# Sickness Management Policy

## DOCUMENT INFORMATION

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### This document replaces:
- Sickness Absence Policy

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1. INTRODUCTION

The South Central Ambulance NHS Foundation (SCAS/the Trust) is committed to high quality provision of services and to promoting an environment which supports the health and wellbeing of its employees. The wellbeing of employees, with high levels of attendance, is crucial to the achievement and success of the Trust’s objectives. The Trust also has a duty to manage attendance levels in order to ensure continuity of service and quality patient care.

Furthermore, the Trust is committed to valuing and caring for its staff and to providing procedural frameworks which ensures the compassionate, equitable and consistent treatment of members of staff who are unable to attend work due to sickness.

SCAS is committed to maintaining and promoting the health and wellbeing of all its employees and encourages individuals to maintain a level of fitness appropriate to their role, to seek help and support and also encourages employees to take advantage of SCAS initiatives to promote good health wherever possible.

The policy outlines the procedures for managing short term, intermittent and long term sickness. Unacceptable attendance levels due to sickness could result in formal action being taken in accordance with this policy.

2. PURPOSE & SCOPE

The purpose of this policy is to ensure high quality services to patients by maintaining a high level of attendance and that levels of sickness absence are maintained at a low level. The policy applies to all employees of the Trust and aims to:

- Support the health and wellbeing of employees and encourage staff to achieve the required standards
- Maximise and maintain employees high level of attendance at work
- Support employees who are absent from work due to ill health
- Define the standards of attendance that is required of staff
- Ensure issues of sickness absence and ill health issues are addressed with staff in a fair, effective and consistent manner
- Assist with effective communication by using the policy as a framework
- Identify standards of attendance and serve as a guide to managers in considering employees attendance records
- Define the responsibilities of and provide guidance to managers and staff in the management of sickness absence
- Ensure that staff benefit from early intervention and routes to rehabilitation programmes where appropriate

The Trust will ensure that the provisions of this framework are supportive and that employees are given reasonable help, advice, opportunity and time to achieve acceptable standards of attendance. Everyone involved in the management of a case will be expected to make all reasonable efforts to ensure that meetings and hearings take place in a timely manner and not cause undue delays which can be stressful.

Absences which constitute misconduct such as unauthorised absence, lateness, unreasonable failure to follow sickness reporting procedures or failure to co-operate and follow the appropriate procedure, will be dealt under the Disciplinary and Conduct Policy.
3. EQUALITY STATEMENT

The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the aforementioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.

By committing to a policy encouraging equality of opportunity and diversity, The Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.

Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.

Employees exercising their rights and entitlements under these regulations will suffer no detriment as a result.

4. DEFINITIONS

1. Sickness absence: any unplanned absence from work due to sickness/ill health which is properly reported by the employee.

2. An episode of sickness: a period of sickness that lasts from first full day of sickness absence. If someone goes off sick during a shift, a partial shift will be recorded for the purpose of monitoring.

3. A period of sickness is one continuous period of sickness absence, regardless of the number of days

4. Short-term intermittent sickness: short but persistent periods of absence due to sickness, which may or may not be connected, lasting less than 4 weeks.

5. Long-term sickness: an absence in excess of 4 weeks and/or recurrent shorter absences due to an underlying health condition.

6. Underlying Health Condition: is a condition that could be ongoing and may amount to a disability under the Equality Act 2010

7. Rolling 12-month period: the 12 months preceding any particular calendar date

8. Reckonable Service: continuous previous service with any NHS employer counts as reckonable service in respect of NHS agreements on redundancy, maternity, sick pay and annual leave.
• Rehabilitation/Phased Return: where an individual returns to work, gradually increasing their hours of attendance, and their duties, over a defined period in order to maximise their recovery

5. STANDARDS/KEY TRIGGER POINTS

As general guidance the key trigger points for monitoring and taking action are:

• Absence caused by persistent episodes of short term sickness, normally 4 periods of sickness in rolling 12 months
• 13 working days medically certified or self-certified.
  A regular pattern of absence, eg sickness occurring before or after weekends, before or after booked annual leave or a pattern of short term absences which occurs over a period of time. Such absences may be dealt with under the Disciplinary and Conduct Policy, depending on the circumstances if sickness is not the underlying reason for absence.
• Absence of more than 4 weeks is long term sickness

These triggers should be considered on a pro rata basis for staff working part time and may, need to be adjusted for someone whose condition falls within the terms of the Equality Act 2010, on a case by case basis.

An episode of sickness is one period of sickness absence regardless of the number of days absent.

Management action and review will not be entirely dependent on these triggers, in certain circumstances it may be appropriate to intervene at an earlier stage. The application of formal triggers may not always be appropriate and managers are advised to use their discretion for example, where an employee has a known long term condition or disability that may impact on their ability to attend work from time to time.

6. NOTIFICATION OF SICKNESS ABSENCE

• Staff working on rotas managed by the scheduling department

Staff must contact their allocated scheduling department as soon as reasonably practicable to advise they are unable to attend work due to sickness. This should be by telephone. However if the member of staff cannot get through to the correct person, a text or email is acceptable but it should be followed up by a phone call to ensure the message has been received. This will ideally be one full shift or working day in advance but as a minimum no later than one hour before the employee is expected on duty.

When reporting as unable to attend work, individuals must provide the following information:
Name; department/directorate; when they became ill; brief reason for sickness; the likely date of return (if known) and whether absence is due to an accident or injury at work

Scheduling will treat the information in strict confidence, log the sickness absence onto The scheduling system and the appropriate line manager or deputy will be notified. The line manager or deputy will then undertake to phone the employee as soon as possible.

Unless a clear indication of the duration of absence is provided on the first day, then each further day the employee must report their absence status to confirm their continued absence, unless otherwise agreed with their line manager.
Staff must sign off their sickness by reporting fit for duty as soon as possible, by contacting their allocated scheduling department, even if they are not due to work. This will ensure accurate recording of the sickness absence and where possible ensure that the employee’s shifts are not allocated to other staff and failure to do so may affect pay.

- Staff where rotas are not managed by scheduling department

Staff must personally inform their immediate line manager or deputy prior to their expected time on duty or no later than one hour from the start of duty time. This should be by telephone. However if the member of staff cannot get through to the correct person, a text or email is acceptable but it should be followed up by a phone call to ensure the message has been received. Alternatively, if different, follow the local agreed process for absence reporting.

When reporting as unable to attend work, individuals must provide the following information: Name; department/directorate; when they became ill; brief reason for sickness; the likely date of return (if known) and whether absence is due to an accident or injury at work

Unless a clear indication of the duration of absence is provided on the first day, then each further day the employee must report their absence status to confirm their continued absence, unless otherwise agreed with their line manager.

It is recognised that there may be some circumstances where individuals are unable to contact their line manager personally. This would only be in exceptional circumstances and in such a case the person who makes the contact must leave and name and a contact number. If this occurs the employee must make direct contact with their line manager at the earliest possible opportunity.

7. CERTIFICATION

For absences of up to seven calendar days, the return to work interview will include self-certification. (Absence of less than one day will not count for SSP purposes but partial shifts can be included for monitoring purposes. See section 8)

In the event that the employee is unable to return to work by the eighth calendar day of absence the employee must visit their GP and obtain a fit note and send it to their line manager as soon as possible. Extended periods of sickness absence, beyond eight days, must be covered by overlapping or concurrent fit notes in order for occupational sick pay to be paid, in line with entitlements. Failure to provide fit notes on time may result in the loss of sick pay.

If an individual feels well enough to return to work before the expiry of the fit note, they should speak to OH to get agreement that they may return to work or obtain an appropriate fit note from their GP.

If sickness is not reported in line with the notification procedures and/or medical certificates are not correctly supplied, payments may be suspended and if a satisfactory explanation or certificate is not received it will be counted as unauthorised absence which is unpaid.

When an employee becomes sick during any part of a shift and has to go home, it will be recorded for the purpose of monitoring the number of episodes of sickness absence an employee has taken, but will not count as a day’s sickness.
8. **STAFF BECOMING ILL AT WORK**

If someone becomes ill at work, the manager, shift/team leader or EOC should be contacted to have a discussion with the employee and risk assess the situation. This assessment should consider the risks to the individual, their colleagues and patients. It may be decided that the risks can be managed by a change or adjustment to the workers duties. If it is concluded that the employee is too ill to attend work, they should be sent home as their continued attendance at work could put the health and welfare of the employee, their colleagues or patients at risk.

If an employee attends work but then leaves due to sickness, it will be recorded as having attended work and will not count as a sick day, although if it were to happen frequently it would need to be managed, monitored and subjected to absence management.

9. **HOLIDAYS/LEAVE DURING OR AFTER PERIODS OF SICKNESS**

Pre-booked holiday that falls immediately after a period of sickness absence will remain as normal annual leave.

Should an employee wish to go on holiday during a period of long-term sickness absence, they would need to request annual leave in line with the normal procedure and this would normally be agreed as long as the holiday period does not have a detrimental effect on the employee’s rate of recovery.

Where an employee wishes to take annual leave immediately following a period of sickness they should request the leave in line with the normal procedure. The manager may require them to be seen by the Occupational Health Service and be declared fit prior to going on holiday. New requests for annual leave following a period of sickness absence is at the discretion of the line manager. Such requests will not be unreasonably refused but the need of the service will need to be considered.

10. **SICKNESS DURING A HOLIDAY (INCLUDING HOLIDAYS ABROAD)**

If an employee becomes ill during a period of agreed annual leave, including leave outside of the UK and they wish to apply for those days of sickness to be re-credited they must comply with the sickness reporting procedure:

a) Follow the normal procedure for reporting sick including, wherever possible, personally notifying their line manager, head of department or scheduling on their first day of sickness. For holidays abroad, notification by telephone, e-mail, or letter may be the most appropriate form of communication;

b) Provide supporting evidence such as a medical certificate to their line manager for the whole period of sickness, from day one. Days not covered by a certificate will not be re-credited. Medical certification from abroad must be translated in English and should include:

- The name of the Doctor/Hospital/Clinic
- The telephone number and address of the Doctor/Hospital/Clinic
- The reasons for the incapacity
- The duration of the incapacity (first known day and end date if known
c) Provide details of where the employee can be contacted ideally a telephone number or an address/email.

Where an employee’s incapacity prevents travel and a return to work at the end of the holiday period, any medical certification should clearly state why travel is not possible in the circumstances. The employee will be required to show proof that they intended to return from holiday before they fell ill i.e. by keeping and producing on request, relevant travel documents including all the tickets provided for return travel.

It is at the discretion of the Trust to pay Occupational Sick Pay where there is doubt about the acceptability of medical certification and where the procedures outlined have not been followed. Retrospective certification by a UK Medical Practitioner for sickness outside the country will not be accepted for claims under the Occupational Sick Pay Scheme.

Employees will not be entitled to an additional day off if sick on a bank holiday.

11. CARRY-OVER OF ANNUAL LEAVE

Line managers/scheduling must make every effort to accommodate annual leave requests from staff returning from sick leave. When appropriate, e.g. where sick pay has been exhausted, annual leave can be used in order to facilitate a graduated return to work, but it should be noted this is not a requirement and can only be with the agreement of the individual.

In the event that an employee has been unable to take their annual leave during a leave year due to long-term sickness, a maximum of 28 days (or 210 hours), including bank holidays (EU legislated statutory annual leave entitlement) may be carried over into the following year. The leave must be taken in a period up to a maximum of 18 months. Any untaken leave will be paid on termination of a contract.

