****

**Attendance Management and Wellbeing Policy**

**Management Toolkit**

**Appendices 6 – 8 and 11 – 15**

**Appendices 9 and 10 available separately;**[**Appendix 9 – Wellbeing Wheel**](https://www.leicspart.nhs.uk/wp-content/uploads/2021/07/Appendix-9-Wellbeing-Wheel.pdf)[**Appendix 10 – Back to Work Map**](https://www.leicspart.nhs.uk/wp-content/uploads/2021/07/Appendix-10-Back-to-Work-Map.pdf)

**Appendix 6 Absence from Work - First Contact Sheet**

**Absence from Work - First Contact Sheet**

To be completed when an employee rings in sick. Once completed, this should be forwarded to the appropriate manager (If it is not completed by the manager) for further action and/or inclusion on the employee’s personal file.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Job Title: | |
| Base: | | Line Manager: | |
| Hours Worked: | | Work Pattern: | |
| Date / Time of Telephone Call: | | | |
| Self / Medical Certificate |  | | |
| Reason for Absence: |  | | |
| Date sickness absence started |  | | |
| Likely duration of Absence: |  | | |
| Is the person alone at home? |  | | |
| If yes, anything we can do to help?  (if yes please state what help) |  | | |
| Work action required i.e. cancel clinics, cancel meetings: | | | |
| Is a referral to the Staff Physio Service required? | | | |
| **Information taken by** | | | |
| **Name:** | | | **Job title:** |
| **Signature:** | | | **Date:** |
| Further Action /Relevant Notes: | | | |
| **To be completed by Line Manager** | | | |
| **Name (manager):** | | | **Designation:** |
| **Signature(Manager):** | | | **Date:** |

**As a matter of good practice, it is recommended that this form is shared with the employee at the return to work meeting.**

**Appendix 7 Self-certification and Return to Work form**

**Self-certification and Return to Work Discussion**

**For completion by Line Manager** This form should be completed by or on behalf of the Line Manager with the employee on the day of return to work from sickness absence. You should also refer to the Health Monitoring Form at the meeting and once completed a copy of this form should be given to the employee and a copy should be attached to the Health Monitoring Form.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name: | |  | | | | | Job Title | | |  | |
| Line Manager Name: | |  | | | | | Date of discussion: | | |  | |
| Dates covered by this self-certification | | Start: | | | | | | End: | | | |
| Total number of calendar days absent: | |  | Reason for absence (nature of illness) | | | | |  | | | |
| Does the employee report the absence as work related? | | Yes / No | Was an eIRF completed? | | | | | Yes / No  eIRF no: ……………. | | | |
| Is RIDDOR applicable? | | Yes / No | Has RIDDOR notification been completed? | | | | | Yes / No | | | |
| Would any further absence be expected as a result of this previous absence? | | Yes/No  If yes detail below: | | | | | | | | | |
| Occupational Health referral required? | | Yes/No | | | Any other wellbeing support? | | | | | | Yes/No |
| Number of episodes of absence in the last 12 months | |  | | | Number of calendar days absence in last 12 months: | | | | | |  |
| Is a Wellbeing Review Required? | | Yes/No | | | Please record the date: | | | | | |  |
| Date return to work meeting recorded on  ESR or E-Roster: | | | |  | | | | | | | |
| **Employee to read and sign: I certify that the information given is complete and correct and that I have not worked during the period stated. I understand that if I knowingly provide inaccurate or false information about my absence it will render me subject to action under the Trust’s Disciplinary Policy and Procedure and/or investigated under Counter Fraud.** | | | | | | | | | | | |
| Employee’s Signature: |  | | | | | Date: | | |  | | |
| Manager’s Signature: |  | | | | | Date: | | |  | | |
| **Please retain this completed form on employee’s personal file and give a copy to employee.** | | | | | | | | | | | |

**Appendix 8 Health Monitoring Form**

Health Monitoring Form (Return to work meeting record)

**Name of the employee:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Directorate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Department:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contracted weekly hours: ­­­­­ Number of working days per week**: **Sickness Trigger (pro rata for part timers):**

(Please refer to the trigger table below)

