

Policy No. (HR14) Sickness Absence Management Policy and Procedures

The following personnel have direct roles and responsibilities in the implementation of this policy:

- All Trust Staff

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University Hospitals of North Midlands

NHS Trust

Statement on Trust Policies to be included in all policies

Staff Side and Trade Unions

The University Hospitals of North Midlands NHS Trust is committed to ensuring that, as far as is reasonably practicable, the way in which we provide services to the public and the way in which we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

Equality and Diversity

The University Hospitals of North Midlands aims to promote equality and diversity and value the benefits this brings. It is our aim to ensure that all staff feel valued and have a fair and equitable quality of working life.

Equality Impact Assessment

The organisation aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. The Equality Impact Assessment tool is designed to help you consider the needs and assess the impact of your policy.

Information Governance

Any Trust policy which impacts on or involves the use and disclosure of personal information (patient or employee) must make reference to and ensure that the content of the policy is comparable with the relevant statutory or legal requirement and ethical standards

Data Protection Bill, General Data Protection Regulations (GDPR) and the NHS Code of Confidentiality

GDPR replaces the EU Data Protection Directive of 1995 and supersedes the law of member states that were developed in compliance with the Data Protection Directive 95/45/EC. Its purpose is to protect the "right and freedom" of natural persons (i.e. living individuals) and to ensure that personal data is not processed without their knowledge, and, wherever possible, that it is processed with their consent.

Processing includes holding, obtaining, recording, using and disclosing of information and applies to all forms of media, including paper and images. It applies to confidential patient information but is far wider in its scope, e.g. it also covers personal records

Whiles GDPR applies to both patient and employee information, the Confidentiality Code of Practice (COP) applies only to patient information. The COP incorporates, the requirements of GDPR and other relevant legislations together with the recommendations of the Caldicott report and medical ethics considerations, in some cases extending statutory requirements and provides detailed specific guidance.

Freedom of Information Act 2000

The Freedom of Information Act 2000 (FOIA) is an Act which makes legal provision and creates a legal gateway and timetable for the disclosure, to the public, of the **majority** of corporate information held (but not necessarily created) by this Trust. The Trust has a legal

responsibility to proactively provide a large amount of information to the public and to proactively respond to specific requests for information. Information will not be disclosed when the Trust can claim legal exemption. Any non-disclosure must be conveyed in writing; quoting the relevant exemption together with signposting to internal and external methods of complaint. Locally, guidance on the DPA, FOIA and COP can be obtained from the Information Governance Manager or the Caldicott Guardian.

Mental Capacity Act

Any Trust policy which may affect a person who may lack capacity should comply with the requirements of the Mental Capacity Act 2005 (MCA)

The MCA and its associated Code of Practice provides the framework for making decisions on behalf of individuals who lack the mental capacity to do these acts or make these decisions for themselves. Everyone working with and/or caring for adults who lack capacity, whether they are dealing with everyday matters or life-changing events in the lives of people who lack capacity must comply with the Act.

In a day to day context mental capacity includes making decisions or taking actions affecting daily life – when to get up, what to wear, what to eat etc. In a legal context it refers to a person's ability to do something, including making a decision, which may have legal consequences for the person lacking capacity, or for other people.

The Code provides guidance to all those working with and/or caring for adults who lack capacity, including family members, professionals and carers. It describes their responsibilities when acting or making decisions with, or on behalf of, individuals who lack the capacity to do this for themselves. In particular, it focuses on those who will have a duty of care to a person lacking capacity and explains how the legal rules set out in the Act will work in practice.

The Health Act: Code of Practice for the Prevention and Control of Health Care Associated Infections

The purpose of the Code is to help NHS bodies plan and implement how they can prevent and control HCAI. It sets out criteria by which managers of NHS organisations are to ensure that patients are cared for in a clean, safe environment, where the risk of HCAI is kept as low as possible. Failure to observe the Code may either result in an Improvement Notice being issued by the Care Quality Commission, or in the Trust being reported for significant failings and placed on 'Special Measures'.

The Code relates to healthcare provided by all NHS bodies. Each NHS body is expected to have systems in place sufficient to comply with the relevant provisions of the Code, so as to minimise the risk of HCAI to patients, staff and visitors.

The Trust Board must have an agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks.

Effective prevention and control of HCAI must be embedded into everyday practice and applied consistently by all staff.

Human Rights

The Trust is committed to the principles contained in the Human Rights Act. We aim to ensure that our employment policies protect the rights and interests of our staff and ensure that they are treated in a fair, dignified and equitable way when employed at the Trust.

Sustainable Development

The University Hospitals of North Midlands NHS Trust (UHNM) is committed to

demonstrating leadership in sustainability and has a Trust Board approved Sustainable Development Management Plan (SDMP): Our 2020 Vision: Our Sustainable Future which sets out the route to developing a world-class healthcare system that is financially, socially and environmentally sustainable.

There are three 'Key Priorities' to aim for by 2020. With the help of employees, key partners and other stakeholders the trust will embed opportunities to:

1. Reduce our environmental impact, associated carbon emissions and benefit from a healthier environment;
2. Improve the resilience of our services and built environment as a result of severe environmental and climatic changes;
3. Embed sustainable models of care and support our local community to be well-connected, healthy, resilient, independent and managing their lives in a positive way.

The SWITCH campaign is designed to achieve these priorities. It is relevant to all departments and all members of staff. The focus is on using resources sustainably in order to provide better patient care, improve health and our working environment.

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1. INTRODUCTION

University Hospitals of North Midlands NHS Trust (UHNM) is committed to providing the highest standards of patient care possible to the public it serves. In order to achieve this, the Trust recognises that regular sickness management of its employees is crucial.

UHNM attaches the greatest importance to the health, safety, welfare and wellbeing of all staff and shall endeavour to do all that is practicable to promote and achieve this and aims to promote equality and diversity, and value the benefits that this brings. It is our aim to ensure that all staff feel valued and have a fair and equitable quality of working life.

It is recognised that employees are committed to achieving full attendance. The purpose of this document is to provide a framework whereby managers and staff can recognise sickness management difficulties and work together to take appropriate action enabling regular sickness management to be achieved and maintained.

It is the intention of this policy and procedure to ensure that all employees are treated fairly and consistently in matters relating to sickness absence. It is considered that adherence to an agreed procedure is in the interests of both the Trust and its staff.

The policy should be read in conjunction with the following policy and procedure documents as appropriate.

HR01 - Disciplinary Procedure
HR02 - Dignity at Work
HR03 - Grievance and Disputes Policy
HR11 - Parental/Maternity Leave Policy
HR18 - Maintaining High Professional Standards in the Modern NHS: Disciplinary and Management of Performance Policy and Procedure for Medical and Dental Staff
HR21 - Trust Alcohol and Substance Abuse and Misuse Policy
HR29 - Capability
HR47 - Flexible Working Policy
HR52 - Leave Policy
F05 - Anti-Fraud Policy
HS01 - Health & Safety Policy
Step by Step Guide to Managing Absence (available on the Trust intranet)

2. STATEMENT

- 2.1 It is the duty of each employee to ensure regular attendance at work in accordance with their contract of employment.
- 2.2 It is recognised that staff may on occasions be unable to attend work due to illness, injury or urgent and unforeseen circumstances.
- 2.3 All employees of the Trust will be made aware of the Sickness Absence Management Policy and the procedure for notification of absence within their own department/directorate, as part of their induction programme and through staff meetings.
- 2.4 Employees who are unable to attend work will be treated fairly, consistently and sensitively. Attendance difficulties should be managed in partnership with individuals to ascertain any underlying issues and to work towards positive solutions.

3. SCOPE

This policy applies equally to all Trust employees and is part of the Trusts on-going commitment to Equal Opportunities and Improving Working Lives.

4. DEFINITIONS

4.1 Short term sickness absence is regarded as any period lasting fewer than 28 calendar days including days not normally worked. A medical certificate is required for any absence in excess of 7 calendar days.

4.2 Long term sickness absence is regarded as any continuous period lasting 28 or more calendar days including days not normally worked. A medical certificate is required for this period of absence.

4.3 Planned sickness absence

This includes health problems that require an operation or treatment programme which may have a recognised period of expected recovery or duration.

4.4 A sickness day/part day absence

A member of staff is considered as having taken a sickness day when, because of ill health, they have been unable to work their daily hours of work/shift. Where a member of staff has carried out more than half of their daily hours of work/shift but is unable to complete the remainder because of illness, this day will not be recorded as sickness absence (although a record will need to be kept locally for health monitoring purposes in case there is a pattern)

4.5 Rolling Year

This means the last twelve month period prior to a period of sickness absence. –The Manager should then conduct the appropriate review where trigger points have been activated. It is **not** based on financial years or calendar years.