12. KEEPING IN TOUCH

In all cases, employees should, as soon as possible, notify their appropriate manager/supervisor or scheduling department of their intended date and time of return to work, and establish the working arrangement which will apply.

In the event of continuing absence, individuals should keep in touch with their line manager on an agreed timeframe; and advise their manager of their progress, how much longer they expect to be absent and agree any additional support that may be required in order to facilitate a return to work.

In the event of long-term absence, line managers will agree with the employee how often they will contact them (at least monthly). They will ensure that the employee is kept informed of all changes planned and communications circulated within SCAS.

There may be occasions where an employee’s relatives/friends live away from the local area. If the employee chooses to stay with their relatives/friends during their sickness absence, they should notify their line manager of their change of contact details to maintain effective communication.
13. RECORDING OF ABSENCE

The purpose of monitoring absence is to pay attention to employee’s absence and therefore the ability to maintain a level of fitness/attendance in order to fulfil their duties. Line manager are responsible and required to ensure that all absences are recorded and analysed to take into account both the number of days lost and the number of separate occasions.

A written record of all decisions taken in accordance with this policy will be retained on the employee’s personal file.

The proceedings (interviews, meetings and hearings) may be recorded provided that all participants agree.

All documentation will be treated with the utmost confidentiality and in accordance to the Data Protection Act and SCAS’ Lifecycle Policy. There should be a full written record consisting of letters, emails, transcribed phone calls or (signed and dated) meeting notes. The contents and outcomes of informal meetings should also be confirmed in writing and retained. NB: Notes made relating to sickness absence issues should only be stored securely at all times and placed in the HR personal file which is retained in a secure place.

Employees may access any documentation held on them in accordance with the Data Protection Act (DPA) and notify any inaccuracies to those responsible.

The HR department will implement systems to monitor selection procedures both to obtain the necessary statistical information and to audit the procedural aspects of the capability process. This is necessary to meet statutory requirements and to ensure good employment practice.

Statistical analysis and reports will be provided to the relevant bodies as required and to appropriate internal departments/managers and meetings as required on a regular basis.

14. SICK PAY

Pay during periods of sickness is in accordance with National NHS terms and conditions and as set out in your terms and conditions of employment. Any staff not on Agenda for Change terms, the sick pay is as outlined in the written terms and conditions of service. For more detail please see Appendix 7.

15. SUPPORT MECHANISMS

- Occupational Health

The Trust will refer employees to OH for assessment and medical advice on the employee’s fitness to undertake their contractual duties and/or suitable alternative duties. The purpose of referral is to gain an understanding of the health issues affecting the employee’s ability to undertake their contractual duties and to ensure that the Trust is offering the employee all appropriate support in this respect. Employees do not need to be absent due to sickness/ill health in order to be referred to OH.

Managers must discuss the reason for referral with the employee prior to making the referral and will send them a copy of the referral prior to their OH appointment.

If an Occupational Health appointment occurs during working hours, wherever possible, flexible working should be agreed. However, where it is not possible to accommodate this in work time and employees have to attend in their own time, they should claim for the time taken to attend
which should be via the normal process for claiming additional hours.

It is essential that the employee attends the occupational health appointment so that management can take decisions about them based on accurate and current information on their health. An employee who fails to attend an appointment without reasonable explanation may be subject to disciplinary action. Continued failure to attend their appointment may result in the manager making decisions on the employee’s employment based on the information available.

The manager may request the opinion of an independent medical practitioner in those cases where there are conflicting medical opinions.

Individuals may also self-refer to occupational health for advice on their own health concerns.

OH may be able to support early intervention in the management of disabling health problems adversely affecting work attendance or performance of the Trust’s employees and can facilitate a quicker return to work. This would be considered on a case by case basis, particularly for the following reasons for absence

- Stress or other psychological illnesses
- Musculoskeletal disorders
- Pre-planned surgery

**Case Conferences**

Case conferences with Occupational Health, HR and/or line management can be used at any stage throughout the management process. These provide an opportunity for all parties to establish clarity, guidance and advice on the management process in order to expedite any potential support mechanisms which may be available.

The individual concerned would usually be present for the case conference, however, if they are unable to attend due to ill health or do not wish to attend, provided they are aware of the purpose of the discussions, the case conference can proceed without them. They may be accompanied by a staff side representative or if appropriate their representative can attend on their behalf.

**Employee Assistance Programme**

The Trust provides an Employee Assistance Programme (EAP) named Optum. This is a prepaid 24-hour service available to all staff and their immediate family. The EAP provides a completely independent, confidential and off-site professional counselling and referral service, as well as information regarding legal, financial and Citizens Advice Bureau services. Leaflets are readily available at employee’s place of work, or further information can be obtained on the Trusts intranet. ([www.livewell.optum.com](http://www.livewell.optum.com) telephone: 0800 282193)

**Trauma Risk Management (TRiM)**

SCAS has trained members of staff ranging from Emergency Care assistants to Managers who are able to have 1-1 assessments with staff who have experienced a traumatic incident/event at home or at work which they were directly involved in. TRiM forms part of the welfare process for such staff and provides on-going support, further referral and guidance. Assessments are arranged after a referral is made using the single point of contact email where the TRiM coordinator will assign the nearest or appropriate practitioner to instigate TRiM. TRiM follows from day 3 to day 7 from the initial welfare check post event, and is repeated at day 28 to
confirm the staff member remains able to cope with his/her traumatic experience. TRiM is designed and has been proven to identify staff who have potential to develop long term effects after a traumatic incident including early indications of PTSD. Early intervention has been proven to reduce sickness absence and improved welfare to all staff that may be affected by traumatic incidents or conditions. (TRimCo-ordinators@scas.nhs.uk)

- Mind Blue Light Programme

This is a programme developed specifically for staff working in the emergency services to get support and advice on coping mechanisms and ways of building resilience. (bluelightinfo@mind.org.uk)

- Clinical Lead, Mental Health & Learning Disabilities

Managers are able to contact the Clinical Lead for advice and support about mental health issues, this does not include the provision of therapeutic interventions for staff.

Audit and Review

This policy will be reviewed on a regular basis and HR will review the effectiveness of this policy as part of the review of managing attendance.

Related Documents/Policies:

- NHS Terms & Conditions
- Additional Employment Policy
- Pay Protection Policy
- NHS Employers Guidance on - Management of Sickness Absence and on Health & Wellbeing
- Capability Policy
- Disciplinary & Conduct Policy
- Annual Leave Policy

NHS Employers Guidance on - Management of Sickness Absence and on Health & Wellbeing
Roles & Responsibilities

1. **EMPLOYEES’ responsibilities**

1.1 To read and know the contents of this policy and to comply with its requirements to attend work and undertake duties as contracted and be aware of any restrictions such as on overtime working following a period of more than 7 days off sick.

1.2 Bring to the attention of your line manager any issue(s) that you feel are having an impact on your ability to perform your duties and/or attend work; including letting your manager know if you are experiencing increased levels of pressure or stress at work.

1.3 Personally inform the Trust in line with this policy and local procedures if you are unable to attend work prior to your expected time on duty or as soon after as is reasonably practicable. Only in exceptional circumstances should a family member or friend telephone the Trust and where this is done, you should contact your line manager as soon as possible thereafter. At the same time, tell your line manager why you can’t attend work and, if possible, how long you think you will be off.

1.4 Give as much notice as possible of the date and time of return, and report directly to your line manager, or deputy, or notified contact, on return from sick leave.

1.5 Report fit as soon as fit to return to duties, even if you are not due on shift that day.

1.6 Provide self-certificates (which should be completed as part of the return to work interview with your line manager) and GP fit notes (as appropriate) in a timely and efficient manner; within 7 calendar days, failure to do so may result in loss of pay.

1.7 On returning to work, participate in return to work interviews.

1.8 Make every effort to arrange hospital or dental appointments at a time outside of working hours. Where this is not possible, managers will consider requests sympathetically and try to make suitable arrangements.

1.9 In the case of long-term absences, meet regularly with your line manager or their deputy to review the situation and keep them apprised of your progress.

1.10 To co-operate with all stages of this policy including complying with your line manager’s request to attend any medical examinations organised by the Trust with Occupational Health and/or consult your own doctor and take care of your health generally. Your manager will share with you, in advance, the reasons for any OH referral, normally in writing. Failure to respond to a request to arrange an OH appointment or to attend an appointment without reason, or a failure to co-operate which leads to a delay in managing your absence may be dealt with as a conduct issue.

1.11 Report and record any injury or illness using the appropriate recording system (Datix). With electronic timesheets it is only necessary to complete a timesheet when making a claim for overtime or expenses or recording absence.

1.12 Participate in informal and formal reviews of individual performance and attendance in accordance with this framework and the Capability Policy.

1.13 Advise manager of any statutory annual leave untaken due to long-term sickness absence so that it can be carried forward to the following 18 month period.
2. **MANAGERS’ responsibilities**

Managers are responsible for ensuring this policy is applied equally, fairly and consistently to all employees, by:

2.1 Ensuring that all staff (including new staff during their induction and probationary periods) are aware of the absence reporting system, and the requirements of this policy, particularly their own responsibilities and the sickness absence standards; including support mechanisms such as the Employee Assistance Programme.

2.2 Ensuring confidentiality is maintained at all times and that information relating to an individual’s absence is kept in accordance with Data Protection Act.

2.3 Active management of each case with the first notification of absence from a member of their staff, encouraging open communication and discussion within their teams and with individuals to enable staff to raise concerns regarding their duties and workloads without fear of reprisal;

2.4 Ensuring all staff receive a return to work interview on their return, irrespective of the reason for the absence and length of time off. A face-to-face meeting should take place on return to work but, at the very latest, within 7 calendar days of the employee’s return to work. Only in exceptional circumstances and as a last resort, should such interviews be undertaken over the telephone rather than not at all;

2.5 Ensuring day-to-day guidance and supervision of staff, is in a manner which ensures a culture of encouragement and support, identifying areas and opportunities for improvement at an early stage. Raising awareness of the implications and impact of sickness absence for their own department/directorate and discussing ways in which this can be improved.

2.6 Seeking the advice of their HR Representative for all aspects of this policy, ensuring arrangements are in place for an HR Representative to be present at all formal meetings from the second stage.

2.7 Managing absence levels within their own department/directorate and taking appropriate action to ensure that staff do not exceed the standards as set out in this policy and undertaking the appropriate action where sickness levels breach the policy standard. Also encouraging staff who have current warnings and are achieving an improved level of attendance to ensure the improved level of attendance is maintained.

2.8 Remaining in regular contact with staff who are absent from work due to ill health, ensuring appropriate certification and timesheets are received on a regular basis as appropriate. Checking, signing and submitting timesheets and other documentation as appropriate, ensuring payroll departments receive timely notification; please refer to Section 11 of this policy.

2.9 Monitoring the working environment for causative factors of sickness such as environmental conditions, stress etc. and to ensure that there is a safe working environment for staff, undertaking risk assessments as appropriate;

2.10 Ensuring that all sickness absence data is input to the relevant data management system;

2.11 Ensuring that any annual leave accrued during long-term sickness absence, and not taken during the leave year because of that sickness absence, is added to the annual leave allowance for the following year/18 months.
2.12 Subject to the needs of the service, managers will be sympathetic to requests for paid time off to attend hospital, doctors and dental appointments during work time where these cannot be arranged outside of working hours.

3. **HR responsibilities**

3.1 The HR Department’s role is that of adviser and facilitator, to work closely with management to reduce absence in the Trust. It is responsible for providing professional and expert advice and information on the consistent application of this policy at all stages.

