

## SICKNESS ABSENCE MANAGEMENT

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## DOCUMENT CONTROL

<b>Reference</b> SF/Aug15SAP	<b>Version</b> 4	<b>Status</b> Final	<b>Author</b> Interim Deputy Director of HR
<b>Amendments</b>	Integrated policy for all Trust employees, regardless of predecessor organisation, with new sickness monitoring techniques. New triggers introduced and Bradford Factors removed. Short term sickness absence process simplified from previous draft. Management of persistent sickness absence incorporated into short terms sickness absence management process from previous draft, Dismissal for capability due ill health now covered under this policy, rather than the Trust Capability Policy		
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## **1. INTRODUCTION**

- 1.1 This policy sets out the standards for dealing with Somerset Partnership NHS Foundation Trust (the Trust) employee's sickness in a fair, compassionate and supportive way.
- 1.2 This policy is supported by separate processes to manage short term and/or persistent sickness absence and long term sickness absence, whilst recognising the needs of the service.
- 1.3 The Trust is committed to improving the health and well-being of its workforce in a supportive work environment, in order to reduce sickness absence and thereby ensure continuity of care and quality service provision. It recognises an individual's entitlement for confidentiality to be maintained by the Trust and its representatives on matters relating to the health of Trust staff.
- 1.4 It is the Trust's reasonable expectation that all staff remain responsible for maintaining their own health and wellbeing and support their own speedy recovery, accessing self-help tools and support that is available to them.
- 1.5 Special consideration will always be given to those members of staff who are eligible to receive protection under the Equality Act 2010. In the event that a member of staff is covered by the Equality Act and this impacts on their attendance at work or the ability to undertake their role, consideration will be given to adjusting the triggers and targets outlined in this policy. The Trust will also ensure that all reasonable adjustments are considered.
- 1.6 The Trust will ensure that all managers with responsibility for managing sickness absence will receive appropriate training, guidance and advice.
- 1.7 Any staff member who is being monitored the stages of this policy will not be permitted to work any additional shifts/hours, including on the Bank. It is the responsibility of the Manager to notify the Bank Co-ordinator of this. In addition, a review of any secondary employment arrangements should be undertaken and a decision made as to whether those arrangements can continue under the circumstances. Individuals will continue any contractual commitment to on-call.
- 1.8 This policy should be read in conjunction with the Trust Equality and Diversity Policy.

## **2. PURPOSE & SCOPE**

- 2.1 The purpose of this policy is to set standards for dealing with sickness absence. It is designed to support managers and staff during periods of health related absence with appropriate wellbeing interventions that support a member of staff to remain in and/or return to work so that they are able to fulfil their contractual obligations.
- 2.2 This policy (and other associated procedures) will provide practical guidance on how to manage sickness absence, with the aim to ensure a consistent

and supportive approach is achieved that reduces absenteeism to an acceptable level.

### **3. DUTIES AND RESPONSIBILITIES**

- 3.1 **The Director of Workforce and Organisational Development** - is accountable for the development of the Health & Wellbeing strategy, which includes policy development for managing sickness absence.
- 3.2 **Staff** – all staff have a responsibility to maintain their health and well-being at an optimum level. In addition they must co-operate with their manager to minimise the impact of any ill-health and ensure good communication links are maintained with their line manager during periods of poor health and/or absence e.g. attending Occupational Health or Well@work appointments, as appropriate. (Appendix F1 sets out the responsibilities of a member of staff when absent). Staff managing a long term condition may find it helpful to alert their line manager and/or colleagues of the strategies they have in place to manage their condition.
- 3.3 **Line Managers** - are responsible for the effective management and implementation of this policy and to ensure that they are competent and confident in doing so. Managers will proactively communicate with their members of staff in order that any absenteeism due to ill-health is minimised. (Appendix F2 sets out the responsibilities of the line manager when a member of staff is absent).
- 3.4 **Human Resources, Occupational Health and the Well@Work Team** - are available to provide advice relating to the management of sickness, signposting to self-help tools and further support which support managers in dealing with sickness absence and enables members of staff to remain in work and/or return to work. A member of the HR Team will support all Stage 3 and Stage 4 meetings as described in this policy.
- 3.5 **Payroll** – are responsible for updating the Employee Staff Record system (ESR) and for paying staff accurately during periods of sickness absence upon receipt of the necessary evidence that validates a period of staff absence.
- 3.6 **Trade Union representative** - are available to support their members throughout the stages outlined in this policy.

### **4. EXPLANATIONS OF TERMS USED**

- 4.1 **Sickness absence** – is a period of time taken off work due to ill-health, including surgery.
- 4.2 **Short term sickness (STS)** - refers to frequent, intermittent episodes of sickness involving patterns of absence due to minor illnesses that may not necessarily be connected. Such patterns could vary from a relatively large number of single days of absence, to fewer occasions but involving longer periods of absence up to 28 days.

- 4.3 **Long term sickness (LTS)** - refers to any period of absence from work because of ill health lasting more than 28 calendar days.
- 4.4 **Continual persistent sickness** - is when an employee has an unusually high level of absence, or unusual pattern of absence.
- 4.5 **Twelve- Month Rolling Period** – the period of time that sick pay entitlement is monitored over and some trust triggers are reviewed. For instance if an employee is off sick on the 12 August 2015, the manager should look back over the period from 13 August 2014 to 12 August 2015 to see how many occasions of absence the employee has had.
- 4.6 **Fit note / Statement of Fitness to Work** - a medical certificate provided by a Doctor that is required on the eighth calendar day of absence (NB. Calendar days also include days staff would not ordinarily be expected to work). It provides confirmation that the member of staff either cannot work on health grounds or with adjustments could be able to return to work (such as a phased return, amended job duties, altered hours of work and workplace adaptations). It is also required to ensure sick pay is paid both accurately and timely.
- 4.7 **Well@Work services** – support and work in partnership with the member of staff, HR and line managers to identify pragmatic and supportive interventions, advice and self-help tools that will support the member of staff to remain in and/or return to work.
- 4.8 **Human Resource Business Partners/Advisors** – deliver expert, professional advice and guidance relating to the management of sickness absence and health related issues.

## 5. MANAGING ABSENCE

### 5.1 General

- 5.1.1 When a period of absence falls within the guidelines of the policy, Trust managers will ensure that the appropriate stages and processes covering in this policy are followed in a fair, compassionate and supportive manner.
- 5.1.2 The policy will be followed stage by stage. However, if a member of staff has recently completed one of the stages outlined in this policy and their absence declines following this, the manager, with advice from HR, may invoke one of the later stages of the policy without starting again at Stage 1.

### 5.2 Notification of Absence

- 5.2.1 All periods of absence must be reported on the first day of absence with an expectation that the member of staff speaks in person with their line manager to discuss their reason for absence, possible wellbeing interventions and/or immediate actions to minimise further absence and their likely return to work date. It is not acceptable for a member of staff to text or email their manager to notify them of their absence.

- 5.2.2 The line manager will ensure that all absences are immediately recorded on the E-Roster system. Those areas not yet on E-Roster will submit a weekly absence report to the payroll department.
- 5.2.3 If a member of staff is absent for up to seven calendar days, they are responsible for completing a self-certification (**See Appendix A**) and providing this to their line manager immediately on their return to work.
- 5.2.4 If a member of staff is absent for more than seven calendar days, they are responsible for obtaining a Fit Note from a doctor and providing this to their manager as soon as possible, and no longer than after the 10th calendar day of absence.
- 5.2.5 On receipt of a Fit Note, the Manager will immediately update the E-Roster system with the absence dates quoted on the note. They will then send the Fit Note to the Payroll Department. Those areas not yet on E-Roster will submit a weekly absence report to the payroll department.
- 5.2.6 For continuing absence the member of staff must obtain and submit a Fit Note no later than two days after the last day covered by the previous certificate.
- 5.2.7 If a member of staff falls ill whilst on annual leave, they will be required to report their sickness in the normal manner to their line manager. It may be possible to credit the annual leave back to the employee for the period in question, but only if the sickness would have affected their capacity to do their job should they have been in work – under these circumstances a fit note will be required. NB. Annual leave does not get credited to an employee if the sickness meant the employee just could not enjoy their holiday to the full.
- 5.2.8 For employee's on long term sickness absence who have a period of pre-booked leave from work, who chose to continue with their holiday arrangements, i.e. do not cancel their holiday, such leave will not be credited back to the employee on their return to work. Under such circumstances the employee must discuss this with their manager prior to them taking their holiday in order to seek clarity.

