Consultant appointment will incur a cost of £100 to the employee.** Costs may change in line with inflation.

If an employee is referred to a dismissal hearing for Long Term Sickness Absence, the manager should always seek Occupational Health advice prior to such a referral being made and to seek advice from HR. The manager should always explain in the Occupational Health referral that the employee is to be referred for a dismissal hearing and the outcome could.

result in the termination of employment. Relevant correspondence, e.g., letter confirming a sickness absence meeting, should accompany the referral.

Occupational Health referrals within the short-term sickness absence process should only be made at the latter stage(s) of the sickness absence process if necessary.

If an employee provides medical evidence which is contrary to that provided by Occupational Health then the relevant Occupational Health Physician will be asked to consider the evidence provided and revise any previous guidance where this is justified. If the Occupational Health Service declines to revise any previous guidance then the advice of Occupational Health will take precedence.

7.14 Ill Health not Leading to Absence

There may be occasions where an employee is suffering from ill health, but this does not lead to the employee being absent from work. If the employee believes that their ill health is having an impact on their ability to undertake their job, they should raise this with their linemanager. The line manager should discuss this matter confidentially with the employee and discuss whether any additional support can be provided to the employee to support them atwork.

Depending on the circumstances, it may be helpful to seek advice and guidance from the HR Business Partnering Team Department and/or the Trust's Occupational Health Service.

7.15 Curtailment of the Policy

SHSC intends that this policy shall be observed in the handling of all sickness absence cases. **Exceptionally**, the manager after taking advice from and Occupational Health, to ensure a fair and reasonable process, convene a case conferenceto consider curtailing the procedure set out in this policy.

If an employee will not be able to return to work in any capacity within 9 monthsof absence, a case conference will be convened involving the employee or advocate, unionrepresentative or colleague and HR to discuss an appropriate plan;

or

Where the employee requests to curtail the process as outlined within the policy in writing.

7.16 Long Term Absence and Disability

It is possible that the nature of any employee's illness, or the effects of it, may create a situation whereby they fall within the definition of "disabled" under the Equality Act 2010 (dealing with disability discrimination). This places specific legal obligations on employers and the HR Department must be contacted for further advice. You may also wish to refer to the Disabled Staff Policy.

Where there is a lack of understanding, on any part, if the sickness absences are linked to a disability Occupational Health advice should be sought at the earliest opportunity.

7.17 Regular Hospital Attendance During/ Following Illness/ Hospitalisation

An employee must discuss any such attendances or appointments with their line manager providing the relevant evidence. The Line Manager should still monitor the absence using these procedures, but sickness absence reporting requirements will not apply. Disability leave is applicable for disabled employees covered under the Equality Act and is granted for treatment, tests, etc., in relation to their disability. For further information refer to the Disabled Staff Policy.

7.18 Redeployment

Where an employee is no longer able to continue in their contracted role, for the reasons of health capability, redeployment to a suitable alternative role within SHSC may be identified through the Trust's Redeployment process.

7.19 Sources of Support

At any stage of the process, the line manager should consider whether there is any other support which could be of assistance. This is most likely to arise in a case of long-term absence and may involve, for example, contacting the Access to Work Service at Job Centre Plus, Department for Work and Pensions. Further information can be obtained from the Occupational Health Service. Workplace Wellbeing could offer confidential counselling on a self-referral basis from the employee.

7.20 Pension Advice

Line managers (or any other member of staff) are not able to provide advice on pensions, but they should ensure staff are aware that they may need to seek such advice especially where there are any changes to their hours or where early retirement is a possibility.

7.21 Disciplinary Issues

The Trust's Disciplinary Policy will be invoked in cases where: -

- Medical evidence indicates that there is no medical reason justifying the absence.
- There is other evidence that an employee is claiming to be ill when they are not, or undertaking activities, which are clearly inconsistent with their stated illness or condition
- Fraudulent claims for sick pay are made.
- There is a failure to notify or provide appropriate certification in line with the Trust's policies and procedures.

Allegations or suspicions of fraud will be dealt with under the Fraud Bribery and Corruption Policy and the Local Counter Fraud Specialist advised. Examples of sickness related fraud include false sickness reports, undertaking secondary employment whilst sick, and falsified fit notes.

7.22 Alcohol, Drug, and other Substance Abuse

Where monitoring or counselling in a sickness absence context reveals a problem relating to misuse of drugs or alcohol, the Trust's Substance Misuse Policy should be referred to.

7.23 Stress Management at Work Policy

The Supporting Attendance and Managing Sickness Absence Policy covers all sickness absence including absences relating to stress.

In recognition of the particular importance of helping managers and employees deal with stress, a separate Stress Management at Work Policy has been developed. This policy should be referred to where sickness absence is related to stress and the guidance used as part of the considerations as to how best to manage the sickness absence.

7.24 Pregnancy Related

If an employee is absent with sickness which is pregnancy related, the line manager should still monitor the absence using these procedures. If the level of absence because of pregnancy related ill health breaches the trigger points or becomes long term, the line manager must consult with HR Business Partnering Team about the best means of managing the absence, and also of supporting the member of staff.

7.25 Absence Related to Fertility Treatment

Employees undergoing fertility treatment who become unfit for work should report their absence in the usual way. Any absence will count towards sick pay entitlement and the policy trigger points.

From the point of implantation of the fertilised ova, a woman is regarded as pregnant and is legally entitled to paid time off for antenatal appointments as outlined within the Trust's maternity provisions. Any pregnancy related absence should be managed as outlined in the section above.

7.26 Terminal Illness

An employee who is diagnosed as terminally ill is exempt from the normal procedures for dealing with long term or frequent short-term sickness as detailed in this Policy.

Should a manager be informed of an employee's terminal illness, they must consult with HR Business Partnering Team to discuss the best means of managing the absence as sensitively and compassionately as possible.

Where possible following diagnosis of terminal illness a case conference will be convened involving the member of staff or advocate, union representative or colleague and HR to discuss appropriate plan

It is important that contact is maintained via a designated member of the employee's family or a close friend during treatment, hospitalisation and/or while at home during their sickness absence.

All offers of support and assistance should be given, including the offer of obtaining the employee's pension benefits through the ill health retirement process. If the latter is requested by the employee/family, the employee may not have to attend the Occupational Health Service but would need to submit to HR, confirmation of the terminal illness from the Consultant or General Practitioner. HR will then urgently process the ill health retirement pension benefits which will be in the form of a lump sum.

7.27 Domestic/Personal Circumstances

Where the reason for sickness absence is due to domestic/personal circumstances, managers will treat such matters sensitively. This could involve enabling the employee to discuss the issues with Human Resources, Occupational Health or Workplace Wellbeing. However, the line manager retains responsibility for managing the absence. The employee should appreciate that the line manager can only act on the information that is available and that sick leave should not be taken for these purposes.

7.28 Absence Due to Accident Caused by Third Parties

An employee who is absent because of an accident by a third party and receives damages from the third party (even if this takes place sometime after the absence) is not entitled to sick pay. SHSC will advance a sum not exceeding the amount of sick pay payable under their contract on condition that the employee claims damages for the amount advanced and repays to SHSC the corresponding amount actually received as damages. Once received, the absence shall not be taken into account for the purposes of assessing sick pay entitlement. Absence due to an accident at work, is still classed as sickness absence and is covered by this Policy.

