

Attendance Management and Wellbeing Policy and Procedure

This policy outlines the principles and process for managing attendance and promoting wellbeing in the workplace.

Key words: Sickness, Ill health, Fit Note, Long term, Short term, return to work, triggers, occupational health, targets, underlying condition, phased return, reasonable adjustments, stress, permitted hours, medical appointments, sick pay, industrial Injury, attendance, wellbeing

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SUMMARY & AIM

This document sets out the Trust policy and procedures for managing short and long term sickness absence. In keeping with the Trust values of trust, respect, compassion and integrity, the Trust encourages all staff to maximise their attendance because this maximises the resources available to make a positive difference in providing patient care.

Although it is recognised that a certain level of sickness absence may be inevitable, proactive steps will be taken to manage sickness absence. People who are unwell will be supported to return to work more quickly and safely where possible, making it easier for the Trust to deliver excellent patient care.

TARGET AUDIENCE:

This policy applies to all staff directly employed by the Trust. It does not apply to bank or agency workers or the staff of contractors. The sickness absence of staff on honorary contracts should be managed in conjunction with the employing organisation.

TRAINING

Training provided to new managers and refresher training for experienced managers.

KEY REQUIREMENTS

On return from every period of sickness absence a staff member will attend a Return to Work interview with their manager.

Intermittent absence will be measured through trigger points. These will be calculated over a 12 month rolling period and based on calendar days.

Once a staff member's absence has become concerning, a wellbeing review meeting (STS) will be held. As a guide, this stage will be invoked when a staff member has been absent for **10 calendar days of absence in total or 3 individual episodes** within a rolling 12 month period (pro-rata).

A stage 1 further review meeting (STS) will be invoked when an individual has exceeded the target set at the Wellbeing Review, or if their attendance has become concerning. The Managing Long Term Sickness (LTS) Procedure is designed to help individuals return to work from a period of sickness absence. Where an absence exceeds the initial 7 day self-certification period, managers should arrange a Wellbeing Discussion with the staff member before the absence reaches 14 calendar days. Where an ongoing absence reaches 28 calendar days, or as soon as the manager is aware that the absence will be certified for at least 28 calendar days a stage 1 meeting (LTS) will be convened and referral to Occupational Health at the earliest opportunity.

1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

- Managers and supervisors responsible for staff are expected to manage their staff's attendance and absence.
- A staff member who needs to be absent from work due to sickness must be responsible for their own health and wellbeing and notify their line manager by telephone if they are ill or unable to attend work for any other reason.
- On return from every period of sickness absence a staff member will attend a Return to Work interview with their manager.
- Return to Work meetings and informal discussions are critical in establishing with a staff member that their absence may be becoming concerning and the potential consequences of this.
- The aim of the short term sickness absence (STS) procedure is to ensure that staff who fail to meet the standards of attendance expected of them are managed fairly and consistently and are given the opportunity to improve their attendance where possible.
- Intermittent absence will be measured through trigger points. These will be calculated over a 12 month rolling period and based on calendar days.
- Once a staff member's absence has become concerning, a wellbeing review meeting (STS) will be held. As a guide, this stage will be invoked when a staff member has had 10 calendar days of absence in total or 3 individual episodes within a rolling 12 month period (pro-rata).
- The manager must invite the member of staff to attend a Wellbeing Review, giving at least 5 working days' notice, providing a blank copy of the Wellbeing Wheel (Appendix 9) for their completion in advance of the meeting.
- At this meeting, a review period of 12 months will be set with an expectation of improvement. As a guide, a full time staff member should not exceed 10 calendar days of absence in total or 3 individual episodes within the 12 month review period.
- A stage 1 further review meeting (STS) will be invoked when an individual has exceeded the target set at the Wellbeing Review, or if their attendance has become concerning
- Where this policy has been instigated at Stage 1, and the employee has exceeded the target set out at this point, or if the level of attendance is concerning, the manager should decide whether it is appropriate to progress to a Stage 2 meeting.
- The Managing Long Term Sickness (LTS) Procedure is designed to help individuals return to work from a period of sickness absence. Where an absence exceeds the initial 7 day self-certification period, managers should arrange a Wellbeing Discussion with the staff member before the absence reaches 14 calendar days.
- The Wellbeing Road Map (Appendix 10) will be completed at this point, with a completed copy provided to the employee following the discussion.
- Where an ongoing absence reaches 28 calendar days, or as soon as the manager is aware that the absence will be certified for at least 28 calendar days a stage 1 meeting (LTS) will be convened and referral to Occupational Health at the earliest opportunity where appropriate.
- Where an absence reaches a point where it becomes concerning, meaning the Trust may no longer be able to sustain an individual's sickness absence record; or where a member of staff is unlikely to return to work, this would instigate a final review meeting.

1.1 Version control and summary of changes

Version number	Date	Comments
1	July 2021	New policy adopted from NHFT. Supersedes Management of Ill Health Policy.
2	June 2023	Section 4.2.3 and 4.3.3 – Added for manager providing the management report to attend Appendix 12 and 14 – signpost to LPT Trust website for copy of policy
3	March 2024	<p>3.2 to submit subsequent “fit notes” within 7 days of end date of the previous certificate. Failure to do so may result in suspension of sick pay.</p> <p>4.2.1 Amendment to wording from consider the outcome to: ‘will consider any information the member of staff wishes to share from using the Wellbeing Wheel and will discuss proactive health and wellbeing support plans at work for sustained improvement, review and future management processes’.</p> <p>4.2.2 Added details on the practice of stretching targets: There may be occasion where due to an underlying health condition stretched targets are considered but this should not exceed an increase of 30 per cent and would be agreed with advice from Occupational Health.</p> <p>4.3.3 Added that a stage 2 meeting will be recorded: The meeting will be digitally recorded but will only be transcribed if an internal appeal is lodged or a claim has been made to an Employment Tribunal.</p> <p>4.23 Added reference to menopause symptoms and link to Toolkit.</p> <p>4.25. Added detail of when an appeal can be made: Appeals should clearly outline the reasons for the appeal and must be made within ten (10) working days of either the date of the letter to the staff member advising them of their dismissal or where a notice period is worked or a redeployment period issued, from the end date of that period.</p> <p>4.5.1 – Permitted work - added: There may be occasion where advice is not provided and the manager may wish to offer this option, this should be in agreement with Human Resources</p> <p>4.5.2 Phased return – added: It is expected that a phased return to work will not usually commence on less than 50 per cent of the member of staff’s substantive hours and would not usually commence on less than 16 hours per week.</p> <p>4.25.1 – updated for clarity on monitoring part days: Where a staff member attends work but subsequently leaves due to sickness absence, this should be noted on the Health Monitoring Form and but will not be recorded as a day or episode. Their working hours and sickness hours should be reflected as such on Health Roster (if applicable) and be recorded as PDS (Part Day Sickness) under Other Leave.</p>

Version number	Date	Comments
		<p>Managers are able to identify any patterns of part day sickness absences by reviewing their unavailability records on Health Roster or using the Health Monitoring Form.</p> <p>Section 4.28 and Appendix 15 – added into policy ‘Process for claiming Injury allowance’.</p> <p>Appendix 16 and 17 – flowcharts added.</p>
4	October 2024	<p>Section 5.7 amended to allow time off as detailed in the Trust’s Pregnancy, Maternity, Paternity, Adoption, Shared Parental Leave and Parental Leave Policy and Procedure:</p> <p>Where an employee cannot receive fertility treatment outside of their normal working hours they should make a written request to their line manager requesting paid time off for treatment.</p> <p>The Trust will consider all requests and where appropriate, grant paid leave up to a maximum of 5 calendar days in a rolling 12 month period. Previous periods of absence granted for fertility treatment will be taken into account when considering any further requests.</p>
5	December 2024	<p>5.2.1 Wording amended to clarify triggers: As a guide, this stage will be invoked when a member of staff has been absent for 10 calendar days in total or 3 individual episodes within a rolling 12 month period (pro-rata).</p> <p>5.2.2 Amended for stage 1 meetings to take place without HR where agreed with HR: Advice should be sought from the HR Advisory Team and an HR advisor will attend the formal meeting where necessary to support the manager under this policy.</p> <p>5.2.3 Changed from 10 days notice to 15 days notice</p> <p>5.3.2 Amended for stage 1 to take place without HR where agreed with HR: A meeting will be convened with the line manager and the staff member and their representative (trade union representative or Trust workplace colleague). This should be discussed with Human Resources who will attend where necessary.</p> <p>5.3.3 Changed from 10 days notice to 15 days notice</p> <p>Appendix 14 – amended length of trial period from 4 weeks to the following:</p> <p>11. Redeployment in another post will be subject to a minimum of 4 week trial period from both sides (management and employee). This may be extended up to 12 weeks where circumstances require it, this should be agreed with HR.</p> <p>Appendix 10 – added into sign off section that ‘The report received from Occupational Health may be shared with another member of the HR Advisory Team, if needed, to provide appropriate support’.</p>

6	March 2025	Removal of self-referral to Occupational Health and Duty Nurse provision in line with Occupational Health contract review.
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1.2 Key individuals involved in developing and consulting on the document

Name	Designation
Sarah Tyers	Senior HR Advisor
Wider Consultation	All LPT Staff Bands 7 and above
	Trust Policy Experts

1.3 Governance

Level 2 or 3 approving delivery group	Level 1 Committee to ratify policy
Strategic Workforce Group	People and Culture Committee

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex, gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 3) of this policy.

1.6 Definitions that apply to this policy.

Long term sickness (LTS)	Sickness absence will be classified as long term if the employee has been absent for a continuous period of 28 days or more.
Short term sickness (STS)	Sickness absence will be classified as short term if the employee has been absent for a continuous period of less than four weeks.
Trigger points	3 episodes or 10 calendar days working days in any 'rolling' 12-month period (pro rata to the number of days worked per week for staff working less than 5 days per week)
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.
Permitted work	Permitted Work is a prescribed treatment usually advised by either Occupational Health or a GP, to assist individuals back to work whilst they remain off sick.
Phased return	A phased return to work is normally used for staff who have been absent from work for a long period of time (usually a number of months) and may find it difficult to do their full contractual hours or full duties straight away. This will apply when an employee has been assessed fit to return to work by their GP.
Health Passport	A live document recording the reasonable adjustments that have been agreed.
Stress Risk Assessment	Employers have a legal duty to protect employees from stress at work by doing a risk assessment and acting on it. The risk assessment is appendix 2 of the Management of Stress at Work Policy and Procedure www.leicspart.nhs.uk/about/policies/
Reasonable Adjustments	Reasonable adjustments remove or minimise disadvantages experienced by disabled people.

2.0 Purpose and Introduction

Leicestershire Partnership NHS Trust (the Trust) is committed to providing a safe and healthy working environment and to promoting the wellbeing of its staff. Research suggests that work is essential in promoting good health, wellbeing and self-esteem. The Trust recognises the importance of having a robust policy that encourages staff to maintain good physical and mental health and facilitates staff to return to work following a period of either a short or long-term sickness.

This policy provides a framework for all staff to actively engage with promoting healthier choices and maintaining acceptable levels of attendance within the Trust. Opportunities to support staff who are affected by a medical condition are identified alongside the measures the Trust will take to help them. This policy aims to balance the need to deal sympathetically with staff during periods of sickness with the need for an equitable, fair and consistent approach to the management of sickness absence and procedures for reporting sickness.

Throughout an individual's sickness absence, it is important that staff are supported on a proactive and ongoing basis in line with the Equality Act 2010. Such support will include discussions with individuals at Return to Work meetings both about any ongoing support required and also the consequences of ongoing absences (in terms of the formal processes outlined in this document).

The policy also recognises that within the NHS there are high levels of presenteeism (staff coming to work when they actually feel they are too unwell to work) and this can have an adverse effect on staff productivity, patient care, team morale as well as increased absenteeism and longer recovery periods from illness for the individual. The cause of presenteeism can be influenced by personal motivation but also feelings of workplace pressure and fears of being absent. Management should address presenteeism by supporting staff wellbeing on an ongoing basis and assess whether adjusted duties or flexible working arrangements could reduce presenteeism. In the same way, staff are encouraged to assess their fitness to attend work and carry out their duties effectively so as to avoid attending work when unwell.

All staff should act in accordance to our Trust leadership behaviours for all and be able to evidence adherence in situations that involves attendance management. A fundamental approach to developing our Leadership behaviours for all is our ability to both give and receive feedback in a positive and insightful way. The feedback method is based on defining; Context, Understanding, Behaviour and Effect (CUBE).

3.0 Policy Requirements

This document sets out the Trust policy and procedures for managing short and long term sickness absence. In keeping with the Trust values of trust, respect, compassion and integrity, the Trust encourages all staff to maximise their attendance because this maximises the resources available to make a positive difference in providing patient care. The policy describes the support the Trust will put in place to ensure staff are properly supported through illness so that sickness absence can be minimised. The policy also helps managers, when sickness does occur, to manage this in a structured way which is fair and helpful to staff and describes the sickness reporting arrangements.