### **5.3 Support and Monitoring**

- 5.3.1 The Trust expects that Managers maintain contact with their employee on an agreed basis (NB. not less than fortnightly). In exceptional circumstances, if the member of staff expressly states that they are not happy for their manager to be their point of contact in the early stages of their absence, then the staff member can request for an agreed third party to maintain such contact. The employee's line manager must however be kept up to date about their absence at all times. Further interventions may be required to support a 'rebuilding' of the relationship between the employee/manager during this time, depending on the circumstances. Advice can be sought from the HR team in such circumstances.



- 5.3.2 A Return to Work meeting/discussion should be carried out after every period of absence on the first day/shift back (**See Appendix B**). Every period of absence, including full and part days/shifts must be discussed proactively by both parties. By doing so, any support and actions can be implemented in a timely manner by employee/manager alike.
- 5.3.3 At the earliest opportunity and to prevent further absence, the line manager should consider a referral to Occupational Health, or Well@Work Services. Staff may also be encouraged to seek support from their GP. All actions must be recorded on the employee's Return to Work form.
- 5.3.4 The Trust will always aim to offer support to staff during and after ill health, and signpost to other wellbeing tools, such as Physio4U, the employee assistance programme or other support mechanisms, that encourage a smooth return to work and the ability to remain in work thereafter.
- 5.3.5 To assist employee's returning to work after an extended period of absence the Trust may consider offering a sheltered/phased return to work. This could include a number of temporary changes for the employee such as reduced days/hours, workload, work location etc. The maximum amount of time that an employee can have on sheltered/phased return, where they will continue to be paid their full contractual hours, is six weeks within a 12 month rolling year. It may be appropriate to extend this period. Any extension will be agreed by the Head of Division, with advice from HR and Occupational Health. NB. Any single period of sheltered return exceeding two weeks must be agreed with Occupational Health or Well@Work Services.
- 5.3.6 Any employee on a sheltered/phased return to work will not be entitled to work overtime or bank shifts either with the Trust or for another employer during this time. If it is found that an employee has worked additional hours the sheltered return arrangements will cease and the employee will only be paid for those hours actually worked.
- 5.3.7 Line Managers are required to monitor all of their employee's level of attendance over a rolling 12 month period. Where a member of their team hits Trust triggers they will manage the employee's attendance in accordance with this policy.

## **5.4 Disability**

5.4.1 The Equality Act 2010 replaced most of the provisions of the Disability Discrimination Act (DDA), however the Disability Equality Duty in the DDA continues to apply. The provisions within the Equality Act 2010 states that a person has a disability if:-

- they have a physical or mental impairment
- the impairment has a substantial\* and long-term\* adverse effect on their ability to perform normal day-to-day activities\*
- \* NB. For the purposes of the Act, these words have the following meanings:
  - 'substantial' - means more than minor or trivial

- 'long-term' - means that the effect of the impairment has lasted or is likely to last for at least twelve months (there are special rules covering recurring or fluctuating conditions)
- 'normal day-to-day activities' - include everyday things people do e.g. eating, washing, walking and going shopping.

## **5.5 Reasonable Adjustments due to a Disability**

5.5.1 A reasonable adjustment is an alteration that an employer could make that would enable a disabled person to continue to carry out their duties without being at a disadvantage compared to others.

5.5.2 As a mechanism to support our employees either to remain in work, or to assist them back after an extended period of absence, the Trust will ensure that all reasonable adjustments are considered. This could include changes to the working environment, hours, patterns of work, triggers and targets. The manager may consider involving Occupational Health and/or outside agencies such as a disability advisor or Access to Work for specialist advice if needed.

- The need to make reasonable adjustments can apply to the working arrangements or any physical aspects of the workplace for example, adjusting working hours or providing individuals with an adapted piece of equipment to help them do the job.
- Physical adjustments could include providing special or adapted equipment to do the job.

5.5.3 Such adjustments have to be deemed as reasonable and the Trust must take into account the needs of the service when considering options for support.

## **5.6 Maternity Related Sickness Absence**

5.6.1 The Trust will ensure that our employees are not discriminated against as a result of maternity related sickness. Legislation provides that maternity related sickness absence during protected periods must not be taken into account as grounds for subsequent dismissal.

5.6.2 The protected period is from notification of pregnancy to end of the maternity leave.

When a member of staff falls pregnant, any sickness which is related to the pregnancy or IVF will not be included for monitoring purposes.

5.6.3 Any member of staff off sick due to a maternity related illness will remain subject to Return to Work interviews/discussions with their manager. This is to ensure that they receive all the necessary support to remain safely in work.

## **5.7 Sick Pay**

- 5.7.1 All periods of absence must be recorded via E-Roster. This will ensure that Payroll are automatically notified and salary payments processed correctly. The failure of an employee to provide a Fit Note to their manager may lead to the non-payment of salary. Those areas not yet on E-Roster will submit a weekly absence report to the Payroll Department.
- 5.7.2 There are two elements to sick pay: -
- Statutory Sick Pay (SSP) - paid in accordance with rules determined by the Department of Social Security.
  - Occupational Sick Pay - paid in accordance with Agenda for Change terms and conditions of employment. (Full details of the allowances and conditions governing these payments are contained in the NHS terms and conditions of service handbook or Medical and Dental Terms and Conditions of Service).
- 5.7.3 There is an expectation that employees will not undertake any work related activity whilst absent from the Trust work due to ill health. The only exceptions include being advised by Occupational Health or from the individual's GP that they are fit to undertake such work. This will only be accepted on the sight of a signed fit note.
- 5.7.4 If a manager has evidence that a member of staff is claiming sick pay when they are not genuinely sick, or they are working elsewhere without producing a fit note, this may be regarded as gross misconduct and will be dealt with under the Trust's Disciplinary Policy, with the involvement of the Local Counter Fraud Specialist.
- 5.7.5 Sick pay is not payable to employee's in the event of absence arising through participation in a sport played on a professional basis, or whilst working for another non NHS employer in their own time.
- 5.7.6 Where damages are recoverable from a third party, sick pay shall be regarded as a 'loan' which the Trust has the right to recover, either fully or partially, from any damages subsequently received by the employee. Employees should seek advice from the Payroll Team when seeking to make a claim for damages.

## **6. MANAGING SHORT TERM SICKNESS ABSENCE**

- 6.1 The triggers for the management of Short Term Sickness (STS) are:-
- two occasions of absence in three months or
  - three occasions of absence in a twelve month rolling period
- 6.2 Repeated short periods of absence arising from a single illness or ill-health relating to a disability will also be included as short term sickness for monitoring purposes.

- 6.3 Episodes of absence where a member of staff has left work early, i.e. at any time during their shift, due to being unwell, will be counted as a 'part shift'. Where an individual has not commenced work this is counted as a full day's absence. A return to work interview/discussion will be held in each case. Part shifts will be counted as sickness absence and monitored accordingly
- 6.4 Part shifts are not currently able to be recorded on ESR and hence managers must monitor these absences separately on E-Roster as a duty note.
- 6.5 When a member of staff hits one of the short term triggers, the Short Term Absence process should be followed. See flow chart – Appendix C.
- 6.6 If a member of staff is absent for four continuous weeks or more during any monitoring period, i.e. they enter a period of long term sickness absence, their monitoring period will be extended on their return to work for the length of time remaining of the monitoring period.

## **7. SHORT TERM SICKNESS STAGE 1 MONITORING**

- 7.1 If an employee has met the Trust's STS Triggers (See 6.1) a return to work interview will be carried out as normal with their line manager, with the Return to Work (RTW) Form used to record the discussion as a Stage 1 STS Monitoring Meeting.
- 7.2 During the interview, the manager should outline the process being followed, state to their member of staff what the triggers are and the potential outcome/next steps if they hit the triggers again.
- 7.3 This stage acts as an indicator to the member of staff that their absences have been noted, they are causing concern and that formal monitoring will commence for an initial period of three months. The aim is to try and prevent any further absence by identifying and addressing issues at an early stage and to consider any support or advice that may be required.