3.2 Attending all formal stages of this policy and procedure from Stage 2, unless otherwise agreed with all parties involved.

3.3 Assisting in the monitoring of absence levels within the divisions/areas, providing managers with information and data on absence levels within their departments and directorates to monitor trends and identify where and when action is required;

3.4 Monitoring of the effectiveness of measures taken to address sickness absence and ill health issues within the Trust by collating and analysing Trust-wide absence levels;

3.5 Providing regular information to the Executive team, Trust Board and Joint Staff Consultative Committee about sickness absence across the Trust;

3.6 Providing coaching, education and training for managers to carry out the procedures in this policy and management of absence in general;

3.7 Working with managers and OH advisers to ensure that OH referrals are appropriate and to progress individual sickness absence case management in a timely way in line with this policy and ensure employees receive a prior copy of the referral.

3.8 Researching, informing and implementing requirements of injury benefits and allowances (Temporary Injury Allowance; Permanent Injury Benefit) for the employee;

3.9 Notifying Pensions of possible ill-health retirement and requesting the necessary documentation; completing the relevant section and forwarding to OH.

4 **STAFF REPRESENTATIVES’ Responsibilities**

4.1 Once they have agreed to support an employee, staff representatives are responsible for:

4.2 Ensuring that members are appropriately advised and supported throughout the managing sickness process;

4.3 Attending the formal stages of the process;

4.4 Provide support, as required, with case conferences

4.5 Liaising with all relevant parties.

5. **OCCUPATIONAL HEALTH responsibilities**

5.1 The Occupational Health providers make a major contribution to the management of sickness absence through pre-employment health checks; monitoring staff through regular assessments and recommendations and assistance with rehabilitation and redeployment.
5.2 They will ensure that all health questionnaires for new staff are screened within the timescale set in the SLA and, where appropriate, receive pre-employment health screening prior to commencing their employment with the Trust.

5.3 Provide advice and education to promote a healthy lifestyle and prevent ill health.

5.4 Provide impartial clinical advice to managers and staff about the fitness for work of staff, any restrictions that may need to be applied and any timescale of prognosis for these;

5.5 Help monitor the working environment for causative factors of sickness such as environmental conditions, stress etc. and to ensure that there is a safe working environment for staff

5.6 Allow members of staff, who have concerns about the impact of their work or working environment on their health, to seek confidential advice and be referred to outside agencies where appropriate. Such independent approaches to OH will remain confidential unless the outcome of that meeting means the individual is unfit for work – in which case OH will advise the member of staff and their line manager.

5.7 Obtain further information from the staff’s specialist medical adviser or GP, when necessary, having first obtained the member of staff’s consent to do so;

5.8 Facilitate referral to relevant specialists where deemed necessary;

5.9 Promptly send all reports to the employee and the referring manager and HR;

5.10 Complete ill-health retirement documentation where required.
MANAGING SICKNESS ABSENCE

While each case of sickness absence will be different and will require individual consideration dependant on the nature of the absence, generally sickness absence can be divided into the following categories:

- Short term - up to and including 28 days, unrelated absence or regular pattern of absence
- Short term - up to and including 28 days, absence where there is an underlying medical condition
- Long term absence – a period of absence in excess of 28 days

1. SHORT TERM ABSENCE

The aim of the short term absence procedure is to tackle persistent, high levels of short term intermittent sickness and to aid managers to deal with sickness absence in a fair, sensitive and reasonable manner. Staff being managed under this policy will continue to be supported by their line manager to ensure good attendance is achieved and maintained.

The purpose of this procedure is to provide a consistent basis for responding to short spells of sickness absence or where there is a regular pattern of absence.

Where a short term sickness absence becomes linked to an underlying health condition, it would be appropriate to switch to the long term procedure instead.

This procedure applies to all reasons for absence, including medical interventions, exceptions being pregnancy related sickness absence or work related injury/illness. This includes notifiable illnesses caused by work. Healthcare associated infections should not normally be used to trigger absence management procedures but would be considered when looking at the sustainability of attendance. Please refer to Infection Control guidelines.

Absences due to “one-off” or self-limiting incidences of cold, flu, simple sports injuries etc. are not normally examples of an underlying cause. In cases where intermittent absence is related to an underlying or serious health condition it may be more appropriate to utilise the Procedure for Management of Long Term Sickness Absence. Occupational Health advice should be sought to determine that this is so. If this is confirmed, the process relating to long term absence will apply. If this is not confirmed, the absence will continue to be considered under the short-term provisions.

Where an employee’s pattern of absence gives cause for concern, for example regular days of sickness following a period of authorised annual leave or a regular persistent pattern of sickness absence, it may be appropriate for managers to refer staff to the Occupational Health Service for clarification of absence prior to “trigger” points being reached.

Where a leave request has been declined and the employee subsequently takes sickness absence, if there is any concern that the sickness absence may not be genuine, the manager has the right to investigate the matter to establish the facts. If a line manager is not satisfied with the explanation given for any particular period of absence, a disciplinary investigation may be instigated and Occupational Sick Pay may be withheld.

An unacceptable pattern of attendance should be managed in the same way as short term absence. Depending on the severity of the situation, the effect the absence is having on the team or the ability to deliver a service, this process may be invoked at any stage provided the manager has undertaken the initial steps of making the member of staff fully aware of the issues, the impact it is having on colleagues and ability to deliver their duties and targets have been set for improvement.
Where a pattern of sickness absence is identified, the RTW interview is particularly important and must be carried out in a timely way following each period of absence.

### 1.1 Informal Meeting

Employees with unsatisfactory attendance levels should be given the opportunity to improve their attendance to an acceptable level and if unable to reach a satisfactory level be warned it would progress to a formal meeting where a warning could be issued and be advised of the potential consequences on their employment should there be no significant improvement.

Therefore, when an individual’s attendance level is about to breach the sickness absence triggers and becomes a cause for concern, their manager should meet with them informally. This could be part of the return to work meeting, if this meeting is done by the line manager. At this stage the manager will manage the issue on a welfare basis and discuss their concerns, establish the nature of the problem, identify an action plan to support the improvement of attendance and whether an appropriate offer of assistance such as the Employee Assistance Programme would be helpful. They should advise the employee that monitoring will be put in place and that their level of attendance needs to improve to an acceptable level. The employee will be asked to report any improvements/development as appropriate to their manager. A date should be set for a review of the situation. A sickness absence monitoring period would normally be set for up to three months. A written record of this meeting must be kept by the Line Manager.

Careful consideration should be given to those absences that are characterised by patterns being for example -

- Around Bank Holidays/weekends/rostered days off/annual leave.
- Absences which match those of friends/colleagues/relatives sickness or rostered absence.
- An increase in absence when shift patterns are changed to rotate more frequently.
- Partial day absences when the employee reports for duty but leaves early or arrives late.
- After overtime duties.
- Whether the employee has any problems which contribute to or cause the absence

Discussion should also include a reinforcement of the requirement to attend work on a regular basis and the detrimental impact that individuals absence has to colleagues / services. The manager should inform the employee that their record of attendance is under review and to indicate when the next review will take place. Monitoring would normally be for a period of three months. Where reasons for absence are not linked with an underlying medical problem, the line manager should reiterate expectations and attendance standards the employee needs to achieve and maintain.

The employee should be made aware that failure to improve attendance to a level where it is no longer a cause of concern may result in moving to formal stages of the policy.

A summary of the discussion should be recorded and retained on the personal file

It may be appropriate to consider obtaining further advice from Occupational Health but this will be on a case by case basis and will not always be necessary.

### 1.2 Sickness Review after a Monitoring Period

A review meeting should take place between the employee and line manager at the end of the informal monitoring period. If an employee keeps within the specified levels of attendance, a positive
letter should be sent to the individual, which notes the improvement in their attendance and that the improvement should be maintained going forward to avoid formal action being taken.

If the employee’s attendance continues to be below the acceptable level during the review period then the manager will inform the member of staff that this now needs to be addressed under the formal stages of the sickness absence procedure. The employee should be invited to a formal sickness absence meeting as set out below.

1.3 FORMAL MEETING – Short term absence with no underlying medical condition

All formal reviews of an employee’s sickness absence will take place in accordance with this policy, under the headings:

First Formal Review,
Second Formal Review and
Third Final Review/Formal Hearing.

Employees may be accompanied to any formal meeting held under this policy.

When considering an employee’s attendance in accordance with the formal procedure, there are three main elements:

- A fair review of the employee’s attendance record including consideration of the reasons for unsatisfactory attendance at a formal interview;
  (This period would normally be the previous rolling twelve months but may be longer if there is concern about a pattern of attendance extending beyond twelve months)
- An opportunity for the employee to make representations;
- Appropriate warning of further action / further action without a warning and/or dismissal if attendance does not improve.

Consideration should also be given as to whether any absence has been due to an industrial injury or illness.

If attendance levels deteriorate again and a trigger is breached once a warning is spent, when managing the case it may be appropriate to move to the next stage in the formal process, rather than repeating the cycle again.

1.4 STAGE ONE – First Formal Review Meeting/Review

The line manager will arrange the First Formal Meeting to review the employee’s attendance record exploring with the employee the reasons for absence. In addition, the manager will reiterate the expectations of the job role and of the service as well as the implications of the employee’s absence on the service and team. If an employee has kept within the levels of attendance discussed at the informal stage, a positive letter should be sent to the individual.

a) If attendance has not improved and there are no mitigating factors or substantial reasons for the employee absence, the manager will inform the employee that they are on a Stage One Warning and should explain to the employee that they will be monitoring the employee’s attendance over a 3 month period and will expect to see a significant and sustained improvement in attendance, to a level where absence is no longer a cause of concern. The employee should also be informed that if during the 3 month monitoring period attendance does not improve a second formal meeting may be the outcome.
b) To facilitate improvement in attendance, the manager and employee will discuss suitable actions/interventions at each stage which could be implemented to improve the employee’s attendance

c) If mitigation circumstances are identified the current review period may be extended a further three months.

During the course of the formal review(s) the manager may decide that further investigation is necessary or that more time is needed to consider the matter. In such circumstances the meeting should be adjourned and reconvened at a later date.

A letter confirming the outcome of the meeting at each stage of the process will be sent to the employee within 10 working days of the meeting including details on the employee’s right to appeal against the warning/meeting outcome.

If attendance levels improve during the monitoring period and are no longer a cause of concern - a positive letter should be sent to the individual. It is expected that the improved attendance level will be maintained but formal action could be taken if it deteriorates or there is further cause for concern.

1.5 STAGE TWO – Second Formal Review Meeting/Warning

Before arranging the Second Formal Meeting, the manager will review the employee’s attendance record. If the attendance level has improved and maintained, a positive letter should be sent to the individual.

If a Stage One Warning was issued, then after the 3 month monitoring period, if absence levels remain a concern the second formal meeting should be convened.

Where an individual’s attendance levels or their attendance pattern is a cause for concern, prior to the meeting the manager should, where appropriate, refer the employee to Occupational Health. On receipt of the report from the Occupational Health Practitioner, the manager will decide the most appropriate course of action. If there is no underlying medical reason, the manager should continue and arrange a Second Formal Meeting with the employee.

Employees who are identified as either having an underlying medical condition, or whose health condition is likely to constitute a disability, should be managed in accordance with Appendix 2.3 relating to ‘Short Term Sickness Absence – Underlying Medical Condition’.