7.29 Sickness Absence and Annual Leave

Sickness will supersede annual leave in circumstances where an employee has pre-booked holiday and is unable to take that holiday due to being unwell, or becomes unwell whilst on holiday, or is advised by their GP and/or Occupational Health to have a period away as convalescence. In these circumstances such leave will then be reclassified as sickness absence.

If an employee is ill prior to the start of the holiday and therefore the holiday must be cancelled, they should follow the usual sickness reporting procedures. If an employee is ill during a holiday, they should contact their line manager at the first opportunity during their leave to report that they are ill and should obtain a medical certificate provided by a medical practitioner showing the dates they were ill and the nature of the illness.

Where an employee wishes to go on holiday whilst off sick, they must inform their line manager in advance of their intention to take a holiday as this should be recorded and taken as annual leave. This would also apply to any pre-booked holiday taken whilst on sick leave.

Annual Leave must not be used in the management of Short Term sickness.

Further advice should be sought from the line manager and/or Human Resources.

Further guidance on annual leave and the provision to carry over leave due to long term sickness is contained in the Leave Policy.

Employees should be aware of the option to request annual leave during a period of long term sickness.

Employees who return from sickness absence in the same leave year and are able to take their holiday entitlement in the remainder of that year should do so. Employees who are unable to take such leave are able to carry over the number of days of accrued statutory entitlement, even if this exceeds the normal maximum carry over allowance of 5 days.

Statutory leave entitlement is 28 days for a full-time employee, inclusive of the 8 public holidays therefore the amount to carry over would be up to 20 days depending on annual leave taken.

There is a loss to the entitlement to accrue public holidays that occur during a period of sickness absence.

7.30 Sickness Absence During the Working Day/Shift

Employees who become ill during the working day or shift and leave work must notify their manager or other responsible officer (if the manager is not available) prior to doing so. The absence will not be classed as absence for sick pay purposes although the absence will still be recorded for monitoring purposes. It should be recorded on Health Roster as 'Working day – sent home.' However, if the absence continues into the next day (and beyond) they must comply with the reporting procedures outlined above. If an employee leaves work without their manager's permission it is regarded as unauthorised absence and unpaid.

If the employee shows a pattern of attending work and then leaving for sickness reasons during the working day/shift, the manager will address the issue with the employee, to try and determine the reason for the pattern. Depending on the circumstances any further incidents will be recorded and the appropriate procedure applied.

7.31 Visiting Worksites Whilst Off Sick

Visits to worksites whilst an employee is off sick can only be done by prior agreement with their line manager, e.g., invited to attend a Sickness Absence Meeting, or to call in with a fitnote or meet with a union representative.

Normally an employee on sick leave should not enter a worksite or base to undertake any duties or responsibilities, including the checking of emails, post, etc.

However, there may be circumstances where a line manager agrees certain work may be appropriate. Such circumstances should be checked with HR as they will need to ensure there is adequate insurance cover to safeguard both the individual and the Trust.

7.32 Work/life Balance and Health Promotion

SHSC recognises that the introduction of policies in relation to this can contribute to a reduction in sickness absence and a committed and motivated workforce. SHSC currently has several policies / procedures supporting Work/life Balance which are: -

- Parenting Leave Policy
- Flexible Working Policy including job sharing and part-time working
- Time off in lieu (if appropriate)
- Disabled Staff Policy
- Agile Working Policy
- Menopausal Guidance

Please refer to JARVIS to explore these policies and guidance. Agile working may be considered where operationally feasible to support a return to work, however this is not a right and at managers discretion.

SHSC will also actively consider how best to promote health and wellbeing. This will include initiatives relating to 'flu vaccinations, healthy eating, cessation of smoking, etc.

Further guidance is given in Appendix F.

7.33 Personal Sickness Insurance Schemes, etc.

Where an employee has a personal sickness insurance or similar scheme relating to sickness, this may need to be taken into account in assessing any actions. For this to occur, the onus is on the employee to inform the line manager at the earliest opportunity of the relevance and details of any such scheme.

7.34 NHS Injury Benefit Scheme / Injury Allowance

As from 31st March 2013, the NHS Injury Benefit Scheme has been changed in relation to injuries sustained or diseases contracted after that date. The relevant arrangements are set out in the Trust's Injury Allowance Scheme. (See Appendix G).

7.35 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

The regulatory requirement to report to the Health and Safety Executive (HSE) certain injuries sustained by staff during their work as well as all injuries at work that result in a period of absence of 7 days or more. These incidents must be reported to the HSE within 15 days of the incident, and this is undertaken by the Risk Department.

The Risk Department will, where possible, identify from incident reports regarding the types of reportable injuries but they will not usually know how long an employee is absent from work. When the reason for an employee's absence from work is an injury sustained at work, and the employee's period of sickness continues for 7 days or more, the Risk Department must be notified. The Risk Department will then review the situation and if the case is RIDDOR reportable they will submit to the HSE.

8. Development, Consultation and Approval

This version of the Supporting Attendance & Managing Sickness Absence Policy has undergone a number of changes which include - improved clarity and additional new sections as well as amendments to correct typographical errors and make some reference updates which also includes insertion of an Optional Informal Short Term meeting, Improvement Plan replacing the word warning, insertion of pro-rata triggers, inclusion of more supportive services, Curtailment section, Redeployment section, Dismissal timescales increased Reporting of Injuries, Diseases & Dangerous Occurrences Regulation section, Injury allowance changes. For more detailed information please see the Amendment Log on pages 4 and 5.

The Policy was circulated to Senior Operational Managers, HR colleagues & Staff Side for feedback in between November 2022 and January 2023. Various email communications with Staff Side have taken place.

The policy was considered and verified at a number of extra meetings of Joint Policy Group (Staff Side consultation), 14 Mar 2023.

The Joint Consultative Forum (JCF) received the status of this policy, via the policy verification document, on 27 Mar 2023.

Proposed amendments and clarity of wording discussed with HR colleagues between November 2022 and January 2023.

The Executive Director of People presented the policy to Trust Management Group in Date.

The Equality Impact Assessment will be undertaken and stored separately in conjunction with Corporate Governance and the Head of Equality and Inclusion.

NB. this was Version 8. The previous version of this policy (Version 7) was not replaced on the intranet and internet due to helpful ongoing discussions with Staff Side and other colleagues.

9.Audit, Monitoring and Review

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g., who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Policy review	Human Resources policies are subject to joint monitoring and review between Management Side and Staff Side.	Any changes will be discussed and approved by HR Senior Management Team and the virtual HR Policy Group.	At least every 3 years	HR Business Partner/HR Adviser	Human Resources policies are subject to joint monitoring and review between Management Side and Staff Side.	Human Resources policies are subject to joint monitoring and review between Management Side and Staff Side in the Joint Policy Group and the status minutes at the Joint Consultative Forum.

The policy review date is 31 March 2026.

10. Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Finalise Policy and forward to Policy Governance Manager	HR Adviser		
Send a communication to all Managers informing of the new Policy and re the engagement sessions, identifying main changes and outlining their responsibilities.	HR Director		
Directors and Senior Managers informed at Trust Management Group re the new Policy, identifying the main changes and outlining their responsibilities.			
Upload new policy onto intranet and internet and remove and archive previous version.	Corporate Governance via the Communications Team	Within 5 working days of ratification by EDG.	
Review training for Policy. Gain input from all the HR team to ensure Directorate/Service line dynamics are considered.	HR Advisers / Attendance Case Manager	31/01/2020	
Review the Managers Guide/Tool Kit, including template letters.	HR Advisers / Attendance Case Manager		
New policy launch following robust consultation following the Policy Governance Process, and engagement sessions with managers.	HR Director HR Adviser Attendance Case Manager, HR BP	01/03/2020	
Reflect on how the new policy was launched and implemented	HR Team	01/04/2020	

Reviewed version 5 of the policy launched 1/3/20. Minor changes made to version 5 of the policy; version 6 supersedes version 5.	HR team/staff side	6-month review at section 5.5 31/3/2021	
Reviewed version 6 of the policy launched 1/3/20. Planned 3 sections of the policy review and minor changes to version 6	HR Advisers / Attendance Case Manager		
Version 7 after Interim Review			Interim Review approved at 28/06/2021 PGG Meeting
Version 8			

11. Dissemination, Storage and Archiving (Version Control)

Version	Date on website (intranet and internet)	Date of entry in Connect (all staff communication)	Any other promotion/ dissemination (include dates)
1.0	April 2015	April 2015	HR intranet page April 2015
2.0	November 2016	November 2016	HR intranet page November 2016
3.0	April 2017	April 2017	HR intranet page April 2017
4.0	October 2018	October 2018	This version not replaced on intranet/ internet
5.0	February 2020	February 2020	HR intranet page 1 st March 2020
6.0	November 2020	November 2020	HR intranet page November 2020

7.0	July 2021	July 2021	HR intranet page
8.0	April 2023	April 2023	Uploaded to JARVIS April 2023

This is Version 8 and is stored and available through the SHSC Intranet/Internet. This version will supersede the previous version 7, July 2021.

Due to the minor amendments to this policy the transitional agreement is that this policy applies to relevant employees from the date that it is published.

Any copies of the previous policy held separately should be destroyed and replaced with this version.

All versions of HR policies are stored on the HR Shared Drive by the policy author and the PA to the Director of People.

Word copies of final versions of policies can be obtained from Policy Governance via the PA to the Director of People.

12. Training and Other Resource Implications

The People Directorate offers training and support to managers in the implementation of People Directorate policies.

13. Links To Other Policies, Standards, References, Legislation (Associated Documents) And National Guidance

Policies

- Capability Policy
- Disciplinary Policy
- Equal Opportunities and Dignity at Work Policy
- Redeployment and related policies
- Stress Management at Work
- Infection Prevention Control Policy
- Disabled Staff Policy
- Flexible Working Policy

And any other associated policies.

References

- The Equality Act 2010

14. Contact Details

Members of the HR Business Partnering Team Advice Team should be contacted for advice and support for issues relating to managing attendance at work.

HR Advisers and HR Business Partners can be contacted via the HR Department on 0114 22 63301.

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Executive Director of People	Caroline Parry		Caroline.Parry@nhs.uk
Deputy Director of People	Sarah Bawden		Sarah.Bawden@nhs.uk
HR Advisory Team			HRAdvisors@shsc.nhs.uk
HR Admin Team			HRAdmin@shsc.local.nhs.uk

Appendix A – Definitions

Line Manager: this is the person identified as being the person to whom you need to report to regardless of the precise title of the role e.g., supervisor. In certain situations, an employee may be required to notify someone who is not their line manager, in the normal course of events, but will be deemed to be the line manager for these purposes.

Short term absence: this is any absence which is not classified as long-term absence. Normally it will last for a brief period of time and will usually be for minor ailments which do not necessarily require a medical certificate.

Long term absence: For recording on ESR this type of absence refers to where an employee is absent for 4 weeks (28 continuous days) or more. This includes non-working days whether at weekends or otherwise. However, for the purposes of good management practice, for identifying any actions to support a return to work, the relevant period will be 2 calendar weeks.

Authorised Manager: this is a manager who is authorised under the appropriate Policy to dismiss. In most cases, an employee's line manager, cannot act as the authorised manager.

Appendix B - Procedure for Managing Short Term Absence

1. Trade Union or Other Representatives

A trade union representative or work colleague employed by SHSC may accompany the employee at all appropriate stages of the procedure and this will be set out in the covering letter together with the information regarding absence which is causing concern. There is scope for a meeting to be postponed because of the unavailability of a representative and where such a request is made further advice should be sought from the HR Department. Any postponed meeting should take place no more than 7 days after the date of the postponement.

If action is being taken against an employee who is a trade union representative, then there is a need to advise the full-time officer or branch secretary of the relevant Trade Union. The line manager must contact the HR Department for further advice.

2. Formal Support Stage Meetings

A Formal Support Stage meeting must be convened once a trigger point under this Policy (7.5 of the Policy refers) has been reached. All offers of support and assistance, e.g., confidential referral to Workplace Wellbeing, should be recorded.

The employee will be provided with a minimum of 7 working days written notice of the date and time of the meeting and their right to representation. During this meeting an Improvement Plan and ways to support and assist the employee will be explored with the aim of supporting a return to work and support remaining in work.

3. Formal Support Stage 2 Meeting

Where an employee hits a trigger set at Stage 1, there is an expectation that the Stage 2 Improvement Plan will be issued unless the manager considers there are mitigating circumstances to warrant an alternative course of action. Should the manager decide not to issue the Improvement Plan, the rationale for this decision must be documented.

At the Formal Support Stage 2 Meeting the manager will set out the required standards for improvement in the employee's attendance. Previous support and assistance provided to the employee will be discussed and any further support, as appropriate, will be discussed and agreed. Referral to Occupational Health may be appropriate at this stage of the Policy. The purpose of the meeting will be as set out in the above stage. A member of the HR Business Partnering Team should attend meetings at this stage.

At this stage in the process the manager must decide on one of the following options:

1. Issue the Stage 2 Improvement notification.
2. Take no further action and leave the existing Stage 1 Improvement Plan in place with the original end date.
3. Re-issue the Stage 1 Improvement Plan for a new duration of 12 months from the date of the meeting.

The line manager will write to the employee within 5 working days of the meeting, confirming the points discussed, actions identified and right of appeal, if appropriate. A

copy of this letter should be placed on the employee's personal file.

The issuing of any Improvement Plan to employees not meeting the required attendance standard is not a matter of misconduct. An Improvement Plan in this stage of the procedure will usually last for twelve months starting from the date of the review meeting.

The process and implications of moving to the final stage should be fully explained to the employee and be part of the confirmation letter, including that if there is no improvement to their sickness absences and no mitigating circumstances, one option at this final stage would be dismissal.

4. Further action where option 2 is taken.

Should the manager decide on option 2, and any further absence occurs before the end date of the original Stage 1 Improvement Plan period, the employee would be informed at the Welcome Back to Work meeting that a further formal meeting at Stage 2 of the process will be arranged to review their attendance.