4.6 Medical Suspension

When a member of staff is deemed unfit to work due to reasons of ill health, the manager, after seeking Occupational Health advice, has a right to enforce a period of absence until an accurate medical opinion can be obtained.

This absence will be counted as suspension from duty for medical reasons. It will be counted as sickness absence unless the Occupational Health Department confirm that the individual is/was in fact fit to attend work at the time of the enforced absence.

5. ROLES AND RESPONSIBILITIES

5.1 Trust Board

The responsibility for the provision of the Sickness Absence Management Policy rests with the Trust Board. It is the responsibility of the Trust Board to ensure that the Policy is implemented through the Trusts Line Management structure.

5.2 Human Resources Directorate

5.2.1 It is the responsibility of the HR Directorate to provide initial training and on-going support in the application of the Policy in individual cases, for all managers. It is the responsibility of the HR Directorate to ensure that the Policy is regularly developed and updated.

5.2.2 To work with the employee, the manager, the Occupational Health Department and where applicable, the staff representative to facilitate a return to work as soon as possible.

5.3 Managers

A manager, for the purpose of this policy means anyone who supervises or manages staff and it is their responsibility to:

- 5.3.1 Ensure that they and their employees are familiar with and fully understand the Sickness Absence Management policy and their individual responsibilities and comply with all requirements.
- 5.3.2 Take timely appropriate action to deal with absence from work, balancing the needs of the individual with the needs of the service and maintaining regular contact with the employee (frequency of contact to be agreed between the manager and the employee).
- 5.3.3 Monitor and record the absence reason of staff for whom they are responsible and investigate the reasons behind individual and overall trends and patterns of absence and where possible take measures to alleviate these. For example stress, environmental factors, working relationships, organisational issues. Episodes should not be recorded as unknown.
- 5.3.4 To be aware of their responsibilities under the Health & Safety at Work Act (see Health & Safety Policy) ensuring all reasonable steps have been taken to provide a safe and healthy workplace for employees.
- 5.3.5 Maintain accurate sickness absence records and undertake sufficient analysis to highlight any trends, causes or reasons which might affect absence levels.
- 5.3.6 It may be appropriate for Managers to consider withholding overtime offered to an individual following a period of absence (short or long term), considering the employees welfare. Before such action is taken advice from the HR Department should be taken.
- 5.3.7 Undertake and document return to work interviews after each absence episode and ensure payroll returns are made promptly.

5.4 Employees

- 5.4.1 Maximise their attendance at work in accordance with their contract of employment and Trust policies.
- 5.4.2 To be aware of the Sickness Absence Management policy and to comply with its requirements, ensuring provision of full reason for absence, timely and concurrent self-certification forms and medical certificates (Appendices 2, 3)
- 5.4.3 Is required to attend Occupational health meetings and sickness absence meetings when requested to do so by their manager.
- 5.4.4 Ensure they take responsibility for their own health and wellbeing and adhere to any medical advice and treatment in order to facilitate a return to work.
- 5.4.5 To refrain from any activity which may delay, exacerbate or hinder their recuperation.
- 5.4.6 If the employee intends to undertake secondary employment during a period of sickness they must inform their line manager that they intend to work elsewhere and the GP/Fit Note must be provided immediately to confirm that the staff member is fit to carry out their secondary role. Failure to declare may result in disciplinary action in conjunction with the Trust's Anti-Fraud Policy (F05).

5.5 Trade Union Representatives

- 5.5.1 Support their member and provide advice on the policy.
- 5.5.2 Negotiate, raise concern, or provide support on a member's behalf as necessary in relation to the application of the policy.
- 5.5.3 Advise members of staff of help available to them.

- 5.5.4 Ensure representation is available at all levels of the policy, should the member of staff wish to be accompanied.

5.6 Occupational Health and trigger points for referral (see appendices 6, 7, 8, 9, 10)

- 5.6.1 To provide confidential, impartial support and guidance to both staff and managers regarding the health and wellbeing of staff in the workplace and the impact on the employee's fitness to work.
- 5.6.2 Provide advice on rehabilitation procedures, redeployment, phased returns to work including workplace assessments where appropriate.
- 5.6.3 Where redeployment is appropriate, the employee will be placed on the Trust's Redeployment Register and if so, this would be for a minimum period of four weeks and for no longer than 12 weeks. In that time, options will be explored, by way of the Trust's redeployment process, for available suitable alternative employment with UHNM at the same banding (or below). When an employee is placed on the Redeployment Register they will be provided with information in respect to the Trust's redeployment process. If an employee is matched to an available alternative post then they would be required to have an interview with the hiring manager. If successful at interview, the employee will start in the new post by way of an internal transfer. Should the employee be unsuccessful at interview, and if they do not secure suitable alternative employment with UHNM during the remainder of their time on the Register, the next stage under this policy would be a stage 3 hearing.
- 5.6.4 Signpost advice and support available from other professionals to the employee and manager.
- 5.6.5 All cases of musculoskeletal disorders (including back related problems) and mental health disorders should be referred to Occupational Health as soon as they are identified for early intervention support.
- 5.6.6 All other episodes of sickness absence should be referred to Occupational Health when **4 weeks** of continuous absence has been reached.

N.B. Early referral is beneficial

6. EDUCATION/TRAINING AND PLAN OF IMPLEMENTATION

In order to ensure that all managers, employees and Trade Union representatives implement this policy and procedure in an appropriate and agreed manner, the Trust will endeavour to organise seminars and training sessions or will give guidance and individual training as and when necessary.

Any formal training will be recorded on the employees file, usually ESR.

7. MONITORING AND REVIEW ARRANGEMENTS

7.1 Monitoring Arrangements

This policy will be monitored on an on-going basis via information available from e-rostering, advice and queries sought, information from case reviews and Trade Union Representatives and personnel file audits and will be formally reviewed for consistency on an annual basis.

7.2 Review

This policy may be amended at any stage, usually with agreement from staff side. In any event the policy will be reviewed and updated in line with any changes to legislation or as deemed necessary or in three years.

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PROCEDURES

NOTIFICATION, RECORDING AND CERTIFICATION OF SICKNESS ABSENCE

1. Managers will ensure that employees are clear as to the arrangements for notifying and reporting of sickness absence including providing self-certification and medical certificates at the appropriate time and employees will comply with the arrangements and who to report to, including during unsociable hours.
2. If an employee fails to comply with the notification arrangements without good cause, this leave will be counted as unauthorised absence and the Manager should notify payroll in order that payment can be suspended. Advice from Human Resources should be sought before advising payroll to suspend payment.
3. Managers will have discussions with individuals whose absence levels are unacceptable in order to assist them to improve and/or sustain their attendance at work.
4. Through appropriate risk assessments and pro-active health and safety initiatives in conjunction with Occupational Health, Managers will ensure that they take all reasonable steps to provide a safe and healthy work environment for employees.
5. If a member of staff comes into work and chooses to go home ill after they have done 50% of their shift or the manager chooses to send the employee home prior to completing 50% of their shift, the following applies:
 - The day is not recorded as a day of sickness absence for trigger purposes, but the Manager should make a note on the relevant electronic attendance management system to ensure a pattern can be detected if one develops.
 - Nothing is recorded on the payroll documents (if relevant) as it is not a day of sickness absence.
 - If the person does not come into work the following day this would be booked as sickness absence for both trigger purposes on the payroll documents (if relevant) as the first day of the absence.
6. If a member of staff comes into work and goes home ill before they have done 50% of their Shift the following applies:
 - The day is recorded as a day of sickness absence for trigger purposes and the Manager should make a note on the relevant electronic attendance management system to reflect this.
 - Nothing is recorded on the payroll document (if used) as it cannot be counted as sickness for payment purposes re OSP and SSP.
 - If the person does not come into work the following day this would be booked as sick on the turnaround for payroll as the first day of the absence but for trigger purposes will be considered as the second day of sickness absence.
7. With regard to **evidenced** hospital outpatient/clinical appointments, where booking of such appointments falls within the control of the member of staff, such appointments will be authorised on a time owing/payback basis. Where the booking of such appointments falls entirely outside the control of the member of staff, then authorisation to attend such appointments will be granted without the requirement for payback of time owing. However the duration, frequency and regularity of such appointments will be monitored and regularly reviewed by Managers and no more than 3 appointments of this nature will be granted in a 12 month period.
8. Maintain mutually agreed contact with the employee on a regular basis throughout the period of absence to aid an eventual return to work process.
9. The employee must speak directly to their Line Manager or designated person in line with locally agreed reporting procedures as soon as they know they will not be attending to work and no

later than within 1 hour before start time where practicably possible and no later than 3 hours before start time for night shifts. In the case of medical staff, the employee must also speak directly to their Clinical Rota-Coordinator. It is not acceptable for the employee to leave messages with any other member of staff, nor is it acceptable for the employee to request a third party to ring on their behalf. The only exception is, if the employee is seriously ill and unable to do so. If the employee fails to advise the Trust that they are absent, this will result in the absence being unauthorised and pay will be withheld.