Although it is recognised that a certain level of sickness absence may be inevitable, proactive steps will be taken to manage sickness absence taking due account of the Equality Act 2010 and the needs of the organisation. People who are unwell will be supported to return to work more quickly and safely where possible, making it easier for

the Trust to deliver excellent patient care. The Trust will continue to strive to promote a healthy and safe workplace for all.

The objectives of this policy are to:

- Maximise the physical and mental health and wellbeing of staff and in turn sustain excellent attendance for staff at work
- Encourage every staff member to take responsibility for and take reasonable steps towards improving and maintaining their own health and wellbeing
- Provide a framework, information and advice for dealing with sickness absence and thereby promoting attendance levels across the Trust
- Provide a fair and consistent process for dealing with sickness absence and attendance within agreed timescales
- Provide a framework for offering support to staff who have ill-health related attendance issues.

Staff should be aware of the services available to them to support their wellbeing, and can find comprehensive information on the intranet, under the health and wellbeing pages.

This policy applies to all staff directly employed by the Trust. It does not apply to bank or agency workers or the staff of contractors. The sickness absence of staff on honorary contracts should be managed in conjunction with the employing organisation.

4.0 Duties within the Organisation

4.1. The Duties of Managers and Supervisors

Managers and supervisors responsible for staff are expected to manage their staff's attendance and absence. They should, as a matter of routine, take the following actions each time a staff member has been absent from work:

- Provide relevant support to maximise a staff member's health and wellbeing, identifying any necessary and relevant wellbeing interventions to enable the staff member to maintain a satisfactory level of health and fitness to enable them to fulfil their full range of duties.
- Create a record whenever a staff member phones in to report that they are unable to come to work due to sickness. This includes recording when the call was made, the stated reason for the absence, how long the staff member expects to be absent and any relevant work matters (first contact sheet appendix 5).
- Contact the staff member at agreed intervals and by agreed methods. Communication should not exceed two week intervals unless agreed between managers and staff in advance.
- Conduct routine "return-to-work interviews" and ensure the staff member completes a self-certification (appendix 6) each time they return to work following a period of sickness absence. For guidance in conducting return to work interviews and timeframes for completion, please refer to section 5.1 of this policy. Timely consideration of the nature and frequency of absences will encourage early intervention for support and identify ways to assist staff to improve their attendance in the future. This approach will alert the staff member to the fact that the situation is being monitored and will potentially deter casual absences.
- Be alert to patterns, for example a persistent Monday or Friday absentee. If a pattern is identified, the manager should put their observations to the staff member directly so

that the staff member has the opportunity to provide an explanation. Try to establish, through investigation and discussion with the staff member, the underlying reasons for frequent absences. Until the underlying cause is identified, it will be impossible to identify an appropriate and effective remedy

- Check whether or not absences are in part due to personal or family problems. During a discussion, the manager should be supportive, exploring whether annual leave and special leave would be appropriate but also explaining clearly to the staff member that continuing frequent absences from work are unsustainable.
- Check whether the staff member's absences are in any way work-related, for example as a result of workplace stress. If the problem is work-related, the manager should refer to the Trust's Management of Stress at Work Policy and take prompt steps to remove or reduce the factors that may be causing the staff member's stress.
- Seek medical advice, if appropriate, to determine whether there is any underlying medical cause for a staff member's frequent absences.
- Implement the procedures set out in this policy and set reasonable targets for improvement in attendance which are time limited and ensure that the staff member is committed to achieving them. (Advice is available from the Human Resources advisory team.)
- Ensure staff are aware of the consequences of continued unsatisfactory attendance, i.e. that they may be managed through a formal process, which may ultimately lead to dismissal.
- Keep confidential records of all absences, discussions and medical certificates and make sure that the records clearly identify the reasons for a staff member's absences.
- Schedule any relevant follow-up meetings at an agreed time to monitor the ongoing situation, where applicable.
- Monitor levels of sickness in particular areas e.g. areas with 12 hour shifts.
- Ensure working time directive is adhered to e.g. appropriate rest breaks between shifts to ensure health & wellbeing.

4.2. Responsibilities for Staff

A staff member who needs to be absent from work due to sickness must comply with the following rules:

- Be responsible for their own health and wellbeing, identifying any necessary and relevant wellbeing interventions to enable them to maintain a satisfactory level of health and fitness to ensure that they are able to fulfil their full range of duties.
- To make a reasonable assessment of their ability to carry out their contracted duties and determine whether they are well enough to attend work and fulfil their role to avoid cases of presenteeism.
- Where appropriate, staff members are encouraged to notify their line manager as soon as they become aware of a health issue which is having or is likely to have an impact on their ability to carry out their full range of duties or lead to a period of absence. This is to encourage a level of transparency which will allow the manager to support the staff member and balance managing health and wellbeing and attendance at work.
- Notify their line manager by telephone if they are ill or unable to attend work for any other reason (NB. Text messages are not considered an acceptable form of communication to undertake this activity). In order to ensure that the potential impact

on the patient experience is not compromised, notification should be as early as possible on the first day of absence and no later than one hour before they are due to work. The nature of the absence and expected duration and any relevant work matters should be shared at the point of notification (refer to section 6.19). In exceptional circumstances if a member of staff is too unwell then a close relative may report the initial absence. It is expected that this will be followed up by/with the staff member when well enough to do so.

- To contact/engage in contact with their line manager or agreed nominated person during sickness absence.
- Participate in an interview with their line manager on return to work to discuss the absence and the reason for it and any support that could facilitate attendance at work in the future (for example, if the staff's absence was in any way work related).
- Complete a self-certification on return to work for all periods of sickness absence not exceeding seven calendar days.
- Provide a doctor's certificate or "fit note" for a period of sickness absence exceeding seven calendar days, and to submit subsequent "fit notes" within 7 days of end date of the previous certificate. Failure to do so may result in suspension of sick pay.
- Agree, on request, to be referred to the Occupational Health department, to attend any such appointments and to authorise the release of any medical report from Occupational Health to the line manager. Failure to do so may lead to discussions regarding the management of absence without the benefit of Occupational Health input.
- To notify the appropriate person in advance if for any reason they are unable to attend formal meetings or Occupational Health appointments arranged as part of the procedures outlined in this policy.
- Co-operate with the employer with regard to the possible implementation of any adjustments to job duties, hours or working conditions, resulting from recommendations made by the Occupational Health department or the GP on a "fit note", notwithstanding the fact that the advice on a "fit note" is not binding on the employer. This could also include liaising with the Access to Work programme which is based on self-referral (<https://www.gov.uk/accesstowork>).

4.3. Responsibility of Human Resources

- Provide advice to managers and staff on the application of this procedure.
- Provide advice and support to managers in the pro-active management of sickness absence and to ensure a fair and consistent approach has been adopted.
- Attend formal meetings as appropriate under this policy. During formal meetings, the HR representative will take an active part and will be able to put forward questions/arguments to support both parties. The HR representative will also provide advice to the manager in decision-making to ensure fairness and equity in the application of this policy.

4.4. Responsibilities of Staff Side

- Staff Side Representatives provide advice and support to their members throughout the application of this policy.
- Staff Side and management will work in partnership to reduce sickness absence, improve attendance and improve employee health and wellbeing.

- When accompanying their members at ill health review meetings/ hearings, staff side representative/work colleague can do the following:
 - put the employee's case
 - sum up the employee's case
 - respond on behalf of the employee to any views expressed at the hearing
 - confer with the employee during the meeting/hearing
 - ask questions.

The staff side representative/work colleague cannot answer any questions on the employee's behalf.

4.5. The Responsibilities of Occupational Health

- Identify and advise the manager of the Trust's responsibilities under the disability discrimination aspects of the Equality Act 2010 where an individual has an underlying health problem that may impact on their ability to do their job
- Provide confidential, impartial advice and information to staff on any health matters which may be affecting their ability to carry out work activities, helping to achieve an early return to work, promoting physical and psychological wellbeing for the individual
- Provide advice to managers on any health issues which may be affecting an individual's ability to undertake their work activities
- Recommend to managers appropriate types and duration of work during a phased return or rehabilitation period
- Recommend to managers, where appropriate, reasonable changes to work activities or the work environment, either on a temporary or a permanent basis if this is necessary and possible
- Provide advice to managers on the support and resources available from outside agencies and professional bodies for a healthier workplace
- Identify any further treatment or support that may help the staff member and/or to facilitate access to such support by liaising with the GP or other appropriate agency
- Request consent from staff to obtain a medical report from their GP, consultant or other relevant professionals involved in their care
- Provide professional advice on whether an individual is unable to continue in their role, whether redeployment may be an option and/or whether they would support an ill health retirement application. Where appropriate, assist a member of staff in an application for early retirement on the grounds of ill health.

5.0 Policy detail

5.1. Return to Work Interviews and Self-Certification

On return from every period of sickness absence a staff member will attend a Return to Work interview with their manager. It is recommended that this takes place on the same day the staff member returns to work. Where this is not possible, it is advised that the Return to Work interview take place within three days of the return to work date. As part of the Return to Work interview, the staff member must complete the self-certification section of the form (Appendix 6) to cover the first 7 calendar days of any sickness absence. Unless there is significant mitigation, failure to do so could result in the absence being

considered unauthorised and therefore unpaid. A copy of the Return to Work interview should be stored within the local personal file.

Early consideration should be given to supporting individuals to maintain a healthy lifestyle and achieve a healthy work-life balance, e.g. undertaking stress risk assessments, discussing temporary changes to work patterns, hours or duties, or considering reasonable adjustments (please see the Reasonable Adjustments Policy). Consideration may also be given to making a referral to Occupational Health if there is an underlying health condition declared or advising the staff to access the staff counselling service (Amica). Staff can also be signposted to other avenues of support, such as Vita Health Talking Therapies, MSK physiotherapy etc.

Return to Work meetings and informal discussions are critical in establishing with a staff member that their absence may be becoming concerning and the potential consequences of this.

5.2. Short Term Sickness Absence (STS)

The aim of this procedure is to ensure that staff who fail to meet the standards of attendance expected of them are managed fairly and consistently and are given the opportunity to improve their attendance where possible. The fact that short-term absences are for reasons of illness and may be covered by a 'fit note' does not mean that action by management is inappropriate. Occasions will arise when it is reasonable to review the attendance record of a staff member because of the effect that the absences are having on the running of the service. Continued failure to meet the required standards of attendance may result in dismissal on the grounds of capability if the procedure has been correctly followed.

The Trust is committed to substantially reducing absence levels within the organisation to enable us to provide the best care possible for the population of Leicester, Leicestershire and Rutland.

The Trust believes that managing absence is a core component of each and every manager's role and they will be supported and provided with the necessary information to carry out this key task.

Intermittent absence will be measured through trigger points. These will be calculated over a 12 month rolling period and based on calendar days. Timely management of sickness absence concerns is essential and therefore any meetings arranged under this procedure should be scheduled at the earliest opportunity after the trigger points have been reached or the absence becomes concerning.

5.2.1. Informal Stage - Wellbeing Review (STS)

Once a staff member's absence has become concerning, a meeting will be arranged at the Informal Stage of this policy. There is an expectation that discussions as part of the Return to Work Interviews will have taken place prior to this stage of the policy being invoked and due consideration given to any reasonable support and adjustments which may enable attendance at work to be maintained. As a guide, this stage will be invoked when a member of staff has been absent for 10 calendar days in total or 3 individual episodes within a rolling 12 month period (pro-rata). Absences due to pregnancy or an assault at work should be discounted.

The manager must invite the member of staff to attend a Wellbeing Review, giving at least 5 working days' notice, providing a blank copy of the Wellbeing Wheel (Appendix 8) for their completion in advance of the meeting. It is expected that managers will inform staff at their return to work meetings if they have triggered this stage of the policy. The purpose of the Wellbeing Review is to consider the absences and any contextual information the individual wishes to put forward in order to identify preventive measures to avoid further

absence. The meeting will consider any information the member of staff wishes to share from using the Wellbeing Wheel and will discuss proactive health and wellbeing support plans at work for sustained improvement, review and future management processes. The meeting should consider reasonable adjustments, particularly in relation to any known disability related illness or underlying medication conditions. It may be necessary to consider other issues impacting on a staff member's wellbeing, e.g. environmental issues. Any agreed actions will be documented on the Wellbeing Action Plan, which is part of the Wellbeing Wheel. It is expected that the member of staff will reflect on any personal health and wellbeing changes they could implement to take responsibility for improving their own Health and Wellbeing.

If there is evidence of an underlying condition, it may be necessary to make a referral to the Occupational Health Department for advice. Where appropriate, the member of staff will be invited to attend an appointment with Occupational Health. The purpose of the appointment will be to advise and support on matters such as health, lifestyle and general wellbeing. Staff members will also be sign posted to any other relevant Trust support and interventions.