At this formal meeting the manager must decide on one of the following options:

1. Issue the Stage 2 Improvement notification.
2. Take no further action but continue to monitor any further absences that occur within 12 months of the original Stage 2 meeting being held.

The line manager will write to the employee within 5 working days of the meeting, confirming the points discussed, actions identified and right of appeal (see 6 below). A copy of this letter should be placed on the employee's personal file.

The issuing of any Improvement Plan to employees not meeting the required attendance standard is not a matter of misconduct.

The process and implications of moving to the final stage should be fully explained to the employee and be part of the confirmation letter, including that if there is no improvement to their sickness absences and no mitigating circumstances, one option at this final stage would be dismissal.

5. Final Formal Stage 3 Review Hearing

The meeting will be held in the same way as Stage 1 and Stage 2 but with an Authorised manager reviewing and chairing the meeting. A member of the HR Business Partnering Team must be present to advise the Authorised manager.

The line manager will write to the employee informing them of the date, time and venue for the hearing and make it clear that this is a final meeting where an Authorised manager reviews and chairs the meeting, and that one option may be dismissal, in line with the Supporting Attendance and Managing Sickness Absence Policy. HR Business Partnering Team representatives will attend the hearing providing HR support to the Chair and to the Manager presenting the case.

The line manager will put forward a management case consisting of:

- The employee's absence record
- Copies of notes of all relevant meetings and correspondence

- Actions considered and taken previously, including any support provided and adjustments made to the role etc.
- Any mitigating circumstances/explanations put forward by the employee and/or their representative
- Information regarding any underlying health issues and the relevant medical (Occupational Health) reports
- Any other information the manager deems to be relevant such as the impact of the absence on the organisation and service delivery.

A copy of the management statement of case should be provided at least 25 working days prior to the date of the meeting. The letter should include the right to be represented by either a union representative or a colleague employed by the Trust.

The employee or their representative will submit their statement of case at least 5 working days prior to the date of the meeting.

The notification arrangements should follow the same procedure as that of the Capability Policy.

The Authorised Manager will determine the outcome of the Formal Stage 3 meeting and will confirm one of the following courses of action:

- Dismissal from the Trust;
- Re-issuing the formal stage 2 notification period which will remain on file usually for a further period of 12 months from the date of the meeting;
- To dismiss the case and take no further action. However, this does not preclude the manager from making recommendations/informal actions.

In all Formal Stages of this Policy, if an Improvement Plan is issued to a member of staff, in addition to a copy being held on the employee's personal file, a copy must also be provided to the HR Business Partnering Team to ensure the correct and up to date record is maintained pertaining to an individual's record of sickness.

6. Appeal

The employee will be informed of any decision, in writing, within 5 working days and where the decision was to move to the next stage of the Policy, appeal rights must be included in the confirmation letter. Where a decision to dismiss has been made, the letter will also inform the employee of the right to appeal (see Appendix E).

7. Medical Practitioners

These arrangements will be operated to take account of, where appropriate, the separate procedure for medical staff relating to Disciplinary, Capability, Ill Health and Appeals.

Appendix C - Procedure for Managing Long Term Absence

1. Early Intervention

The line manager must contact the employee as soon as possible and especially if it appears that the absence will be for 4 weeks or more. The contact would be to:

- Find out how the employee is feeling.
- Gather available information regarding expected length of absence.
- Ascertain any immediate steps which could assist with the employee's return to work.
- Establish whether a referral to Occupational Health would be appropriate at this stage and/or mention confidential referral to Workplace Wellbeing

The reason for the contact is to be supportive and there should be no implication that the employee is being required to return to work before they are medically fit to do so. If for any reason the contact cannot be made by telephone, the manager could write to the employee.

Although the initial contact could be by telephone, the manager could agree during that contact to meet the employee on an informal basis before the 4 weeks period if this is appropriate to do so, e.g. if work related concerns need to be discussed.

2. Occupational Health Referral

If not already actioned an employee should normally be referred to Occupational Health if they have had 4 weeks of sickness absence unless a return-to-work date has been identified or the referral would not assist with the return to work, e.g. time limited surgery. Please also refer to 7.12 of the Policy.

3. Trade Union or Other Representatives

As set out below, a trade union representative or work colleague employed by SHSC may accompany the employee at various points in the procedure and this will be set out in the invite letter together with the information regarding the absence which is causing concern. There is scope for a meeting to be postponed because of the unavailability of a representative and where such a request is made further advice should be sought from the HR Department. Any postponed meeting should be reconvened no later than 7 calendar days after the date of the postponement.

If action is being taken against an employee who is a Trade Union representative, then there is a need to advise the full-time officer or branch secretary of the relevant Trade Union. The line manager must contact the HR Department for further advice.

4. Meet the Employee – Informal Meeting

Please refer to (1) above for initial contact prior to the end of the first 4 weeks period.

When an employee has been absent for 4 continuous weeks and a date of return in the near future cannot be established, the line manager should arrange an informal meeting with the employee as soon as possible. This meeting will normally take place on Trust premises and can be at any chosen site which is convenient to those involved. A home visit can be carried out in agreement with the employee.

At this informal stage, it may be appropriate for the manager to seek HR advice without actually having an HR Adviser present at the meeting; the employee may wish to be accompanied by a trade union representative or a colleague employed by the Trust.

Key areas for discussion will be:

- The nature of the illness and current prognosis
- Return date.
- Impact of the absence on the workplace
- Any causes attributable to the working environment
- Other underlying causes and offer of support/assistance, e.g. Workplace Wellbeing
- Proximity of half pay/no pay situation.
- Occupational Health report or referral
- Any other essential information

A record of meetings should be made and kept on the personal file. Should the manager decide that Occupational Health referral is not appropriate at this early stage, e.g. time limited surgery, notes should be kept as to the reason(s) why not and a copy sent to HR.

5. Further Action

Depending on the information gathered at the meeting with the employee and any advice received from Occupational Health, one or more of the following actions may be taken:

- Further advice obtained from Occupational Health as necessary and/or confidential referral to Workplace Wellbeing.
- Short term measures to assist the employee back to work.
- Any reasonable adjustments should be discussed whether the employee is covered under the Equality Act 2010.
- Redeployment under the Trust's Redeployment Policy.
- Other support mechanisms which may be identified and implemented
- Phased return of up to 4 weeks (see, however, Appendix D if employee absent for less than 12 weeks).

The line manager should record any measures put in place and set a timescale for reviewing progress, including further meetings with the employee (see 6. below).

6. Formal Review Meetings

Whilst the initial meetings with the employee will be informal (see 4. above), there will be a need to formally review progress. For example, where it is clear that the absence will continue beyond three months, a formal review meeting must be held. Dependent upon individual circumstances, there may be further, formal review meetings and where the absence will continue beyond six months, a final review meeting must be considered (see 8. below). All further action set out in 5. above should be reviewed.

Advice should be sought from Human Resources, and it will usually be appropriate for a HR Adviser to be present at such meetings. The employee has a right to representation.

7. Returning to Work

Where an employee is likely to be able to return to work, it will be important to consider how this can be managed effectively. This might include the need for a mini induction/refresher program. All appropriate support, assistance and reasonable adjustments should be considered, e.g. phased return (see Appendix D), any changes to working practices.