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First day off** | **Last day off** | **No. of working days lost** | **Reason for absence** | **Absence due to an underlying condition/ disability?** | **Date of Return to work meeting** | **Referral to OH**  **Y/N (if Y: Date of referral)** | **Comments** | **Date Sickness closed on ESR/Healthroster** | **Signature of Employee** | **Signature of Manager** |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Working days** | **For 5 working days a week** | **For 4 working days a week** | **For 3 working days a week** | **For 2 working days a week** | **For 1 working day a week** |
| **Triggers** | **10 calendar days/ or 3 episodes** | **8 calendar days/ or 3 episodes** | **6 calendar days/ or 2 episodes** | **4 calendar days/ or 2 episodes** | **2 calendar days/ or 1 episode** |
| **Expected attendance\*** | **No more than 10 calendar days over 3 episodes** | **No more than 8 calendar days over 3 episodes** | **No more than 6 calendar days over 2 episodes** | **No more than 4 calendar days over 2 episodes** | **No more than 2 calendar day over 1 episode** |

\*These levels of expected attendance will allow an employee to meet the Trust trigger points. The review period will usually be set over a 12 month period with a 6 month review. Where an individual has a known disability or confirmed chronic underlying condition please take advice from HR and OH prior to setting the expected level of attendance. Where an employee has a period of long term sickness during a monitoring period, it is reasonable to extend the review period to take account of this.

**Appendix 9 Wellbeing wheel**

Available on the staff intranet

**Appendix 10 Wellbeing road map**

Available on the staff intranet

**Appendix 11 Occupational Health Referral Form**

*UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST*

***OCCUPATIONAL HEALTH SERVICE***

**REFERRAL PROCEDURE FOR OCCUPATIONAL HEALTH ASSESSMENT**

PRACTICAL GUIDANCE FOR MANAGERS

LEICESTERSHIRE PARTNERSHIP TRUST

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **SELF REFERRAL**

Any member of staff can access the Occupational Health Department at any time for work related health advice. They will be offered advice at the time of their call from the LPT OH Duty Nurse. The number is **0116 225 5431**. This service is available between **08.30am and 4.30pm, Monday to Friday**.

1. **MANAGEMENT REFERRAL**

Referral of a member of staff by their manager needs to be handled sensitively. A referral is required only if it will provide you with new information. Points to consider are as follows:

**2.1** ***WHEN SHOULD YOU REFER?***

You may need to refer a member of staff if:

* There is an underlying medical condition that affects their ability to attend work and no previous referral has been made.
* You believe there may be an underlying health problem that affects their ability to do the job.
* They are off work and advice is needed to facilitate a graduated return. Occupational Health have produced a number of ‘Return to Work’ Guidance’ sheets for a range of conditions designed to help you plan a supportive return to work directly with the member of staff without the need for a referral. These are available from your HR Advisor of through contacting the OH Duty Nurse.
* If particularly complex or not covered by the above guidance a referral may still be required for advice on a graduated return to work.
* You need advice about specific adjustments.
* There is a concern about the impact of a medical condition or disability on their working ability.
* The case is escalating to a level that could result in termination of employment.
* Concerns about fitness for work, whether or not sickness absence has actually occurred- Includes concerns about control of infection issues, safety risks, disability issues.
* Concerns about work related ill health – is the job or work environment affecting their health?
* Repeated referral to occupational health is not indicated if the employee’s health has not changed since the last OH report. This is particularly important in cases where attendance has not improved despite OH advice.

In cases of recurrent sickness absence, the manager is able to ask the employee directly if they have a medical condition that impacts on their ability to attend work. If the answer is no, then a referral may not be needed even if they have breached the trigger in the Management of Ill Health Policy and Procedure.

Breaching the trigger is an indication that management action is needed to try to reduce the employee’s absence, not necessarily that a referral to OH is required.

***Consider asking the following questions in the referral (if necessary)***

* When can he/she return to work?
* Does he/she need help to do so?
* Is there an underlying condition which is responsible for repeated absences
* Is this absence pattern likely to continue – can adaptations to work be made to assist the person to attend regularly?
* Is attendance likely to improve in the future?