At this meeting, a review period of 12 months will be set with an expectation of improvement. As a guide, a member of staff working 5 days a week should not exceed 10 calendar days of absence in total or 3 individual episodes within the 12 month review period. The member of staff should be informed that if the target has not been met at any point during the review period, their sickness absence may be escalated to Stage 1 of this procedure. The details of the meeting, together with the detail of any agreed actions, the targets set and the fact that they may lead to further action being taken, should be recorded at the time of the meetings using the Wellbeing Action Plan. A signed copy of the Wellbeing Action Plan should be kept on the individual's personal file and a copy to the member of staff for their own records.

A 6 month review meeting is recommended for the manager and staff member to discuss and revise the wellbeing support plan. If at any point during the review period the staff member's absence reaches the trigger points set at the original meeting, it would be appropriate to initiate the first stage of the formal procedure. Additionally, if, during the review period, the staff member has an episode of long term sickness, it would be appropriate to extend the review period to reflect the time period over which the staff member had been absent.

5.2.2. Stage 1 - Further Review (STS)

This stage of the process will be invoked when an individual has exceeded the target set at the Wellbeing Review, or if their attendance has become concerning. Advice should be sought from the HR Advisory Team and an HR advisor may attend the formal meeting where necessary to support the manager under this policy. During formal meetings, the HR advisor will be able to address the meeting and put forward questions/arguments to support both parties. The HR advisor will also provide advice to the manager in decision-making to ensure fairness and equity in the application of this policy.

The manager must write to the member of staff requiring them to attend a Further Review under Stage 1 of the Trust's Attendance Management and Wellbeing Policy, giving at least 5 working days' notice (Appendix 12).

The letter should:

- Explain the reason for the meeting
- Advise the member of staff that they may be accompanied by a workplace colleague/trade union representative (if the staff side rep is known in advance it would be reasonable to agree a date prior to sending the letter)

- Provide an up to date record of any further sickness absence.

The purpose of the meeting is to consider the additional absences, any contextual information the individual wishes to put forward and the progress in relation to the actions agreed at the Wellbeing Review. Further consideration will be given to any support the Trust can offer to enable the member of staff to fulfil their contractual obligations to the Trust.

At the meeting, consideration will be made to agreeing a target for improvement under Stage 1 for a further review period of 12 months from the date of the meeting. As a guide a member of staff working 5 days a week should not exceed 10 calendar days of absence in total or 3 individual episodes within the 12 month review period. There may be exceptional occasions where due to an underlying health condition stretched targets are considered but this should not exceed an increase of 30 per cent and would be agreed with advice from Occupational Health.

The staff member should be made aware that if there is no acceptable improvement in sickness absence levels, their sickness absence may be escalated to the final stage of the sickness management process, Stage 2, to consider their continued employment with the Trust. This could result in the staff member's dismissal from employment with the Trust on the grounds of ill-health, or on the grounds of capability due to an inability to attend work on a regular basis.

In some circumstances, it may be appropriate for the manager to continue to monitor the sickness absence under the Informal Stage in consideration of any mitigating circumstances.

The details of the meeting, together with the detail of any agreed actions, the targets set and the fact that they may lead to further action being taken, should be recorded at the time of the meetings using the Further Review Outcome template provided (Appendix 13). A signed copy of the Further Review Outcome should be kept on the individual's personal file and a copy provided to the member of staff for their own records.

If during the review period, the staff member has an episode of long term sickness, it would be appropriate to extend the review period for short term absence to reflect the timeframe which the staff member had been absent for long term absence (e.g. the review period is initially 12 months but the staff member has six weeks off due to a broken ankle and so the review period should be extended by 6 weeks).

If at any point during the review period the staff member's absence reaches the trigger points set at the original meeting, it would be appropriate to initiate the final stage of the formal procedure.

5.2.3. Stage 2 - Final Review (STS)

Where this policy has been instigated at Stage 1, and the employee has exceeded the target set out at this point, or if the level of attendance is concerning, the manager should decide whether it is appropriate to progress to a Stage 2 panel. An Occupational Health report should be obtained, particularly if there is any indication that there is an underlying medical condition, to identify whether the individual is able to sustain the Trust's attendance standards with any adjustments or in a different role.

A management report will be prepared by the manager detailing the process followed to date and any reasonable adjustments implemented to support improved attendance. HR advisory support should be accessed prior to the decision to escalate to the final stage.

The manager should write to the member of staff requiring them to attend the meeting and send a copy of any report or information that will be referred to. This should be notified to the staff member in writing, giving at least 15 working days' notice and indicating that the

meeting is being held under Stage 2 of the Short Term Sickness Absence procedure and advising them that this is a serious issue which may result in decisions being made up to and including dismissal. The staff member should be advised of their right to be accompanied by a workplace colleague/ trade union representative and that they should provide any written documentation to be relied upon 5 days prior to the meeting.

The meeting should be chaired by a manager who has had no prior involvement and who has authority to dismiss. The manager chairing the meeting will be supported by another manager and an HR representative. The line manager providing the management report will attend along with HR support. The meeting will be digitally recorded but will only be transcribed if an internal appeal is lodged or a claim has been made to an Employment Tribunal.

The line manager will present their case in respect of the staff member's attendance and the rationale for progressing to stage 2. The staff member and the panel will have an opportunity to ask any questions.

At the meeting the panel will consider:

- The impact of the staff member's absence on the service
- The level and reason for the absence
- The sustainability of the absence on the service and the Trust overall
- Medical evidence (if appropriate)
- The nature of the illness (paying due regard to an individual's right to confidentiality)
- Whether the requirement to consider reasonable adjustments has been followed in cases relating to disability.

The staff member will be asked to discuss their absence record and will have the opportunity to put forward any mitigation. The line manager and manager will have an opportunity to ask any questions. The panel will take into account the staff member's length of service and previous absences.

The line manager and staff member will be offered an opportunity to sum up their case prior to a decision being taken by the panel.

Where a staff member fails to meet the targets set at the Stage 1 meeting, unless there is reasonable cause to decide upon alternative action, they may be dismissed by reason of failure to attend adequately for work.

On the presentation of mitigating evidence, the panel may, at their discretion, consider alternative action and/or set a further review period. Should this be the case the panel must write to the staff member setting out the reasons for this decision and clearly identifying any parameters or targets to be met.

Should the decision be made to dismiss, the panel hearing the meeting must identify the fair reason for dismissal as set out in the Employment Rights Act 1996. The dismissal must be confirmed in writing to the staff member within 5 working days of the meeting, stating the reason for the dismissal, together with details of the right of appeal (which must be submitted within 10 working days see section 5.25), with a copy being sent to the staff member's representative. A copy must be filed on the staff member's personal file.

The appropriate contractual notice period must be given. Notice periods need not be worked at the discretion of the manager but may be paid in lieu including any outstanding annual leave entitlement (pro rata) up to the date of termination.

5.2.4. Patterns of acceptable and unacceptable attendance

There may be circumstances where a manager will deem it appropriate to commence the formal process at either Stage 1 or Stage 2, particularly when a member of staff has a pattern of acceptable attendance during a review period but the attendance becomes unacceptable after the review period has expired. Managers may in the above circumstances, within a period of 12 months following the expiry of a review period, re-enter a staff member to any previous stage. Advice should be sought from the HR advisory team.

5.3. Long Term Sickness Absence (LTS)

The Managing Long Term Sickness Procedure is designed to help individuals return to work from a period of sickness absence.

Consideration should be given to supporting individuals to achieve a healthy work-life balance, e.g. undertaking stress risk assessments, discussing temporary changes to work patterns, hours or duties, considering reasonable adjustments (health passport), considering flexible working patterns, making a referral to occupational health or advising the staff member of the services to which they can self-refer (e.g. staff physiotherapy, counselling).

There are two formal stages under this procedure. The formal stages of the procedure will normally be implemented sequentially. There may be times however, when a manager wants to discuss an individual's absence ahead of the triggers specified within this document (that is, in advance of the 14 days at the informal stage, or 28 days at formal stage 1). Equally, there may be circumstances where a manager will deem it appropriate to not use the initial stage or to start the formal process at Stage 2, normally where the history of attendance has meant that the absence is unacceptable.

5.3.1. Informal Stage - Wellbeing Discussion (LTS)

Where an absence exceeds the initial 7 day self-certification period, managers should arrange a Wellbeing Discussion with the staff member before the absence reaches 14 calendar days. The Wellbeing Discussion will preferably take place as a face to face meeting in an appropriate location to suit the individual, taking into consideration their reason for absence. It may be acceptable for a wellbeing discussion to take place as a telephone conversation or video call to avoid delay in undertaking this discussion.

The aim of the Wellbeing Discussion is to consider:

- The reason for the absence
- Target for returning to work
- Duties the staff member could reasonably undertake to facilitate an earlier return to work; this may include restricted duties or temporary change to their role within the directorate. Temporary adjustments to their role are not required to be at the same pay grade, however staff will continue to attract their basic salary for a temporary time period as agreed
- Referral to Occupational Health
- Identify if the absence is attributable to work
- Flexible working options
- Agreement for methods and frequency of contact between staff and designated person during absence. Contact will be sensitive to the reason for absence, but communication should not exceed two week intervals unless agreed between managers and staff members in advance

- The Wellbeing Road Map (Appendix 9) will be completed at this point, with a completed copy provided to the employee following the discussion.

5.3.2. Stage 1 Management Discussion and Review (LTS)

Where an ongoing absence reaches 28 calendar days, or as soon as the manager is aware that the absence will be certified for at least 28 calendar days:

- If not completed at the informal stage, the manager should make a referral to Occupational Health where their input is required (Appendix 10).
- A meeting will be convened with the line manager and the staff member and their representative (trade union representative or Trust workplace colleague). This should be discussed with Human Resources who will attend where necessary.

The manager must write to the member of staff requiring them to attend a Stage 1 Management Discussion and Review giving at least 5 working days' notice (Appendix 7). Should the member of staff not be able to attend, they should contact the manager in order to rearrange this as soon as possible. Repeated cancellations, or failure to attend, may result in the meeting being held in the staff member's absence.

The letter should:

- Explain the reason for the meeting
- Advise the staff member that they may be accompanied by a workplace colleague/trade union representative.

The purpose of the Stage 1 Management Discussion and Review will be to determine the likely duration for the absence, any likely return to work and/or any support that may facilitate a return to work. Consideration will be given to:

- The outcome of any Occupational Health report
- Revising actions from the initial Wellbeing Discussion undertaken at the informal stage, and updating the Wellbeing Road Map as necessary
- Obtaining up-to-date medical advice
- Identify whether there are any factors affecting the absence under the Equality Act 2010 (including any reasonable adjustments required)
- Returning flexibly during a period of rehabilitation (see section 5.5)
- Discuss the options and consider the staff member's views on continuing employment.

At the meeting, a review period may be agreed. Regular discussion (as agreed between the staff member and the manager) should continue throughout the absence. Further Management Discussion and Review meetings under Stage 1 of the Long Term Sickness procedure will be arranged at appropriate points in recovery to assess and monitor absence and determine any action required.

The details of the meeting, together with the detail of any agreed actions and potential next steps, should be recorded at the time of the meetings using the Further Review Outcome template provided (Appendix 13). A signed copy of the Further Review Outcome should be kept on the individual's personal file and a copy provided to the member of staff for their own records.

There may be occasions where an individual is off work with a planned absence, where Stage 1 of this process may not be appropriate but ongoing discussion may well be required.

5.3.3. Stage 2 Final Review (LTS)

Where an absence record reaches a point where it becomes concerning, meaning the Trust may no longer be able to sustain an individual's sickness absence as a whole; or where a member of staff is unlikely to return to work, this would instigate a final review panel. This may also include staff who have failed to maintain a return to work, or failed more than one phased return, following their long term sickness absence. In this meeting, a decision on the appropriate way forward is made e.g. return to substantive employment or redeployment or management may consider terminating the employment relationship.

A management report will be prepared by the line manager detailing the process followed to date and any reasonable adjustments implemented to support improved attendance. This should include an Occupational Health report. The purpose of this is to establish whether there is any likelihood of the individual being able to return to work in the foreseeable future, and/or the likelihood of repeated absences, and/or their ability to carry out their substantive duties.

Where a staff member is on long term sickness absence and is unlikely to return within a reasonable timeframe, if at all, then the line manager should identify, in conjunction with Occupational Health, whether the individual meets the criteria for ill health retirement (if they are member of the NHS Pension Scheme). Redeployment should also be considered at this point, with clarification from Occupational Health and the staff member as to what would constitute a suitable alternative role. HR advisory support should be accessed prior to the decision to escalate to the final stage.