It should be established whether any adjustments need to be made and consideration should be given to the need for a workplace assessment by a competent person. In such circumstances the Risk Department should be contacted. Adjustments could include reasonable modifications to the working environment (including the obtaining of special aids or equipment) and/or reasonable changes to working hours or practices.

Consideration of such adjustments should be made as early as possible especially where there may be a need to receive external support regarding advice and/or funding.

Provision should be made to ensure the return to work is conducted in a sympathetic and structured way consistent with the employee's capabilities and it should be agreed how progress will be monitored and recorded during the initial stages of the return.

8. Final Review Meeting

In the event of the actions listed above not leading to an identified date for return to work then a decision may be made to refer the matter to a Final Review. The timing of the Final Review will depend on the circumstances, but it should normally occur between 6 and 9 months of sickness absence. The review would consider the employee's continuing employment, including whether the employee may be eligible for ill health retirement pension benefit and/or consider dismissal on the grounds of ill health.

Any actions being contemplated because of the Final Review will be discussed with the employee and their representative, if applicable, before any final decisions are made and confirmed in writing. An HR Adviser should be involved / present at this meeting.

Where the long-term absence is the result of a specified medical condition with a likely end date (e.g. recuperation following an operation) it may be quite appropriate for the Final Review to determine that the period of absence should run its course and for the manager to simply maintain supportive and sensitive contact. A referral to Occupational Health would need to be made if advice on reasonable adjustments or redeployment was required or the absence continued beyond the identified date of return.

The line manager may decide to adjourn the meeting and set a final review period during which the employee's absence will be monitored with a warning that should the employee not be able to return to work during that time, the final meeting will be reconvened, and a dismissal meeting may be then subsequently convened.

9. Final Review and Conditions for Contractual Sick Pay

For those staff employed on Agenda for Change terms and conditions, it has been agreed at national level that sick pay for those who have exhausted contractual sick pay entitlement should be reinstated at half pay, after 12 months of continuous sickness absence, in the following circumstances:

- Employees with more than 5 years reckonable service - sick pay will be reinstated if sick pay entitlement is exhausted **before a final review meeting for long term absence has taken place.**
- Employees with less than 5 years reckonable service - sick pay will be reinstated if sick pay entitlement is exhausted and a **final review does not take place within 12 months of the start of their sickness absence.**

Reinstatement of sick pay should continue until the final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.

These arrangements will only apply where the failure to undertake the final review meeting is due to delay by the employer.

The arrangements do not apply to those staff who are not on Agenda for Change terms and conditions.

10. Dismissal Hearing

Where a long-term period of absence continues, and a final review meeting has taken place the employee may be asked to attend a Dismissal Hearing. A dismissal hearing may also be used at the culmination of an unsuccessful 4-month redeployment process where the redeployment is directly related to ill health.

The purpose of the Dismissal Hearing will be to consider whether there are any further actions that SHSC can take to assist the employee in continuing in their employment or whether employment should be terminated due to the employee's ill health.

As with short term absence, the line manager will need to make a referral to a manager with the authority to consider the matter at a Dismissal Hearing. Before making any such referral the original line manager must have taken the appropriate steps to establish the latest position from Occupational Health regarding the employee's health and particularly what the prognosis is for the employee.

The line manager will then put forward a management referral consisting of:

- The employee's absence record
- Copies of notes of all relevant meetings and correspondence
 - Actions considered and taken previously including any support provided and adjustments made to the role etc.
- Any mitigating circumstances/explanations put forward by the employee and/or their representative.
- Information regarding any prognosis on the employee's health, the relevant medical reports & information relating to any disability under the Equality Act 2010
- Any other information the manager deems to be relevant such as the impact of the

absence on the organisation and service delivery.

The Authorised Manager conducting/chairing the dismissal hearing will write to the employee informing them of the date, time and venue for the hearing at least 25 working days prior to the hearing (with mutual agreement with all parties the 25 working days' notice can be waived). The letter should include the right to be represented at the meeting by either a union representative or a colleague employed by SHSC and include a copy of the management referral. The hearing should follow the same procedure as that of the Dismissal Hearing under the Disciplinary Policy. The manager conducting/chairing the dismissal hearing should be supported by a HR Business Partnering Team representative.

The employee or their representative will submit a statement of case 5 working days prior to the date of the meeting.

11. Appeal

The employee will be informed of the decision in writing within 7 working days. Where a decision to dismiss has been made the letter will also inform the employee of the right of appeal (see Appendix E).

12. Medical Practitioners

These arrangements will be operated to take account of, where appropriate, the separate procedure for medical staff relating to Disciplinary, Capability, Ill Health and Appeal.

Appendix D - Phased Return to Work

To enable a successful rehabilitation of an employee back into the workplace following long term ill health a phased return to work plan may be appropriate. It is not an absolute right or requirement but depends very much on the circumstances of the case. It must be discussed with the employee and agreed by the manager. Advice regarding a phased return to work plan can be obtained from Occupational Health and/or HR Business Partnering Team where it is necessary.

Aim

The aim of the plan is to successfully rehabilitate an employee in their return to work and gain permanency in their return. The plan is intended to be a short-term measure to facilitate the employee's return to full duties and contracted hours of work within a set period of time, normally up to a maximum of four weeks. The need for less than full duties and/or contracted hours may be due to physical or mental health related reasons affecting their ability to immediately return to full duties.

Process

The manager should discuss a phased return to work plan with the employee prior to their return. It may be necessary, in some circumstances, to forward the plan to Occupational Health to seek clarification on the impact of the plan on the employee's recovery. Advice can also be obtained from Human Resources.

It may be that as a result of a previous referral to Occupational Health, a phased return to work is suggested or recommended in their report. As the role of Occupational Health is to advise on the impact of an employee's health on their ability to work, the manager must develop the plan considering both the advice on this from Occupational Health and the opportunities and limitations of possible arrangements within the workplace. If the manager is in any doubt about the impact of a proposed phased return to work plan on the employee's recovery and return to work, further advice from Occupational Health or HR Business Partnering Team should be sought.

Under normal circumstances, a phased return over a period of four weeks would not be appropriate for sickness absences of less than 12 weeks duration unless recommended by Occupational Health. However, it may be appropriate during the first week of returning to agree a 'flexible' start/finish and/or a supernumerary role. If in any doubt, advice can be sought from HR.

If a phased return to work plan does not result in a full return to work being achieved, then on occasions this may need to be extended, for a limited period only. This would follow a review meeting which should take place in the third week of the initial period of four weeks.

The manager will monitor the employee's progress within the phased return to work regularly (at least once a week) and at any time consider with the employee any further adjustments that may be required.

If at the review meeting, in the third week, the employee is experiencing difficulties fulfilling the phased return to work plan the manager can make necessary adjustments including changes to the employee's role or duties.

For phased returns, a maximum of 50% of untaken annual leave should be used for phased returns including any leave carried over from the previous year. The actual amount to be used would be considered on a case-by-case basis in consultation with HR, the individual and the individual's Staff Side representative or colleague.

If annual leave has been pre-booked for later in the annual leave year, evidence must be provided.