10. The employee must contact their Line Manager the day their sickness ends. Failure to do so may result in non-working days being included in their sickness absence record un-necessarily, i.e. the employee is fit for work on Friday and does not ordinarily work on Saturday and Sunday. The employee intends to return to work on Monday, the employee must inform his/her Line Manager on Friday that he/she is fit for work and will return to work on Monday.
11. **1-7 Calendar day's absence**
A self-certification is required. These are on page 2 of the Return to Work forms (Appendix 2). It should be noted that the Trust has the right in certain circumstances to withdraw the right to self-certify. Advice from HR should be taken prior to this right being exercised.
12. **Over 7 calendar day's absence**
A medical certificate is required to cover the absence from day 8 onwards. It is the responsibility of the individual to ensure that this is received by their manager within 3 calendar days and runs concurrently with the expiry date of previous certificates. Failure to comply will result in pay being withheld until a certificate is produced and a reasonable explanation is given for the delay. (Appendix 3, Fit Note Guidance)

When a member of staff is on sickness absence, no secondary work should be undertaken during the period of sickness. On occasion, secondary employment is specified and allowed on the GP/Fit note covering that particular absence and it is the responsibility of the individual to inform their manager immediately and produce the medical certificate.

Where a staff member is found to be working elsewhere whilst in receipt of sickness pay from the NHS and GP/Fit Note must be provided to confirm the staff member's eligibility to work, the Trust Counter Fraud Officer may be notified to carry out further investigation into the matter.

Dishonestly working elsewhere whilst in receipt of sickness pay may be treated as gross misconduct and/or a fraud by false representation and may result in disciplinary action or criminal prosecution.

13. **SICKNESS OCCURRING DURING ANNUAL LEAVE OR BANK HOLIDAYS AND ANNUAL LEAVE WHILST OFF SICK**

In accordance with Agenda for Change Terms and Conditions (paragraph 14.9) employees will **not** be entitled to an additional day off if sick on a Bank Holiday. However annual leave as dictated by the Working Time Regulations does accrue whilst an employee is off sick. Annual leave can be requested and taken in the usual way whilst off sick.

14. **RETURNING TO WORK INTERVIEWS** (Appendix 2)

On the day of return to work or as soon as practically possible following any period of sickness, the employee should inform his/her Manager or nominated Deputy in person, that they have returned. The Manager will then welcome them back and hold a return to work meeting, a written record will be kept on the personal file. The key purpose of this is to support the employee in maintaining an appropriate level of attendance at work and to inform them of the policy trigger points and the next steps in the formal procedure if they have triggered a formal stage.

In accordance with Policy C17, Trust policy for Duty Rota Administration, Staff should not work any additional hours, over and above their contracted hours, for a period of one week, following a

period of short term sickness. This includes both overtime, extra shifts via the POOL and Bank Shifts. This period may be extended dependent upon individual circumstances, following discussions with Occupational Health, HR and staff-side.

15. RIGHT OF ACCOMPANIMENT

At stage 1 it is not usually necessary for employees to be accompanied. However, if an individual wishes to be accompanied this would not be refused.

At stage 2 of the procedure, employees have the right to be accompanied by their staff side organisation, Trade Union Representative or work colleague. They must be notified of this right and may then choose whether or not to exercise it. It is the employee's responsibility to make timely arrangements to be accompanied.

In extraordinary circumstances the employee could send a representative, or representation can be made in writing during the formal stages of the procedure. Advice should be sought from Human Resources in such cases.

16. EQUALITY ACT 2010 - DISABILITY AND REASONABLE ADJUSTMENTS

In managing sickness absence, the Trust must take into account the provisions of the Equality Act 2010 and all subsequent amendments. Under the Act, employers must take care not to discriminate against people with disabilities. The Trust has a duty to make reasonable adjustments to working practice and premises to accommodate disabled employees. In any case where an employee declares that they have a disability, additional care must be taken to avoid discrimination and to provide relevant additional support to enable the employee to remain in work wherever this is reasonably possible. (Appendix 4)

17. OCCUPATIONALLY ACQUIRED / NOTIFIABLE / INFECTIOUS ILLNESSES

Occupationally acquired illness or infection (e.g. Diarrhoea & Vomiting, Norovirus) should be excluded from the triggers when the following conditions occur:

- Where a documented link was established at the time of illness/infection by the Infection Control team and/or Occupational Health department
- When the employee has had confirmation of a positive specimen by their GP. Written confirmation of the results will be required.

Where the advice requires the member of staff for purposes of infection control to remain off work for a period after expiry of symptoms, this period will be regarded as a medical exclusion with pay and not as sick leave and recorded as such.

Failure by the employee to provide a sample or production of a negative sample will result in the period of absence being counted towards the triggers for sickness.

18. WORK RELATED INJURY/ABSENCE

Injury Allowance (IA) forms part of NHS Staff Terms and Conditions of Service (Section 22), and is payable when an employee is on authorised sickness absence or on a phased return to work with reduced pay or no pay due to an injury, disease or other health condition that is wholly or mainly attributable to their NHS employment. There is no qualifying period for payment of IA; all employees are covered from their first day of employment.

IA is paid as an income top-up to eligible staff. The allowance will top up NHS sick pay (or earnings when on reduced pay) and certain other income i.e. contributory state benefits, to 85% of pay. The allowance is limited to the period of the employment contract only and restricted to a

period of up to 12 months per episode, subject to absence management, return to work and rehabilitation policies.

In all cases of accident/adverse incident, it is essential that an accident/adverse incident form is completed immediately after the incident giving full details of where and how the injury occurred.

Injuries and eligibility for IA will form part of the Trust's absence management procedures and absence review discussions, alongside appropriate medical advice. In assessing potential entitlement to IA, the line manager, with advice and support from Human Resources, will determine whether an absence is wholly and mainly attributable to the duties of employment and if eligible, when any payment of IA would commence.

To support the decision making process, the line manager, will need to obtain copies of the following:

- Accident report (s)
- Occupational health reports
- Job description including location of work, duties of employment and training records etc
- Absence record
- A full statement of events from the employee explaining what injury/disease they are claiming for and the circumstances leading to the claim
- Additional supporting and corroborating evidence, for example, witness statements, DWP benefit statements, health and safety reports, copies of relevant letters and correspondence relating to any other medical advice received

Employees are required to provide all relevant information, including medical evidence that is in their possession or that can reasonable be obtained, to support the line manager in determining the claim. (A template claim form is attached appendix 5.)

It will be expected that any person in receipt of IA will pursue claims for all benefits wherever eligibility may exist. Outline details of Social Security Benefits are contained in the booklet "Which Benefit" available from Post Offices. It is vital that the Trust is kept informed of any Social Security Benefit situation, both those which are being received and those for which an application has been made, in order to prevent an overpayment of an award which would then have to be recovered. Copies of any Benefits Agency statements should be sent to the payroll office as soon as possible. Failure to declare benefits received will not only result in overpayments being made which will be recovered but will also be regarded by the Trust as Fraud and a prosecution will be pursued.

If an employee disagrees with the outcome of a decision about IA, it should be handled under the Trust's Grievance and Disputes Policy (HR03).

19. COSMETIC / PRIVATE SURGERY – NOT MEDICALLY REQUIRED

Cosmetic Surgery – Where an employee plans to arrange cosmetic or private surgery that is not medically required which may include cosmetic surgery, laser eye surgery, vasectomy reversal, etc. that will require time off work, paid sick leave will not apply and the employee will be expected to take annual leave.

Time taken should be booked in advance as annual leave in line with normal departmental annual leave procedures. The leave booked must cover the period required for both the surgery itself and the recovery time required and managers may request evidence of the total anticipated time required for this before agreeing to the annual leave request.

Cosmetic surgery that is medically required will be recorded and managed as sickness absence.