The line manager should write to the member of staff requiring them to attend the meeting and send a copy of any report or information that will be referred to. This should be notified to the staff member in writing, giving at least 15 working days' notice and indicating that the meeting is being held under the Attendance Management and Wellbeing Policy and advising them that this is a serious issue which may result in decisions being made up to and including dismissal. The staff member should be advised of their right to be accompanied by a workplace colleague/ trade union representative and that they should provide any written documentation to be relied upon 5 days prior to the meeting.

The meeting should be chaired by a manager who has had no prior involvement and who has authority to dismiss. The manager chairing the meeting will be supported by another manager and an HR representative. The line manager providing the management report will attend along with HR support. The meeting will be digitally recorded but will only be transcribed if an internal appeal is lodged or a claim has been made to an Employment Tribunal.

The line manager will present their case in respect of the staff members' attendance and the rationale for progressing to stage 2. The staff member and the panel will have an opportunity to ask any questions.

The staff member will be asked to discuss their absence record and will have the opportunity to put forward any mitigation. The line manager and panel will have an opportunity to ask any questions.

The line manager and staff member will be offered an opportunity to sum up their case prior to a decision being taken by the panel.

At the meeting the chair will consider:

- The level and reason for the absence;
- Medical evidence (if appropriate);
- The nature of the illness (paying due regard to an individual's right to confidentiality);

- Whether the requirement to consider reasonable adjustments has been followed in cases relating to disability;
- The impact of the staff member's absence on the service;
- Whether Ill Health Retirement is appropriate.

The panel will take into account the staff member's length of service and previous attendance record.

On the presentation of mitigating evidence the panel may at their discretion consider a sanction short of dismissal and/or set a further review period. Should this be the case the panel must write to the staff member setting out the reasons for this decision.

Action short of dismissal may amount to:

- Redeployment to another existing vacancy (on medical grounds) - where there is evidence that the medical condition has prevented the individual from attending work in their existing role to the required standard (see appendix 14).
- Adjournment of the meeting to allow a further period of review and assessment up to a period of 12 months (where the individual is able to return with a satisfactory fitness to work certificate) in order to monitor the level of absence and attendance at work.

If the panel believe dismissal is appropriate they must identify the potentially fair reason for dismissal as set out in the Employment Rights Act 1996. This will most likely be capability or some other substantial reason.

The outcome of the meeting will be confirmed in writing to the staff member within 5 working days of the meeting including the reason for the decision, together with details of the right of appeal. A copy will be sent to the staff member's union representative (where so represented). A copy must be filed on the staff member's personal file. The appropriate contractual notice period must be given. Notice periods need not be worked at the discretion of the manager but could be paid in lieu including any unused annual leave entitlements (pro rata) up to the termination date.

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 staff side where applicable and the principles of the above process should be followed.

5.3.4 Ill Health Retirement

Ill health retirement will be considered if in the opinion of the Occupational Health service the employee meets the criteria for applying for ill health retirement and where the employee meets the NHS Pension Scheme length of service criteria. Where ill health retirement is an option, the application process for ill health retirement will run concurrently with the notice period to terminate an employee's contract of employment unless where employment has been terminated with pay in lieu of notice. The decision and timing of any dismissal is not dependent on the outcome of an application for ill health retirement except in the following circumstances:

- In cases of employees in the 1995 scheme with special class status who are aged 55-60, termination of employment may be deferred following the result of their ill health retirement application. If their ill health retirement application is unsuccessful this deferral will enable them to apply for special class status retirement whilst still

in employment.

- In cases where employees have been given a terminal diagnosis with less than 12 months to live and wish to explore their pension options (including commutation), termination of employment will be deferred until the pension outcome is known.

5.4. Repeated Patterns of Long Term Sickness or Patterns of Intermittent and Long Term Absence

By its nature this pattern may take longer to identify, but it may consist of repeated periods of sickness absence lasting for anything from days to several months, separated by periods of attendance at work (including any failed phased return to work).

When a pattern is identified or the manager becomes concerned at the cumulative amount of absence over a period of time the manager will arrange an informal meeting if this has not already been done to discuss the situation. The manager may refer the staff member to Occupational Health to obtain a medical opinion.

In the case of repeated certified long term absences, it would not be appropriate to set attendance targets as would be the case when dealing with frequent short term sickness absences, but regular reviews should be carried out with the staff member by the manager. If the absence record reaches a level which is concerning, or where Occupational Health advice demonstrates no sustainable return to work, a meeting should be held to include exploration of options including Redeployment and Ill Health Retirement under the NHS Pension Scheme. If these opportunities are not appropriate then consideration should be given to termination of the staff member's contract of employment. In these circumstances, this procedure follows the process outlined at Stage 2 of the Long Term Absence process (5.3.3). It is expected that previous meetings have been held with the employee during their previous episodes of absence, and therefore this process will escalate to a Stage 2 Final Review meeting.

5.5 Flexible Return to Work (Permitted Work and Phased return)

In some circumstances a member of staff may return to their role with modified hours, duties or base for a period of time. It may also be reasonable to move to another post for a short-term period if the duties of their substantive post cannot be undertaken. It is expected that discussions around any adjustments have been held between the manager and staff member, before seeking advice from OH and HR. Any adjustments would be subject to the needs of the service, the requirements of the department, and the individual's experience and ability to undertake the duties of the post; and would be on a temporary basis. Continuation in another post would be reviewed by Occupational Health in consultation with the staff member and their manager if the staff member is unable to resume their normal hours/duties. Temporary adjustments to a role are not required to be at the same pay grade if it facilitates an earlier return to work, however staff will continue to be paid their contracted grade.

5.5.1 Permitted Work

Permitted work is a prescribed treatment by either Occupational Health or a GP, to assist individuals back to work whilst they remain off sick. There may be occasion where this advice is not provided and the manager may wish to offer this option, this should be in agreement with Human Resources. They may attend work for no more than 15 hours per week in a supernumerary capacity to help allay any anxieties about returning to work and allow them to adjust to the work environment and develop cognitive stamina after a lengthy absence.

A period of permitted work will last for a maximum of 4 weeks. Where a longer period is recommended on medical grounds, this will be considered as an exception and on a case by case basis.

During the period of permitted work the employee remains certified sick and could carry out tasks that differ from their normal duties and responsibilities to allay any fear or pressure of returning to work, e.g. supernumerary.

During the period of permitted work, the employee will be entitled to receive their normal sick pay entitlement, provided they have not already exhausted this. As the employee will be on certified sick leave, they will not be entitled to pay or accrue time for hours worked during the period of permitted work regardless of the situation in respect of their sick pay entitlement.

Employees must not work under any other employment arrangement (directly employed bank, agency or self-employed) with the Trust or any other employer during this time).

5.5.2 Phased Return

A paid phased return to work would ordinarily only be required / supported where a staff member has been off sick for a number of months.

Ordinarily, a paid period of phased return should be achieved within 4 weeks. However, it is acknowledged that in extenuating circumstances, an extended phased return may be accommodated in line with Occupational Health recommendations. It may be appropriate for the staff member to use their annual leave to support any extension to their phased return. It is expected that a phased return to work will not usually commence on less than 50 per cent of the member of staff's substantive hours and would not usually commence on less than 16 hours per week.

A standard phased return would begin at no less than 50% of contracted hours and gradually increase to 100% of contracted hours by the fourth week e.g. 50%, 50%, 75%, 75%. Where necessary (e.g. the standard phased return is not achievable) Occupational Health can provide management with a report specifying the adjustments recommended in order to facilitate a phased return to work.

This will include the recommended number of hours/days or pattern of attendance, the duties staff may or may not be able to undertake within a specified timeframe.

Employees who are on a full or half sick pay entitlement immediately prior to their return to work will receive full pay. The days/hours not worked as part of the phased return will be covered by special leave with pay. In this situation, one phased return to work in a 12 month period will be supported by paid special leave. Thereafter, annual leave, unpaid leave, reduced hours or other flexible working options must be considered.

Employees who have reached a no pay situation prior to their return to work will be required to use the annual leave accrued during their period of sick leave to cover any days/hours not worked as part of the phased return. If the employee does not have enough annual leave then unpaid leave or a temporary reduction in hours would be appropriate.

The manager should arrange a review with the staff member at appropriate points during the phased return and rehabilitation period to assess progress before resuming normal duties.

Where staff do not qualify for a phased return or would benefit from an extended phased return, consideration may be given to flexible working, temporary reduction in contractual hours or using any accrued annual leave to reduce working time.

5.5.3 Ongoing support

Following a successful return to work managers should ensure that staff are supported on an ongoing basis to maintain their return to work (minimum of three months). This is particularly important for staff that have had a period of absence due to common mental health problems and will ensure that staff are able to raise any concerns at an early stage. This can be undertaken as part of regular one-to-one supervision and a general conversation around health and wellbeing.

5.5. Absence due to stress, anxiety and/or mental health concerns

Where a staff member's absence is attributable to stress or anxiety, an early Occupational Health referral is recommended in order to seek advice as to how to support the individual.

In cases where the stress or anxiety is work related, the manager should work with the staff member to identify the factors causing work-related stress and undertake a risk assessment in accordance with the Managing Stress at Work Policy. This process should help to identify and implement possible solutions to minimise or eliminate factors causing concern. For more information, please refer to the Managing Stress at Work Policy.

Staff should be signposted to avenues of support such as the staff confidential counselling service (Amica) and Vita Health Talking Therapies. More information is available on the HR Attendance Management staffnet page.

Where staff experience significant mental health concerns, or are in crisis, they should be supported/signposted to access the Mental Health Central Access Point (MHCAP) by calling NHS 101 and choosing option 2.

5.6. Absence due to fertility treatment

Where an employee cannot receive fertility treatment outside of their normal working hours they should make a written request to their line manager requesting paid time off for treatment. Please refer to the Trust's Pregnancy, Maternity, Paternity, Adoption, Shared Parental Leave and Parental Leave Policy and Procedure.

The Trust will consider all requests and where appropriate, grant paid leave up to a maximum of 5 calendar days in a rolling 12 month period. Previous periods of absence granted for fertility treatment will be taken into account when considering any further requests.

If an employee is ill as a result of the treatment and has to take time off then they will be entitled to sick leave. Normal rules for reporting sick leave and certification will apply.

From the date of embryo transfer an individual is protected by pregnancy rights and so from this stage, any absences relating to the pregnancy must be discounted.

5.7. Gender Reassignment

Any periods of absence resulting directly from the process of gender reassignment (planned care) will be treated as being due to underlying medical condition and will not count towards attendance triggers. Where gender reassignment process includes receiving medical treatment such as surgery, absence due to this will be treated the same as sickness absence due to any other medical intervention.

5.8. Absence due to Diarrhoea and Vomiting (D&V)

Any employee who is off sick due to D&V must be excluded from coming to work for a period of 48 hours after they have been symptom free. This applies if you are off with one of the symptoms i.e. D or V.

During the 48 symptom-free period when the employee is not allowed to attend a place of work, the line manager should contact the employee to explore options of working from home or adjustment to rostered days off. Where these options have been explored but are not feasible, 48 hour symptom free period should be classed as “special leave with pay”. For the purpose of recording sickness absence due to D&V the following rules must be followed:

- The days when the employees is absent from work because they were suffering with D&V symptoms should be recorded on ESR as normal sick leave with appropriate code and reason. Where ‘working from home’ option has not been used, the 48 hour symptom free period should be recorded on ESR as special leave with pay.

The 48 hours symptom free period should not be counted for monitoring purposes. It is the employee’s responsibility to report when they are symptom free to their line manager, as failure to do so may result in these days being counted for monitoring purposes.

5.9. Absence due to Organ/Bone Marrow Donation

Employees will be granted paid time off for any appointments and/or surgical intervention required as part of donating an organ and/or bone marrow.

5.10. Absences when a staff member is involved in a dispute or disciplinary

It is acknowledged that a staff members involvement in a dispute or disciplinary may impact on stress and anxiety levels. Where there are concerns that a staff member may not be fit to participate in any investigation process, Occupational Health advice should be sought to confirm that the staff member is fit enough to proceed with the aim of resolving the outstanding issues as quickly as possible to facilitate a speedy and supportive return to work.

5.11. Staff Side Representation/Workplace Colleagues for Staff

At each formal stage of the sickness absence procedure, staff members have the right to be accompanied by either a workplace colleague employed by the Trust or, if a member, a trade union representative/official employed by a trade union. A trade union representative who is not an employed official must have been certified by their union as being competent to accompany an individual. This right does not extend to legal representatives or friends or relations not employed by the Trust. Members of staff must be advised of this right to be accompanied at every stage of the formal procedure.

The workplace colleague/trade union representative should be allowed to address the meeting, sum up the staff member's case, and confer with the staff member during the meeting. The workplace colleague/trade union representative does not, however, have the right to answer questions on the staff member's behalf, address the meeting if the staff member does not wish it or prevent the staff member from explaining their case.