## **8. SHORT TERM SICKNESS STAGE 2 MONITORING – NEXT OCCASION OF ABSENCE**

- 8.1 If a member of staff has another period of absence within the three months following their Stage 1 monitoring meeting they hit the next trigger.
- 8.2 On their return from sickness absence, their manager will carry out a return to work interview/discussion and will inform them that a further meeting will be arranged to discuss their levels of absence. This further meeting will be the STS Stage 2 meeting and can be carried out at the same time as the return to work interview, if the member of staff is comfortable to do this. Both/either meeting must be clearly documented on the RTW form and in the outcome letter following the meeting.
- 8.3 Should the member of staff wish to have the Stage 2 meeting at a later date, the manager will:

- write to the individual concerned inviting them to such a meeting
  - give them at least seven calendar days' notice in writing
  - offer them the right to representation
  - attach a copy of the Managing Sickness Policy
- 8.4 This meeting, where possible, will be held within 14 calendar days of the employee's date of return to work. In the event of the need to reschedule every effort should be taken to ensure a reasonable time frame is met.
- 8.5 Should the employee fail to attend this re-arranged meeting, the manager may decide to hold the meeting in their absence.
- 8.6 The aim of a STS Stage 2 meeting is to:
- Discuss the episodes and reasons for the absence and ensure that the member of staff is aware of this policy and the absence triggers that they have hit.
  - Consider any personal problems or worries the member of staff has with meaningful discussions to establish ways in which they may be resolved.
  - Assess the possibility of an underlying medical condition by suggesting the member of staff sees their GP, and/or Occupational Health/well@work. Such a referral may be appropriate to identify the possible effects the medical condition may have on their ability to undertake their role successfully and remain in work.
  - Inform the member of staff of the impact their absences are having on service delivery and that continued absence periods are unacceptable. Employees must understand that their continued employment with the Trust could be at risk if further absence takes place (i.e. they may be subject to dismissal due to failure to meet the required levels of attendance in line with this Policy)
  - Advise the employee that their attendance will be monitored for a period of a further three months from the date of the meeting, with no more than one occasion of absence expected during the monitoring period.
  - Consideration should be given to adjusting the monitoring targets where an employee's medical condition is covered by the Equality Act as their condition may expect unusual levels of absence. This should be qualified via a referral to Occupational Health. If the post cannot support adjusted targets consideration should be given to redeployment.
  - The details discussed at the meeting must be confirmed on the RTW form and a copy sent to the member of staff.
- 8.7 A review meeting should be held at the end of the three month monitoring period, if satisfactory improvement has been achieved during the monitoring period, no further action will be taken. This will be confirmed in writing and the employee removed from formal monitoring.
- 8.8 If during the monitoring period the member of staff has a further period of absence, then they will be informed at their return to work interview/discussion that there has been no satisfactory improvement and it is therefore necessary to proceed to the next stage of the policy.

**9. SHORT TERM SICKNESS STAGE 3 MONITORING – TARGETS NOT MET IN STAGE 2 (further occasion of absence during three month monitoring period, which commenced from the Stage 2 meeting)**

- 9.1 This stage will be invoked if a further occasion of absence occurs in the three months following the Stage 2 meeting.
- 9.2 A Stage 3 meeting will be arranged with the member of staff, their manager and an HR Advisor within 14 calendar days of the staff members date of return to work. Prior to this meeting the manager will liaise with HR to ensure that all documents are in place and the process has been followed appropriately. The manager will:
- write to the individual concerned inviting them to such a meeting,
  - give them at least seven calendar days' notice in writing.
  - offer them the right to representation
- 9.3 In the event of the need to reschedule every effort should be taken to ensure a reasonable time frame is met.
- 9.4 Should the employee fail to attend this re-arranged meeting, the Trust may decide to hold the meeting in their absence.
- 9.5 The meeting format should follow the same process as for Stage 2, however the member of staff must be advised that the monitoring period following the meeting will be for six months, with no more than two occasions of absence in this period. As a minimum, one review meeting will take place between the line manager, HR and the staff member during the monitoring meeting. The Stage 3 monitoring period will commence from the date of the meeting.
- 9.6 The consequences of absence not improving during this time must be clearly stated and staff member must understand that their continued employment with the Trust could be at risk if further absence takes place (i.e. they may be subject to dismissal due to failure to meet the required levels of attendance in line with this Policy) . The details discussed at the meeting must be confirmed on the RTW form and a copy sent to the member of staff.
- 9.7 If during the six month monitoring period the member of staff have more than two occasions of absence, then they will be informed at their return to work interview/discussion that there has been no satisfactory improvement and it is therefore necessary to proceed to the next stage of the policy.

**10. SHORT TERM SICKNESS STAGE 4 MONITORING: TARGET NOT MET IN STAGE 3 – FINAL REVIEW**

- 10.1 This stage will be invoked if a third occasion of absence occurs in the six months following the Stage 3 meeting.
- 10.2 At Stage 4 a meeting will be chaired by a senior manager (with the authority to dismiss) and a senior member of the HR team. NB Those authorised to

dismiss may delegate the power of dismissal, prior to the meeting, to another manager at a senior level. For consistency with other Trust policies, those with the power to dismiss under this policy are those listed in the Trust Disciplinary Policy. Also present will be the staff member and their line manager. Prior to this meeting the line manager will liaise with HR to ensure that all documents are in place and process has been followed.

- 10.3 The member of staff must be informed of the Stage Four final review meeting date with seven calendar days' notice in writing by the chair of the panel, and that termination of their contract due to failure to meet the required levels of attendance in line with the Trust's Managing Sickness Absence Policy may occur. Staff must be reminded of their right to representation.
- 10.4 In the event of the need to reschedule every effort should be taken to ensure a reasonable time frame is met.
- 10.5 Should the employee fail to attend this re-arranged meeting, the Trust may decide to hold the meeting in their absence.
- 10.6 All those involved in the meeting, including the member of staff, must be provided with a copy of all the paperwork relevant to the meeting seven calendar days in advance of the meeting and this could include the following documentation:
  - A complete sickness record including a summary of reasons for absence
  - Copies of all letters sent throughout the monitoring process
  - Copies of all return to work interview records/discussion
  - A copy of all Occupational Health and/or specialist medical reports
  - A time plan which sets out the key dates for the whole process
  - Any other information as deemed relevant
- 10.7 If a member of staff is covered by the Equality Act, any reasonable adjustments that may have been made to the role, targets or triggers that are set out in the process will need to be clearly stated.
- 10.8 Any new information given at the meeting regarding the employee's health or a significant change in the nature of a medical condition may be assessed with a referral to Occupational Health, which may result in the review meeting being adjourned.
- 10.9 Termination of employment should not be considered unless a recent assessment by Occupational Health has taken place. If however the member of staff does not wish to be referred or fails to attend the Occupational Health appointment without an explanation that is satisfactory to the Trust, the meeting will proceed and a decision will be taken on the information that is available.
- 10.10 Having considered all the facts and any mitigation, terminating the member of staff's contract may be considered. If dismissed, the member of staff would receive their contractual notice and have the right to appeal against the dismissal in line with the Trust's Disciplinary policy. See Section 12.

- 10.11 If there are circumstances that are considered relevant to the non or insufficient improvement to the staff member's attendance, a formal warning may be issued as an alternative to dismissal. Any such warning will be confirmed in writing, along with a further period of monitoring. The period of monitoring and the level of absence trigger points will be determined by the facts of the individual's circumstances. Advice will always be sought by the HR representative in the meeting, when determining these details.
- 10.12 If a manager identifies that a member of staff has a significant high level of reoccurring absence, which is not hitting any triggers identified in this section of the policy, but which falls outside the Trust's expectations and is giving legitimate cause for concern, the manager may involve one of the above stages to manage this absence. The manager should contact a member of HR team to discuss the case before taking such action.