If a phased return is unsuccessful

If an employees phased return to work is unsuccessful within an agreed upon period then the sickness management process should reconvene at the stage last reached prior to the employees failed return to work.

Appendix E - Rights of Appeal

Employees have a right of appeal at each formal stage of the process for short-term absences. The right of appeal will be included in all appropriate confirmation letters. An employee's appeal letter must include reasons for the appeal and be received within 7 working days of receipt of any confirmation letter.

The purpose of the appeal hearing is to consider whether the action taken by management was fair and reasonable taking into consideration all the relevant facts and circumstances of the case, and whether the correct procedure was applied in deciding the sanction

An appeal hearing will normally be held within 25 working days of receiving the full case from the employee/representative. In cases of unavailability of the relevant parties a mutually convenient date will be set.

The employee will be invited to the meeting formally in writing. Unless it is not practicable, the employee will be given written notice of an appeal meeting a week before the appeal hearing. Any new matters raised in an appeal may delay an appeal meeting if further investigation is required

The employee has rights of representation from a trade union or a colleague of the Trust

An appeal against dismissal must be heard at Director Level or above. The hearing should comprise of a panel of at least two people, one of whom should be a member of HR to support the hearing manager.

The management response to the appeal should be submitted 5 working days prior to the hearing.

The appeal hearing decision will ideally be made and communicated on the day or within 2 working days of the appeal hearing, and in exceptional circumstances, no later than 1 week after the case has been heard. There will be no further right of appeal.

The date of any dismissal taking effect will not be delayed pending the outcome of an appeal. However, if the appeal is successful, the decision to dismiss will be revoked with no loss of continuity or pay.

Appeals at Formal Stages of the Procedure

The employee will have the right of appeal against the decision of the issued Improvement Plan to be submitted in writing to a higher level of management not previously involved in the process (normally included in the outcome letter). The senior manager will be advised by a senior HR member. The higher-level manager will acknowledge the appeal within 7 working days of receipt of the appeal. Following the initial response, the employee will be invited to attend an appeal hearing.

The manager issuing the Improvement Plan will present the case supported by a member of the HR Business Partnering Team.

The employee and/or their representative will present their case.

Both parties will have the opportunity to sum up. The manager first, followed by the employee or their representative.

The decision of the higher manager will be based on all the relevant evidence and procedures followed and whether the decision was reasonable given all the circumstances of the case.

Options available to the senior manager at this stage are as follows: -

- Uphold the decision made at the Sickness Review Stage meeting.
- Withdraw the decision and or review the action taken at the stage meeting.
- Lower-level sanction.

Stage 3 hearing – Dismissal Appeal

Where decisions are made to terminate employment under this policy, whether for short or long-term absence, the employee has the right of appeal.

An employee who wishes to appeal against dismissal must do so to the Director of Human Resources. Such an appeal must be submitted in a full case in writing within 7 working days of the date of dismissal and clearly state the grounds for appeal.

The Director of People will respond to the appeal within 7 working days. Following the initial response, the employee will be invited to attend an appeal hearing.

The authorising dismissal manager will present the case supported by a senior member of Human Resources.

The employee and/or their representative will present their case.

Both parties will have the opportunity to sum up. The manager first, followed by the employee or their representative.

The decision of the authorised manager will be based on all the relevant evidence and procedures followed and whether the decision to dismiss was reasonable given all the circumstances of the case.

Options available to the authorised manager at this stage are as follows:

- Uphold the decision to dismiss.
- Reinstate the employee.
- Lower-level sanction/reissue of stage 2

Medical Practitioners

These arrangements will be operated to take account of, where appropriate, the separate procedure for medical staff relating to Disciplinary, Capability, Ill Health and Appeals.

Appendix F - Promoting Staff Health and Wellbeing

SHSC recognises that one element of promoting attendance at work is supporting our staff to maintain their health and wellbeing. SHSC is committed to doing this through various methods.

Whilst there has been no formal programme of work since the '12 for 12' project a number of on-going initiatives e.g. The Cycle to Work Scheme, have continued to support staff health and wellbeing.

1. Supervision and Appraisal

SHSC is committed to ensuring that all staff have access to appropriate supervision and an annual PDR. For example one aspect of supervision is a restorative function that seeks to manage any negative effects on a member of staff resulting from their work.

2. Trust Wide Initiatives

A long established resource for staff includes **Workplace Wellbeing** (WWB) which can be found in the health and wellbeing section on JARVIS:

<https://jarvis.shsc.nhs.uk/all-about-me/health-and-wellbeing>

WWB offers counseling and consultancy services to NHS staff to help with both work related and personal issues such as stress, relationship difficulties (personal or at work), loss of confidence and many others.

3. Wellbeing Conversation

NHS England recommend every member of the NHS should have a health and wellbeing conversation and develop a personalised plan. These conversations may fit within an appraisal, job plan or one-to-one line management discussion, and should be reviewed at least annually. As part of this conversation, line managers will be expected to discuss the individual's health and wellbeing, and any flexible working requirements, as well as equality, diversity and inclusion."

4. Improving Access to Psychological Therapies (IAPT) Service

IAPT offers a range of free psychological therapies including stress control courses and improving wellbeing sessions as well as one to one support. The service has also recently expanded and has a new health and wellbeing service that offers a range of groups to support people who are managing a long-term health condition such as diabetes or Chronic Obstructive Pulmonary Disease (COPD).

For psychological support employees may access either IAPT or the Workplace Wellbeing Service.

SHSC has introduced **Schwartz Rounds**.

A Schwartz Round is a safe, reflective and supportive monthly forum where all staff are invited to come and think about the emotional and social dilemmas that arise in our work.

A number of different **Mindfulness** courses have also been taking place including Mindful Leadership and Introduction to Mindfulness.

5. Menopause

Staff members who are in perimenopause or going through menopause may experience a range of physical and mental symptoms in relation to changes in hormone levels. These symptoms may include (but are not limited to): sleeplessness; sudden feelings of overheating sometimes accompanied by intense sweating ('hot flushes'); excess menstrual bleeding ('flooding'); depression and anxiety including loss of confidence or suicidal thoughts; memory issues; confusion; sudden feelings of being overwhelmed and/or frustration and anger.

Although each individual's journey through perimenopause and menopause will be different, there are a range of reasonable adjustments that line managers should consider supporting staff members experiencing symptoms relating to these hormonal changes.

Options might include:

- temporary changes to working patterns,
- supply of desk fans or moving to an area with available adjustable ventilation,
- access to showering facilities, access to a change of uniform and a place to get changed, etc.

For further information see the Menopause Guidance document available in 'Documents' on Jarvis or seek advice from your HR Advisor.

6. Health and Wellbeing links on JARVIS:

The below link to our Health and Wellbeing page on JARVIS provides support for staff for several themed areas of support which include:

- Alcohol Service / Smoking Quit Service
- Apps including Unmind, Headspace and Sleepio
- Chaplains
- Financial wellbeing
- Health and Wellbeing regional hub
- IAPT
- Menopause
- Physiotherapy
- Staff Network Groups
- Staff Side
- Workplace Wellbeing
- Weight Management
- Wellness Action Plan

[Health and wellbeing | JARVIS \(shsc.nhs.uk\)](https://shsc.nhs.uk)

7. Workplace Adjustment and Wellbeing Passport (WAWP)

A WAWP is a collaborative, voluntary, live record of adjustments agreed between the employee and their manager to support them at work because of a health condition, impairment, or disability, both visible and hidden. Please see the below link to the WAWAP.