1. At the meeting, the manager will review the employee’s attendance record exploring with the employee the reasons for absence. In addition, the manager will reiterate the expectations of the job role and of the service as well as the implications of the employee’s absence on the service and team.

2. If there are no mitigating factors or substantial reasons for the employee absence, the manager will inform the employee that they are on a Stage Two Warning and should explain to the employee that they will be monitoring the employee’s attendance for a further 3 months, and if it is not significantly improved to a level where absence is no longer a cause of concern, their contract may be terminated at the Stage Three Formal Meeting. The employee should also be informed that if during the 3 month monitoring period attendance does not improve the third formal meeting may be brought forward.

If attendance levels have improved and are no longer a cause of concern, a positive letter should be sent to the individual. Ideally this would be given in a face to face meeting. At the meeting, the
employee will be informed that the warning is now spent and it is expected that the improvement will be maintained.

1.6 STAGE THREE – Third Formal Meeting

Following a 3 month review period, a further meeting should be arranged. This may be arranged sooner if absence has remained high. Before arranging the Third Formal Meeting, the manager will review the employee's attendance record.

If attendance levels remain a cause of concern and if there is no underlying medical reason, the manager should continue and arrange a Third Formal Meeting. All reasonable effort should be made to obtain appropriate medical evidence via the occupational health and therefore, where appropriate, prior to the meeting the manager should, refer the employee to Occupational Health. On receipt of the report from the Occupational Health Practitioner, the manager will decide the most appropriate course of action. Employees who are identified as either having an underlying medical condition, or whose health condition is likely to constitute a disability, should be managed in accordance with Appendix 2.2 relating to 'Short Term Sickness Absence – Underlying Medical Condition'.

When confirming the date of the Stage Three meeting, the employee should be advised that dismissal is a possible outcome of this meeting. The panel will be set up in accordance with the Best Practice Guide on Formal Hearings to ensure there is the appropriate level of authority to take action if dismissal is deemed to be appropriate.

At this meeting the employee will be able to provide any information relevant to their absences. The panel will be required to consider all the information supplied by the employee, the advice of Occupational Health and should be satisfied that the process followed has been correct.

Before a decision to terminate is made all other options should meaningfully be considered, including – rehabilitation, phased return, a return to work or redeployment with or without adjustments.

Following an adjournment for the panel to consider all of the information, if the panel considered that the process followed has been fair and reasonable then they may decide to terminate the employee’s contract on the grounds of capability, due to an inability to attend work on a regular basis to fulfil the responsibilities of their role.

If there are mitigating factors or substantial reasons for the absence, that the employee can evidence, or the process followed is deemed not to be fair and reasonable, the employee will not be dismissed. However, reasonable targets will be set and any support identified is put in place. After a 3 month monitoring period, if attendance remains a concern the Stage Three process will be repeated.

Where absence initially presents as short-term as new medical information becomes available e.g. through Occupational Health, it may become clear that there is a principal underlying medical cause for repeated absences. If this is the situation, it will be appropriate that the absence is managed according to the principles of the long-term absence covered in Appendix 2.4.

2. SHORT TERM SICKNESS ABSENCE WITH AN UNDERLYING MEDICAL CONDITION

Management of this situation should be in line with the management of short term absence. However, it is necessary to take steps to ensure that all relevant information is taken into account which may result in some deviation from the process as more things need to be considered, particularly in relation to the potential impact of a long term underlying medical condition.
If an underlying medical condition is confirmed by Occupational Health or another medical practitioner, the manager should also request further medical/Occupational Health advice to ascertain:

- Whether and when the underlying health problem is likely to improve.
- Whether any improvement will ensure the individual's ability to attend work regularly in the long term.
- Whether the underlying medical condition may constitute a disability or is likely to do so under the Equality Act, if this has not been already requested.
- Whether reasonable adjustments should be made to accommodate the individual's health problem or disability.
- The individual’s suitability for redeployment, if they are unfit to remain in their substantive post due to the underlying medical condition.

Following the receipt of all relevant medical information, if the employee is deemed:

- medically fit to fulfil the requirements of their substantive role, if attendance levels remain a cause of concern, this should be managed in line with managing short term absence.
- medically fit to fulfil the requirements of their substantive post provided some adjustments are made. Occupational Health will provide guidance on the type of adjustments necessary to facilitate the employee’s return to work and the undertaking of their full range of duties associated with their post. The exact nature of the support will depend on the type of illness and work that is involved. This should be within an agreed period of time, and regularly reviewed to assess the employee’s progress as well as the impact on colleagues and dependant on service needs. The guidance should be deemed reasonable and based on medical opinion. If the manager considers the adjustment unreasonable, they must discuss this with Occupational Health before making any decisions not fulfil the requirements of the adjustments, being mindful that the adjustment may be recommended to support a condition covered by the Equality Act.
- medically unfit to fulfil the requirements of their substantive role but may be fit to undertake a different role within the Trust; in this instance redeployment will be considered.
- medically unfit to fulfil the requirements of their substantive role and redeployment is not a viable option, please refer to Appendix 3.

The employee may be eligible to apply for Ill Health Retirement benefits, where appropriate, the manager should discuss this with the employee, please refer to Appendix 4.

3. OCCUPATIONAL HEALTH ASSESSMENT

Where an employee exceeds the Trust's minimum standards of attendance or where an individual's attendance pattern gives cause for concern, the Occupational Health Department's advice should be sought. All employees are required to co-operate with the assessment process by attending any medical examination organised by the Occupational Health Department.
4. LONG TERM SICKNESS

For the purposes of this policy, prolonged absence due to sickness is defined as a period of certificated sickness, which is continuous for at least 28 days (4 weeks).

Every effort should be taken to support employees in returning to work following long term sickness absence. Managers should seek the advice from HR in cases of long-term sickness absence of more than 4 weeks or sooner if it is known that the sickness will continue beyond 4 weeks or there is indication that the health issue may be related to work. Evidence based guidelines recommend early intervention, particularly for mental health or musculoskeletal problems.

Managers must maintain regular contact with the member of staff throughout the duration of the absence in order to reduce feelings of isolation, to remain informed about the likely duration of the sickness absence and to keep them in touch with any major workplace developments. The member of staff has a responsibility to update their manager regularly on their likely date of return to work. The frequency and method of keeping in touch will be agreed between the member of staff and the manager but it will not be acceptable for no contact to be maintained throughout the period of absence.

Each case will have unique circumstances but there are three main elements to the procedures for handling prolonged periods of sickness absence:

- Medical information that is up to date and relevant to inform the likelihood of a return to work and the suitability of the job on return.
- Consultation and discussion with the employee to consider any changes in circumstances which may have occurred since previous discussions or correspondence and to consider the employee’ opinion of their condition.
- Consideration of alternative employment or reasonable adjustments in line with the Equality Act 2010.

If the member of staff is too ill to attend a meeting in the formal stages of this procedure, a home visit may be arranged, primarily as a supportive measure. Where a home visit is to be organised during the formal stages of this procedure, the employee may wish to be accompanied by a member of their family, trade union representative or a work colleague. An HR representative may also be present during home visits at the request of either party.

All meetings should be documented by the manager and confirmed in writing to the employee.

4.1 Reviews

Managers should be maintaining regular contact with the employee. At least 4 weeks before the end of an agreed review period, they should speak to the employee to establish whether a return to work can be expected. A further OH referral should be made at this point to ascertain that the employee is fit to return and if so what supportive return to work arrangements/adjustments to their duties or workplace are recommended.

If a return to work is expected within 4 weeks the member of staff should then be contacted to discuss their return to work and agree on the framework of support that will be provided, this may require a meeting to discuss return to work arrangements.

If it is deemed that the employee is not fit to return within 4 weeks, OH should be asked to give an update on the member of staff’s condition and current treatment timeframes in order to advise on a likely return to work date. OH will also advise if ill-health retirement or redeployment...
to an alternative role is recommended. Once the report providing the up to date information is received, the manager should write to the member of staff to invite them to attend the next formal meeting in the procedure, giving 7 days’ notice.

4.2 Informal Stage

This stage would normally take place as soon as it is clear that the sickness absence will continue for more than 4 weeks and a return date cannot be established. To ensure that appropriate medical information on the condition is available, provided it is appropriate in the particular circumstances, the line manager should refer the employee to Occupational Health and provide the employee with a copy of the referral if a referral has not already been made.

Once the report from OH is obtained there should be an informal meeting between the line manager and employee. The main purpose of the meeting is to discuss the OH report and agree a reasonable recovery period. The expected period should not exceed 3 months other than in exceptional circumstances. These would include illnesses where the individual is likely to be hospitalised for an extended period or where there is a recognised protracted treatment period such as cancer. Consideration could also be given at this stage to a Rehabilitation programme, if appropriate.

The informal meeting should cover the following areas:

- Discussion concerning the outcome of the OH appointment, including the feasibility of any proposed adjustments that may enable a return to work
- An agreement of an expected recovery period, taking into account the advice from OH
- Agree a review date (ideally no less than 4 weeks prior to the end of the agreed recovery period)
- Agreement on regular contact for the duration of the sickness absence
- The member off staff being informed that a formal meeting will be held if they are unable to return to work within the agreed recovery period.

A record of the meeting must be made, including a note of the agreed action points.

In exceptional circumstances the informal meeting can be conducted over the telephone. This approach should only be taken when the employee is too unwell to attend a meeting and with the employee’s express consent. Alternatively, a home visit may be arranged, primarily as a supportive measure but also to establish an expected recovery period/review date. Where a home visit is to be organised the employee may wish to be accompanied by a member of their family, Trade Union representative or a work colleague. An HR representative may also be present during home visits at the request of either party.

4.3 Formal Stage One

In the event that an employee’s absence continues and a return to work date cannot be established, the process should continue and the line manager should contact the member of staff to set up a first formal meeting as soon as possible to review and discuss their situation. The employee may be accompanied at the meeting by a trade union representative or a work colleague. The purpose of the meeting will be to discuss the latest medical advice available and to ascertain a likely return to work date, in accordance with recommendations from OH.

If there is a good likelihood of a recovery within a reasonable timeframe, a second recovery period should be agreed, taking account of the effect of the absence on the service, the nature of the employee’s role and any particular pressures affecting the team at the time. This review period should not exceed 3 months unless the nature of the condition has changed significantly.
since the beginning of the period of absence.

The outcome of the review meeting will be confirmed in writing to the employee within 7 days of the meeting. The letter must include, as a minimum, details of the actions agreed, timescales for improvements and when the next review will take place the employee’s right to appeal.

4.4 Formal Stage Two

It will not always be necessary or appropriate to go through this stage if for example at Stage One it is clear that the employee will not be able to return to work in the foreseeable future. In this case, it would be more appropriate to move directly to Stage Three to avoid adding unnecessary stress on the employee who is likely to be making some significant decisions or dealing with a life-changing situation.

The procedure for the second formal review follows the process described previously for the first review. At this stage the line manager who has been managing the case, will be accompanied and advised by an HR representative at the meeting and the employee may also be accompanied by a trade union representative or a work colleague.

Prior to the meeting a further OH referral should be made and it may be deemed appropriate to have a case conference either in advance of the Stage Two meeting or as part of the meeting to establish guidance and advice as to the appropriate way forward with the management of the case.

The purpose of this meeting is to establish whether there is a likely return to work, whether a phased return is possible, whether redeployment is an option or whether it would be appropriate to progress to the stage three and consideration of the employee’s future employment with the Trust.

At the end of this review meeting, if it is decided that a final formal hearing is appropriate, the employee will be informed of this and the possible consequences of continued sickness absence that may lead to dismissal based on the grounds of incapability due to ill health.