## **11. MANAGING LONG TERM SICKNESS ABSENCE**

- 11.1 When a member of staff hits the long term absence trigger of 28 calendar days, the long term absence procedure must be followed - (See Long Term Absence Flow Chart – Appendix D).
- 11.2 Managers must ensure that a referral to Occupational Health is made for all staff on long-term sick, (unless the employee has only recently been referred for the same medical reasons and there are no changes in their circumstances). Appendix F – F4 sets out the Occupational Health and Well@Work Services referral process and expectations.
- 11.3 All long term absence will be monitored by the Human Resources department and Well@Work services. It remains the responsibility of the line manager to proactively engage with the member of staff and HR, holding regular reviews in order to work towards them returning to work at the earliest opportunity - (See Appendix F5 - overview of Case Management/Wellbeing Support Meetings).
- 11.4 If there has been no return to work after the first 28 days of absence, the employee's line manager must remain in regular contact and meet with the member of staff, wherever possible, on a monthly basis. Should they remain off work for an extended period a review meeting must be held at three months to discuss the employee's progress / prognosis, review any occupational health reports and to agree a return to work date / plan.
- 11.5 When the member of staff returns to work after a prolonged period of absence the manager must arrange a return to work interview / discussion which may be supported by Well@Work and/or Occupational Health and / or Human Resources.
- 11.6 In some cases, usually following advice from Occupational Health or Well@Work services, the member of staff may require a sheltered / phased return to work. A sheltered / phased return is suitable for employees where there is a realistic expectation that they will be able to return to their current post, hours and full duties within a short period of time. The sheltered/phased



return will be for either a period of reduced hours/days, on alternative or less demanding duties, and is a temporary change. During this period the employee would receive full pay.

- 11.7 A Manager can agree a sheltered / phased return with their member of staff for a period of no more than two weeks, however if a longer sheltered return is required this needs to be agreed through Occupational Health or Well@Work services.
- 11.8 Managers must ensure that any actions, reasonable adjustments or sheltered / phased return programmes are met and monitored regularly. A 're-induction to work' programme should also be considered where appropriate.
- 11.9 If it has been identified from the Occupational Health report and from discussions at the three month review meeting, that it is unlikely that the member of staff will be able to return to work at all, or at least within the next two months, the manager, in line with advice from Occupational Health and HR will need to consider the options available. Employee's must be advised in writing that their continued employment with the Trust could be at risk if their absence continues (i.e. they may be subject to dismissal due to failure to meet the required levels of attendance in line with the Trust's Managing Sickness Absence Policy). In certain circumstances e.g. in the case of terminal illness or a significant mental health condition, there may be a need to progress to the final stages of this policy on the grounds of capability, due to the individuals ill health.
- 11.10 Should no alternatives be determined feasible to support the employee back to their substantive post, a final review meeting should be arranged, chaired by a senior manager with the authority to dismiss, supported by a senior HR representative. NB. Those authorised to dismiss may delegate the power of dismissal, prior to the meeting, to another manager at a senior level in line with the Trust Disciplinary Policy.
- 11.11 The member of staff must be informed of the final review meeting date in writing giving at least seven calendar days' notice, reminding them of their right to representation and that should their absence from work continue, termination of their contract due to ill health may occur. In the event of the need to reschedule every effort should be taken to ensure a reasonable time frame is met.
- 11.12 The member of staff must be given the opportunity to bring to the final review meeting any new medical evidence, which may be relevant. Should staff fail to attend this re-arranged meeting the Trust may decide to hold the meeting in their absence.
- 11.13 During this final review meeting a senior manager, with HR support must consider what reasonable adjustments, if any, could be implemented to support the member of staff returning to work. The manager will make all reasonable attempts to have an up to date Occupational Health report to determine whether a return to work is likely within a further two months.

At the final review meeting the following options must be considered:

- **Redeployment** - On the advice of Occupational Health, redeployment can be considered on the grounds of ill health. For more information refer to the Trust's Redeployment Process which is contained within the Trust's Organisational Change Policy.
- **Flexible Working** - This should be an option that is considered to support the employee returning to work. For more information refer to the Trust's Flexible Working Policy
- **Career Break** - This is an option that can be discussed at the meeting, but will need authorisation from a senior manager. Information on Career Breaks can be found in the Trust's Special Leave Policy
- **Termination of Contract** - Where a member of staff is not able to return to work within a reasonable timescales despite all of the above being considered, then termination of their contract on the grounds of capability due to ill health will be considered. In order for this decision to be made, the report from Occupational Health must state the following:
  - Occupational Health are in receipt of up to date medical evidence and treatment plans
  - There is no prospect of a likely return to the employee's substantive post, with or without adjustments
  - A sheltered/phased return with or without adjustments is not feasible
  - Ill-health retirement has been considered

11.14 Where it is determined that there are no viable options for the member of staff to return to work in an acceptable time frame, and all relevant information is available, the employee's contract may be terminated at this stage and contractual notice given. Any outstanding annual leave entitlement will be discussed and a payment will be made in lieu of notice. The employee will have the right to appeal against the dismissal. For consistency, this appeal will be in line with the Trust's Disciplinary policy. See Section 12.

11.15 Should further information be required, the final review meeting may be adjourned and a further meeting arranged when the additional information is available. The member of staff must be informed of the meeting date in writing, giving seven calendar days' notice, reminding them of their right to representation and that termination of their contract due to ill health may occur. The meeting will be chaired by the same senior manager and member of the HR team as the previous meeting. Should the employee be unable to attend this meeting every effort will be made to reschedule within a reasonable timescale. Should the employee fail to attend this re-arranged meeting, the Trust may decide to hold the meeting in their absence.

11.16 A decision will be made at this meeting as to whether options remain available for the employee to remain in employment, or whether their contract should be terminated on the grounds of incapacity.

11.17 If an employee refuses to attend case conferences or management meetings without an explanation that is satisfactory to the Trust, the process will

proceed in their absence and a decision will be taken on the information that is available. The member of staff will be informed of any outcome in writing.

## 12. APPEAL RIGHTS

- 12.1 A member of staff may appeal against any dismissal or warning, as set out in this policy.
- 12.2 The right of appeal must be exercised within 14 calendar days of the date of the letter confirming the outcome of the meeting to dismiss the staff member.
- 12.3 The appeal letter must clearly state the specific reasons for appeal and should be addressed to the named manager stated in the outcome letter.

## 13. OTHER SICKNESS RELATED ISSUES

13.1 **NHS Injury Benefit Scheme** - Any claim by an employee must be based on evidence provided by their line manager, e.g. copies of incident reports (DATIX). If successful, it will be arranged for Payroll and/or the NHS Pensions Agency to be advised accordingly.

13.2 **Temporary Injury Allowance** was replaced on 31 March 2013 by a new allowance known as Injury Allowance and forms part of the NHS Staff Terms and Conditions of Service – See Section 22.

13.3 **Injury Allowance** – Covers employees who sustain an injury or contract a disease due to NHS employment, (other than through personal negligence), on or after the 31 March 2013.

- Such claims should be made to the employee's line manager, in writing. The line manager will then send a copy of the DATIX and other associated evidence/supporting material to the Director of Workforce and Organisational Development.
- Once a claim is made and eligibility is determined for Injury Allowance, the member of staff is entitled to a top up to their sick pay or earnings, when on reduced pay. This calculation will include any contributory state benefits received by the employee up to 85% of their pay.
- Should such a claim be refused, the employee has the right for recourse via the Trust's Grievance Procedure.
- More information about Injury Allowance can be found on the NHS Employers website at [www.nhsemployers.org](http://www.nhsemployers.org)

13.4 **Permanent Injury Benefits (PIB)** - are only available to NHS employees who sustained an injury or contracted a disease due to NHS employment, (other than through personal negligence), **on or before the 30 March 2013**. Such claims can be made until 2038 under new transitional arrangements.