[Workplace adjustment and wellbeing passport | JARVIS \(shsc.nhs.uk\)](https://shsc.nhs.uk)

8. Physiotherapy Referral Service

On the staff intranet eforms dashboard, HR forms, is a Physiotherapy referral form for completion.

The Health and Wellbeing Section includes advice for both staff and people who use our services.

The staff sections of most relevance include:

- **Being More Active** – this includes advice and information on activities such as cycling, walking, swimming, dancing and information about gyms and leisure centres. In addition staff may find information useful on the Move More website helpful. www.movemoresheffield.com/
- **Healthy Living** - this includes advice and information on good nutrition, alcohol use and smoking cessation.
- **Improving Mental Wellbeing** this includes advice and information on Work life Balance, Tackling Stress, Looking Good and Feeling Good and Culture for Wellbeing as well as a link to the Workplace Wellbeing pages.

9. Health and Wellbeing of Staff is everybody's business.

After the '12 for 12' staff health and wellbeing initiative we developed some ideas for staff, their teams and leaders to consider.

What can you do as a Manager/Leader?

- Could you do a stress risk assessment for your team / service?
- How can you make sure people 'take a break'?
- How do you promote your team's health and wellbeing?

What can you do as an individual?

- Think about your own health and wellbeing.
- What do you do to keep yourself healthy?
- Can you improve your wellbeing?
- How could changing your diet, increasing exercise, watching alcohol intake, stopping smoking, improve general health immunity and attendance?

What can you do as a team?

- Can you agree to have a shared lunchtime once a month?
- How can you improve your environment?
- Could you go for a walk-in break time?
- Can you get together for a fun activity?
- Could you improve how you relate to each other?

What can you do as a colleague?

- Do you notice if a colleague is having a challenging time?
- What could you suggest to others to improve health?

Background

The details are set out in a new Section 22 of the Agenda for Change handbook (extract below).

Injury Allowance (IA) applies to all employees. IA is to recompense employees who have temporarily lost income due to an injury or illness because of work. The employer is responsible for determining entitlement for Injury Allowance and must decide if the injury, disease or other health condition is wholly or mainly attributable to the employee's NHS duties. Decisions on payment should take into account an individual's sick pay entitlements to enable the timely payment of the Injury Allowance. The IA is paid as an income top-up to eligible staff. The allowance will top up NHS sick pay and certain other income i.e. contributory state benefits, up to 85 per cent of pay. This means that in practice it is likely to operate once full sick pay has ended and the individual has moved onto half-sick pay. It can also apply in principle to phased returns, but our current arrangements mean that there is no shortfall in payment in any case.

The allowance is limited to the period of the employment contract only and restricted to a period of up to 12 months per episode. The IA ceases to be paid when one of the following conditions is satisfied:

- 12-month maximum payment period is reached
- Pay is no longer reduced below 85 per cent
- Employee returns to substantive employment.
- Employee is redeployed. (Where they have to change jobs permanently to a position on lower pay due to a work-related injury, disease and/or other health condition, they will receive a period of protected pay that is the same as the provision for pay protection during organisational change)
- Contract of employment is terminated, possibly resulting in access to ill health retirement benefits.

Process and Procedures

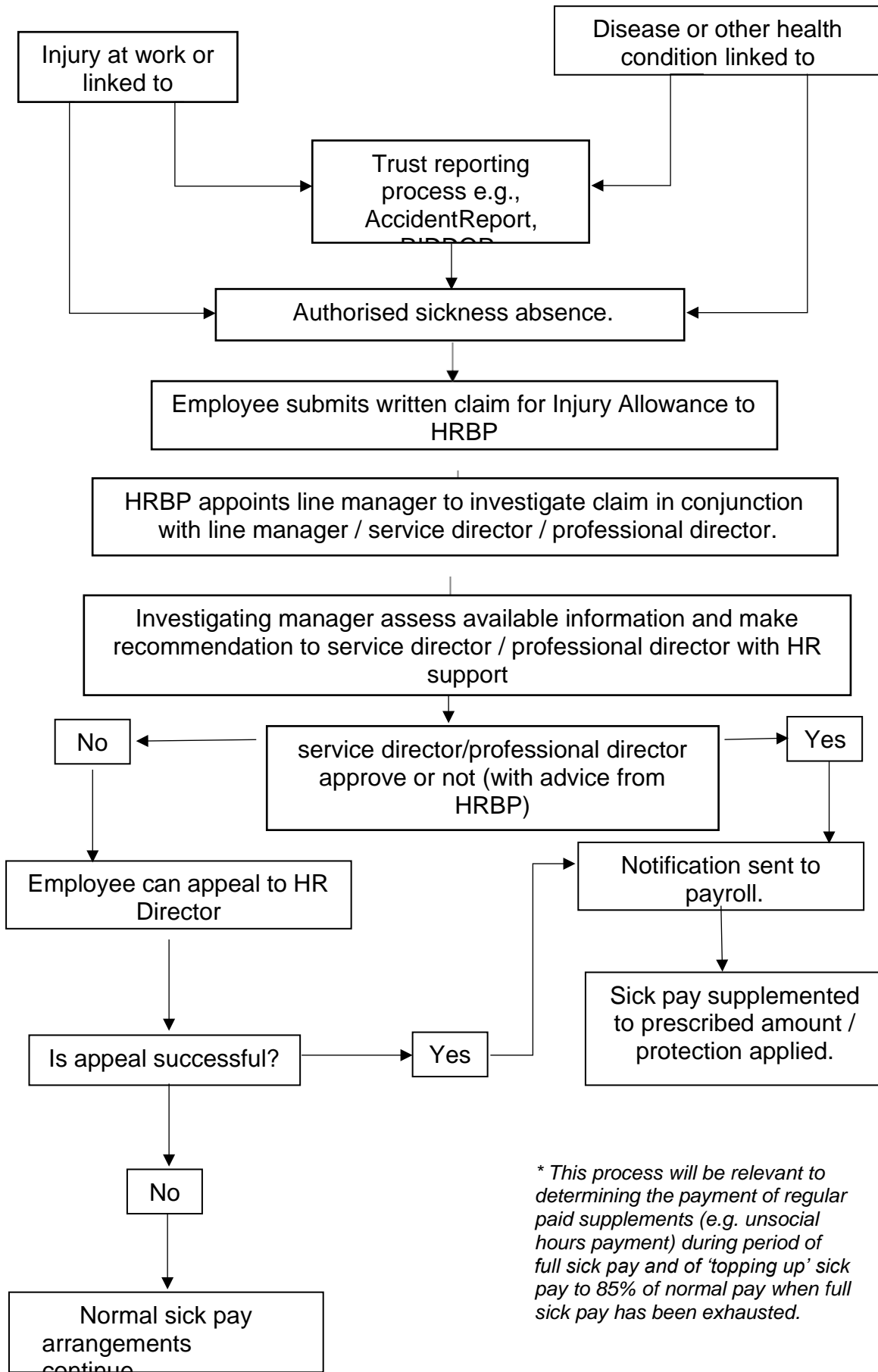
The normal absence management procedures will be applied during any period of absence.