The outcome of the review meeting will be confirmed in writing to the employee within 7 days of the meeting. The letter must include, as a minimum, details of the actions agreed and what the next actions will be and the employee’s right to appeal.

4.5 Formal Stage Three / Final Formal Hearing

Further to formal reviews being exhausted, the employee should be invited to a final formal hearing to consider the continuation of their contract of employment.

A formal hearing will be arranged and held in accordance with the Best Practice Guide to Formal Hearings and Appeals. The Line Manager will write to notify the employee that a hearing will take place, giving the date which will be as soon as possible but providing a minimum of 10 calendar days’ notice of the meeting. The employee will be informed that they are entitled to be accompanied by a trade union representative or work colleague at the hearing.

The hearing will consider the medical information available, the likelihood of a return to work and if this is not an option, whether redeployment has been explored. The panel will be chaired by a manager with the appropriate level of authority to take a decision on the termination of a contract of employment and they will be supported by an HR representative. The manager responsible for the early stages of the process will present their account of the attendance
management reviews to the hearing panel. The employee will also have an opportunity to provide any relevant information.

Before a decision to terminate is made all other options should meaningfully be considered, including – rehabilitation, phased return, a return to work or redeployment with or without adjustments.

The hearing will adjourn and after considering any advice from OH, or other health professionals, along with a review of all the information and the discussion at the meeting, a decision will be taken and the hearing reconvened. The outcome will be confirmed in writing within 5 working days and the letter will also outline the process for appealing against the decision.

5. APPEALS

Employees have one right of appeal at each formal stage of this policy. Appeal panels will be made up as detailed in the Best Practice Guide to Formal Hearings and Appeals.

5.1 Appeals against Formal Reviews / Warning

Employees wishing to appeal against a formal review letter should give notice of appeal to the line manager of the manager issuing the review.

Appeals should be lodged, in writing to the named HR representative within 14 calendar days of date of the meeting/hearing. When an outcome is not given at the hearing but provided in writing, the appropriate timescale for submitting an appeal will be confirmed in the letter.

The notice of appeal should clearly outline the grounds for appeal and include any additional supporting information the employee wishes to be considered.

5.2 Appeals against Decision to Re-band / Redeploy / Dismiss

Employees appealing against a decision to redeploy or dismiss have a single right of appeal to the Executive Director for that directorate or if the manager conducting the hearing was an Executive Director of the Trust another Executive Director not previously involved in any previous stage of the case.

Appeals should be lodged, in writing to the Assistant Director of HR (Operations) within 14 days of the date of the hearing. When an outcome is not given at the hearing but provided in writing, the appropriate timescale for submitting an appeal will be confirmed in the letter.

The notice of appeal should clearly outline the grounds for appeal and include any additional supporting information the employee wishes to be considered.
1. RETURNING TO WORK FROM SICKNESS ABSENCE

Following a period of absence, employees must inform their line managers as early as possible that they will be returning to work. This must certainly be no later than the day before they intend to commence duty.

Line managers should meet with all employees when they return from any period of absence, in order to confirm the reason for their absence and to offer whatever help and support is appropriate in the circumstances. “Return to Work” meetings should be handled sensitively to suit the particular reasons for the absence. The return to work form (Appendix 10) should be completed at each return to work meeting including the self-certificate where appropriate.

Following a long term period of absence a referral should be made to Occupational Health. Ideally this appointment would be before they return to work and should be if there is any question about whether a phased return to work is necessary. However, as a minimum an Occupational Health appointment should be arranged for a date within the first two weeks back at work.

In exceptional circumstances, where a line manager has concerns about the medical fitness of an employee to return to work, further guidance should be obtained from Occupational Health. Where this situation occurs, the employee should be put on ‘medical suspension’. This means that a management decision has been taken to keep the person away from work until a defined event (such as a further occupational health referral) has taken place or a defined period has elapsed. Medical suspension should be authorised by a more senior manager to the line manager who has been managing the case with the relevant authority and based on advice from the Human Resources Department. The decision of management will be final following consultation with the Occupational Health. Employees will be paid at their normal rate of pay whilst they are on medical suspension. The period must be kept to the absolute minimum necessary to clarify the medical position.

2. REDEPLOYMENT

Permanent redeployment should be considered if a recommendation from Occupational Health is received advising that an employee should be considered for suitable alternative employment. This can be discussed at any point in the attendance management process.

A meeting to discuss permanent redeployment will be held with the employee, their line manager and a member of Human Resources following the receipt of the medical recommendation. The employee may be accompanied by staff side representative or work colleague. The medical recommendations will be discussed and the skills and personal circumstances of the individual will be identified. It is recommended that both specific vacancies and potential opportunities are discussed at this meeting with view to identifying the range of opportunities that are potentially suitable. Posts cannot be created for purposes of redeployment.

Where a suitable alternative post is identified, the employee will be asked to attend an interview and any pre-requisite tests with the line manager of the vacant post. If they are assessed as suitable at this stage, the employee will be transferred into the post. Employees going through redeployment due to ill health will not be entitled to a trial period, as the redeployment is not related to redundancy. However a probationary period may be advantageous to ensure a satisfactory redeployment.
Employees may be offered alternative employment at the same grade or, where no posts of equivalent grading and status are available; posts normally one grade lower than their previous post will be considered. If employees are redeployed into a lower banded position they will not have their conditions of service protected but will be subject to the conditions of the new post. Employees will usually be placed on to the incremental point of the new salary scale that is nearest to their existing salary. Redeployment to a higher grade may be available and provided the employee meets the person specification, they may apply but it would be subject to the normal competitive selection process.

Employees who unreasonably turn down any offer of alternative posts shall be considered for termination on the grounds of incapacity due to ill health.

Employees will be encouraged to re-apply to the Trust for any posts should they become fit in the future.

The Trust will normally work with staff on medical redeployment for a maximum twelve weeks to redeploy them. Normally notice of termination of employment will be issued to run concurrently with the period of redeployment.

Should no suitable vacancies arise by the end of the twelve week period and the employee remains unfit to return to their original post, then the contract of employment will be terminated on the grounds of incapacity due to ill health.

3. TEMPORARY REDEPLOYMENT

In the situation where someone has an impending operation or treatment, there should be a discussion as to whether the employee will be incapacitated either before or after the treatment and where adjustments to duties, hours, rotas worked per week will support the employee to remain at work where possible. Alternative duties for example may keep someone at work where they cannot perform all of their normal duties as opposed to taking sick leave until the operation. Managers should be sympathetic in these situations and in order to ease the situation wherever possible, taking half days or full days leave could be agreed.

Please refer to the Rehabilitation and Temporary Redeployment Programme for full details.

4. INCAPABLE OF CARRYING OUT FULL DUTIES DUE TO ILL HEALTH

It can sometimes be the case that individuals, whilst able to perform some duties of their post, become unable to carry out the full duties of their role due to ill health. Whilst this would normally occur following a period of sickness absence from work, it may also occur with no sickness absence if an employee becomes affected by a long-term medical condition or has a condition that degenerates over a period of time. It may also be the case in instances where it becomes necessary to make changes to an individual’s job description or working arrangements in line with the needs of the service.

Regardless of whether the trigger for action results from a period of long-term sickness, short-term sickness or no sickness absence, the member of staff should be considered for medical redeployment, providing the procedure for rehabilitation to work set out below.
Where there are no redeployment opportunities immediately available, a formal sickness absence hearing should be convened to consider the continued employment of the member of staff in their substantive post. If the member of staff is substantively unfit for their current role, the outcome of the hearing will be dismissal on the ground of capability due to ill health. In all cases, notice periods should be extended to 12 weeks in order that there is adequate time to search for alternative employment opportunities.

5. REHABILITATION OR PHASED RETURN TO WORK

Please refer to the Rehabilitation and Temporary Redeployment Programme for details.

6. REMUNERATION DURING PHASED RETURN TO WORK

6.1 Individuals should not be financially disadvantaged by working a graduated return to work. Whilst undertaking an agreed phased return programme under this framework, employees will be paid their full pay entitlement for a maximum of four weeks during which there will be regular reviews and they will be increasing their working hours, with the expectation that at the end of this period they will be back to their full contracted hours.

After this four week period there will be a review and in exceptional circumstances only, where an individual is still not able to do their full contracted hours but it is anticipated this will be achieved within a very short period of time, consideration will be given to extending this for a period up to a maximum of four (4) weeks, in order to facilitate a return to full hours. This should be discussed with HR and the head of department, area manager or budget holder will be required to authorise this.

If return to contracted hours does not prove possible, the situation will be reviewed and a decision taken on a case by case basis as to the appropriate outcome. This could be a permanent agreement to work less hours if this can be accommodated, redeployment or termination of employment.

6.2 While absent from work, employees suffering from a work-related injury or illness may be entitled to claim Injury Allowance or Permanent Injury Benefit depending on their circumstances. Any allowance will be restricted to a period of up to twelve months per episode, however, this entitlement ceases as soon as they return to work in any capacity. Further information can be sought from the Trust’s Pensions provider, via the HR Team.

6.3 The line/department manager and individual may seek to find alternative solutions so that, should the member of staff be working fewer hours whilst undertaking a phased return programme, they can continue receive a sum equivalent to their full basic pay. This may include the employee using a proportion of annual leave and/or time in lieu/credit time to facilitate a graduated return to work. Whilst this should be encouraged, it must be noted that employees are under no obligation to use annual leave to supplement their salary in this way.
GENERAL

1. INDUSTRIAL INJURIES/ACCIDENTS

An industrial injury or illness is the result of an accident or incident sustained by employees which are ‘wholly or mainly attributable’ to their NHS duties. Employees must always report an industrial injury to their line manager or deputy as soon as is reasonably practicable and ensure that information is recorded on the DATIX system. This will enable investigation and appropriate action to be taken to prevent the recurrence of such an incident.

To falsify a DATIX is a disciplinary offence and will be managed in line with the Discipline and Conduct Policy.

Individuals can apply for Injury Allowance which provides employees with 85% if their normal full paid salary. Injury Allowance can only be paid during leave of absence on reduced or no pay. It ceases when they return to work in any capacity or leave the NHS.

Further information on the scheme can be found at: http://www.nhsbsa.nhs.uk/injury or via the Trust Injury Allowance Procedure.

Properly reported industrial injuries, accidents or illness, sustained through no fault of the individual will ordinarily be discounted when considering standards of attendance.

Should a manager consider that an employee appears to have had a high number of reported accidents/incidents within any given timescale, they will review each case in consultation with HR. A number of options may be considered depending on individual circumstances, which may include management under the Capability Policy.

If redeployment is an option and a suitable vacant post is identified, the employee will be asked to attend an interview with the manager of the vacant post. If they are assessed as suitable at this stage, the employee will be transferred into the post. If an employee is redeployed to a post of a lower band, normally one band lower, they will be protected on their current salary on a marked time basis and in line with the Pay Protection Policy.

2. RESPONSIBILITIES UNDER RIDDOR

RIDDOR stands for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. These include, Death, Major Injury, reportable work related disease and dangerous occurrence. Death and major injury and any absence 7 days or more following a work related incident is reportable by the Trust within 15 days of the accident.

More information relating to this can be obtained from the Health and Safety Executive http://www.hse.gov.uk/riddor/reportable-incidents.htm or the Trust’s Health and Safety department.