If you have any doubts about whether an occupational health referral is appropriate, please telephone first to discuss the issues with your HR Advisor or the LPT OH Duty Nurse

***2.2 HOW SHOULD YOU REFER?***

* You must complete a referral form in all cases which may be accompanied by a covering letter.
* Please ensure that you fully complete the personal details section of the referral form. Reports sent to you from Occupational Health will be password protected in the format DDMMYY of the employees DOB (6 numbers with no slashes). For ease of reference please enter the DOB on the referral form using this format.
* The form should be emailed to [**hradvisoryteam@leicspart.nhs.uk**](mailto:hradvisoryteam@leicspart.nhs.uk)**.** Indicate clearly the reasons for the referral and the questions which you wish the occupational physician or nurse to answer.
* Discuss the referral with the member of staff and confirm that you have done so on the referral form or letter. **Do not give a copy of the referral to the member of staff at this stage in case it requires amendment.**
* Indicate on the form if you have already spoken to the LPT OH Duty Nurse and indicate what you have implemented from that advice.
* Provide details of sickness absence if relevant, including dates and certified reasons for absence. If the person to be referred is currently absent, please state when they were last at work.
* Provide information about job, hours of work and any particular requirements related to the work or work environment. Provide details of any modifications or work adaptations already tried.
* Please include details of any specific performance difficulties that the employee has encountered at work. This is especially important if the purpose of your referral is to establish if health problems are present that may impact on their ability to perform their role safely.
  1. ***WHAT HAPPENS NEXT?***
* All referrals will be reviewed by the HR Advisory Team in the first instance. You may be contacted for additional information or to discuss the appropriateness of the referral.
* The HR Advisory Team will forward the referral to Occupational Health and will notify the manager when this has been done. **A copy of the final referral must be given to the member of staff at this stage and any changes discussed with them.**
* When the referral is received in occupational health it will be, scrutinised by the occupational health nurse and an appointment allocated with a physician or nurse.
* The employee will be contacted to arrange an appointment. A copy of the appointment will be sent to the manager by e-mail.
* Most appointments which are clinical in nature will be seen in the occupational health department and may include a physical examination.
* Some consultations will be conducted via the telephone.
* Some individuals seen by an occupational health nurse will be referred for further medical assessment by the occupational physician.
* Liaison between occupational physician and the member of staff’s GP or hospital specialist may be required but direct referral for further investigations or treatment is unusual. Physiotherapy may be arranged if appropriate.
* Following the consultation a written report will be sent to the manager and HR advisor. This will be done by email and the letter will be in a PDF format. Members of staff will also receive a copy.
* **Please note the report will be password protected. Passwords will be DDMMYY of the employees DOB – 6 numbers with no slashes.** 
  1. ***POST ASSESSMENT***

•Manager should consider the report which they have received and should request clarification if necessary.

* Manager may need to seek further advice, e.g. from HR advisor, about

redeployment or implementation of occupational health recommendations.

* Further review appointments will have been arranged in the occupational health department if necessary and manager will be kept informed.
* Managers are asked to inform occupational health of developments such as agreed work modifications, whether temporary or permanent, changes of job, redeployment, resignations, contract termination or retirement so that occupational health records can be updated.

October 2016

University Hospitals of Leicester NHS Trust Occupational Health Service

**REQUEST FOR OCCUPATIONAL HEALTH ASSESSMENT**



Full Name of Member of Staff: Date of Birth: DDMMYY

Service: MH CHS FYPC/LD Enabling Hosted Bank only

Employing Trust: **LPT** Department:

Home Address: Job Title:

Work Site:

Home/Mobile No: Work No:

Personal Email Address:

REASON(S) FOR REQUEST Please complete the form below (boxes will expand as you type) or attach a letter ensuring that all areas of the form are covered. You must complete each box in order to make a referral. All referrals should be emailed to [hradvisoryteam@leicspart.nhs.uk](mailto:hradvisoryteam@leicspart.nhs.uk) for review by the HR Team prior to submission to OH. Referrals which do not contain sufficient relevant information will be returned to you and support will be offered to assist you with re-drafting the referral.