The individual has responsibility for making a claim. Employees should provide all relevant information in writing to your Human Resource Business Partner and should specify that it is a claim for Injury Allowance. The claim should include medical evidence, that is in their possession or that can be reasonably obtained, to enable SHSC to determine the claim. Employees are required to claim any contributory state benefits they may be entitled to and must inform the Human Resource Business Partner immediately on receipt of such benefits. Where timely notification is not provided, any overpayment of injury allowance that arises as a result would be recovered from the employee.

A flowchart outlining the process is on the following page.

Whilst no specific time-period is specified in S.22, it is important that any claims are submitted in a timely manner and should be no later than the expiry of any period of full sick-pay.

FLOWCHART – Injury Allowance Process



Section 22: Injury Allowance **(extract from the Agenda for Change Handbook)**

22.1 This section contains provision for an injury allowance to be paid to eligible employees who, due to a work-related injury, illness or other health conditions are on authorised sickness absence or phased return to work with reduced pay or no pay. It also makes provision for the protection of pay in certain circumstances.

22.2 This section should be read in conjunction with section 14 (England), section 14 (Wales) or section 14 (Scotland and Northern Ireland) and annex 26. It does not confer an additional period of sickness absence entitlement to eligible employees.

Eligibility

22.3 Eligible employees who have injuries, diseases or other health conditions that are wholly or mainly attributable to their NHS employment, will be entitled to an injury allowance, subject to the conditions set out in this section. The injury, disease, or other health condition must have been sustained or contracted in the discharge of the employee's duties of employment or an injury that is not sustained on duty but is connected with or arising from the employee's employment.

22.4 The attribution of injury, illness or other health condition will be determined by the employer who should seek appropriate medical advice. In all cases the employer should use the civil burden of proof - "on the balance of probability" (more likely than not) - to determine the outcome. Where the employee disagrees with the employer's decision then they are entitled to appeal the decision through local grievance procedures (see paragraph 22.16). **(Note: this is not SHSC's Grievance Procedure).**

22.5 Employees claiming injury allowance are required to provide all relevant information, including medical evidence, that is in their possession or that can reasonably be obtained, to enable the employer to determine the claim.

22.6 Payment of injury allowance is not dependent on length of service.

22.7 Injury allowance cannot be considered for the following:

Where a person:

- is injured while on a normal journey travelling to and from work, except where the journey is part of their contractual NHS duties of employment
- is on sickness absence as a result of disputes relating to employment matters such as investigations or disciplinary action, or as a result of a failed application for promotion, secondment or transfer
- sustains an injury or disease which is aggravated by the claimant's own negligence or misconduct.

Neither is it payable:

- where there is no reduction in pay below 85 per cent
- where the employment contract ends.

Scale of Injury Allowance

22.8 Injury allowance will be paid to eligible employees as a top up to their sick pay or earnings when on reduced pay, including when on phased return. This calculation will include any contributory state benefits received by the employee to 85 per cent of pay as defined in paragraph 14.4 in Section 14 (Scotland and Northern Ireland), paragraph 14.4 in Section 14 (England) and paragraph 14.4 in Section 14 (Wales).

22.9 The injury allowance payment is subject to National Insurance Contributions and income tax but is not subject to pensions contribution deductions.

22.10 Contributory state benefits received for loss of earnings will be offset at the rate at which the employee actually receives them. All other benefits or payments received should be ignored. Eligible employees are required to claim any contributory state benefits they may be entitled to and to declare receipt of such benefit(s) to their employer. Timely notification will ensure that overpayments of injury allowance are not made. Employers will require repayment when an overpayment is made.

Payment Period

22.11 The allowance will be restricted to a period of up to 12 months per episode, subject to local absence management, return to work and rehabilitation policies.

Using Injury Allowance to Support Return to Work

22.12 Eligible employees who make a phased return to work can receive the injury allowance as a pay top up to 85 per cent of pay as defined in paragraph 14.4 (Scotland and Northern Ireland), paragraph 14.4 in Section 14 (England) and paragraph 14.4 in Section 14 (Wales), if their pay is reduced during an employer approved period of rehabilitation, subject to the timescales set out in paragraph 22.12. (See also Annex 26 for details of phased return arrangements).

Pay Protection

22.13 Eligible employees who have to change jobs permanently to a position on lower pay due to a work-related injury, illness and/or other health condition, will receive a period of protected pay that is the same as local provision for pay protection during organisational change.

Recovery of Overpayment of Injury Allowance

22.14 An employer can seek to recover any overpayments made to an employee. Where recovery is necessary employers should take into account the period of time the overpayment was in place when agreeing the programme of repayments.

Dispute Resolution

22.15 Any disputes that arise due to the local application of injury allowance provisions should be handled via local grievance procedures. **(Note: this is not SHSC's Grievance Procedure).**

For employees not covered by the NHS Terms and Conditions of Service Handbook or who are no longer working for an NHS employer, the provisions in this Section will apply as specified in individuals' contracts of employment and should be read alongside the relevant contractual documents.

Equality Impact Assessment Form

Appendix H

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients, or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3.

This policy does not impact on staff, patients, or the public (insert name and date)

See below.

Stage 3 – Policy Screening - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations, in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice.

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No	N/A	N/A
DISABILITY	No	N/A	N/A
GENDER REASSIGNMENT	No	N/A	N/A
PREGNANCY AND MATERNITY	No	N/A	N/A
RACE	No	N/A	N/A
RELIGION OR BELIEF	No	N/A	N/A
SEX	No	N/A	N/A
SEXUAL ORIENTATION	No	N/A	N/A

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section) Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Alan Marshall 17 Mar 2023

Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
Engagement		
1.	Is the Executive Lead sighted on the development/review of the policy?	√
2.	Is the local Policy Champion member sighted on the development/review of the policy?	√
Development and Consultation		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	NA
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	√
5.	Has the policy been discussed and agreed by the local governance groups?	√
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	√
Template Compliance		
7.	Has the version control/storage section been updated?	√
8.	Is the policy title clear and unambiguous?	√
9.	Is the policy in Arial font 12?	√
10.	Have page numbers been inserted?	√
11.	Has the policy been quality checked for spelling errors, links, accuracy?	√
Policy Content		
12.	Is the purpose of the policy clear?	√
13.	Does the policy comply with the requirements of the CQC or other relevant bodies? (Where appropriate)	√
14.	Does the policy reflect changes because of lessons identified from incidents, complaints, near misses, etc.?	√
15.	Where appropriate, does the policy contain a list of definitions of terms used?	√
16.	Does the policy include any references to other associated policies and key documents?	√
17.	Has the EIA Form been completed (Appendix 1)?	√
Dissemination, Implementation, Review and Audit Compliance		
18.	Does the dissemination plan identify how the policy will be implemented?	√
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	√
20.	Is there a plan to i. review ii. audit compliance with the document?	√
21.	Is the review date identified, and is it appropriate and justifiable?	√