3. NOTIFIABLE & SEASONAL ILLNESSES/DISEASES

From time to time, often on a seasonal basis, a clinical memo may be issued in relation to a particular illness or disease where guidance has come out from central government; in these cases, the Trust Infection Control Lead must be notified. Examples would be swine flu or
norovirus, for instance. In these instances the Trust in conjunction with the infection control lead and the Resilience Team will take the appropriate action.

Please refer to Clinical Policy and Procedure No. 2 with for responsibilities of employees and managers on appropriate reporting on staff illness. An employee suffering from D&V in some circumstances the nature of the D&V infection may require the employee to remain absent from work for a 48 hour period after expiry of symptoms in accordance with the Trust’s Infection Control Policy.

Where an employee is absent with an infectious disease or diarrhoea and vomiting, this should be managed in accordance with Infection Control guidelines/advice. The absence should be counted for trigger purposes to enable support to be provided, and reviewed to ensure no further management actions are required with regard to, for example, environmental factors, cross infection etc.

4. ILL HEALTH RETIREMENT

In the event that an employee on long-term sick will not recover sufficiently to return to work or to the specific job that they were doing, ill health retirement if appropriate can be explored. There is a formal procedure and it is managed via the NHS Pension Scheme. Paperwork must be completed by the Trust, the employee and 2 independent doctors (usually, OH provides one of these). Once completed, this is submitted to NHS Pensions for consideration and approval.

There are two tiers of retirement:

Firstly, retirement from the NHS entirely;

Secondly, retirement only from the type of work that the employee is no longer fit enough to do but can still remain employed in the NHS on other duties or employment outside the NHS.

Further information can be found in NHS terms and conditions of service

In most circumstances the normal review process needs to have been followed for this conclusion to have been reached. However, there may be occasions where advice is received from OH at an early stage that the employee is suitable for permanent ill health retirement or alternative that they are deemed unfit to return to their substantive role for a prolonged period due to an underlying medical condition and redeployment is not recommended. In these scenarios it may be appropriate to escalate to a Stage3 Hearing, without the Stage 2 meeting taking place.

5. TERMINATION OF CONTRACT ON GROUNDS OF CAPABILITY DUE TO ILL HEALTH

If all formal reviews have been exhausted and there is no reasonable prospect of the employee returning to work in the foreseeable future, the Trust will have the option to terminate their contract of employment. This can be before contractual sick pay has been exhausted.

A hearing will be arranged to consider the continuation of their contract of employment and the hearing and the panel composition will be in line with the Best Practice Guide to Formal Hearings and Appeals Policy.
APPENDIX 5

SPECIFIC SITUATIONS

When dealing with cases that have the potential to fall into this area, whether informal or formal action is being considered, advice must be sought from HR.

1. PEOPLE WITH DISABILITIES

The Equality Act (2010) makes it unlawful to discriminate against people with disabilities by subjecting them to any detriment.

Absences due to a reason covered by the EA will not be automatically discounted when reviewing an employee’s sickness absence. However, where an employee is unable to achieve the required standard due to a condition recognised under the DDA, when managing sickness absence, Managers must ensure that actions are justified and that all reasonable adjustments are considered and made in accordance with the provisions of the ‘Act’. In such cases advice should be sought from HR.

2. CHRONIC/TERMINAL ILLNESS

Extra sensitivity should be used when managing sickness absence for staff who are suffering from a life threatening illness and/or who are terminally ill. Sick pay should be allowed to run and employment should not be ended before it is due to expire, unless at the express wish of the individual. Advice should be sought from HR and additional advice will need to be sought from the Payroll department on pension matters where the member belongs to the NHS pension’s scheme.

3. FERTILITY TREATMENT

Where a member of staff decides to undertake fertility treatment the line manager should try and be as flexible as possible. The staff member will be expected to take annual leave or use any lieu time owed. Occasionally and depending upon the needs of the service, the manager may agree to the staff member taking unpaid leave. If the treatment results in sickness absence an appropriate certificate must be produced on each occasion and the sickness absence will be managed in accordance with this policy.

4. GENDER REASSIGNMENT

Where a member of staff decides to undertake gender reassignment the line manager should try and be as flexible as possible. It is unlawful to discriminate against someone if he or she:

- intends to undergo gender reassignment treatment or
- is undergoing gender reassignment treatment or
- has at some time in the past undergone gender reassignment.

Therefore, to avoid treating someone less favourably, it is advised that the line manager meet with the individual to discuss an action plan to manage the transition at work. Advice should be sought from the HR department regarding this process.
5. COSMETIC SURGERY

Where a member of staff decides to undertake cosmetic surgery the line manager should try and be as flexible as possible. The staff member will usually be expected to take annual leave or use any lieu time owed except in cases where the surgery is required for a legitimate medical or health issue. In such cases, an appropriate medical certificate must be produced to cover the period of the treatment. If the treatment results in sickness absence an appropriate certificate must be produced on each occasion and the sickness absence will be managed in accordance with this policy.

6. ALCOHOL & DRUG DEPENDANCE

Where an individual’s performance is affected by an alcohol or drug problem support will be provided in accordance with the Alcohol and Drugs Policy.

7. SICKNESS DUE TO NEGLIGENCE OR WORKING FOR ANOTHER EMPLOYER

There may be circumstances where sick pay will not be paid as outlined in the NHS national terms. Examples are:

- an accident as a result of participating in sports as a profession;
- an accident where contributory negligence is proved;
- in the event of the absence caused by the individual’s own misconduct;
- where an individual is booked off sick but carries out paid work for another employer. All staff must comply with the Additional Employment Policy. Working elsewhere while on sick leave may be deemed fraudulent and advice will be taken from the local counter fraud specialist.

This list is not exhaustive and there may be other circumstances in which sick pay will be withheld.

Staff taking part in high risk sports activities are advised to check any personal insurance requirements/recommendations prior to participating.

8. SICKNESS ABSENCE & OVERTIME

Employees who have agreed to undertake overtime, but fall ill prior to their agreed shift, must notify the Trust of their absence in accordance with the procedures outlined.

In order to maximise staff attendance and promote staff health and wellbeing, overtime following periods of sickness will be restricted as follows:

- In normal circumstances staff returning to work following a period of sickness in excess of 7 calendar days will not be authorised to undertake overtime shifts for 7 calendar days following booking fit for work.
- For employees returning to work following an extended period of absence, restrictions on overtime may be put in place for longer periods of time and line managers must seek HR and OH advice in relation to specific cases. Employees on a phased return will not be permitted to undertake overtime during this period.
GUIDANCE ON SUPPORTING WORKPLACE MENTAL WELLBEING

Everyone's experience of mental health is different and two people experiencing the same condition may have entirely different symptoms, signs, behaviours and coping mechanisms. It is therefore important not to focus on the diagnosis but on how it impacts on the individual and their work.

1. Introduction
Managers have a key role in supporting the mental health and wellbeing of staff. Many managers do not feel confident in speaking to their staff about mental health, as it is often perceived as a challenging issue. Managers do not need to be experts in mental health but an understanding of how to support staff and how to have open conversations about mental wellbeing will help create a positive culture.

Line managers have a key role to play in creating and maintaining a positive and open team culture that supports mental health and wellbeing. Key themes that emerge which managers may want to consider in promoting a healthy approach within the workplace include:

Engage & inform

- Engage with staff so they understand their own objectives, their teams’ objectives and the Trust’s objectives. This would include giving staff the opportunity to ask questions and feedback their views
- Keep staff informed of organisational and team changes and provide the rationale for actions and decisions taken
- Give staff as much control as possible over how they deliver their work while ensuring they have the right skills for the job.
- Monitor the workload of staff to ensure what they are expected to deliver is realistic within the timescales and resources available
- Develop a culture where open and honest communication is encouraged, bullying and harassment is not tolerated and people are treated with dignity and respect. This includes encouraging staff to talk about mental health and creating a safe environment for staff to disclose their own concerns if or when they have any (including their own experience of mental illness or mental health problems)

Support

- Encourage staff to have a good work-life balance which would include making staff aware of the Trust’s Flexible Working Policy
- Treat all staff consistently and fairly and provide positive feedback to staff when they do a good job.
- Provide protected time when managers are available for staff to come and speak to them
- Encourage exercise and social events as physical activities are shown to boost staff health, team work and mental wellbeing
- Follow up problems on behalf of the team as soon as they arise

- Make staff aware of the internal resources such as TRiM, Occupational Health or Employee Assistance Programme, also the Mind Blue Light resources which are specifically for staff working in the emergency services
The HSE has produced management standards on stress. They cover six main areas and there is a degree of overlap with the principles of supporting mental health wellbeing as outlined above.

2. Support
Managers have an important role in supporting staff that are experiencing mental health problems. This involves supporting them in the workplace and back to work after a period of absence by:

- Opening up a conversation
- Making reasonable adjustments
- Return to work meeting
- Maintaining contact during an absence
- Appropriate phased return and return to work plans – recognising that these may sometimes need to span a significant period of time

Managers cannot change the physical or mental health of their staff but they can make a huge impact on the way supported staff feel by communicating, listening and being open to reasonable adjustments if these would provide support for someone returning to work.

Managers may want to open up a conversation with their staff about their mental health but feel uncomfortable in doing so as they may be unsure what the reaction or outcome will be. This is entirely natural and it is important that the line manager is clear about the reason why they are speaking to the member of staff. It is important to emphasise that the objective of the conversation is to support the wellbeing of the member of staff.

It is important for managers to be seen as approachable, with time for their staff as regular catch-ups with staff are an opportunity to start a conversation about mental health and wellbeing and for it to be seen as a normal part of line management.

Managers should also be clear with a member of staff about confidentiality. For example, following the discussions, the manager may wish to speak to HR, OH or the Trust Mental Health Lead, so managers need to agree with the member of staff what information from the meeting can be shared and with whom. However, if the manager believes the member of staff is at significant risk of harm, to themselves or others, due to disclosure of a mental health problem - eg. suicidal thoughts/hallucinations or side effects of prescribed medication it should be made clear that this cannot be kept confidential.

Mind & Chartered Institute of Personnel Development (CIPD) have produced a list of questions managers can use to start a conversation with their staff which may help to dispel some of the fears an individual may have. These should help to shape the conversation rather than being used as a checklist.

Examples of the questions are:
- How are you doing at the moment?
- You seem a bit down/upset/under pressure/frustrated/angry. Is everything OK?
- I have notice you’ve been arriving late recently and I wondered if you are OK.
- I have noticed the reports are late when they’re usually on time. Is everything OK?
- Is there anything I can do to help?
- What would you like to happen, how?
- What support do you think might help?
- Have you spoken to your GP, or OH, or looked for help anywhere else?
For more information Mind/CIPD provide information on how to respond if an employee discloses a mental health problem as well as details of a Wellness Recovery Action Plan (WRAP). In summary this focuses on:

- Avoiding making assumptions
- Embedding confidentiality
- Encouraging people to talk
- Respond flexibly
- Seeking further advice if needed

It may be useful to put in place a WRAP plan which outlines:

- What the signs and symptoms of the mental health problem in the member of staff may be
- What the triggers might be and what support can be offered
- Who should be contacted in the event of a crisis

Sources of information:

**NHS Employers** – Health & Wellbeing – Supporting Staff experiencing mental health problems [www.nhsemployers.org](http://www.nhsemployers.org)

**HSE** - Management standards on Stress – Working together to reduce Stress at Work [www.hse.gov.uk](http://www.hse.gov.uk)

**MIND** [www.mind.org.uk](http://www.mind.org.uk)

**Mind Blue Light programme**: [http://www.mind.org.uk/bluelight](http://www.mind.org.uk/bluelight)

**CIPD** [www.cipd.co.uk](http://www.cipd.co.uk)
SICKNESS BENEFITS

These arrangements are intended to supplement Statutory Sick Pay (SSP) to provide additional payment during absence due to illness, injury or other disability and full details can be found in the NHS National Terms & Conditions or for staff not on NHS Terms & Conditions sick pay entitlements are as outlined in their contract of employment.