13.4.1 Under these transitional arrangements, NHS Injury Benefits will continue to provide:

- Temporary Injury Allowance
- Permanent Injury Benefit
- Death Benefits

13.4.2 **Transitional Temporary Injury Allowance (TIA)** - The application and decision making processes for TIA remain unchanged. Employers continue to be responsible for considering claims for Temporary Injury Allowance and for the calculation and payment of the allowance where appropriate. NHS Pensions will continue to consider disputes about entitlement to TIA under its Internal Dispute Resolution procedures.

13.4.3 **Transitional Permanent Injury Benefits (PIB)** - The application and decision making processes for PIB remain the same. Applications for PIB should continue to be made on Form AW13 and sent to NHSBSA Pensions for action. Form AW13 is available for download from the NHSBSA Pensions website at [www.nhsbsa.nhs.uk/InjuryBenefitScheme](http://www.nhsbsa.nhs.uk/InjuryBenefitScheme)

13.4.4 **Transitional Death/Dependants Benefits** - Death benefits only remain available for people who die as a result of sustaining an injury or contracting a disease due to their NHS employment on or before 30 March 2013.

13.5 **Retirement on the grounds of Ill Health** – Staff who pay into the NHS Pension Scheme and have been members for at least 2 years may apply for the benefits of early retirement under the scheme:

- This is possible where they have an underlying medical condition and the medical opinion of the Occupational Health Consultant and their own GP/specialist indicates that they are permanently incapable of carrying out their job.
- Any member of staff wishing to apply for ill health retirement should contact the Pensions Officer.
- They should also communicate their intention with their manager and HR.
- Application for ill health retirement remains subject to approval by the medical advisors to the Pensions Agency.

13.6 **Holiday Entitlement** - If the member of staff is absent and as a consequence has been unable to take their statutory annual leave within the current leave year, permission to carry forward the remainder into the new leave year will be based on prevailing legislation. Please contact HR for further clarification.

13.7 **Bank / Statutory Holidays** - Employees will not be entitled to an additional day's leave if they have been off sick on a statutory / bank holiday.

13.8 **Secondary Employment** - All forms of secondary employment, both paid and unpaid, including self-employment, should be declared to the Trust. Staff should not undertake any paid or unpaid employment, including self-employment, elsewhere whilst absent from the Trust due to sickness. Any concerns should be reported immediately to the Trust's Local Counter Fraud Department.

## **14. TRAINING REQUIREMENTS**

- 14.1 A series of workshops will be incorporated into the Trust's Leadership Development Programme to increase the awareness of the Trust's policy.

## **15. EQUALITY IMPACT ASSESSMENT**

- 15.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **16. MONITORING COMPLIANCE AND EFFECTIVENESS**

- 16.1 The requirements under this policy for ensuring that all staff absence is managed fairly, sensitively and supportively shall be monitored by the Workforce Information Team and Human Resources.
- 16.2 Monitoring of management information and sickness rates will be all line managers, supported by the Human Resources department on a monthly basis, upon receipt of monthly reports per team/division.
- 16.3 The effectiveness of the policy will be reviewed at the Workforce Governance Group whose purpose is to provide assurance to the Integrated Regulation group. This group will identify all new risks that relate to the health and wellbeing of the Workforce and develop plans to reduce further risk.
- 16.4 Risks identified will be escalated to the corporate risk register, as appropriate.

## **17. COUNTER FRAUD**

- 17.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## **18. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

- 18.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 17: Good governance  
Regulation 18: Staffing

Regulation 19: Fit and proper persons employed  
Regulation 20: Duty of candour

- 18.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18: Notification of other incidents

- 18.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>

### **Relevant National Requirements**

*Boorman Review (2009)*

*NICE Guidelines – Wellbeing in the Work Place*

*Health & Safety Executive*

## **19. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

### **Cross reference to other procedural documents**

- Anti-bullying and Harassment Policy
- Disciplinary Policy
- Capability (including Fitness to Practice PMVA) Policy
- Fitness to Practice
- Flexible Working Policy
- Health & Safety Policy
- Infection Control Policy
- Annual Leave Policy
- Management of Organisational Change Policy
- Stress Management Policy
- Infectious Diseases Policy
- Equality and Diversity Policy

All current policies and procedures are accessible to all staff on the Trust public website (on the home page, click on 'Policies and Procedures'). Trust Guidance is accessible to staff on the Trust Intranet (within Guidelines)

## **20. APPENDICES**

20.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such.

Appendix A	Self Certification
Appendix B	Return to Work Interview Record
Appendix C	Information on RIDDOR reporting
Appendix D	Short Term Sickness Flow Chart
Appendix E	Long Term Sickness Flow Chart
Appendix F	Guidance Notes
	F1 – Staff Responsibilities
	F2 - Managers Responsibilities
	F3 - Return To Work
	F4 - Well@Work Services & Occupational Health
	F5 – Wellbeing Support Meetings
	F6 - Infectious Illness (D&V)

**SELF CERTIFICATION /  
SICKNESS RETURN TO WORK RECORD**

**PART A – SELF CERTIFICATION FORM**

Name	Team and Division
Job Title	Have you had any sickness absence in the last six months? If yes please give details
Dates of Absence	
First Day of Absence:  Date of Return to Work:	
Please state the reason for your absence on this occasion (See Page 2 for category)	
<p>If your absence was as a result of an accident/incident at work has this been reported on via the appropriate Trust procedure ? YES <input type="checkbox"/> NO <input type="checkbox"/>                  (please seek advice from your line manager/health and safety)</p>	
I confirm that I was unable to work during my period of absence and that I am now fit to return to work and resume my duties.	
Signature .....	Date
.....	

**PART B – SICKNESS RETURN TO WORK RECORD**

Please state any actions arising from the return to work meeting.
<p>I declare that the information as discussed at my return to work interview is true</p> <p>Signature: _____ Date: _____  <i>Employee</i></p> <p>I declare that this is a true reflection of what was discussed during this return to work interview.</p> <p>Signature: _____ Print: _____  <i>Manager</i></p> <p><b>Giving false information may result in a loss of sick pay benefits and disciplinary action.</b></p>



<b>Code</b>	<b>Reason</b>
S10	Anxiety / Stress / Depression / Other Psychiatric Illness
S11	Back Problems
S12	Other Musculoskeletal Problems
S13	Cold / Cough / Flu (Influenza)
S14	Asthma
S15	Chest and Respiratory Problems
S16	Headache / Migraine
S17	Benign and Malignant Tumours / Cancers
S18	Blood Disorder
S19	Heart, Cardiac and Circulatory Problems
S20	Burns / Poisoning / Frostbite / Hypothermia
S21	Ear / Nose / Throat (ENT)
S22	Dental and Oral Problems
S23	Eye Problems
S24	Endocrine / Glandular Problems
S25	Gastrointestinal Problems
S26	Genitourinary and Gynaecological Disorder
S27	Infectious Diseases
S28	Injury – Fracture
S29	Nervous System Disorders
S30	Pregnancy Related Disorders
S31	Skin Disorders
S32	Substance Abuse
S98	Other Known Causes not elsewhere classified
S99	Unknown Causes / Not Specified

**RETURN TO WORK INTERVIEW RECORD**

**A Return to Work Interview/Discussion to take place after each period of sickness absence with the line manager. Copy sent to Payroll, copy for personal file**

Part A – To be Completed by Employee										
Full Name					Team and Base					
Job Title					Sickness less than 7 days absence Yes <input type="checkbox"/> No <input type="checkbox"/>					
Reason/s for absence from work:					Sickness less than 7 days absence – Self certification required. Sickness more than 7 days absence - a Doctors Fit Note is required. Were notes sent to your manager to cover your period of absence Yes <input type="checkbox"/> No <input type="checkbox"/>					
First date of absence:					Did you report you absence to your manager of your first day of absence ?		Yes		No	
Last day of absence (NB. Even if this would not be a normal working day):					If No, who did you report it to ?					
Return to work date:					Were you offered any support?		Yes		No	
Total calendar days absent:					.If No, did you seek any support ?					
Total working days absent:					Would any of the services below assist your ongoing recovery and offer you support ?					
Have you visited your GP or had to attend hospital as out/inpatient during your absence?		Yes		No		Physio 4 U:		<input type="checkbox"/>		
Do you have any follow up appointments?		Yes		No		Care First:		<input type="checkbox"/>		
Is this a repeat occurrence of this injury/illness?		Yes		No		Well@Work referral:		<input type="checkbox"/>		
						Occupational Health referral:		<input type="checkbox"/>		
						Do you feel the workplace contributed to your condition?		Yes	No	
Please state briefly the reason for your absence from work. (refer to sickness reason codes)										