Fertility Treatment – Following implantation, the woman is regarded as being pregnant. If the IVF is unsuccessful, the protected period under the Equality Act 2010 pregnancy legislation is for 2 weeks after the end of the pregnancy or 2 weeks after the date the woman was informed that

the implantation was not successful. Although there is no statutory right for employees to take time off work for IVF treatment, medical appointments related to IVF will be treated as any other medical appointment. Please refer to point 7, **Notification, Recording and Certification of Sickness Absence**. However, if additional appointments are required, agreement will be made between the manager and employee as to how the time will be taken/repaid if necessary.

20. TEMPORARY ARRANGEMENTS TO FACILITATE A RETURN TO WORK (INCLUDING PHASED RETURNS)

- 20.1** Following a period of long term sickness absence (28 days +), it is important that an individual is properly supported in their return to work. Temporary arrangements to consider that help support an individual in their return to work include:
- Allowing an employee time off to attend medical appointments;
 - Modifying a job description to take away tasks that cause particular difficulty;
 - Offering flexibility in working hours/patterns, i.e. reduced hours, varying start and finish times, working from home or a phased return;
 - Modifying work patterns or management systems and style to reduce pressure and give the employee more control;
 - Transfer of workplace;
 - Acquiring or modifying equipment and tools, including IT, modified keyboards and ensuring suitable access to premises for people using wheelchairs or crutches, providing taxi to and from workplace or giving access to on-site parking;
 - Modifying workstations, furniture, movement patterns;
 - Modifying instructions and manuals;
 - Modifying procedures for testing, assessment and appraisal;
 - Providing the employee with a mentor or 'buddy' while they regain confidence in the workplace;
 - Providing supervision;
 - Reallocating work within the team;
 - Providing alternative work;
 - Social or cognitive support, including access to Occupational Health and counselling services;
 - Extra training and refresher courses, including completion of any statutory and mandatory training that has or is due to expire;
 - Providing support to overcome barriers to returning to the workplace.

Please note that this is not an exhaustive list, but it does provide some alternative arrangements to a phased return. In some circumstances, this could replace the requirement for a phased return at all or minimise the duration of the phased return because the additional support provided by other temporary arrangements helps to facilitate an earlier return to work, where appropriate. However, it is recognised that, on some occasions, the individual may need to return to work on a graduated or phased basis in order to help them to acclimatise back into the workplace, normal working hours should be taken into consideration.

- 20.2** Such temporary arrangements will be discussed and mutually agreed (wherever possible) between the Line Manager and the employee, and guidance from Occupational Health so that the programme of return is supportive and the appropriate medical rationale and benefits of such are understood. Employees returning to work on a phased basis are entitled to normal pay to a maximum of 4 weeks and should be recorded as back on their normal working arrangements. Employees should not work any additional hours where these fall outside of their normal working arrangements and the agreed return to work plan, such as bank hours, overtime, unsocial hours or on-call cover.

If employees wish to extend their phased return outside of the agreed arrangement, they may be able to make a request to use accrued annual leave. In cases where the full annual leave entitlement has not been taken due to sickness absence enduring for all or most of the leave year, only leave accrued under the Working Time Regulations 1998 (a maximum of 20 days or a pro rata'd amount to this effect) can be carried forward into the next leave year. Any leave that is taken during the leave year will be taken as statutory leave, and therefore only leave that is left over from the statutory entitlement can be carried forward into the next leave year. Any statutory leave carried forward must be taken within 18 months of the end of the leave year in which the leave was accrued.

- 20.3** The same principles will apply whether the individual is returning to their current role or to alternative working arrangements on a temporary or permanent basis.
- 20.4** It is important that a realistic timetable is agreed for a phased return based on appropriate medical advice, which could vary between a day and up to four weeks so that both the manager and the individual are clear as to the expected date for return to full duties. Progress against this timetable should then be regularly reviewed and adapted if necessary.
- 20.5** In exceptional circumstances where it is necessary, this period of graduated return can be extended for up to a further 4 weeks. This requires medical advice from the employee's physician to extend the length of their phased return to work programme. In addition to this, Occupational Health need to clarify why it would be beneficial and supportive to the individual. If this is agreed beyond 4 weeks the individual will be required to utilise annual leave outstanding for the current leave year and/or any lieu time accrued to support this.

SICKNESS ABSENCE PROCEDURES

1. Management of sickness absence

- 1.1** At any stage of this procedure the individual or their manager may make a referral to the Occupational Health Department for support, guidance and for appropriate medical advice to help assist the employee to improve their attendance at work. (Appendix 11- guidance for conducting a formal meeting).

Employees will be made aware of trigger points for sickness reviews at their Return to Work interviews.

1.2 Trigger Points (Flowchart Appendix 12)

The following trigger points should be applied consistently across all staff groups.

- Two episodes or 10 working days (pro-rata) of sickness in a rolling six month period
- Four episodes or 10 working days (pro-rata) of sickness in a rolling twelve month period
- An episode of 28 calendar days or more (Management Guidance notes Appendix 15)
- Recognisable patterns of absence/trends

1.3 Stage 1 Sickness Review

If any of the trigger points are activated a stage 1 sickness review meeting will be undertaken by the appropriate manager. It is not necessary at this stage to have a second manager in attendance.

The individual is required to be advised in writing of the meeting and of his/her right to be accompanied by their representative. A minimum of 7 calendar days' notice will be given unless the member of staff member requests to waive notice. If this date is unacceptable to the member of staff, another date will be given within the next 7 calendar days to allow the member of staff to arrange to be accompanied.

If deemed necessary, the member of staff should be referred to the Occupational Health Department for an assessment: they will be asked to determine whether there is an underlying medical reason linking the periods of sickness absence.

Where a report from the Occupational Health Department suggests that the cause(s) of the problem may be eliminated or alleviated by a temporary modification to duties or times worked or by temporary placement, every effort should be made to arrange this by the manager.

At the meeting the manager should re-iterate the reasons for triggering a stage 1 sickness review. The manager should also discuss with the member of staff:

- The reasons for absences and any factors that are affecting this that could be eased through the use of other policies or support available
- Whether the absences may be work related
- The outcomes of the Occupational Health assessment and whether there is an underlying medical reason that links the absences. Where the assessment referral indicates that there is an underlying medical reason that links the absences, then the case should be dealt with in line with the procedure for long term or continuing absence
- The need for improvement in attendance and details of the improvement targets to be met.

The target would be not to activate any other trigger points following the stage 1 meeting, advising that activating a further trigger within this period will trigger stage 2 review.

- Whilst these standards of attendance need to be met, each case will be treated on its merits and any mitigating factors the member of staff puts forward in the face of poor attendance (e.g. disability related absences) must be taken fully into account.
- Any support that the manager or Trust can offer to help the member of staff to achieve the required improvements in attendance should be explored.

The meeting should conclude with the member of staff being notified as follows:

- That despite a previous discussion at Return to Work interviews, unfortunately the individual has not met the required improvement in attendance.
- That the need for their work to be done is paramount and the impact their absences have on the department.
- Of any proposed adjustments and/or support initiatives in line with any advice from the Occupational Health Department and the Equality Act.
- What specific improvement in level of attendance is now required.
- That if this improvement does not occur, it will lead to progression through the procedure and could ultimately lead to dismissal.
- An outline of the content of the meeting will be confirmed and issued in writing by the manager to the member of staff and must include the details of the improvement target to be achieved and confirmation that a stage 2 sickness review meeting may result if the required improvement target is not achieved. A copy will be placed on their personal file.

NB: In cases of sickness exceeding 28 continuous days, the stage 1 sickness review meeting should be held as soon as practicable after the trigger point has been reached.

1.4 Stage 2

If following the Stage 1 sickness review meeting, any of the trigger points are activated a stage 2 sickness review will be set up by the manager. The manager should seek advice from the HR Employee Relations Team at this stage.

The manager is required to refer the member of staff to the Occupational Health Department for an assessment and to review whether the absences are linked by an underlying illness.

A member of the HR Employee Relations team should be notified in advance of this meeting for advice and guidance and, where necessary, HR may be in attendance at the meeting. Managers shall ensure the attendance of a second manager/supervisor/team leader or similar to support the reviewing manager in all circumstances. The member of staff should be advised in writing of his/ her right to be accompanied by an official of a recognised trade union or staff association or a work colleague. A minimum of 7 calendar days' notice will be given. If this date is unacceptable to the member of staff, another date will be given within the next 7 calendar days to allow the member of staff to arrange to be accompanied.

Where there is no underlying medical reason determined to link the periods of sickness absence or acceptable mitigation put forward. The target for improvement should be not to activate any other trigger point following the stage 2 meeting and the member of staff should be advised that failure to achieve the required improvements may result in the termination of employment.