In exceptional circumstances it may be appropriate to allow a family member or friend to attend.

It is the responsibility of the staff member to notify and arrange their representative's attendance at any relevant meeting arranged by the Trust. In the event that the Trust arranges a meeting at a time and date that a staff member's representative is unable to attend, the staff member and their representative will be required to propose to the Trust an alternative meeting date which should fall within 5 working days of the date provided by the Trust.

5.12. Referral to Occupational Health

Members of staff may be referred by their manager to the Occupational Health Department and are expected to attend such appointments. Referrals should be sent to lpt.hradvisoryteam@nhs.net for support and guidance. The final version will be forwarded

to Occupational Health and it is expected that the referral is shared with the staff member. The Occupational Health Department will assess the staff member's health in relation to their work and will provide a report to the staff member's line manager outlining recommendations on any changes required in the workplace, phased return to work (temporary or permanent) or redeployment on health grounds. Medical details will only be included in the report with the consent of the staff member. The staff member may also be asked to consent to a medical report being provided to the Occupational Health Department by their GP or consultant.

If a staff member declines to attend Occupational Health or give consent to the release of a report, the manager may make a decision without the benefit of that medical advice although other advice may be considered where available and appropriate.

On receiving notification from a staff member that absence from work might be stress related, the line manager with HR support should arrange a referral to Occupational Health in the first instance for the staff member. It is not necessary to wait for absence to reach 14 days duration before referral in such cases and a referral should be made as soon as possible by management.

5.13. The Equality Act 2010 and Disability

The Equality Act 2010 protects staff from unfavourable treatment related to a protected characteristic, including disability. A medical condition that is recurrent and long term (for example a condition that flares up from time to time) may, depending on its effect on the staff member, be classed as a disability under the Act. If this is the case, the employer will be under duty and have a legal obligation to make reasonable adjustments to the staff member's working arrangements to help reduce any disadvantage that the staff member would otherwise experience.

Where an employee has a disability or chronic underlying condition that is impacting on their ability to undertake their role, but is not causing poor attendance, this will be managed in line with the Supporting Performance Policy and Procedure.

5.14. Working whilst on Sickness Absence

Whilst on sickness absence from the Trust, staff members should normally refrain from work in any other capacity including bank or agency work at the Trust or for any other employer. Any other work undertaken during a period of sickness absence will need to be covered by a 'Fit note'. If a staff member is found to be working in another capacity whilst obtaining sick pay from the Trust this may be viewed as a fraudulent act. A fraudulent act is criminal and may be liable for prosecution as well as being considered as a type of gross misconduct which may result in dismissal.

5.15. Unauthorised Absence

Unauthorised absence occurs when a staff member fails to report their absence for one or more days. Unauthorised absence will also occur if certification for a sickness absence is not provided as outlined in 5.26 Sickness Absence Reporting Arrangements.

Any period of unauthorised absence will be investigated by the Line Manager and in absence of mitigating circumstances may result in Occupational Sick Pay being withheld and, in some instances, disciplinary action being taken in accordance with the Trust's Disciplinary Policy, available via the intranet.

5.16. Medical Suspension

If a staff member displays symptoms of a serious illness which could impact on the health and safety of themselves, colleagues, and the care of service users, the staff member may be suspended from work on medical grounds. Medical suspension is a neutral action to allow the Trust to investigate the nature of the health issue, during which a referral to

Occupational Health will be made for the staff member to determine their capability to work. During periods of medical suspension, the staff member will receive their average pay.

Continuation of medical suspension should be reviewed at 10 working day intervals and the staff member should be kept informed about the progress of the investigation at each interval.

5.17. Sickness Absence Due to Drug or Alcohol Related Problems

In some cases, sickness absence may be caused by a drug or alcohol related problem. Where this is identified and accepted by the staff member, use of this procedure may be inappropriate. Please see the Trust's Alcohol, Drug and Substance Harmful Use and Misuse Policy for information on how to manage these situations.

5.18. Sickness Absence and Annual Leave

Where a staff member is due to take annual leave whilst on sick leave they should make contact with their line manager prior to the annual leave dates to discuss how absence during this time will be recorded.

Where an employee on sick leave wishes to exercise their right to take accrued annual leave during the period of their sickness, they must request leave by contacting their line manager and HR representative. Where their request for annual leave has been accepted, this period will not count as sick leave for statutory and contractual sick pay purposes. Staff on long term sick leave should ensure that they plan how they will take their accrued annual leave to ensure that it is all taken within the leave year. This may mean that all or a proportion of it should be taken whilst on sick leave.

Where a staff member falls sick during a period of pre booked annual leave they should, if wishing to re-claim the period of annual leave, follow the usual reporting procedure and submit a medical certificate (fit note not a self-certificate). This requirement applies regardless of how long the episode of sickness lasts.

In the case of long-term sickness, where a member of staff returns within a financial year, they are entitled to their annual leave balance, which can be taken on the staff member's return to work, or in the event of dismissal, the value of the leave will be paid to the staff member. There may be circumstances whereby a staff member returns to work and is able to carry forward statutory annual leave into the new financial year. The maximum carry forward will be 20 days statutory annual leave. However, any annual leave taken in the preceding annual leave year will be deducted from this figure prior to carry forward e.g. if a full time employee has taken 8 days annual leave, they will be permitted to carry forward a maximum of 12 days annual leave (20 days statutory annual leave minus 8 days taken). If a full time employee has taken 23 days annual leave, they will have no carry forward (20 days statutory annual leave minus 23 days taken).

Staff are not entitled to an additional day off if sick on a general public holiday and therefore any statutory holidays that fell during a period of sickness absence are not included in the above calculation. Where someone is on sickness absence over a public holiday, the public holiday will need to be inputted via ESR as annual leave to ensure that the public holiday entitlement is not available to be taken at a later date. For further information on recording in HealthRoster please see the [HealthRoster SOP](#).

Arrangements should be made by the staff member with their manager on their return to work or during a period of sickness absence to request annual leave, in accordance with the Trust's eRostering Policy, available via the intranet.

5.19. Cosmetic/Elective Surgery

Employees undergoing self-elected surgery/procedures will normally need to use their

annual leave or request unpaid special leave to cover for their absence. N.B gender reassignment procedures are exempt.

Absence due to cosmetic/elective surgery may be included in the LPT's Occupational Sick Pay scheme if the surgery/procedure is a direct result of a referral on medical grounds. The employee will need to provide proof of this referral before a decision to grant paid sick leave can be taken.

Complications arising out of cosmetic surgery will not be covered by Occupational Sick Pay.

5.20. Medical and Dental appointments

Wherever possible, doctors, dentists and hospital appointments should be made outside working hours, at the beginning or end of the working day. There is no right to paid time off to attend pre-planned doctors, dentists or hospital appointments. Staff may, at the discretion of their manager, be allowed to make up the time at a later date or use annual leave to cover the absence.

Medical appointments where a procedure or surgery is due to be carried out should be agreed with the manager and determine potential fitness to work following the appointment. It may be appropriate to use annual leave or sickness absence may be required depending on the circumstances.

Managers should seek guidance from HR in cases where appointments are linked to a condition that may fall under the Equality Act and where giving consideration to making a reasonable adjustment may need to be made such as Disability Leave – see the Trust Reasonable Adjustment Policy for more information.

5.21. Domestic Abuse Leave

In cases where a member of staff has been the victim of domestic abuse, consideration will be given to granting the individual special leave with pay rather than recording any associated absence as sickness absence. In such circumstances, managers should contact the Human Resources Department to discuss the issue and reference should be made to the Trust's Special Leave Policy.

The Trust is committed to the Sexual Safety Charter and enforcing a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours within the workplace. Include the Safeguarding team for any concerns
lpt.safeguardingteam@nhs.net

5.23 Menopause

Menopause is a natural part of ageing and most women will experience menopausal symptoms. Menopausal symptoms can begin months or even years before the menstrual cycle ceases and can last for around 4 years after this time, although some women experience them for much longer. Some of these symptoms can be quite severe and have a significant impact on everyday activities.

Some men develop male menopause symptoms when they reach their late 40s to early 50s. These symptoms can interfere with everyday life and happiness, so it's important to find the underlying cause and work out what can be done to resolve it.

All of these symptoms for both men and women can have an impact during their working time. For further support with any of these symptoms or those not mentioned, an Occupational Health referral for the employee would be appropriate. There are resources for support relating to the menopausal symptoms experienced in the [Menopause Toolkit](#). When recording absence related to menopause symptoms, this can be selected as the

secondary reason.

5.24. Disputes Raised under this Policy

Any disputes submitted in connection with the use of the policy should usually be managed through the formal stages of this policy, i.e. appeal stage. Where this is inappropriate, they will be managed under the Trust's resolution policy and wherever possible should not delay the sickness absence management process.

5.25. Right of Appeal under this Policy

The member of staff has a right to appeal against sanctions under Stage 2 of the Short Term Absence and Stage 2 of the Long Term Absence processes. Appeals should clearly outline the reasons for the appeal and must be made within ten (10) working days of either the date of the letter to the staff member advising them of their dismissal or where a notice period is worked or a redeployment period issued, from the end date of that period. The procedure for hearing appeals will follow the appeals procedure that is set out in the Trust's Disciplinary Policy and Procedure. The decision of the appeal panel will be final.

5.26. Sickness Absence Reporting Arrangements

In all circumstances, a member of staff must report sick for duty from the first day of sickness absence. Staff are expected where possible to report sick for duty one hour before their start time, or in line with local reporting arrangements. The staff member should speak to their line manager (or the designated lead for the area in the absence of the line manager). Texting or emailing to inform of sickness absence is not acceptable.

If an absence continues beyond the 7th calendar day, a Statement of Fitness to Work or hospital inpatient certificate is required from the staff member. The Statement of Fitness to Work will continue to be issued by a GP and may provide suggested adjustments for a return to work for the line manager to consider if the GP assesses a staff member may be fit for work.

Sickness Absence is calculated on the basis of calendar days reported and not working days, it is essential therefore that correct notification of the date when sickness absence ends is made by a staff member and is recorded by the manager.

On return from every period of sickness absence a staff member must participate in a Return to Work interview with their manager and complete and sign the self-certification section of the form. Where at all possible these should be undertaken on the day a staff member returns to work. In cases where it is not possible to complete a Return to Work interview with a staff member on the first day back to work, this should where possible be undertaken within three days of the staff member's return.

A copy of the Return to Work interview and self-certification should be stored within the local personal file.

In some cases, a manager, following discussion with their HR advisor, may request that a doctor's certificate is obtained from the first day of absence. This requirement shall be put in writing to the staff member by the manager. The staff member will be reimbursed for the cost of the certificate, following provision of a receipt.

5.26.1. Sickness absence reporting when staff are sent home from duty

There may be situations where a staff member is sent home from duty due to sickness absence. Where a staff member attends work but subsequently leaves due to sickness absence, this should be noted on the Health Monitoring Form but will not be recorded as a day or episode. Their working hours and sickness hours should be reflected as such on Health Roster (if applicable) and be recorded as PDS (Part Day Sickness) under Other Leave. Managers are able to identify any patterns of part day sickness absences by

reviewing their unavailability records on Health Roster or using the Health Monitoring Form.

5.27. Data Capture for Sickness Absence Monitoring

Sickness absence must be recorded by managers or a delegated staff member on a daily basis on Health Roster/ESR (where still relevant).

Line managers are responsible for keeping records and monitoring their staff's attendance. In addition, managers are responsible for ensuring that all absences are promptly and properly recorded on Health Roster or ESR.

Monthly Sickness Absence Trigger Reports for localities/directorates/departments will be generated by the Workforce Information Team from information held on the ESR and distributed to identified managers and the HR team. These reports will highlight where the recorded absence rates are concerning.

Managers will review the report, consider the advice provided by HR on addressing sickness absence and, where appropriate, compile a local action plan to address local sickness absence issues. Action plans will be locally monitored by managers in conjunction with HR.

Sickness Absence monitoring information and reports (including information regarding sickness triggers) can be run by managers at any time from Health Roster and managers are advised to utilise this functionality regularly to support the management of attendance in their teams.

Please note that information submitted to Health Roster only pulls through to ESR once per month (in the first week of the month). Where absence is opened/closed within month which is pay affecting (e.g. a staff member on long term sickness absence in receipt of half-pay returns to work), please advise lpt.hrinputting@nhs.net so that manual amendments to ESR can be made where possible.

5.28 Sick Pay

Employees who are absent from work due to illness will be entitled, subject to the conditions of this policy and procedure, to receive sick pay in accordance with the scale below:

During the first year of service	one month's full pay and two months' half pay
During the second year of service	two months' full pay and two months' half pay;
During the third year of service	four months' full pay and four months' half pay;
During the fourth and fifth years of service	five months' full pay and five months' half pay
After completing five years of service	Six months' full pay and six months' half pay.