**Please do not give a copy of the referral to the member of staff until it has been reviewed by the HR Advisory Team in case it requires amendment.**

|  |
| --- |
| 1. Reason for absence from work and/or ill-health condition (as a minimum include details of the previous 12 months’ absence, highlighting dates of absence you wish OH to consider and the reported reasons for absence. If currently absent, please say when the individual was last at work. Alternatively it is acceptable to attach a printout of the Health Monitoring Form). |
|  |
| 1. Details of management action taken to date (informal or formal meetings – with the consent of the employee you may wish to attach copies of the notes of relevant ill health meetings / targets or warnings / adjustments to duties, working hours or pattern, special equipment provided (reasonable adjustments) / previous phased returns to work (including dates) / signposting to Amica / **stress risk assessment** / signposting to Staff Physiotherapy Scheme. |
|  |
| 1. Has there been any advice from a GP or Specialist regarding the ability of the staff member to carry out their duties and if so what is it? |
|  |
| 1. Have you spoken to the OH Duty Nurse (telephone 0116 2255431).If no consider contacting the nurse for advice before submitting referral. If yes, include information on advice given, what you have implemented. (If relevant, you should give information on adjustments you have considered but have not implemented and the reasons why). |
|  |
| 1. Brief summary of job role, hours of work and any particular requirements related to work or work environment. (You may wish to include the job description as additional information but must still complete this section). |
|  |
| 1. Reason for referral – this should relate directly to section 2.1 of the Referral Procedure for Occupational Health Assessment |
|  |
| 1. What specific questions do you want OH to answer? You may want to consider the following:  * When can he/she return to work? * Does he/she need help to do so? * Is there an underlying condition which is responsible for repeated absences * Is this absence pattern likely to continue – can adaptations to work be made to assist him/her to attend regularly? * Is attendance likely to improve in the future? * If the employee is on long term sick leave, what are the anticipated timescales of when he/she is likely to return to work? |
|  |
| Before submitting this referral, please consider if the questions you are asking will provide you with any new or additional information. If you are unsure if a referral is appropriate, contact the OH Duty Nurse (Telephone 0116 225 5431) or your HR Advisor. |

**ASSESSMENT REQUESTED BY:**

Name: …………………………………………….. Post:……………………………………………. Base:………………………………………………. Tel No:…………………………………………... Email:………………………………………………

HR Advisor to whom a copy of the report should be sent:

Name: ………….………………………………….. Email: …………………………………………..

**I confirm that I have discussed the reason(s) for this formal referral with the member of staff named. Subject to review by the HR Advisory Team, I confirm that I will give the member of staff a copy of the final referral prior to their OH appointment.**

Signed: ……………………………………………………..Date: ………………………………....

**Completed form should be emailed to** [hradvisoryteam@leicspart.nhs.uk](mailto:hradvisoryteam@leicspart.nhs.uk)

**Appendix 12 Invite to Stage 1 Further Review for Short Term Sickness**

Dear

Invite to Stage 1 Further Review Meeting

We met informally on DATE to undertake a Wellbeing Review. The purpose of the meeting was to consider the factors which impact on your health and wellbeing and outline the support available fro LPT to help you make positive changes and lead a healthy lifestyle. As part of this meeting, a review period was set over 12 months with the expectation that your attendance would improve.

Unfortunately, since that date, you have had the following episodes of sickness absence:

DATE xx days due to xxxxxxxxxxxxxx

This totals xx days and xx episodes and I am therefore writing to invite you to a Stage 1 Further Review meeting. This will be held on DATE, at TIME, at LOCATION. I will be present and supported by HR NAME/JOB TITLE.

The purpose of this meeting is to consider your additional absences, any contextual information you wish to put forward and to discuss the progress of any actions agreed at your Wellbeing Review. A further review period will be set at this meeting. This meeting will be held in accordance with the Trust Attendance Management and Wellbeing Policy.

You are entitled to be accompanied by a representative from your Trade Union or a work colleague. If you wish to be accompanied, please make the necessary arrangements with your representative.

Additionally, if you consider that you have a disability that would require us to make adjustments for you during this process, please can you confirm in writing the the adjustments you would like us to make as soon as possible.

If you have any further questions, please do not hesitate to contact me on NUMBER.