An outline of the content of the meeting will be confirmed and issued in writing by the manager to the member of staff and must include details of the continued monitored and that failure to meet the required level of improvement will lead to further progression through the procedure and this could ultimately lead to termination of employment. A copy will be placed on their personal file.

1.5 Stage 3 (Final review hearing)

If following a stage 2 sickness review meeting, any of the trigger points are activated the employee will be informed that a stage 3 final review hearing will be convened. The member of

staff should be advised that termination of the contract of employment is being considered on the basis of their sickness absence/poor attendance.

Managers are advised that whenever termination of employment is a possible outcome of a Stage 3 final review hearing, advice and support must be sought from the HR Employee Relations team, who will review the case with the presenting manager to ensure that the procedure has been correctly followed and it is reasonable to proceed and will provide support at this stage. The Stage 3 final review hearing will consist of a panel chaired by a Senior Managers / Matron, one other manager and a HR Representative. Managers with cases at this level are required to be at least Band 8a or equivalent to dismiss. Presenting managers may be at any level.

The service of a member of staff may be terminated when absence affects the efficiency of the service.

An updated clinical opinion is required to be obtained from the Occupational Health Department who should be asked to review the member of staff again and provide an update opinion taking the new occasions of absence into account.

In reaching a decision about the appropriate outcome of the meeting the following matters will be taken into consideration:

- The member of staff's absence record
- The content and outcome of the initial discussion and previous formal sickness reviews.
- What opportunity has been given to improve
- All available medical evidence
- Whether there is a diagnosis of an underlying medical condition
- The likelihood of improvement in the foreseeable future
- The needs of the service and work difficulties created by the absence
- Why termination of employment is being considered

The presenting manager will give a verbal summary of the position, outlining the reasons why termination is being considered. The member of staff or their representative will be given the opportunity to state their case.

Termination of employment will be considered if all other options open to improve attendance have been explored. These might include:

- Making reasonable adjustments to the existing post
- Reducing working hours – temporarily or permanently
- Redesign or modification of duties (where it is possible to do so)
- Redeployment (where possible) and where there is good medical evidence that a different post would improve attendance.
- Ill health retirement (When applied for)

A decision to terminate employment must not be made without advice from the Occupational Health Department, or without other specialist advice, unless the lack of such advice is caused by failure to attend the Occupational Health Department or other specialist medical appointments – or to consent to release of this advice. The member of staff should in these circumstances be informed that failure to attend/consent may result in limited information being available to the manager, which may influence the decision made to the detriment of the member of staff.

If, after consideration of all of the above a decision is made to terminate the member of staff's employment, then this will be confirmed in writing. This will be the responsibility of the manager with the authority to dismiss the member of staff concerned after seeking advice from a member of the HR Employee Relations team.

Staff are required to be advised of their right to appeal under this policy.

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1.5.1 Decision Not To Dismiss at Stage 3 (Final review hearing)

If (after following discussion with HR and the Occupational Health Department, if applicable) the panel decides that dismissal is not justified at stage 3, or an appeal against dismissal is upheld, the member of staff will return to Stage 2 of the procedure with all associated triggers. The attendance standards appropriate to that stage will apply, and other measures and/or reasonable adjustments will be considered.

A copy of the Stage 3 outcome, minutes and action plans should be kept on file and sickness absence monitored.

1.5.2 Procedure for Ill Health Retirement cases

When an employee is pursuing Ill Health Retirement, then a modified procedure for dismissal will be utilised.

The final review hearing will be replaced with a formal meeting as follows:-

- The member of staff's representative may attend the meeting on behalf of the member of staff
- The meeting will be chaired by a manager with authority to dismiss supported by a HR representative
- The Line Manager must attend the meeting to present the management case
- Termination of employment will be on the grounds of capability due to ill health.
- The member of staff will be entitled to receive payment for accrued but untaken annual leave for the current leave year

1.5.3 Supporting Employees following a Terminal Diagnosis (Based on the principles from the Dying to Work TUC Pledge)

We recognise that terminal illness requires support and understanding and not additional and avoidable stress and worry.

Terminally ill workers will be secure in the knowledge that we will support them following their diagnosis and we recognise that, safe and reasonable employment status can help maintain dignity, offer a valuable distraction and can be therapeutic in itself

We will provide our employees with the security of employment status, peace of mind and the right to choose the best course of action for themselves and their families which helps them through this challenging period and ensure support and guidance from the pensions department is available.

CONDUCT OF STAGE 3 FINAL REVIEW HEARING

Where there has been a failure to achieve or maintain an acceptable level of attendance a final hearing should be convened and chaired by the appropriate manager in accordance with the levels of authority table (Appendix 14). A Human Resources Representative who has not previously been involved in the case will also be present to advise the chair on matters of procedure and fairness.

The manager who has carried out the reviews to date will also be present as will the Human Resources Representative who has been advising on the case. The employee may be accompanied in accordance with their Right to Accompaniment.

The employee must confirm their attendance to the Final Review Hearing. The employee must be informed that in the event of their non-attendance at the Final Review Hearing and in the absence of any mitigating circumstances submitted prior to the date of the Hearing, the Hearing will continue and a decision will be reached in their absence.

Notes of the hearing should be made. These will either be taken as notes by a note taker or recorded on a voice recorder provided by the panel and notes transcribed at a later point in time if required. The individual can request a copy of the recording/notes and should not make their own recordings without prior agreement with the panel.

Please note that covert recordings are not permitted and may lead to the Trust taking disciplinary action where appropriate (IT07 Trust Policy for Information Security Management).

Final review process

Prior to the hearing, management should submit their case to the employee and the panel members a minimum of 14 calendar days before the scheduled date of the hearing. If the employee wishes to submit a case, this should be forwarded to the chair of the panel a minimum of 5 calendar days before the final review hearing.

The Panel's role is to consider the overall management of the individual and all actions taken to date.

The hearing will then proceed as follows:

- The Chairperson of the Panel will introduce all present and ensure that all parties are aware of the procedure to be followed.
- The management side will have the opportunity to present their case.
- The employee or employee representative shall put forward their case, explaining any mitigating factors.

All parties will have the opportunity to question.

The Panel will adjourn the hearing to consider the evidence provided. The decision will be made on that day, wherever possible and will be confirmed in writing within 5 business days of the hearing.

Termination of Employment

If, after careful consideration, the decision has been made to terminate employment, dismissal shall be on the grounds of capability due to ill health or Some Other Substantial Reason where applicable (SOSR).

Notice of termination shall be given in accordance with the individuals Contract of Employment. This notice can be paid in lieu of notice, if it is felt to be in the Departments and/or individual's best interests.

The main points of the decision and the reasons for the decision to terminate employment should be confirmed in writing to the employee. This should be done within 5 business days of the meeting, together with their right of appeal against the decision.

Right of Appeal

Where a member of staff is dismissed following a final review hearing, there will be a right of appeal. An appeal must be made in writing which is a full and final comprehensive grounds for appeal to the Director of HR within 21 days of the date of the termination letter.

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CONDUCT OF APPEAL HEARING

Where an appeal has been lodged an appeal hearing should be convened and chaired by the appropriate manager in accordance with Appendix 14 (Levels of Authority). A HR representative who has not previously been involved with the case will also be present to advise the chair on matters of procedure and fairness.

Appeal hearing process

Management side (Chair and HR Representative from the final Review Hearing) will submit a response to the appeal in writing no later than 5 business days prior to the hearing to the Chair of the Appeal Panel. All parties will be provided with a full appeal pack prior to the hearing.

The procedure for the appeal hearing should be as follows:

- The Chairperson of the Panel will introduce all present and ensure that all parties are aware of the procedure to be followed.
- The employee or employee representative will present their case
- All parties will have the opportunity to question

Management side shall put their case, explaining any mitigating factors.

- All parties will have the opportunity to question
- The Panel will adjourn the hearing to consider the evidence provided.
- The decision will be made on that day of either overturning or upholding the original decision, wherever possible and will be confirmed in writing within 5 business days of the hearing.

Preservation of Statutory Rights during Appeals Procedure

Nothing in any of this policy/procedure shall affect an individual's statutory rights to make a claim at an Employment Tribunal.