**Part B – To be Completed by the Manager in Discussion with the Employee**

Number of periods of absence in the last 3 months			
Number of periods of absence in the last 12 months			
Has the employee hit Trust triggers ?	Yes		No
If this absence was a result of an accident/incident at work has this been reported on the Trust Untoward Event Reporting form/system (Datix)?	Yes		No
If <b>Yes</b> , was it reportable under RIDDOR (required seven days consecutive <u>sickness absence</u> following the injury or reportable disease (not counting the day the accident happened)?  <i>(RIDDOR is to be completed by the manager – See Appendix B).</i>	Yes		No
Is there a requirement for an individual/team stress risk assessment ?	Yes		No
Is there a need for a Well@Work/Occupational Health referral ?	Yes		No
Is there a need for a Physio4U referral ?	Yes		No
Is there a need for Access to Work involvement ? .	Yes		No
Is there a need for a phased return to work ?	Yes		No
Would any reasonable adjustments enable the employee to remain in work ?	Yes		No

**If you have answered Yes to any of the above please give details:** e.g. adaptations or phased return to work details, progress a referral etc.

I declare that:

I have not worked in a paid or unpaid capacity, or on a self-employed basis during the period of my absence

The Department for Work and Pensions (DWP) has / has not \* told me to claim benefits

\* Delete as appropriate

I declare that the information discussed during the return to work interview/discussion is a true reflection

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Member of staff) Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Manager) Print name: \_\_\_\_\_

**SICKNESS REASONS CODES**

S10	Anxiety / Stress / Depression / Other Psychiatric Illness	S11	Back problems	S12	Other Musculoskeletal problems	S13	Cold//Cough/Flu (influenza)
S14	Asthma	S15	Chest & Respiratory problems	S16	Headache/Migraine	S17	Benign and Malignant Tumours/Cancer
S18	Blood Disorder	S19	Heart, Cardiac & Circulatory Problems	S20	Burns/Poisoning/Frostbite/Hypothermia	S21	Ear/Nose/Throat (ENT))
S22	Dental & Oral Problems	S23	Eye Problems	S24	Endocrine/Glandular Problems	S25	Gastrointestinal Problems
S26	Genitourinary & Gynaecological Disorder	S27	Infectious Diseases	S28	Injury – Fracture	S29	Nervous Systems Disorders
S30	Pregnancy Related Disorders	S31	Skin Disorders	S32	Substance Abuse	S28	Other known causes not elsewhere specified

## **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)**

### Types of reportable injury

#### **Deaths**

All deaths to workers and non-workers must be reported if they arise from a work-related accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not result from a work-related accident.

#### **Specified injuries to workers**

The list of 'specified injuries' in RIDDOR 2013 (regulation 4) includes:

- a fracture, other than to fingers, thumbs and toes
- amputation of an arm, hand, finger, thumb, leg, foot or toe
- permanent loss of sight or reduction of sight
- crush injuries leading to internal organ damage
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs)
- scalping's (separation of skin from the head) which require hospital treatment
- unconsciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

#### **Over-seven-day injuries to workers**

This is where an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).

#### **Reportable occupational diseases**

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. These diseases include (regulations 8 and 9):

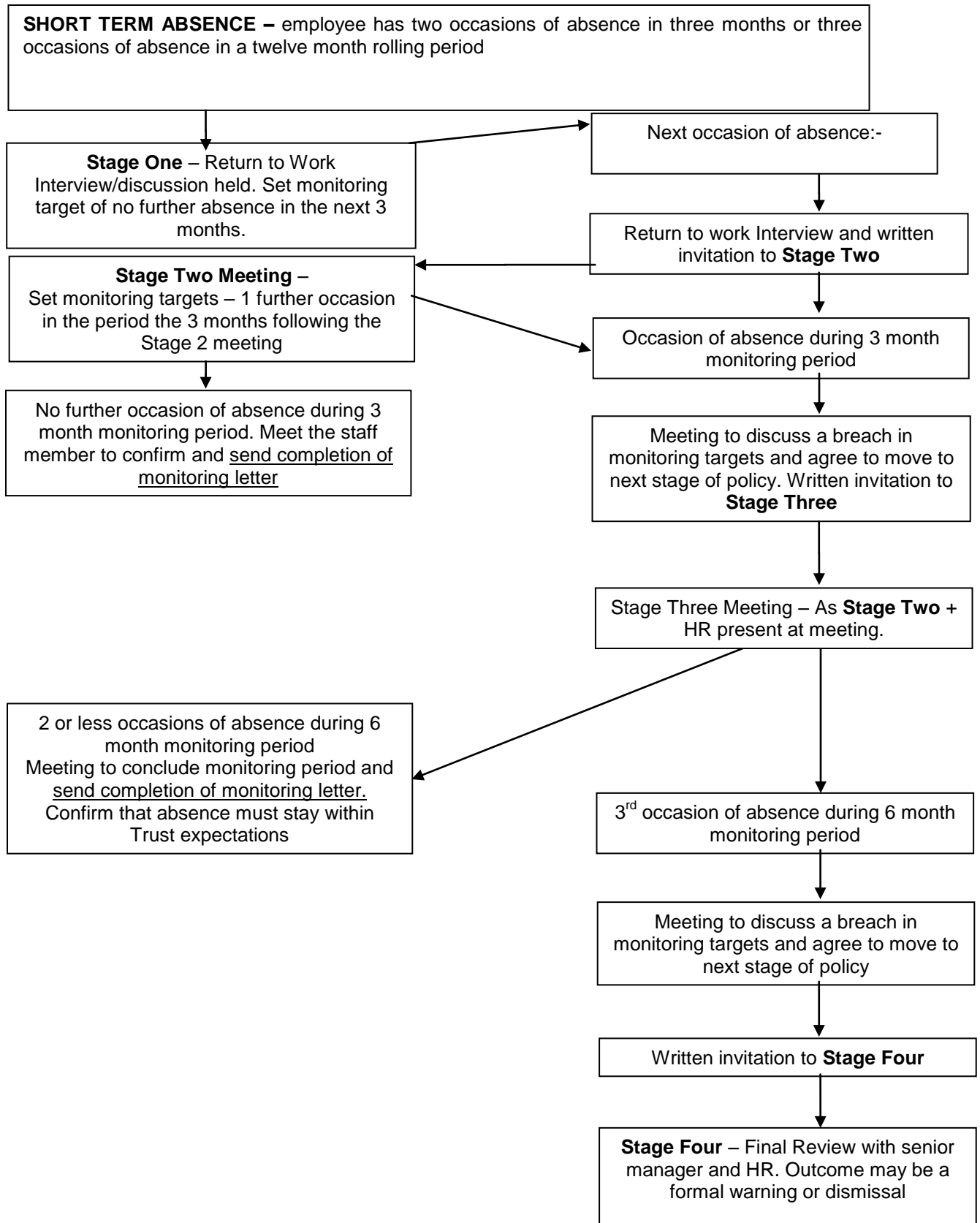
- carpal tunnel syndrome
- severe cramp of the hand or forearm

- occupational dermatitis
- hand-arm vibration syndrome
- occupational asthma
- tendonitis or tenosynovitis of the hand or forearm
- any occupational cancer
- any disease attributed to an occupational exposure to a biological agent

For more details on RIDDOR, please use the following link:

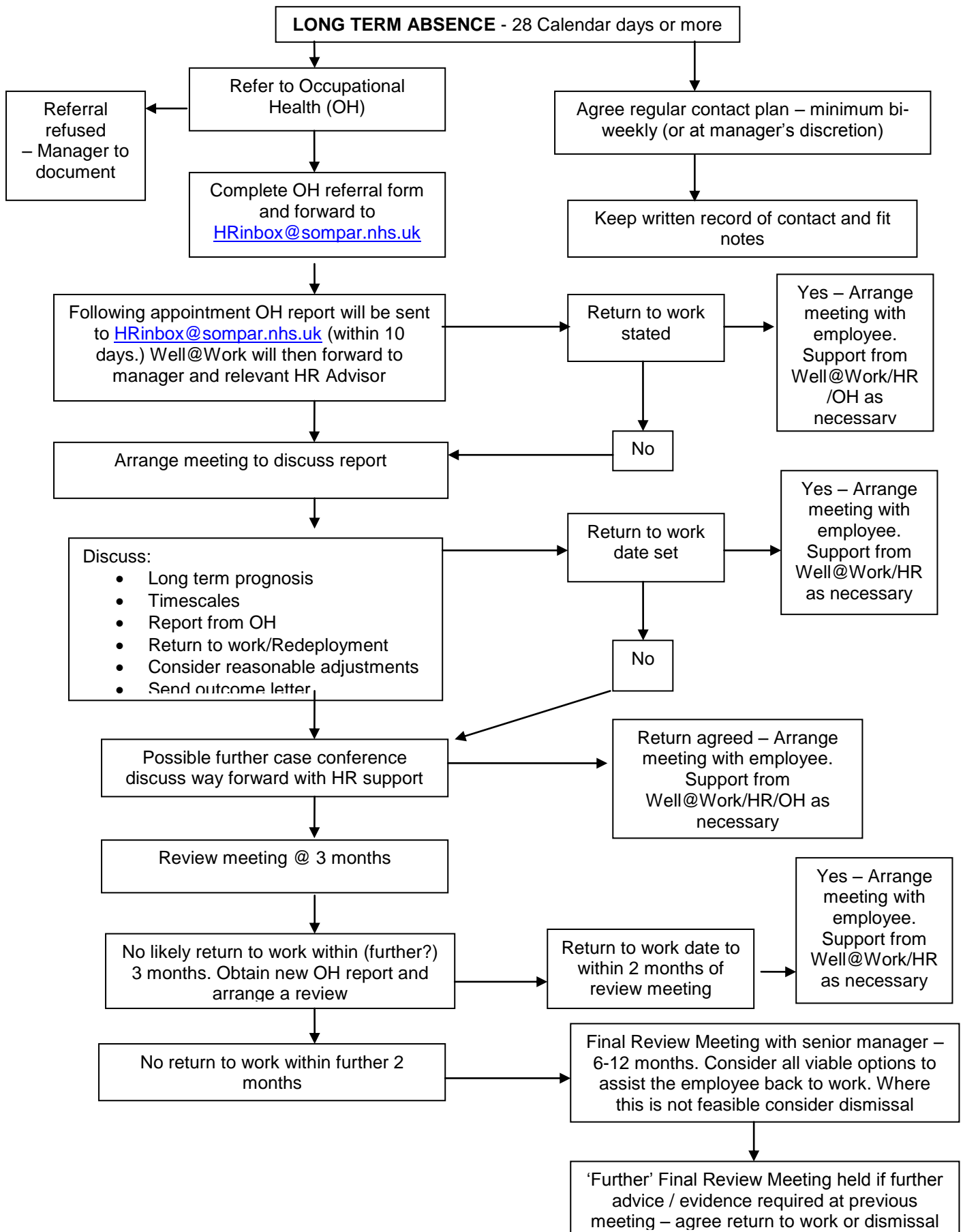
<http://www.hse.gov.uk/pubns/indg453.pdf>

SHORT TERM ABSENCE FLOW CHART



**LONG TERM ABSENCE FLOW CHART**

**APPENDIX E**



## GUIDANCE NOTES

**F1: Staff Responsibilities- all staff must:**

1. Follow the policy and report any absence on your first day informing your line manager by telephone that you are able to attend work, providing the reason for the absence and likely return date. This also includes when unwell at weekends, on a non-working day, or during a period of annual leave.
2. Correctly follow this policy and local arrangements, if not it could result in your absence being treated as unauthorised and may be unpaid . Disciplinary action may also be taken.
3. Co-operate with your manager by keeping in touch on a regular / agreed basis during all periods of absence from work and provide up-to-date contact details where you can be contacted during your period of absence.
4. Attend work and carry out your duties only when fit to do so and notify your manager once you are fit to return to work, even if this falls on a weekend, a non-working day or during a period of pre-booked annual leave. Failure to do so will extend your recorded length of absence.
5. Attend a return to work interview/discussion after every period of absence with your line manager, or nominated manager
6. Be responsible and familiar with the Trust's Managing Sickness Policy and to co-operate with managers in its implementation.
7. Gain prior approval from your manager before taking annual leave whilst off sick, or for any temporary period when you are not going to be readily contactable.
8. Attend Occupational Health and/or other appointments that will support you to remain or return to work.
9. Notify your manager of your absence:
  - When absent from work for more than 7 calendar days, it is your responsibility to ensure you provide a Fit note from your GP.
10. Ensure that your Fit Note is provided to your manager as soon as possible, and no longer than after the 10th day of absence. Failure to do so may lead to the non-payment of salary.
11. Submit Fit note certificates no later than two days after the last day covered by the previous certificate if you remain off sick. Failure to do so may lead to the non-payment of salary.
12. Be honest and open about the reasons for your absence so that the appropriate support can be given as necessary.



13. Be responsible and co-operate in managing your absence and your return to work arrangements by ensuring that your manager has all the necessary information to support them in supporting you.
14. Remain responsible for your own health and well-being, taking the necessary medical advice and interventions when necessary to remain fit for work.

## **F2: Managers responsibilities – All managers must:**

1. Record and document all sickness absence episodes on the E-Roster system as soon as you are notified by a member of staff of a period of absence, or on a weekly basis if your department is not yet on E-Roster. Also to record and document any actions taken in line with this policy which includes telephone conversations and meetings carried out when a member of your staff is absent from work and / or returning to work.
2. Carry out return to work interviews/discussions on your employee's first day back in work, to ensure that any concerns are discussed, ascertain if there are any regular patterns emerging, including part shift absences and offer and provide your support. **F3: 3 sets out the process for carrying out a return to work interview.**
3. Carry out a consistent approach to return to work interviews ensuring that sickness absences are acknowledged and wellbeing interventions are identified at any stage of the sickness process.
4. Identify if your member of staff has a disability and requires any reasonable adjustments in the workplace. This may require the support of the Access to Work Service – further information/advice can be sought from HR.
5. Where there are regular patterns of absence emerging, you should contact HR to discuss the case in line with the Continual Persistent Absence Process.
6. Offer support, which may include HR and the Well@Work Team who will provide advice and step by step guidance to support the member of staff, which may include advice relating to reasonable adjustments in the workplace and how these changes may be made: emotional health and wellbeing interventions and sign posting to self-help tools.
7. It is essential that you ensure a safe working environment, which includes the awareness that stress can lead to short and long term absence and carry out stress risk assessments as a proactive measure to identify work place stressors.
8. Agree with your member of staff, if absent from work due to stress, to be offered an immediate referral to Well@Work Services or Occupational Health. All referrals require the consent from the member of staff where interventions will be agreed to support them. Refer to the Stress Management policy for further guidance related to stress.
9. Ensure that you immediately record all absence details on E-Roster as soon as you are notified and complete all relevant paperwork, such as Fit Note Forms on which you must attach a fit note and send to payroll for processing. Also to ensure that you complete the necessary paperwork during/after a return to work interview / discussion.
10. Complete a risk assessment for all staff who are pregnant and ensure this is regularly reviewed.
11. Ensure that any accident at work is recorded on an incident form as set out in

the Trust Incident policy. Sickness absence following an incident must be discussed with Human Resources in order to determine whether the absence will be excluded for monitoring purposes or is RIDDOR reportable.

12. Identify if a member of your staff suffers either a temporary or a permanent reduction in pay as a result of an industrial injury, or they contract a disease because of exposure to it by the nature of their work, as they may be entitled to benefits under the NHS Benefit Scheme. Any payment made will be based on evidence provided by you, e.g. copies of incident reports (DATIX). Contact Human Resources for further guidance and information regarding Temporary Injury Allowance.
13. If a claim is successful, it will be arranged for Payroll and NHS Pensions Agency to be advised accordingly.
14. Ensure that your team are aware and fully understand the Trust's Managing Sickness Policy. You should also ensure that your staff members are aware of their responsibilities under Health & Safety legislation and their Professional Codes of Conduct, as applicable, and that these are followed.