NHS National Terms & Conditions state that the following levels of sick pay are payable (based on reckonable service):

<table>
<thead>
<tr>
<th>YEAR OF SERVICE</th>
<th>MONTHS' FULL PAY</th>
<th>MONTHS' HALF PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2nd</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>3rd</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>4th/5th</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>5th+</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

On leaving the Trust’s employment, sick pay ceases on the last day of employment.

Sick pay is calculated on the basis of what the individual would have received had they been at work. This is based on the previous three months at work. The definition of full pay will include regularly paid supplements including any recruitment and retention premia, payments for work outside normal working hours and high cost area supplements (see NHS National Terms & Conditions, Annex H). The following also apply:

- **Full pay** will be inclusive of any statutory benefits (so that sick pay is not a larger amount than normal working pay).
- **Half pay plus statutory sick pay** must not exceed full pay.
- **Sick pay** paid to an employee when added to any statutory sickness, injuries or compensation benefits, including any allowances for adult or child dependants must not exceed full pay.
- The **sick pay period and the rate of sick pay** for any period of absence is calculated by deducting from the employee’s entitlement, on the first day of sickness, the aggregate periods of paid sickness absence during the 12 months immediately preceding that day.

Employers have the discretion to extend the period of sick pay on full or half pay where:

- There is an expectation of return to work in the short-term and an extension would materially support a return and/or assist recovery, or
- in any other circumstance that the employer deems reasonable and can justify.

After 12 months’ continuous sickness absence, sick pay for those who have exhausted sick pay entitlements can be reinstated at half pay but only in the following circumstances,

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

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

These arrangements will only apply where the failure to undertake the final review meeting is due to a delay by the Trust. They will not apply where any delay is due to reasons other than that of the Trust.

Fraudulent or deliberately misleading statements made in respect of sickness absence will be deemed gross misconduct and may be referred to the local Counter Fraud specialist and will be considered under the Discipline & Conduct Policy.
Managing Sickness Absence
Short Term Absence

**Informal Meeting**
(part of a RTW interview – prior to breaching a formal trigger)
Discuss nature of problem & identify plan to improve attendance. Employee advised what is acceptable level & period attendance will be monitored. Review date will be confirmed - usually up a maximum of 3 months (Appendix 2.1.1)

- Attendance improved – Positive letter to be sent (Appendix 2.1.2)
- Trigger point activated. Employee invited to Formal Sickness Absence Meeting (Appendix 2.1.2)

**First Formal Review** *
Stage 1
(Appendix 2.1.4)

- No mitigating factors identified
  **Stage 1 Warning issued**
  Monitored for 3 months
- Mitigating factors identified further informal monitoring for 3 months

- Appeal

**Second Formal Review Meeting** *
Stage 2
(Appendix 2.1.5)

- Attendance not improved
  **Second Formal Review Meeting** *
  **Stage 2**
  (Appendix 2.1.5)
- No Mitigating factors –
  **Stage 2 warning issued**
  To be monitored for 3 months

- Appeal

**Third Formal Review Meeting Arranged Stage 3** *
(Appendix 2.1.6)

- Attendance improved & no longer a concern – Positive letter to be sent (Appendix 2.1.4)
- Attendance improved & no longer a concern – Positive letter to be sent

- Appeal

- Acceptable Improvement Achieved

- Acceptable Improvement not achieved – revert to Stage 3 formal review

- Decision is taken regarding continuing employment

- Dismissal

- Appeal
Long Term Absence

Informal Stage
As soon as it is clear that absence will continue beyond 28 days
Referral to OH made
(Appendix 2.4.2)

OH Report received – meeting arranged to discuss report and likely recovery period (recovery period not normally exceeding 3 months)

Absence continues – no return to work date identified. Arrange a Stage 1 Formal Meeting *
(Appendix 2.4.3)

Return to work date Confirmed – support provided for return to work

Likely to return to work but a possible future return date is not yet known Formal Stage 2 Meeting*
May be appropriate to review situation
(Appendix 2.4.4)

Absence continues – no return to work date identified

Unlikely to be able to return to work. Consider redeployment or ill health retirement
(Appendix 2.4.5)

Redeployment not possible Or Anticipated return date is delayed/unknown arrange a Stage 3 Final Formal Meeting*
(to be completed within 12 months of absence) To make a decision on continued employment
(Appendix 2.4.5)

Redeployment identified – Proceed in line with Redeployment Policy

Appeal
(Appendix 2.5.2)

Dismissal

Ill Health Retirement (if applicable)

*May have representation on Short Term and Long Term Sickness process
# Sickness Absence Policy

October 2016

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**NOTIFICATION OF SICKNESS ABSENCE & SELF CERTIFICATE**

**EMPLOYEE DETAILS**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Number:</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Position:</th>
<th>Base:</th>
<th>Division:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>First Date of Absence:</th>
<th>Contracted Hours:</th>
<th>Sick Part way through shift (Y/N):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

**ABSENCE DETAILS**

<table>
<thead>
<tr>
<th>Reason for Sickness (Select from the list overleaf):</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Sickness</td>
</tr>
<tr>
<td>☐ Accident on Duty</td>
</tr>
<tr>
<td>☐ Work Acquired Infection</td>
</tr>
<tr>
<td>☐ Contact with Notifiable Disease [RIDDOR]</td>
</tr>
<tr>
<td>☐ Accident involving claim against third party</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Call taken by:</th>
<th>Time:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[Name, Job Title]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you seen a Doctor?</th>
<th>YES / NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, where did you attend?</td>
<td>Hospital / GP/ Clinic</td>
</tr>
<tr>
<td>Have you taken medication?</td>
<td>YES / NO</td>
</tr>
<tr>
<td>Medication received from?</td>
<td>Self-Prescribed / Doctor</td>
</tr>
<tr>
<td>Is the treatment / condition</td>
<td>One-off / Ongoing</td>
</tr>
<tr>
<td>Sickness covered by?</td>
<td>Self-Cert / Fit Note</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Date of Absence:</th>
<th>Last Date of Absence:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Total hrs lost:</th>
<th>No Sessions/Days Lost:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Cert attached?</th>
<th>YES / NO</th>
</tr>
</thead>
</table>

**SELF CERTIFICATION**

I confirm that the information above is an accurate record of my current sickness absence

<table>
<thead>
<tr>
<th>NAME (employee)</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have / have not worked for any additional employer during this period</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAME (manager)</td>
<td>SIGNATURE</td>
<td>DATE</td>
</tr>
<tr>
<td>I have / have not reported infection to infection control / HR</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DATA PROTECTION**

The Self-Certification form complies with the SCAS ‘Managing Sickness Absence’ framework. South Central Ambulance Service (SCAS) processes the information provided on this form and on medical certificates for the purposes of meeting its legal obligations. In particular, individual data is disclosed to Line managers for the purpose of responding appropriately and fairly to an individual’s overall level of sickness absence and for the appropriate management of their health and safety at work. Aggregate data is produced to identify issues and trends within SCAS in order to ensure the health, safety and welfare of employees and to ensure a safe working environment.
### Selection List for Completing Form

#### Base Locations *(select from the list below)*

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling Centre (Hants)</td>
<td>PTS Shaping Health Services (Bucks/Oxon)</td>
</tr>
<tr>
<td>Scheduling Centre (Bucks/Oxon)</td>
<td>PTS Oxon Call Centre</td>
</tr>
<tr>
<td>Scheduling Centre (Berks)</td>
<td>PTS Oxford</td>
</tr>
<tr>
<td>Resource Centre – Hants – Alton</td>
<td>PTS – Hants – Southampton</td>
</tr>
<tr>
<td>Resource Centre – Hants – Andover</td>
<td>PTS – Hants – Control</td>
</tr>
<tr>
<td>Resource Centre – Hants – Basingstoke</td>
<td>PTS – Hants – Basingstoke</td>
</tr>
<tr>
<td>Resource Centre – Hants – Fareham</td>
<td>PTS – Business Unit – Hants</td>
</tr>
<tr>
<td>Resource Centre – Hants – Gosport</td>
<td>PTS – Business Unit – Bucks/Oxon</td>
</tr>
<tr>
<td>Resource Centre – Hants – Havant</td>
<td>PTS – Bucks – Milton Keynes</td>
</tr>
<tr>
<td>Resource Centre – Hants – Hightown</td>
<td>PTS – Bucks – Mid &amp; South</td>
</tr>
<tr>
<td>Resource Centre – Hants – Hythe</td>
<td>PTS – Bucks – Heatherwood &amp; Wexham</td>
</tr>
<tr>
<td>Resource Centre – Hants – Lymington</td>
<td>PTS – Berks – Oxford</td>
</tr>
<tr>
<td>Resource Centre – Hants – Nursling</td>
<td>PTS – Berks – London</td>
</tr>
<tr>
<td>Resource Centre – Hants – Petersfield</td>
<td>PTS – Berks – Consortium WEST</td>
</tr>
<tr>
<td>Resource Centre – Hants – Portsmouth</td>
<td>PTS – Berks – Consortium EAST</td>
</tr>
<tr>
<td>Resource Centre – Hants – Ringwood</td>
<td>PTS – Berks – Consortium Central</td>
</tr>
<tr>
<td>Resource Centre – Hants – Whitchurch</td>
<td>PTS – Berks – Call Centre</td>
</tr>
<tr>
<td>Resource Centre – Hants – Winchester</td>
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</tr>
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</tr>
<tr>
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<td>EOC (Bucks/Oxon)</td>
</tr>
<tr>
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<td>EOC (Berkshire)</td>
</tr>
<tr>
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<td>Clinical Services</td>
</tr>
<tr>
<td>Resource Centre – Berks – Wexham</td>
<td>Clinical Education / Training</td>
</tr>
<tr>
<td>Resource Centre – Berks – Wexham</td>
<td>Other (Please State)</td>
</tr>
</tbody>
</table>

#### Reasons for Absence *(select from the list below)*

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S10</td>
<td>Anxiety/stress/depression/other psychiatric illnesses</td>
</tr>
<tr>
<td>S11</td>
<td>Back Problems</td>
</tr>
<tr>
<td>S12</td>
<td>Other musculoskeletal problems</td>
</tr>
<tr>
<td>S13</td>
<td>Cold, Cough, Flu - Influenza</td>
</tr>
<tr>
<td>S14</td>
<td>Asthma</td>
</tr>
<tr>
<td>S15</td>
<td>Chest &amp; respiratory problems</td>
</tr>
<tr>
<td>S16</td>
<td>Headache / migraine</td>
</tr>
<tr>
<td>S17</td>
<td>Benign and malignant tumours, cancers</td>
</tr>
<tr>
<td>S18</td>
<td>Blood disorders</td>
</tr>
<tr>
<td>S19</td>
<td>Heart, cardiac &amp; circulatory problems</td>
</tr>
<tr>
<td>S20</td>
<td>Burns, poisoning, frostbite, hypothermia</td>
</tr>
<tr>
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</tr>
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<td>S22</td>
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</tr>
<tr>
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<td>S25</td>
<td>Gastrointestinal problems</td>
</tr>
<tr>
<td>S26</td>
<td>Genitourinary &amp; gynaecological disorders</td>
</tr>
<tr>
<td>S27</td>
<td>Infectious diseases</td>
</tr>
<tr>
<td>S28</td>
<td>Injury, fracture</td>
</tr>
<tr>
<td>S29</td>
<td>Nervous system disorders</td>
</tr>
<tr>
<td>S30</td>
<td>Pregnancy related disorders</td>
</tr>
<tr>
<td>S31</td>
<td>Skin disorders</td>
</tr>
<tr>
<td>S32</td>
<td>Substance abuse</td>
</tr>
</tbody>
</table>
**RETURN TO WORK INTERVIEW FORM**