For a definition of full pay please see NHS Terms and Conditions Handbook.

5.29 Injury Allowance

Eligible staff have a contractual right to apply for Injury Allowance where they are covered by the NHS terms and conditions of service handbook. The details of applying for this allowance are in appendix 15 and 16.

6.0 Training needs

There is a need for training identified within this policy. In accordance with the classification of training outlined in the Trust Learning and Development Strategy this training has been identified as role essential training.

Training on ill health management under this policy and procedure will be made available to all managers by Human Resources. A record of the event will be recorded on uLearn.

The governance group responsible for monitoring the training is the Workforce Development Group.

7.0 Monitoring Compliance and Effectiveness

Page/Section	Minimum Requirements to monitor	Method for Monitoring	Responsible Individual /Group	Frequency of monitoring
	Year average total % of sickness absences	Monthly reports from ESR	WDG	Monthly
	Year average % of short term sickness absences			
	Year average % of long term sickness absences			
	Year average % of disability leave absences			
	Total cost of sickness absence			
	Number of days lost			

8.0 Standards/Performance Indicators

TARGET/STANDARDS	KEY PERFORMANCE INDICATOR
Care Quality Commission registration standards (outcome 14) <i>Supporting Workers</i> (21) of the Health & Social Care Act (2008) (Regulated Activities) Regulations 2010 CQC essential standards	That the trust maintains compliance with CQC registration standards, this policy supports outcome standards 14

9.0 References and Bibliography

This policy was drafted with reference to the following:

- LPT's Management of Organisational Change policy
- LPT's Reasonable Adjustments Policy
- LPT's Management of Stress Policy and Procedure
- LPT's Flexible working/work life balance policies,
- LPT's Supporting Performance Policy
- LPT's Special leave policy,
- LPT's Policy on Alcohol, Drugs and/or Other Substance Misuse
- LPT's Health and Safety Policy
- LPT's Infection Control Policies
- ACAS Advisory booklet - Managing attendance and employee turnover

- NHFT Wellbeing and Attendance Policy.

10.0 Fraud, Bribery and Corruption consideration

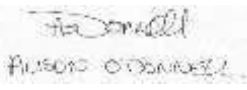
The Trust has a zero-tolerance approach to fraud, bribery and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 Training Needs Analysis


Training topic/title:	<ul style="list-style-type: none"> • Attendance Management and Wellbeing – experienced line managers • Attendance Management and Wellbeing – new line managers 		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	<input type="checkbox"/> Not required <input type="checkbox"/> Mandatory (must be on mandatory training register) <input type="checkbox"/> Role Essential (must be on the role essential training register) Yes - Desirable or Developmental		
Directorate to which the training is applicable:	Yes - Directorate of Mental Health Yes - Community Health Services Yes - Enabling Services Yes - Estates and Facilities Yes - Families, Young People, Children, Learning Disability and Autism Yes - Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	Line managers		
Governance group who has approved this training:	Strategic Workforce Group	Date approved:	May 2024
Named lead or team who is responsible for this training:	HR advisory team		
Delivery mode of training: eLearning/virtual/classroom/informal/adhoc	Virtual via MS Teams		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	Yes - uLearn <input type="checkbox"/> Other (please specify)		
How is this training going to be quality assured and completions monitored?	Through WDG		
Signed by Learning and Development Approval name and date			Date: May 2024

Appendix 2 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers	Yes
Respond to different needs of different sectors of the population	Yes
Work continuously to improve quality services and to minimise errors	Yes
Support and value its staff	Yes
Work together with others to ensure a seamless service for patients	Yes
Help keep people healthy and work to reduce health inequalities	Yes
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance.	Yes

Appendix 3 Due Regard Screening Template

Section 1			
Name of activity/proposal		Attendance Management and Wellbeing Policy and Procedure	
Date Screening commenced		March 2024	
Directorate / Service carrying out the assessment		Human Resources Advisory Team	
Name and role of person undertaking this Due Regard (Equality Analysis)		Sarah Tyers, Senior HR Advisor	
Give an overview of the aims, objectives and purpose of the proposal:			
<p>AIMS: The policy sets out the Trust's approach to managing attendance. This is with the aim of supporting staff that are unwell to achieve a satisfactory level of attendance at work.</p>			
<p>OBJECTIVES: To support managers managing frequent short and long term absence in a constructive and consistent manner whilst supporting staff in being able to achieve good attendance at work.</p>			
Section 2			
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details		
Age	The NHS has an aging workforce which may bring result in additional health needs. This policy provides a consistent approach to supporting staff with health conditions to attend work on a regular basis.		
Disability	This policy provides a consistent approach to supporting staff with health conditions to attend work on a regular basis. Support services for staff are highlighted and the requirement to consider and implement reasonable adjustments is strengthened. Reference to Disability Leave is made.		
Gender reassignment	Absence as a result of gender reassignment will not count toward attendance triggers.		
Marriage & Civil Partnership	N/A		
Pregnancy & Maternity	Absence as a result of pregnancy will not count toward attendance triggers.		
Race	N/A		
Religion and Belief	N/A		
Sex	N/A		
Sexual Orientation	N/A		
Other equality groups?	N/A		
Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4. ✓	
Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
The policy and procedure is intended to assist managers in being supportive and consistent in their management of attendance and wellbeing, and provides clear information to ensure our obligations under the Equality Act 2010 are met.			
Signed by reviewer/assessor	Sarah Tyers	Date	19 March 2024
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date	19 March 2024

Appendix 4 Data Privacy Impact Assessment Screening

<p>Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy.</p> <p>The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.</p>		
Name of Document:	Attendance Management and Wellbeing Policy and Procedure	
Completed by:	Sarah Tyers	
Job title	Senior HR Advisor	Date 19 March 2024
Screening Questions	Yes / No	Explanatory Note
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	No	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	Yes	Part of a formal process to appropriately manage an individual's employment.
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	Yes	Part of a formal process to appropriately manage an individual's employment.
8. Will the process require you to contact individuals in ways which they may find intrusive?	Yes	Part of a formal process to appropriately manage an individual's employment.
<p>If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.</p>		
Data Privacy approval name:	Sarah Ratcliffe	
Date of approval	03/05/2024	

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust

Appendix 5 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:

Appendix 6 Self-certification and Return to Work form

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

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:			
<p>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.</p>			
Employee's Signature:		Date:	
Manager's Signature:		Date:	
<p>Please retain this completed form on employee's personal file and give a copy to employee.</p>			

Appendix 7 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 calendar 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/Health Roster	Signature of Employee	Signature of Manager

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 or 3 episodes	No more than 8 calendar days or 3 episodes	No more than 6 calendar days or 2 episodes	No more than 4 calendar days or 2 episodes	No more than 2 calendar day or 1 episode

*Notes about levels of expected attendance

- These levels of expected attendance will support an employee to improve their attendance in relation to the Trust trigger points
- The review period will usually be set over a 12 month period with a 6 month review with manager and employee
- Where an individual has a known disability or confirmed chronic underlying condition please take advice from HR and OH
- In some cases a stretched target may be appropriate but this must be advised by Occupational Health and will be up to a maximum 30% increase
- 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 8 Wellbeing Wheel and Action Plan (2 pages)

At LPT your wellbeing matters, and that's why we need you to take some time to consider the factors which impact on your health.

We have noticed that over the past 12 months, you have either been off sick on 3 separate occasions and/or have had a total of 10 calendar days off sick.

In our policy, at this first informal stage, we offer everyone the chance to review their wellbeing with their manager and to think about what might help. This is to think about both what you can do yourself to stay well, and what your manager and the Trust can do to support you.

The 'Wellbeing Wheel' is intended to help you to think about your wellbeing and outline the support available from LPT. Please complete the 'Wellbeing Wheel' overleaf, develop your action plan and discuss the results with your line manager in your informal wellbeing review meeting.

Your Wellbeing Action Plan

Your wellbeing is important, and now is the time to take some positive action. Hopefully completing your Wellbeing Wheel and accessing support from Occupational Health will help you to get back on track. Please complete the action plan below with your line manager to see how they can help and support you over the next 12 months.

Wellbeing Wheel Area of focus	Action you will take	By When

Over the next 12 months, we want to support you as much as possible to stay well and we hope this is reflected in your improved attendance at work. If your attendance remains a concern we will need to meet with you again under the formal stages of the Attendance Management and Wellbeing policy. To be clear on the timescales involved your line manager will complete the table on the right.

Date of informal wellbeing review	
Level of absence which prompted the informal wellbeing review episodes totaling days in the past 12 months
The 12 month informal review period will	commence on and is due to end on:
Standard attendance target in the informal review period (pro-rata)	No more than 10 calendar days of absence or 3 individual episodes of absence
Any underlying medical conditions / disability?	Yes / No
Reasonable adjustment attendance target in the informal review period if applicable	No more than calendar days of absence or individual episodes of absence
Occupational Health referral completed if applicable	Yes / No

	Staff Member	Line Manager
Name		
Signature		
Date		



There are a number of ways you can access the support you may need: Occupational Health service **0116 258 5307**
 Amica staff counselling service **0116 254 4388**



Mental Health

Feeling mentally fit to perform your role is so important. Our Occupational Health team can help with wellbeing support, as well as Amica (our free and confidential staff counselling service), Mindfulness courses and eLearning, and our Mental Health First Aiders who can support colleagues.

For urgent mental health concerns, employees should be signposted to their GP, or for cases where you have concerns for their immediate wellbeing, please contact 999 or escort them to ED. Just need to talk? **Samaritans 116 123**



Work / Life Balance

This is concerned with how each aspect of your week is prioritised and managed for the enhancement of your wellbeing. A stress risk assessment that is completed with your manager will help to highlight areas in need of attention and help you balance your work and home priorities.

Occupational Health can assist with referrals and appointments to discuss stress at work issues and make recommendations for managers to consider.



Spiritual Wellbeing

Allowing time for spiritual wellbeing can bring a sense of peace and contentment. The Listening Ear service provided by the Chaplaincy is on hand to provide any spiritual support if required including bereavement support.



Sleep

Most of us need around 8 hours of good quality sleep a night to function properly- but some need more and some less. Good quality sleep is so important to keep you feeling physically and mentally healthy. Occupational Health can support with general advice on getting better sleep.



Finance

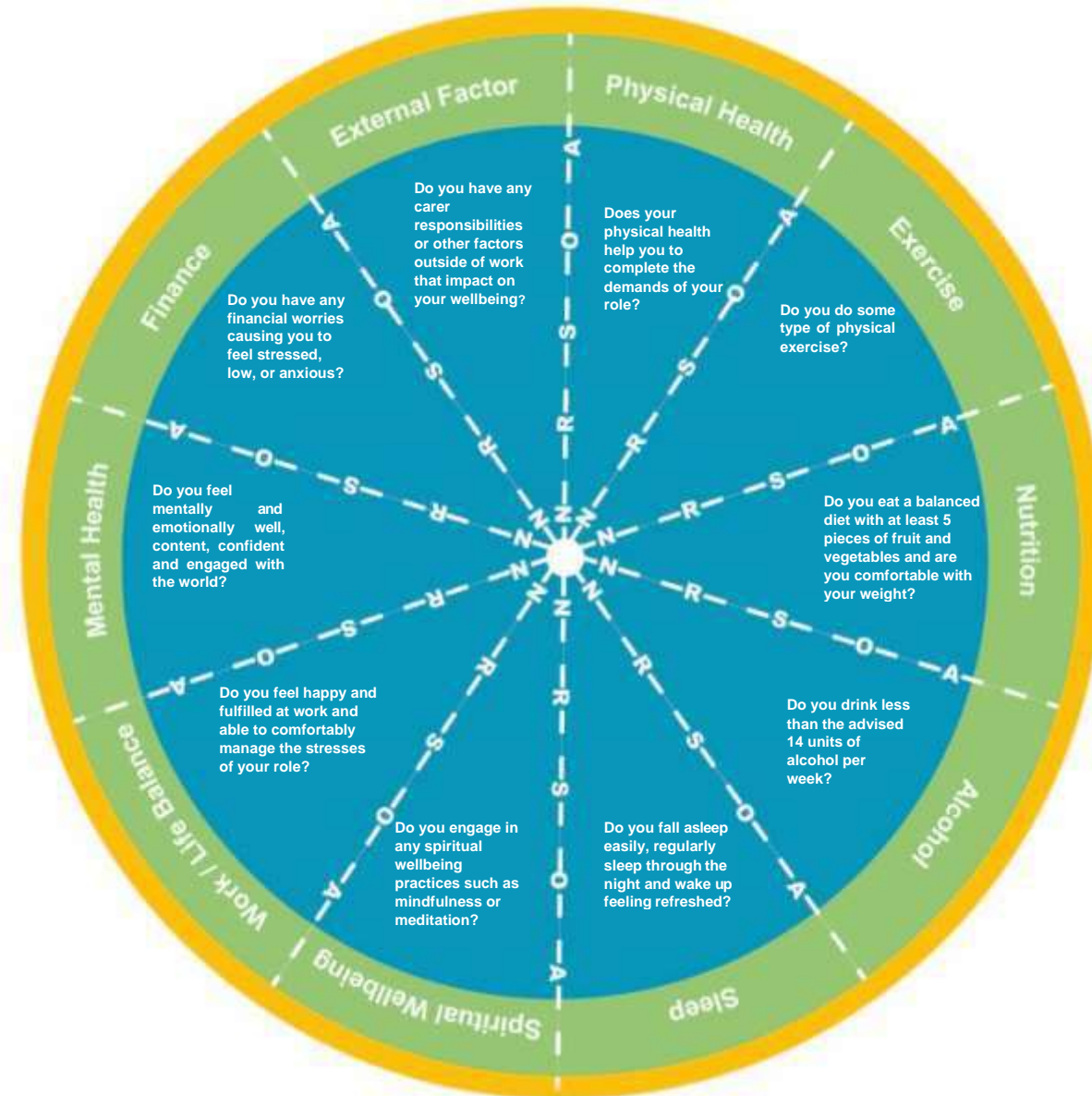
Feeling low or anxious is a normal response if you are struggling financially or in debt. Support is available and there are LPT offers on staffnet pages including staff benefits and NHS offers and discounts available to all but also advice if you are in financial crisis: [Financial Wellbeing \(leicspart.nhs.uk\)](http://FinancialWellbeing(leicspart.nhs.uk)