Appendix 1 – Admin pack: Supporting Letters



Royal Stoke University Hospital

Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG

Tel: 01782 6

Email: @uhnm.nhs.uk

Ref: xx/xx

DATE

NAME

ADDRESS

Dear

Re Stage 1 Sickness Review

As you will be aware, I have a managerial responsibility for the safety and wellbeing of my staff. As part of that on-going responsibility, I monitor levels of sickness absence of my staff with a view to supporting and assisting them to be fit for work - and to remain so - wherever possible. This management is in line with the Trust's Sickness Absence Policy which is enclosed with this letter/available on the Trust intranet. *(Delete as appropriate)*

Unfortunately, your attendance record shows that you have triggered a stage 1 formal meeting, as you have now had (Delete trigger points as appropriate)*

- *Two episodes or 10 working days (pro-rata) of sickness in a rolling six month period*
- *Four episodes or 10 working days (pro-rata) of sickness in a rolling twelve month period*
- *An episode of 28 calendar days or more (Management Guidance notes Appendix 15)*
- *Recognisable patterns of absence/trends*

or

I am aware that your health has not improved to a point where you can return to work and your long-term absence from work is ongoing.

The dates which are recorded as you being absent from work due to sickness are as follows:

(Insert dates and reasons)

Accordingly, I need to meet with you under stage 1 of the Trust's sickness absence policy. I have arranged for us to meet on **(insert date)** at **(insert time)** in **(insert place)**.

I intend to discuss any underlying issues which may affect your ability to attend work, including any concerns which you may have about either your health or your job role.

You have the right to be accompanied by your staff side organisation, Trade Union Representative or work colleague not acting in a legal capacity. It is your responsibility to make arrangements to be accompanied if required. I will/will not be accompanied (by *****)

Please note that if you fail to attend the meeting without prior reasonable explanation then another meeting will be arranged as soon as possible. If you fail to attend the re-scheduled meeting then I will have to make a decision regarding your level of attendance based on the information available to me at that time. This would be a course of action of last resort.

Should you have any queries in the interim, please do not hesitate to contact me.

Yours sincerely,

NAME
JOB ROLE
**** **Division**

Cc: HR Representative

FOI REF 474-18192 OF 4

Ref: xx/xx

Royal Stoke University Hospital

Newcastle Road

DATE

Stoke-on-Trent

NAME

Staffordshire

ADDRESS

ST4 6QG

Tel: 01782 6

Email: @uhnm.nhs.uk

Dear

Re Stage 1 Sickness Review - meeting outcome

I am writing to confirm the details of our meeting on (insert date) at which we discussed your continuing sickness absence. (You were accompanied by insert name) (You chose not to be accompanied). (Also in attendance was insert name).

During the meeting we discussed...*(Detail the following as appropriate)*

- Level of absence – occasions, days, reasons
- Adjustments – hours, duties, shift pattern etc
- Impact of absence on service delivery and colleagues
- Occupational Health/medical advice/referral
- Phased return to work plan
- Agreed actions and targets for improvement of level of attendance

I informed you during the meeting that I would move to stage 2 of the Trust's policy in the event that you activated the Trust's trigger points following this meeting. As advised during our review meeting, failure to sustain improved attendance at work may result in termination of your employment.

If you have any queries regarding this matter please do not hesitate to contact me.

Yours sincerely

NAME
JOB ROLE
**** **Division**

Cc: HR Representative

Ref: xx/xx

Royal Stoke University Hospital

Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG

DATE

NAME

ADDRESS

Tel: 01782 6

Email: @uhnm.nhs.uk

Dear

Re Stage 2 Sickness Review

As you know, we met on (insert date) to review your health and wellbeing at work following x occasions totalling y days off. The meeting was a stage 1 sickness review.

Unfortunately, since we met for your Stage 1 meeting on (date) your attendance record shows that you have triggered a stage 2 formal meeting as you have now had a further

- *Two episodes or 10 working days (pro-rata) of sickness in a six month period*
- *Four episodes or 10 working days (pro-rata) of sickness in a twelve month period*
- *An episode of 28 calendar days or more*
- *Recognisable patterns of absence/trends*

or

I am aware that your health has not improved to a point where you can return to work and your long-term absence from work is ongoing.

The dates which are recorded as you being absent from work due to sickness are as follows:

(Insert dates and reasons)

Accordingly, I need to meet with you under stage 2 of the Trust's sickness absence policy. I have arranged for us to meet on (insert date) at (insert time) in (insert place).

I intend to discuss any underlying issues which may affect your ability to attend work, including any concerns which you may have about either your health or your job role.

You have the right to be accompanied by your staff side organisation, Trade Union Representative or work colleague not acting in a legal capacity. It is your responsibility to make arrangements to be accompanied if required. I **will/will not** be accompanied (by *****)

Please note that if you fail to attend the meeting without prior reasonable explanation then another meeting will be arranged as soon as possible. If you fail to attend the re-scheduled meeting then I will have to make a decision regarding your level of attendance based on the information available to me at that time. This would be a course of action of last resort.

Should you have any queries in the interim, please do not hesitate to contact me.

Yours sincerely,

NAME
JOB ROLE
**** **Division**

Cc: HR Representative

FOI REF 474-18192 OF 4

Ref: xx/xx

Royal Stoke University Hospital

Newcastle Road

DATE

Stoke-on-Trent

NAME

Staffordshire

ADDRESS

ST4 6QG

Tel: 01782 6

Email: @uhnm.nhs.uk

Dear

Re Stage 2 Sickness Review – meeting outcome

I am writing to confirm the details of our meeting on (insert date) at which we discussed your continuing sickness absence. (You were accompanied by insert name) (You chose not to be accompanied). (Also in attendance was insert name).

At the meeting you were given the opportunity to discuss your attendance and any underlying issues that may be affecting your ability to attend work.

During the meeting we discussed...*(Detail the following as appropriate)*

- Level of absence – occasions, days, reasons
- Adjustments – hours, duties, shift pattern etc
- Impact of absence on service delivery and colleagues
- Occupational Health/medical advice/referral
- Phased return to work plan
- Agreed actions and targets for improvement of level of attendance

I advised you during the meeting that should your (attendance activate another trigger of the Sickness Absence Policy) (long term absence from work continue) I may have to consider progressing your case to stage 3 of the Sickness Absence Policy, an outcome of which could be termination of your contract of employment with the Trust.

I know you are aware that the work you do is important to the Trust. Whilst we will support you to (improve your attendance) (return to work), high levels of sickness absence in the department has a detrimental effect on the level of patient care we can provide and therefore it may be necessary to consider whether the Trust can continue to sustain your level of attendance.

If you have any queries regarding this matter please do not hesitate to contact me.

Yours sincerely

NAME
JOB ROLE
**** **Division**

Cc: HR Representative

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Appendix 2

University Hospitals of North Midlands

NHS Trust

SELF CERTIFICATION AND RETURN TO WORK FORM

Part 1 and 2 to be completed by employee. Part 3 and 4 to be completed by manager.

PART 1 – Employee Details

Name: _____ Assignment No: _____

Job Title: _____ Ward/Department: _____

Line Manager: _____ Job Title: _____

PART 2 – Self Certification

Date last worked before sickness: _____ Time last worked before sickness: _____

First day of sickness absence: _____ Last day of sickness absence: _____

Return to work date: _____ Number of calendar days sickness: _____

Sickness absence reason:

The calendar days sickness must include any non-working days for SSP purposes. Please give a specific reason for absence – “illness” or “unwell” etc are not sufficient. If there has been an industrial injury or accident at work, please ensure that a Datix is completed. If absence is for over 7 days, please ensure that a fit note has been provided.

I certify that the above information is correct to the best of my knowledge and claim any pay to which I may be entitled. I understand that any deliberate false information given by me will render me liable to disciplinary action.

Employee: _____ Date: _____

PART 3 – Return to Work Interview

Date of RTW interview: _____

Manager conducting interview: _____

Did employee correctly follow sickness reporting procedure? Yes No

If no, reiterate requirements and issue the notification, recording and certification of sickness absence procedure from HR14.

Explore the reason for sickness absence and check fitness for work. Clarify any action taken by the employee to mitigate against sickness absence. Identify if there is an underlying health condition, any work related issues or other interventions required, such as an Occupational Health Referral. Update on workplace news and changes that have happened during the sickness absence.

Notes of Discussion: _____

Notes of Discussion Continued:

Agreed Action Points: _____

PART 4 – Sickness Absence Record

Has the employee been seen at a formal sickness stage in the last 12 months?

Yes

No

If yes, which stage? _____

If the employee has been seen at a formal stage in the last 12 months, only sickness absence since the date of the meeting should be included in the next calculation. If the employee has not been seen at a formal stage in the last 12 months, use the last 6 months and last 12 months to determine if a trigger has been reached.

Occasions in last 6 months: _____

Total days in last 6 months: _____

Occasions in last 12 months: _____

Total days in last 12 months: _____

Have any triggers been reached?