### EMPLOYEE DETAILS

<table>
<thead>
<tr>
<th>Name:</th>
<th>Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Base:</th>
<th>Emp No:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manager:</th>
<th>Spare:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ABSENCE DETAILS

<table>
<thead>
<tr>
<th>First day of absence:</th>
<th>Last day of absence:</th>
<th>Date of return to work:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Hours Lost:</th>
<th>No. of sessions / Days Lost:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has this absence triggered the absence procedure?</th>
<th>Indicate which stage:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reason for absence</th>
<th>Self Certification Form completed</th>
<th>Fitness Certificate supplied</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(for up to 7 calendar days):</td>
<td>(for more than 7 calendar days):</td>
</tr>
<tr>
<td></td>
<td>Yes/No</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has a doctor been consulted?</th>
<th>If so, what was the medical opinion:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was a referral made to Occupational Health?</th>
<th>If so, what was the advice:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are any short-term adjustments needed to your work?</th>
<th>If so, what was the advice:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any further support required:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### COMMENTS / ACTIONS / ADVICE

[consider: referral to Occ. Health, temp adjustment to role, corrective measures following accident at work, agreed timescales for improvement]

### MANAGER/SUPERVISOR

I confirm the above notes represent an accurate record of the issues discussed and the actions undertaken / recommended

<table>
<thead>
<tr>
<th>NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EMPLOYEE

I confirm the sickness summary is an accurate record of my absence history and the notes above are an accurate record of the issues, also confirm I have not worked for an additional employer during this period.

<table>
<thead>
<tr>
<th>NAME</th>
<th>SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DATA PROTECTION

The Return to Work Interview form complies with the SCAS ‘Managing Sickness Absence’ framework. South Central Ambulance Service (SCAS) processes the information provided on this form and on medical certificates for the purposes of meeting its legal obligations. In particular, individual data is disclosed to Line managers for the purpose of responding appropriately and fairly to an individual’s overall level of sickness absence and for the appropriate management of their health and safety at work. Aggregate data is produced to identify issues and trends within SCAS in order to ensure the health, safety and welfare of employees and to ensure a safe working environment.
Selection List for Completing Form

### Base Locations (select from the list below)

<table>
<thead>
<tr>
<th>Scheduling Centre (Hants)</th>
<th>PTS Shaping Health Services (Bucks/Oxon)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduling Centre (Bucks/Oxon)</td>
<td>PTS Oxon Call Centre</td>
</tr>
<tr>
<td>Scheduling Centre (Berk)</td>
<td>PTS Oxford</td>
</tr>
<tr>
<td>Resource Centre – Hants – Alton</td>
<td>PTS – Hants – Southampton</td>
</tr>
<tr>
<td>Resource Centre – Hants – Andover</td>
<td>PTS – Hants – Control</td>
</tr>
<tr>
<td>Resource Centre – Hants – Basingstoke</td>
<td>PTS – Hants – Basingstoke</td>
</tr>
<tr>
<td>Resource Centre – Hants – Fareham</td>
<td>PTS Business Unit – Hants</td>
</tr>
<tr>
<td>Resource Centre – Hants – Gosport</td>
<td>PTS Business Unit – Bucks/Oxon</td>
</tr>
<tr>
<td>Resource Centre – Hants – Havant</td>
<td>PTS – Bucks – Milton Keynes</td>
</tr>
<tr>
<td>Resource Centre – Hants – Hightown</td>
<td>PTS – Bucks – Mid &amp; South</td>
</tr>
<tr>
<td>Resource Centre – Hants – Hythe</td>
<td>PTS – Bucks – Heathenwood &amp; Wexham</td>
</tr>
<tr>
<td>Resource Centre – Hants – Lymington</td>
<td>PTS – Berks – Oxford</td>
</tr>
<tr>
<td>Resource Centre – Hants – Nursling</td>
<td>PTS – Berks – London</td>
</tr>
<tr>
<td>Resource Centre – Hants – Peterfield</td>
<td>PTS – Berks – Consortium WEST</td>
</tr>
<tr>
<td>Resource Centre – Hants – Portsmouth</td>
<td>PTS – Berks – Consortium EAST</td>
</tr>
<tr>
<td>Resource Centre – Hants – Ringwood</td>
<td>PTS – Berks – Consortium Central</td>
</tr>
<tr>
<td>Resource Centre – Hants – Whitchurch</td>
<td>PTS – Berks – Call Centre</td>
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</tr>
<tr>
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<td>Other (Please State)</td>
</tr>
</tbody>
</table>

### Reasons for Absence (select from the list below)

<table>
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<tr>
<th>Reason</th>
<th>Description</th>
</tr>
</thead>
<tbody>
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<tr>
<td>S32</td>
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</tr>
</tbody>
</table>
### EQUALITY IMPACT ASSESSMENT FORM: SECTION ONE – SCREENING

**Name of Function, Policy or Strategy:** Management of Sickness Absence  
**Officer completing assessment:** Geraldine Shepherd  
**Telephone:** 01869 365056

<table>
<thead>
<tr>
<th>1. What is the main purpose of the strategy, function or policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidance for all managers and staff in relation to all procedures and options, formal and informal in relation to sickness absence and how other policies relate.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. List the main activities of the function or policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Notification of absence; management of intermittent short-term absence; management of long-term absence; managing return to work; managing termination from work on grounds of capacity due to ill health.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Who will be the main beneficiaries of the strategy/function/policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All managers and employees of the Trust.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Use the table overleaf to indicate the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group; ie, it could disadvantage them?</td>
</tr>
<tr>
<td>b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?</td>
</tr>
<tr>
<td>Protected Characteristic</td>
</tr>
<tr>
<td>--------------------------</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
</tr>
<tr>
<td>Women</td>
</tr>
<tr>
<td>Men</td>
</tr>
<tr>
<td><strong>RACE</strong></td>
</tr>
<tr>
<td>Asian or Asian British people</td>
</tr>
<tr>
<td>Black or Black British people</td>
</tr>
<tr>
<td>Chinese people and other people</td>
</tr>
<tr>
<td>People of Mixed Race</td>
</tr>
<tr>
<td>White (inc Irish) people</td>
</tr>
<tr>
<td>Disabled People</td>
</tr>
<tr>
<td>Lesbians, gay men and bisexuals</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
</tr>
<tr>
<td>Older People (60+)</td>
</tr>
<tr>
<td>Younger People (17 to 25) and children</td>
</tr>
<tr>
<td>Faith Groups</td>
</tr>
<tr>
<td>Equal Opportunities and/or improved relations</td>
</tr>
</tbody>
</table>

**Notes:**
Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.
5. If you have indicated that there is a negative impact, is that impact:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal</strong> (it is not discriminatory under anti-discriminatory law)</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td><strong>Intended</strong></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td><strong>Level of Impact</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Low</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

6a) Could you minimise or remove any negative impact that is of low significance? Explain how below:

Clear, simple language used. Line managers support and guide their staff to understand what has been written in the policy and the impact/effect it would have on them.

6b) Could you improve the strategy, function or policy positive impact? Explain how below:

By using clear and simple language.

7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How?

N/A

Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.

Signed: ....................................................................................................................................................

Name: .....................................................................................................................................................

Date: .....................................................................................................................................................
EQUALITY IMPACT ASSESSMENT FORM SECTION TWO: FULL ASSESSMENT

Name of Function, Policy or Strategy: Management of Sickness Absence

Officer completing assessment: Geraldine Shepherd

Telephone: 01869 365056

Part A

1. Looking back at section one of the EIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

<table>
<thead>
<tr>
<th>Equality Target Groups</th>
<th>Summary of consultation planned or taken place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>None – conclusions based on experience and discussion with HR peers, including E&amp;D Manager.</td>
</tr>
<tr>
<td>Race</td>
<td>As above</td>
</tr>
</tbody>
</table>

2. Summarise the likely negative impacts:

- Possible disproportionate effect on sickness levels for those with caring responsibilities – perceived or otherwise. Possible difficulties with understanding relating to language problems and/or learning disabilities. No perceived issues relating to other groups.

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what it noted about the likely negative impact?

South Central Ambulance Service Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR
Equal Opportunities Policy – Final November 2016 – EIA – I
<table>
<thead>
<tr>
<th>Equality Target Groups</th>
<th>Summary of consultation planned or taken place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>As above</td>
</tr>
<tr>
<td>Sexuality/Transsexuality</td>
<td>N/A</td>
</tr>
<tr>
<td>Older People</td>
<td>N/A</td>
</tr>
<tr>
<td>Younger People</td>
<td>N/A</td>
</tr>
<tr>
<td>Faith</td>
<td>N/A</td>
</tr>
</tbody>
</table>

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

   Standard 21-day consultation with all staff is planned prior to policy being approved and signed off.

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

<table>
<thead>
<tr>
<th>Equality Target Groups</th>
<th>Title / type of / details of research/report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td></td>
</tr>
<tr>
<td>Sexuality/Transsexuality</td>
<td></td>
</tr>
<tr>
<td>Older People</td>
<td></td>
</tr>
<tr>
<td>Younger People</td>
<td></td>
</tr>
<tr>
<td>Faith</td>
<td></td>
</tr>
</tbody>
</table>
6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

☐ Yes (Please list them and explain how you will obtain their views)

..................................................................................................................................................................................

..................................................................................................................................................................................

☒ No

Part B

Complete this section when consultation and research has been carried out

7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.

7b. As a result of this assessment and available evidence, is it important that the Trust commissions specific research on this issue or carries out monitoring/data collection?  
(You may want to add this information directly on to the action plan at the end of this assessment form)

..................................................................................................................................................................................

..................................................................................................................................................................................

..................................................................................................................................................................................

8. Will the changes planned ensure that negative impact is:

Legal?  
(not discriminatory, under anti-discriminatory legislation) ☐

Intended? ☐

Low impact? ☐

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes ☐  No ☒

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

..................................................................................................................................................................................

..................................................................................................................................................................................

..................................................................................................................................................................................

South Central Ambulance Service Foundation Trust
Unit 7 & 8, Talisman Business Centre, Talisman Road, Bicester, Oxfordshire, OX26 6HR
Equal Opportunities Policy – Final November 2016– EIA – III
Please complete the action plan below, sign the EIA, retain a copy and send a copy of the full EIA and Action Plan to the Trust’s Equality Lead.

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

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

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

### EIA ACTION PLAN

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action Required</th>
<th>Lead Officer</th>
<th>Timescale</th>
<th>Resource Implications</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Difficulties of understanding</td>
<td>Plain English, simple language</td>
<td>JMac</td>
<td>During drafting</td>
<td>Built into process</td>
<td></td>
</tr>
<tr>
<td>Ditto</td>
<td>Managers to support staff to understand</td>
<td>JMac</td>
<td>In use, ongoing</td>
<td>Time</td>
<td></td>
</tr>
</tbody>
</table>

Please continue on another sheet if you need to.