### **F3: Return to work Interviews / Discussions**

1. A return to work interview / discussion provides the manager and the member of staff the opportunity to see/discuss any concerns from either party and identify any wellbeing interventions that will support them to return/remain in work.
2. It is during these discussions that underlying problems may be identified and therefore special attention should be drawn to those who have frequent absence following days off, annual leave or weekends or show any other recurring pattern of absence.
3. The manager must ensure a member of staff's periods of absence are not related to anything else apart from sickness. If any medical condition is identified at this stage, which is likely to affect the employee carrying out their job, a referral to Well@Work Services and/or Occupational Health, with the advice from HR must be completed with the employee's consent. This is a mechanism to support the member of staff. **F4 – Well@Work Services (Occupational Health)** sets out the process of how to make a referral.
4. The return to work interview / discussion form must be completed in full and this includes ticking the relevant box at the top of the form and being signed by both the manager and the member of staff after every period of absence, including part-shifts.
5. The return to work record form will form part of an action plan, as necessary, to support the member of staff to remain fit and in work. Agreed actions and interventions that support the member of staff are to be captured on the return to work form.
6. Copies of all return to work interviews are to be held on the member of staff personal file.
7. Both employee and manager should ensure that any support or agreed intervention takes place in a timely manner and where necessary these are monitored and reviewed on a regular basis.

#### **F4: Well@Work Services (including Occupational Health)**

1. The Trust is committed to building a motivated and resilient workforce who stay healthy and feel safe at work and have developed services that are able to provide tailored and targeted interventions that support an employee to remain in, or return to work.
2. Sometimes support goes beyond using self-help tools. Through discussions with Human Resources, Line Managers and Well@Work services the most appropriate support can be put into place to ensure that the employee can either stay in work or return to work following a period of absence that is tailored to the employee and outcome.
3. **Well@Work Referral** – is a referral for those who are experiencing mild to moderate mental health issues that are impacting on their work. There are dedicated Well@Work practitioners employed by the Trust who specialise in managing mental health in the workplace, providing support, advice and identifying appropriate interventions. A copy of the report is sent to the member of staff and manager once consent has been agreed.
4. **Occupational Health Management Referral** – An occupational health assessment is to assess the effect work has on the health of a member of staff and ensure they are fit to undertake their job. An Occupational Health referral should provide advice to managers, Human Resources and Well@Work services on how to assist employees with health problems whilst in work, or clarify what prognosis you can expect for an employee on long-term sickness.
5. All referrals should be made by first discussing its relevance between the line manager and the HR Team. When agreed, managers will complete the referral providing as much relevant information about the employee's case as possible. They must then gain consent from the employee for the referral to be made based on the contents/accuracy of the completed form. All blank pro-formas can be accessed from the intranet at Human Resources.
6. All referrals are to be sent to the HRinbox@sompar.nhs.uk. for processing by the Well@Work Team.
7. The Occupational Health Referral Form is designed to ensure managers provide sufficient information and specify the type of advice they are seeking when making a referral. Occupational Health will then:
  - *Review the information provided by the manager*
  - *Elicit further information from the member of staff, as appropriate*
  - *Carry out any appropriate examination's relevant to the member of staff 's health problems*
  - *Subject to the member of staff's written consent, obtain, if necessary, further medical information from the member of staff's own General Practitioner or Hospital Specialist*
  - *Determine the advice that will be offered to the manager and advise the employee of this*
  - *Arrange a follow-up appointment if required*
  
  - *Advise on adjustments to the work place or tasks that would assist in*

*maintaining health and reducing the effects of the health problem on attendance and performance*

- *Identify the likely duration of any period of absence or, if it is not possible to be precise about this, the minimum likely period of absence*
  - *Where the employee becomes fit to work, advise whether it will be on return to full duties or whether limitations should apply*
  - *If limitations will apply, advise whether these limitations are likely to be temporary or permanent*
  - *If an individual will not be fit again for normal duties, advise on the nature of other types of duties for which they will be fit*
  - *State the likelihood of ongoing episodes of sickness absences, whether such episodes may be of long or short duration and the period of time during which such absences are likely to occur*
  - *Comment on whether the member of staff's health problem may in any way be related to their duties*
  - *State arrangements that have been made for further review of the employee*
  - *Offer an opinion on the implications of the Equality Act*
  - *Advise on the potential for an individual to maintain a good attendance record, and if not, their suitability for Ill Health Retirement*
8. A copy of the Occupational Health management report is sent to the member of staff and manager once consent has been agreed.
  9. On receipt of an Occupational Health management report, a case review will be arranged with the employee.
  10. All correspondence relating to health, Occupational Health and Well@Work is to be kept in confidence on the member of staff's personal file.
  11. It is important that the Occupational Health Adviser is made aware of all relevant facts about a case and any ongoing changes to the employee's health, to ensure that objective advice is given, based on a full understanding of the facts and the issues of concern of the referring manager.
  12. **Physio4U** – This self-referral service gives staff direct access to Physiotherapy for staff and designed to provide expert advice, information and treatment to help an employee remain in work, or return to work following a period of absence: Call 01749 836540
  13. **Care First** – is a 24/7 hours a day online and telephone service for all employees, providing information and advice relating to the workplace, debt, family and personal problems, Lifestyle and Counselling services: 0800 174319 [www.carefirst-lifestyle.co.uk](http://www.carefirst-lifestyle.co.uk)

## **F5: Case Management & Wellbeing Support Meetings**

1. Wellbeing Support meetings are an informal opportunity for all parties to sit down together and discuss the member of staff's absence record and look at the process of support needed to either stop the member of staff going off sick, or to support their return to work. They are also important to ensure that an employee remains in work after a period of ill-health and maintains a high level of attendance thereafter.
2. The informal meeting may consist of the member of staff, their line manager, HR Advisor and/or Occupational Health representation and/or Well@Work representative.
3. The expectation is that the Manager, in agreement with the member of staff will arrange a Wellbeing Support Meeting before they return to work.
4. Discussion will be centred on the member of staffs wellbeing and agreement of a possible return to work plan. As a helpful measure the latest and up to date occupational health and/or Well@Work report should be discussed, provided the employee is happy for this to be shared with all parties present.
5. These meetings will provide a supportive setting to discuss, monitor and identify wellbeing interventions for those members of staff who are who are off work or who have had intermittent sickness absence.
6. The Wellbeing Support Meeting is not the forum for formal discussions to take place e.g. placing on the redeployment register, serving notice etc., however discussion taking place at the meeting will form the basis of decisions which are made about moving forward in the interest of the member of staff and the organisation.
7. The outcome of such meetings should be recorded and retained on file with a copy sent to the employee.

## **F6: Infectious Illnesses**

1. When a member of staff has potentially been exposed to an infectious disease they must notify their manager immediately in line with the absence process.
2. Occupational Health should be contacted for advice if there is any uncertainty about either the nature of the illness or whether the employee should refrain from work.
  - a. Occupational Health Providers -***Working on Wellbeing – 0844 8260306***
  - b. The manager should also inform ***Infection Control team on 01278 432000***
3. When suffering from Diarrhoea & Vomiting (D&V), staff must ensure they wait 48 hours after cessation of symptoms before returning to work.
4. During this period of absence, individuals should remain available to work and discuss with their line manager whether any work can be undertaken from home.
5. During an outbreak on a ward, which results in a closure, any period of absence when the member of staff has D&V and is unfit to work will not form part of the short term absence process and relevant monitoring periods, however the absence will be recorded as sickness. This relates only to those members of staff who would have been shifted to work on the ward during the outbreak.
6. In all other circumstances, the period of absence prior to the 48 hour rule will count for targets and monitoring purposes as set out under this policy. This includes weekends and non-working days.
7. Every member of staff who is off with D&V will be required to complete a return to work interview on their return in line with the Managing Sickness Policy.