- The Citizen's Advice Bureau can be contacted, to provide support. For access to their website www.citizensadviceleicestershire.org
- The MoneyHelper Service (previously the Money Advice Service) can be contacted via telephone on 08004480826 or you can visit their website www.moneyhelper.org.uk
- Find local food banks at www.trusselltrust.org

Your Wellbeing Wheel

Consider each section of the Wellbeing Wheel and the questions posed. Mark your answers on the line considering if this is something you currently do. **Always (A), Often (O), Sometimes (S), Rarely (R) or Never (N).**

With your answers marked on the lines, join the dots to form a wheel. The ideal position is having the biggest and most balanced wheel possible. If your wheel is not balanced then you may want to take some positive actions. There is an action plan over the page to help you make changes and improve your health and wellbeing.



Physical Health

Feeling physically well and able to perform your role is important. Occupational Health can help improve your general physical wellbeing with:

- Annual health checks and fitness testing.
- Self-referral to MSK physio.
- A menopause booklet to help recognise and manage the symptoms.
- General advice and support on managing long-term conditions.



Exercise

Being active is really good for your physical and mental health and there are lots of ways in which you can get moving.

Your health and wellbeing team can assist you with fitness checks, discounted gym membership, and also introduce you to different physical activities such as Yoga Pilates and Tai Chi.

The NHS recommendation is to do some type of physical activity every week. You can consult the NHS website. www.nhs.uk/live-well/exercise



Nutrition

What you eat and how much you eat is so important for your health, energy levels and for your waistline.

For general help and support, please visit the Health & Wellbeing section of the staff intranet or visit the NHS Choices 'Live well' or Public Health England 'One You' website.



Alcohol

A glass of something to help you unwind can easily become 2 to 3 glasses on a regular basis if you're not careful. It is important to consider how much you are drinking and how this may impact on your health. Similar consideration should be given to the use of recreational and prescription drugs.



External Factor

Supporting working carers makes good sense because they provide a vital role. There is information of Staffnet about carers support including a carers network you can join and a 'Carers Passport' which includes a record sheet for recording adjustments (short/medium/long term) that will help support staff and the Trust to manage unplanned and planned caring needs.

Appendix 9 Wellbeing Road Map

Your back to work map

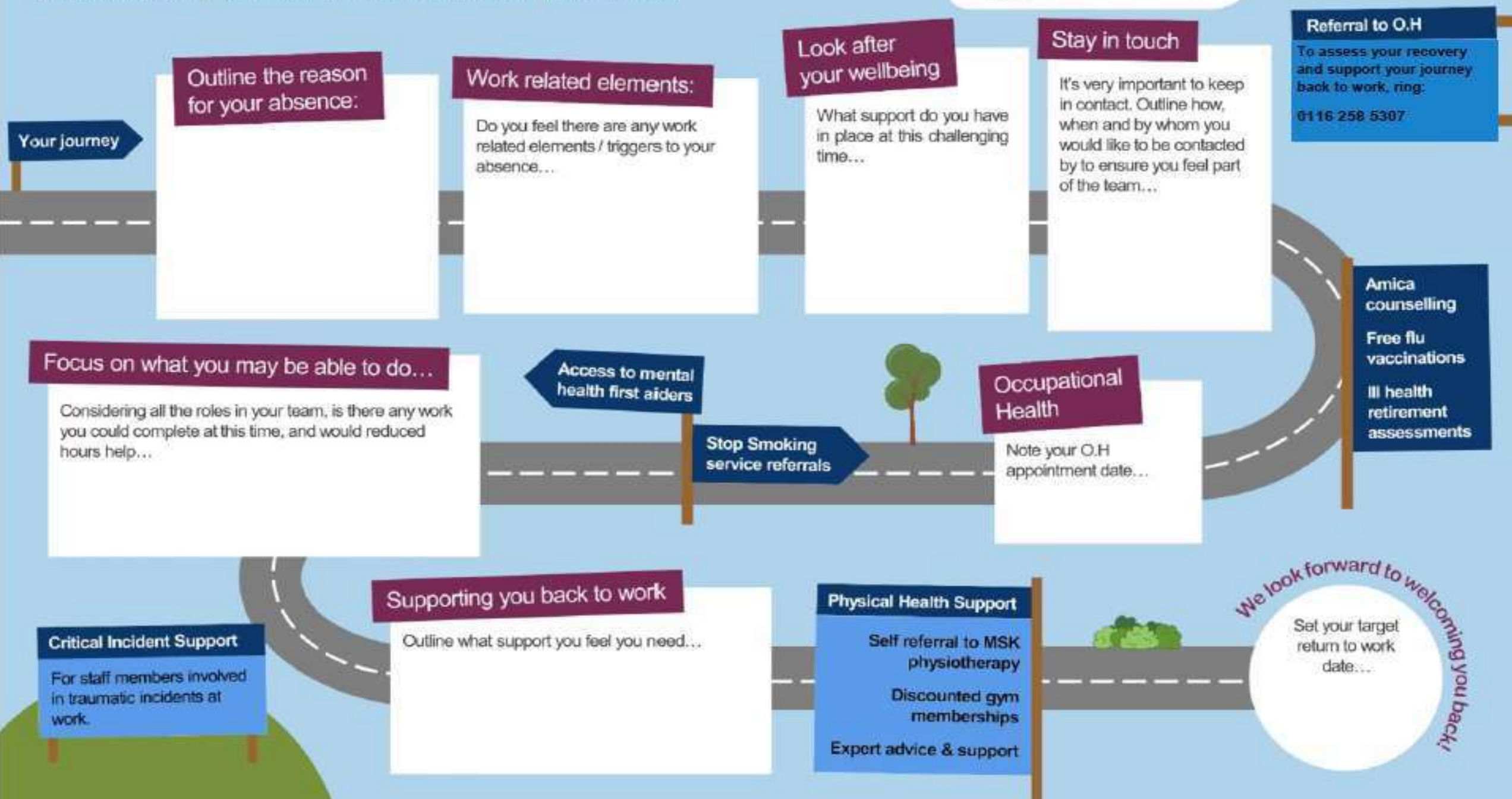
We are sorry you're absent and we look forward to welcoming you back to work. To help you get on your journey we would like to consider where you are now and what you need to help you get back to work. Please complete the map below and discuss with your line manager in your informal wellbeing discussion. We encourage you to think creatively about the work you could complete right now and get you back to making a difference.

NHS

Leicestershire Partnership

NHS Trust

Name:
Role:
Date:



Appendix 10 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. 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:

1.1 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 on Staffnet or from your HR Advisor.
- 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 may not be needed 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 Attendance and Wellbeing 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

1.2 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 Lpt.hradvisoryteam@nhs.net clearly indicating 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.**
- 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.

1.3 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.

1.4 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.



REQUEST FOR OCCUPATIONAL HEALTH ASSESSMENT

Full Name of Member of Staff			Date of Birth		DDMMYY	
Service (Select one)	MH	CHS	FYPC.LD	Enabling	Hosted	Bank Only
Employing Trust			LPT			
Department			Work pattern			
Hours per week			Job Title			
Home Address:			Personal Email Address:			
Home/Mobile No			Work No			

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 lpt.hradvisoryteam@nhs.net 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.

<p>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).</p>
<p>2. 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.</p>

3. 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?

4. 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).

5. Reason for referral – this should relate directly to section 2.1 of the Referral Procedure for Occupational Health Assessment

6. 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 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:

The report received from Occupational Health may be shared with another member of the HR Advisory Team, if needed, to provide appropriate support

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 Lpt.hradvisoryteam@nhs.net

Appendix 11 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 from 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 xxxxxxxxxxxxxxxx

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. A copy of which can be obtained from the LPT public website: leicspart.nhs.uk. 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 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 12 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	Stage 1 management discussion and review	Stage 2 Final Review meeting
Attendees (name and job title)			
<ul style="list-style-type: none"> • • • 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 section 5.18.		
Take AL	Carry over AL (please advise eRoster team)	Statutory AL (20 day for full time employees/ pro rata for part time employees)
Half Pay/No Pay discussion:		(For LTS) Agree how you will maintain access to IT systems – e.g. smart card, email (or if not possible manager to contact LHis Helpdesk to ‘freeze’ email account)
Notify Workforce Systems Team if unable to have appraisal due to long-term absence.		Core Mandatory Training discussion:
Pay step 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 Health Passport and note plans for reviewing and monitoring:	
Date of the next review meeting (agree to send an invite letter to confirm the meeting/ remind of right to representation):	If not set up please state reason and any plans for further review:
Any other information comments:	

This meeting was held in accordance with the Trust’s Attendance Management and Wellbeing Policy and Procedure. Please note that the full policy is available for you to read here <https://www.leicspart.nhs.uk/about/policies/>

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

*(For STS only) *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. I am hopeful you will be able to achieve a sustained improvement in your attendance.

*(For LTS only) *I am hopeful that you will be able to complete the return to work plans we have agreed and continue to maintain your attendance at work OR I am hopeful that the adjustments we have agreed to be put in place will support you to continue to maintain your attendance at work*

Employee signature: _____

Date: _____

Manager signature: _____

Date: _____

Appendix 13 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. A copy of which can be obtained from the LPT public website: Leicspart.nhs.uk

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 14 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 Meeting (stage 2) where the details of the redeployment period will be discussed and agreed. This meeting will be conducted in line with section 5.3.3. The employee will be given 15 working days' notice of this meeting.
2. 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.
3. The employee will be awarded 'preferential status' for a 12 week period, during which redeployment opportunities will be explored.
4. Contractual 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.
5. 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.
6. 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:
 - l It is at the same band or a lower band than the employee's current pay band
 - l The employee meets the essential criteria for the job or would meet with minimal training within a reasonable period of time
 - l 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.
 - a. 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 minimum of 4 week trial period from both sides (management and employee). This may be extended up to 12 weeks where circumstances require it, this should be agreed with HR.
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. A right of appeal will be provided in writing.
13. Any appeal against termination of employment on the grounds of ill health must be made in writing with full grounds of appeal and all documentation to be relied upon to the Head of Operational HR 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 staff side where applicable and the principles of the above process should be followed.

Appendix 15 Process for claiming Injury Allowance

Injury Allowance is a top up to sick pay or earnings for eligible employees. When pay becomes reduced it can be topped up to 85 per cent when it becomes reduced below this, including any state benefits received by the employee. An application can be made before pay reduction occurs. Payment is not dependant on length of service and can be applied for from first day of employment. The amount is payable for up to 12 months per episode and will cease after this period, or if pay is no longer reduced, or if redeployment or termination of contract occur.