Yours sincerely

**Appendix 13 Stage 1 Further Review Outcome Template (STS/LTS)**

**Part A: Management Preparation**

Part A is to be completed ahead of the Further Review ready for discussion.

|  |  |
| --- | --- |
| Employee Name |  |
| Date of Meeting |  |
| Date of Informal Wellbeing Review |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please tick as appropriate | | | | |
| Short term sickness | | | Long term sickness | |
| Stage 1 formal review meeting  \*Delete as appropriate | Stage 2 final review meeting  \*Delete as appropriate | Other  (State in purpose) | Stage 1 management discussion and review | Stage 2 Final Review meeting |
| Attendees (name and job title) | | | | |
| * Staff Side Representative / If no representative, happy to continue? Yes/No | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Sickness Absence History: | | | |
| Date: | No of Days | Nature of illness | |
| Prior to Wellbeing Review:  Since Wellbeing Review: |  |  | |
| Total episodes since Wellbeing Review |  | Total days absent since Wellbeing Review |  |
| Any patterns of absence identified to discuss? |  | | |
| Are any absences work-related? |  | | |

**Part B: Further Review Discussion Meeting**

|  |  |
| --- | --- |
| Key points of discussion: | |
|  | |
| Is the problem likely to reoccur? |  |
| Establish whether there is an underlying medical condition or disability |  |
| Adjustments to work considered |  |
| Occupational Health and/or other wellbeing services considered? |  |
| Targets agreed (STS only) |  |
| ...... days / or ...... occasions | Date effective from: \_ \_ / \_ \_ / \_ \_ to \_ \_ / \_ \_ / \_ \_ |

|  |  |  |  |
| --- | --- | --- | --- |
| Discussion of Annual Leave (AL): Remind employee that if they do not take their annual leave they will lose it in accordance with the provisions set out in Appendix 10. | | | |
| Take AL | Carry over AL (please advise eroster team) | | Statutory AL  (28 day for full time employees/  pro rata for part time employees) |
| Half Pay/No Pay discussion: | |  | |
|  | | | |
| Notify Workforce Systems Team if unable to have appraisal due to long-term absence. | | Core Mandatory Training discussion: | |
| Incremental Date: | |  | |
| Support requested by the employee/their Staff Side representative, support provided by management to date and any further support agreed: | | | |
|  | | | |
| Where reasonable adjustments are made refer to Tailored Adjustment Agreement and note plans for reviewing and monitoring: | | | |
|  | | | |
| Date of the next review meeting: | | If not set up please state reason and any plans for further review: | |
|  | |  | |
| Any other information comments | | | |
|  | | | |

We share the same goal in you being healthy and able to sustain your attendance at work.

*\*With this in mind I advised you to revisit your personal Wellbeing Action Plan based on your Wellbeing Wheel outcome. Developing a wellbeing action plan can help you to take ownership of the practical steps you need to take to improve your mental and physical health.*

*Your sickness absence will be monitored for the next 12 months commencing today. Should you exceed the target set you may be escalated to a Stage 2 Final Review, at which a decision may be made up to and including dismissal (\*STS absence only)*

This meeting was held in accordance with the Trust’s Attendance Management and Wellbeing Policy and Procedure.

I am hopeful you will be able to achieve a sustained improvement in your attendance.

Employee signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 14 Invite to Stage 1 Further Review Long Term Sickness**

Dear

**Invite to Stage 1 Long Term Sickness Meeting**

Following your absence started on DATE and your Wellbeing Discussion on DATE, you have now exceeded 28 days absence and as such are classed as being on long term sickness absence. I am therefore writing to invite you to attend a Stage 1 Management Discussion and Review on DATE, at TIME, at LOCATION. I will be present and supported by HR NAME/JOB TITLE.

The purpose of this meeting is to discuss the likely prognosis for your absence, any additional support you may need, and to discuss ways in which we can facilitate a return to work. The meeting will be held in accordance with the Trust Attendance Management and Wellbeing Policy and Procedure.

In advance of our meeting I have made a referral to Occupational Health who will contact you to arrange an appointment/you have visited Occupational Health and we will also discuss their report DELETE AS APPROPRIATE. We will also revisit and update your Wellbeing Road Map where necessary.

We will aim to keep the meeting as informal as possible, but you are entitled to be accompanied by a representative from your trade union or alternatively a colleague from within the Trust. If you wish to be accompanied please make the necessary arrangements with your representative.