2 occasions or 10 days in 6 months

Yes

No

4 occasions or 10 days in 12 months

Yes

No

A recognisable pattern of absence

Yes

No

Long term absence (28+ consecutive days)

Yes

No

If yes, detail what Stage of formal action to be taken: (See policy HR14)

If no, have you advised the employee of any pending trigger points and implications of further sickness absence?

Yes

No

PART 5 – Signatures

Employee: _____

Date: _____

Manager: _____

Date: _____

Record keeping

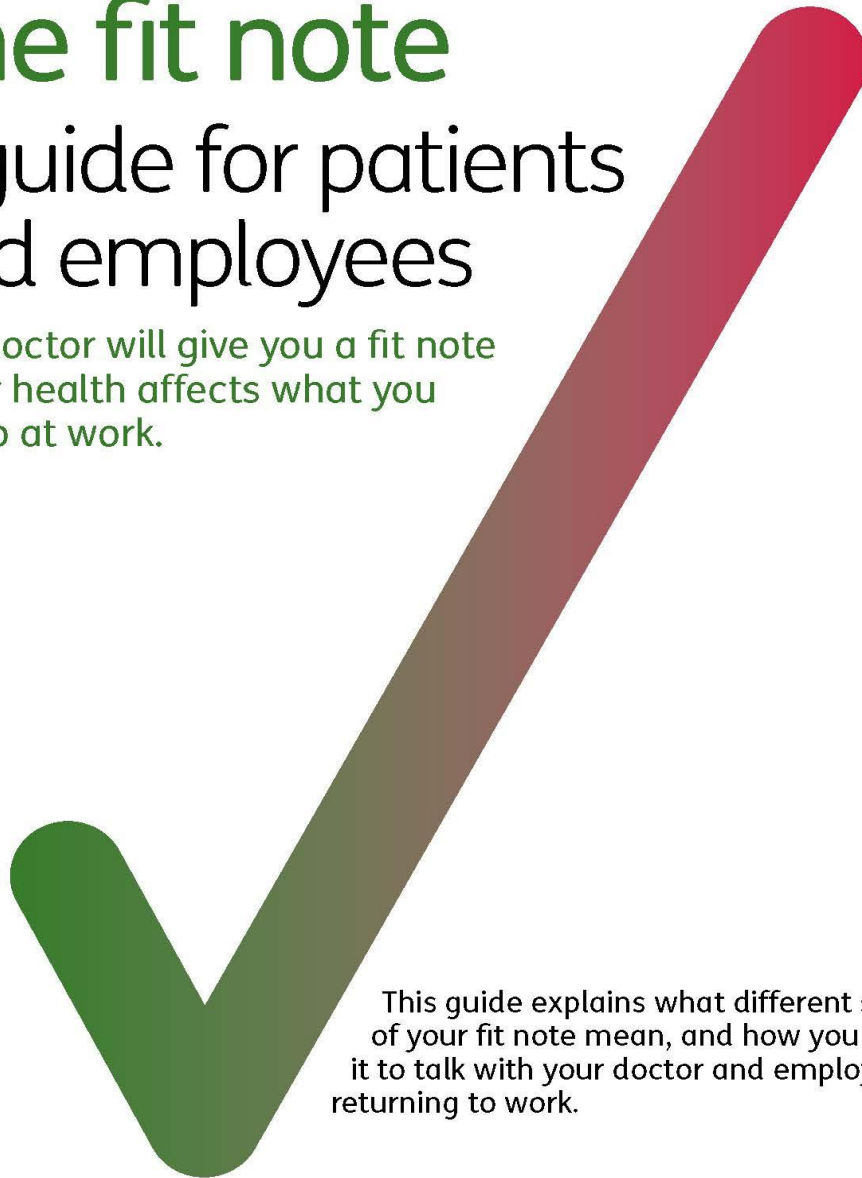
The employee should be provided with a copy of the signed form. The original should be held on the personal file. All forms, fit notes, correspondence etc must be held securely and in confidence by the manager.

Appendix 3

The fit note

A guide for patients and employees

Your doctor will give you a fit note
if your health affects what you
can do at work.



This guide explains what different sections
of your fit note mean, and how you can use
it to talk with your doctor and employer about
returning to work.



Department
for Work &
Pensions

How the fit note works

Doing the right kind of work is good for your health, including if you have a health condition.

You don't always need to be fully recovered to go back to work, and in fact it can often help your recovery.

Your fit note can help you go back to work when you're able to.

Your doctor will not automatically assess that you are not fit for work if you have a health condition.

Instead, they will discuss with you how your health affects what you can do at work.

They will think about your fitness for work in general rather than just your current job.

They may discuss Fit for Work with you which is a new service that may help you return to work more quickly.

You should ask your doctor to give you practical advice in the fit note about what you can do at work, rather than simply record your health condition.

You should then discuss this advice with your employer, to see if they can make any changes to help you return to work.

How work affects your health

If your doctor doesn't ask you about how your health affects what you can do at work, you should raise the issue yourself.

Research shows that work can be good for your physical and mental health, lowers the risk of experiencing financial difficulties, and improves your overall quality of life.

You do not always need to be 100% 'fit' to be able to do some work – indeed, work can help your recovery from health problems or support your all-round wellbeing if you have a long term health condition.

Your doctor is there to help you with your health. Doctors understand that work can be good for your health, and will talk to you about what you can do and whether you could return to work without making your health worse.

Getting a fit note

Your doctor will only give you a fit note if your health affects your fitness for work. The fit note is your property and you should keep it – your employer can take a copy if they want one for their records.

If you are fit for work, you do not need a fit note. You also do not need one if you are off sick for seven calendar days or less, because you can self-certify your leave for this time – see a template at <https://www.gov.uk/government/publications/statutory-sick-pay-employees-statement-of-sickness-sc2>

Your doctor cannot give you a fit note for non-medical problems (such as problems at home or relationship trouble at work). They may, however, be able to suggest other sources of help (some are listed in [further support](#)).

Once you have reached, or in the opinion of your GP, are expected to reach, four weeks of sickness absence, you can be referred by them for an assessment by Fit for Work

The purpose of this assessment is to give you, your employer and your GP more occupational health information to assist your return to work more quickly. It is a voluntary service where you can consent to a referral and participation in Fit for Work.

Following a Fit for Work assessment (which is done with your consent), you will be provided with a Return to Work Plan which can be used as evidence in place of a fit note. The Fit for Work assessment will provide advice on steps on a Return to Work Plan to help support you back into work.

A fit note may still be required to cover the first two weeks of sickness absence from when a referral is made to a Fit for Work assessment. Once a Return to Work Plan has been issued, this can be used in place of a fit note.

You can also access the advice line or use their website to get general health and work advice.

Rules of the fit note

You should get a fit note from the doctor who is treating you. This will usually be your GP, but if you are getting treatment in hospital you should ask for one from your hospital doctor (if you don't already have one). Fit notes can either be handwritten or printed, but must be signed by a doctor. Duplicate fit notes can only be issued if the original has been lost.

The fit note is classed as advice from your doctor. Your employer can decide whether or not to accept it, and your doctor cannot get involved in any disputes between you and your employer. You may wish to seek help from a trade union or [Acas](#) in such situations.

How your doctor will assess your fitness for work

Your doctor will assess your fitness for work by considering how your health affects what you can do at work (for example your stamina and concentration).

They will decide whether you are not fit for work of any kind, or whether you may be fit for work taking account of their advice.

Your doctor will not automatically assess that you are not fit for work if you have a health condition, and they will consider your fitness for work in general instead of just thinking about your current job.

This gives you and your employer the maximum flexibility to think about ways to help you go back to work (which might include moving you to a different job for a while or changing your duties).

The Government has recently launched a new programme called Fit for Work, which is designed to help you return to work more quickly. Your GP or employer can refer you to the programme with your consent. Once referred, an occupational health professional helps design a Return to Work Plan to help you return to work. Legislation now means this plan can be accepted as evidence by your employer in the same way as a GP Fit Note. You do not need to obtain further fit notes from your GP. For more information, go to www.fitforwork.org

If you are out of work

You can use your fit note to support a claim for benefits. There is more information on the fit note itself, or at www.gov.uk/browse/benefits

If your fit note says that you are not fit for work

Show the fit note to your employer to arrange your sick pay. They can take a copy but you should keep the original.

It's usually a good idea to keep in touch with your employer while you're away, so that you're ready when it's time to go back. You can get advice about sick pay from your trade union or at www.gov.uk/browse/working/time-off

If your fit note says that you may be fit for work

Your doctor will give you advice in the rest of your fit note about how your health affects what you can do at work – make sure you discuss this with them and understand their advice.