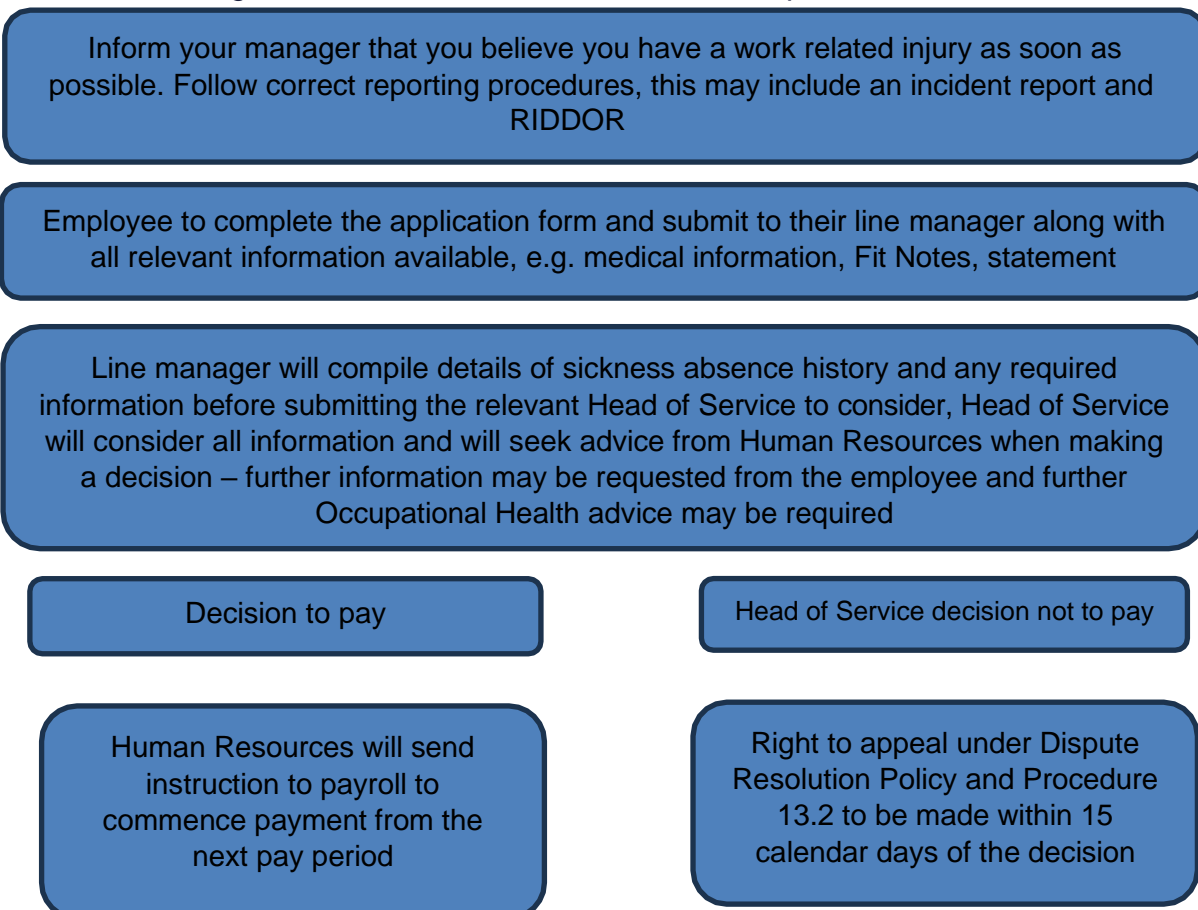
Injury Allowance is payable when an employee is on authorised sickness absence or on a phased return to work with reduced pay or no pay due to an injury, disease or other health condition that is wholly or mainly attributable to their NHS employment. The injury, disease, or other health condition must 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.

For full details please refer to Section 22 of the national terms and conditions handbook and the guide for staff and guide for managers:

<https://www.nhsemployers.org/system/files/2021-06/Injury-allowance-staff-guide.pdf>

<https://www.nhsemployers.org/system/files/2021-06/Injury-allowance-employers-guide.pdf>

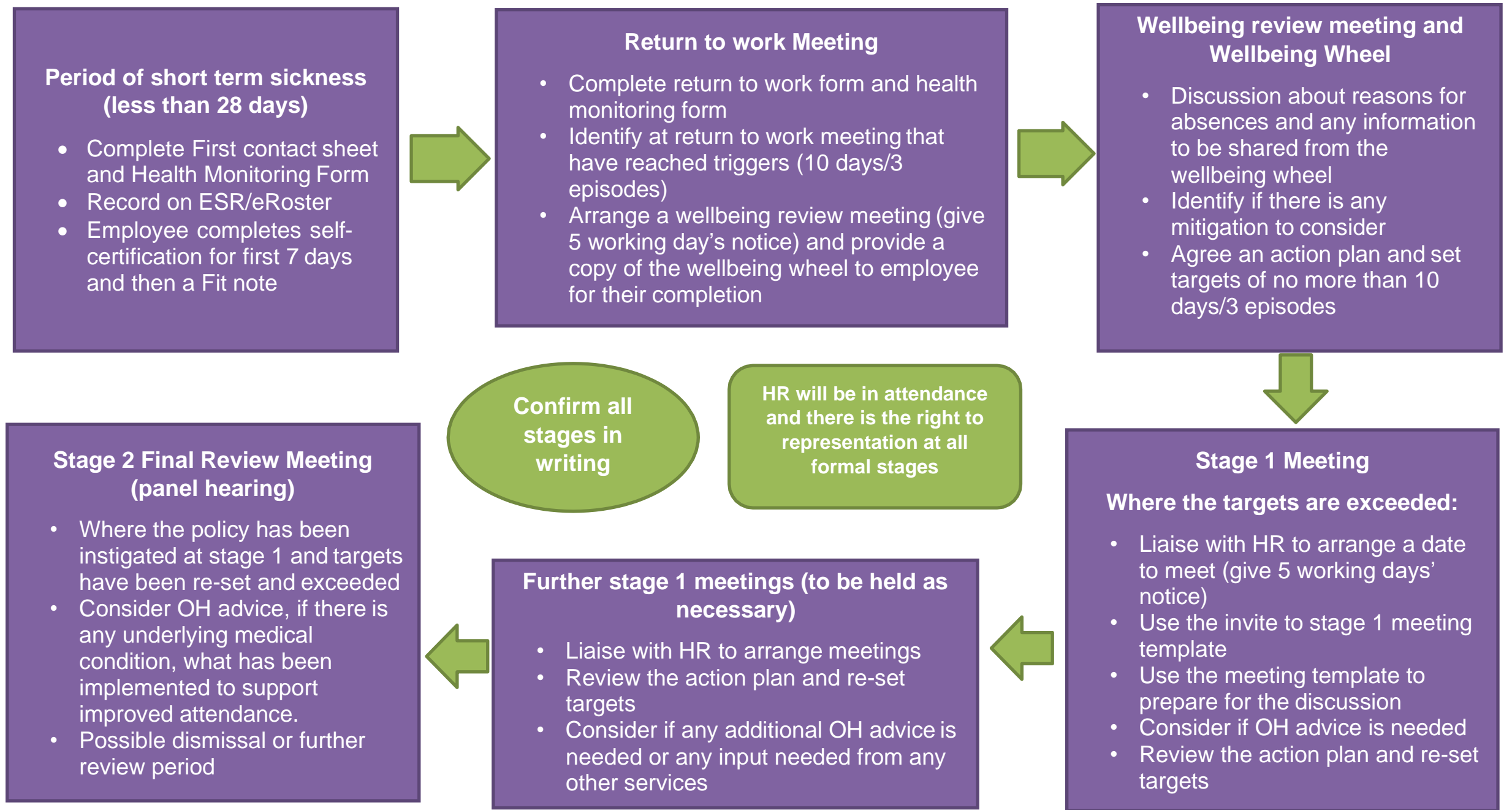
Employees claiming injury allowance are required to provide all relevant information, including medical evidence, that is in their possession or that can reasonably be obtained, to enable the employer to determine the claim. The claim form in this appendix must be completed and submitted to the manager and the flowchart below details the process that will be followed:



Appendix 16 Injury Allowance Claim Form

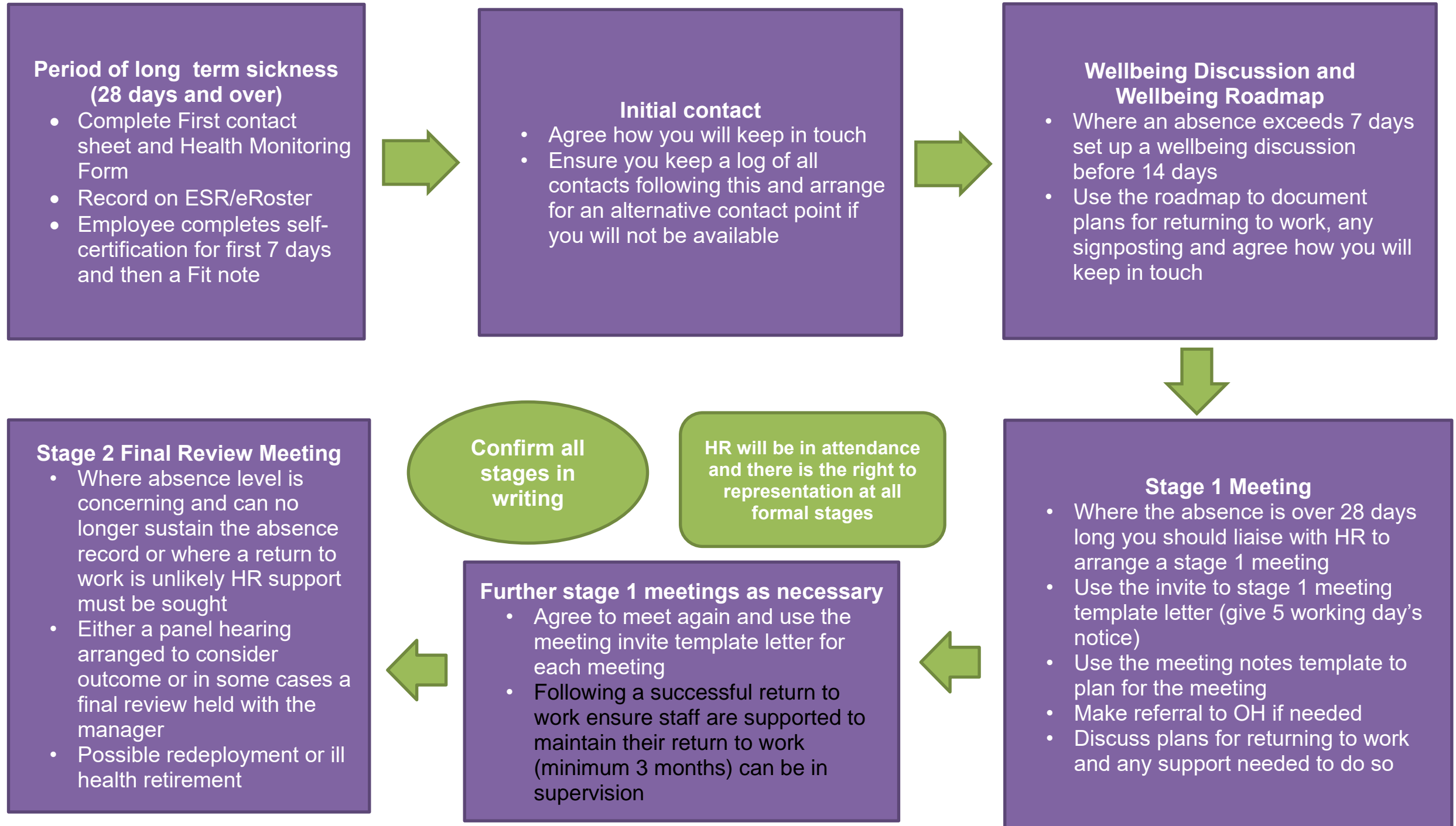
LEICESTERSHIRE PARTNERSHIP NHS TRUST		
Injury Allowance Claim Form		
NAME:	DATE OF BIRTH:	
ADDRESS:		
ASSIGNMENT NUMBER:	DIRECTORATE:	
JOB TITLE:	BAND:	
<p>I confirm that I wish to apply for Injury allowance and that I am on authorised sickness absence or phased return to work with reduced pay or no pay due to an injury, disease or other health condition that is wholly or mainly attributable to my NHS employment. I agree to the attached information being shared for the purposes of my application:</p>		
EMPLOYEE SIGNATURE:		
DATE:		
SUMMARY OF ABSENCE FROM WARD/LINE MANAGER INCLUDING DATES OF SICKNESS ABSENCE:		
DOCUMENTS ATTACHED:		
Occupational Health Reports	Yes	No
Incident Report	Yes	No
Any witness statements	Yes	No
GP/Medical reports	Yes	No
Statement from employee	Yes	No
Any other evidence (please list):		
DETAILS OF SICK PAY ENTITLEMENT:		
Date sick pay commenced		
Date half sick pay commenced/due to commence		
Date 'no sick pay' situation commenced/due to commence		
ANY OTHER RELEVANT INFORMATION:		
MANAGER COMPLETING THE FORM:		
DATE:		

Appendix 17 Managers Guide to Short term Sickness



Not always sequential – refer to section 5.2 Need advice? Contact your HR Advisor lpt.hradvisoryteam@nhs.net

Appendix 18 Managers Guide to Long term Sickness



**Not always sequential – refer to section 5.3 Need advice?
Contact your HR Advisor lpt.hradvisoryteam@nhs.net**