Additionally, if you consider that you have a disability that would require us to make adjustments for you during the process, please can you contact us to discuss this as soon as possible.

If you have any further questions, please do not hesitate to contact me on NUMBER.

Yours sincerely

**Appendix 15 Redeployment on Ill Health Grounds**

For an employee who is either on long term sick or has episodic absence due to an underlying condition(s), redeployment to another post should be considered following advice from Occupational Health.

Redeployment as an option should only be considered if re-adjustment of duties in accordance with the trusts Reasonable Adjustments Policy have previously been tried and showed not to work or, it cannot be accommodated for operational reasons or on the basis of Occupational Health Advice.

Where redeployment is being considered the following process will apply:

1. The employee will be invited to a Final Review and Redeployment Meeting where the details of the redeployment period will be discussed and agreed. This meeting will be chaired by a senior manager with the authority to dismiss accompanied by a Human Resources Advisor. Where authority has been delegated the decision to issue notice must be confirmed in writing by a senior manager with the authority to dismiss.

2. The employee will be given 5 working days’ notice of this meeting.

3. The employee will have the right to be accompanied by their staff side representative or a work colleague. If the individual or their representative is unavailable to attend the review meeting they can seek one postponement. The review meeting will be rearranged within a reasonable period of time e.g. within 5 working days of the original meeting.

4. The employee will be awarded ‘preferential status’ for a12 week period, during which redeployment opportunities will be explored.

5. Twelve weeks’ notice of termination on grounds of ill health will be issued to the employee at the beginning of the redeployment period. Notice period will run concurrently with the redeployment period.

6. The employee will be offered an opportunity to apply for available post/s that have been identified as suitable by completing an application form and will be given preferential consideration. They will be interviewed with other applicants who have been awarded ’preferential status’ or are ‘at-risk’ due to redundancy or other reasons and still need to demonstrate suitability for the new position against essential criteria on the person specification.

7. A post will be classified as suitable, under this procedure, if it meets the following requirements:

 It is at the same band or a lower band than the employee’s current pay band

 The employee meets the essential criteria for the job or would meet with minimal training within a reasonable period of time

 Hours of the post are similar to the hours of the employee’s current contracted hours in the post or consistent with the occupational health advice relating to hours.

 Duties of the post are consistent with the occupational health advice.

8. Where the employee wishes to apply for a post which is more than one band below their substantive post and in Occupational Health’s view they are fit to undertake that role, they will be given preferential treatment for this.

9. Redeployment implemented under this policy will not attract protection, unless the redeployment is due to a disability in which case it will attract pay protection in accordance with Appendix 2 of the Trusts Management of Organisational Change policy. Redeployed employees will assume all the terms and conditions of the post being offered. For example where the employee is redeployed in a lower banded post or a post of fewer hours, pay protection will not apply. Similarly where redeployment results in the employee incurring more home to base mileage due to relocation, excess mileage will not be payable.

10. Where the employee has a disability, reasonable adjustments need to be made to allow them to undertake the role. Where required, assistance and advice from agencies/professionals such as Occupational Health, Disability Employment Advisors, Remploy etc. (as appropriate) should be sought on this matter.

11. Redeployment in another post will be subject to a 4 week trial period from both sides (management and employee).

12. A meeting will be convened 5 working days before the end of the trial period or the 12 week redeployment period to either confirm the success of the trial or where the trial has been unsuccessful and the redeployment period has been exhausted to reiterate that the contract of employment will be terminated as explained at the Final Review and Redeployment Meeting.

13. Any appeal against termination of employment on the grounds of incapacity must be made in writing with full grounds of appeal and all documentation to be relied upon to the Deputy Director of HR and OD within 10 working days of the date of the letter confirming the decision.

**NB.** In certain cases, usually where a staff member is in agreement that they are unable to return to work, it may be possible for a final review meeting to be undertaken by the line manager with HR support, signed off by a manager with the authority to dismiss. The staff member will have the right to be accompanied at this meeting. The decision to undertake a final review with the line manager will be made on a case by case basis by the line manager in partnership with HR, the staff member and staffside where applicable and the principles of the above process should be followed.