You should discuss your fit note with your employer to see if they can help you return to work - this won't necessarily mean doing your old job, or working full time. We know that employers want to help their employees return to work, and can often make changes to the workplace or job duties.

Your local safety representative or trade union may be able to help you in your discussions, and the checklist below may help you prepare for them:

- Look at the tick boxes and comment box for advice on what you can do at work, and how your employer could support you;
- Check how long your fit note lasts and whether you are expected to be fit for work when it expires (explaining the sections of the fit note explains how you can do this);
- Think of possible changes to help you return to work.

It may be helpful to put any changes you agree down in writing, so that everyone is clear on what has been agreed. See an example of someone using their fit note to help them go back to work.

If your employer cannot make any changes, they do not have to. In these circumstances, you should treat your fit note as if it said that you are not fit for work and use it as explained above. You should not go back to your doctor for a new fit note.

The tick boxes

The tick boxes enable your doctor to indicate the kind of general adaptations that might help you return to work. This is not binding on you, and you should feel free to discuss other options.

- **A phased return to work:** a gradual increase in work duties or hours
- **Altered hours:** changing your work times or total hours
- **Amended duties:** changing your work duties
- **Workplace adaptations:** changing aspects of your workplace

The comments box

Your doctor can use the comments box to give you more detailed advice about the impact of your condition on what you can do at work. This will be advice about what you can do at work in general, and will not be tied to your current job - this gives you and your employer maximum flexibility to discuss ways to help you return to work.

It is helpful for your doctor to give practical information about what you can do at work – eg 'should not drive, take regular breaks if using a display screen' instead of simply 'dry eyes'. If your doctor thinks that your job may be affecting your health, they will also indicate this in the comments box.

The information in this box is often very helpful for employers, so you should ask your doctor to provide advice here if they can. Ask your doctor to include details about how your condition affects what you can do at work, rather than simply a diagnosis or description of your symptoms.

Possible changes

Check further support for other resources which could help, and guidance for particular conditions. You should discuss anything that you think would help – some examples are listed below:

- Changing to a different job or location
- Reduced or flexible hours, or a phased return to work
- Changing work premises or equipment
- Changing your duties / giving some of your tasks to somebody else
- Providing additional training or supervision
- Providing a reader or interpreter
- Working from home
- Arranging a mentor or work buddy
- Working in a team instead of by yourself (or vice versa)
- Arranging for an occupational health assessment.

Going back to work

You should go back to work as soon as you feel able to and with your employer's agreement - this may be before your fit note runs out. You do not need to go back to see your doctor before going back to work. Your doctor cannot give you a fit note stating that you are 'fit for work'.

For a small number of jobs there are separate processes to ensure it is safe for you to return. If this applies to you, your employer will tell you. You do not need a fit note to cover this period while you wait for your employer's assessment and your doctor will not be able to issue further fit notes to cover it.

Explaining the sections of the fit note

1 **Statement of Fitness for Work**
For social security or Statutory Sick Pay

Patient's name
Mr, Mrs, Miss, Ms
/ /

2 I assessed your case on:
and, because of the following condition(s):

3 I advise you that:
 you are not fit for work.
 you may be fit for work taking account of the following advice:

4 If available, and with your employer's agreement, you may benefit from:
 a phased return to work
 amended duties
 altered hours
 workplace adaptations
Comments, including functional effects of your condition(s):

5 This will be the case for / / to / / or from / / to / /

6 I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

7 Doctor's signature
/ /

8 Date of statement
Doctor's address
/ /

Unique ID: Med 3 04/10-

For the patient – what to do now
Please read the notes below then fill in your details and, if you are claiming social security benefits, sign and date the declaration. If you cannot fill in your details yourself, ask someone else to do it for you.

What your doctor's advice means
Not fit for work:
Your doctor will advise this when they believe that your health condition means you should refrain from work for the stated period of time.
May be fit for work taking account of the following advice:
Your doctor will recommend this when they believe that you may be able to return to work with some support from your employer. Sometimes it may not be possible for your employer to act on the doctor's advice and you will not be able to return to work until you have further recovered. You do not need to get a further statement from your doctor to confirm this.
If you are employed
If you are not fit for work, or your employer cannot support your return to work, your employer should consider paying statutory sick pay (SSP) based on the information provided. If SSP cannot be paid, or your SSP is ending, your employer will give you form SSP1 to claim social security benefits. If you are self-employed, you may be able to claim social security benefits because of your health condition.
Social security benefit claimants
If you are claiming social security benefits because of your health condition, send this form to your Jobcentre Plus office. If you are claiming social security benefits for any other reason, you should contact a Personal Adviser to discuss the advice on the form. If you do any work you must inform Jobcentre Plus of your change of circumstances.
If you want to make a new claim to social security benefits you can:
• download a claim form at www.direct.gov.uk/benefits, or
• phone 0800 055 6888 (8am to 6pm Monday to Friday). Textphone users call 0800 023 4698.

Your details – Please use BLOCK CAPITALS

Surname
Mr, Mrs, Miss, Ms

Other names

Address

Postcode

Date of birth
/ /

National Insurance (NI) number
/ /

Declaration – for social security benefit claimants only
I agree that my doctor may give the Department for Work and Pensions or a healthcare professional acting on its behalf information which is needed to process my claim for benefit and any request for it to be looked at again.

Signature
/ /

Date
/ /

If you have signed this form for someone else, please tick here:

- 1 The date your doctor assessed you – either in person or over the telephone, OR when they considered a report from another healthcare professional.
- 2 The condition(s) affecting your fitness for work. It's usually best for your doctor to be as accurate as possible, but they can enter a less precise diagnosis if being too detailed might harm your position with your employer.
- 3 Your doctor's assessment that you are either:
 - **Not fit for work**
 - You are not fit for work of any kind.

OR

- **May be fit for work taking account of the following advice**
 - You may be fit for work, taking account of your doctor's advice in the fit note. This does not necessarily mean doing your current job.
- 4 Your doctor's advice about the impact of your health condition. See the comments box for more information.

A GP can record here whether a referral to **Fit for Work** has been made, or their reason for not referring, if relevant.

- 5 The period that your doctor's advice covers. This will either be from the date of the assessment (Box 1), or between a particular start and end date. These dates are inclusive (so a fit note dated from 2 April to 10 April will no longer apply from 11 April onwards).

This section may cover a previous period if your doctor thinks that your condition has affected your fitness for work before your assessment.

This can be for any time up to an indefinite period.

- 6 Whether your doctor needs to see you at the end of your fit note. If they expect you will be fit for work at the end of the fit note, they will indicate that they do not need to see you again.
- 7 The date the fit note is issued. This may not always be the same as the date of the assessment.
- 8 Your doctor needs to sign the fit note.

IMPORTANT: You can go back to work at any time you feel able to (including before the end of the fit note) without going back to see your doctor - even if your doctor has indicated that they need to assess you again.

Illustrative examples of how the fit note works

Using the fit note to go back to work...

Case study one:

Working from home

A proof reader for a publishing company has a fit note from his GP saying that he has a common cold and cystic fibrosis but that he may be fit for work taking account of the following advice. The workplace adaptations box is ticked. His fit note has a duration of ten days and his doctor has indicated that they do not need to see him again once it expires.

The advice in the comments box reads: Your employee cannot travel into the office because he is at local high risk of developing a chest infection whilst he has a cold. The increased risk is due to his pre-existing chest condition - cystic fibrosis. He is able work from home during this period.

The employee and his employer discuss his fit note agree that he should work from home for the next ten days - his boss emails him some work to do, and he does not go on to sick leave. After ten days, he has recovered from his cold and comes back to work as normal without going perform back to see his GP.

Case study two:

A delivery driver who can't drive

A delivery driver for a major logistics firm has just had laser eye surgery. He has been told that he should not drive for two weeks.

His GP explains that the fit note is about his general fitness for work, and discusses what other tasks he can do. The GP indicates on his fit note that he may be fit for work. The comments box reads 'Dry eyes, may experience temporary blurring of vision. Should not drive for two weeks. Can still perform other reasonable physical tasks. Mental function unaffected. If he uses a VDU he should take regular short breaks as per standard

guidance.' The GP ticks 'amended duties'.

His GP indicates that they will not need to assess him again at the end of the fit note because they expect him to be back to normal by then. The driver and his employer discuss the advice in the fit note.

Although he should not drive, the driver's knowledge of the company and its operations means they decide he can work in a back-office role for the two weeks. The employee therefore keeps his full pay, and keeps in the routine of working. After two weeks, his eyesight is back to normal and he returns to his previous duties without going back to see his GP.

Case study three:

An employer makes changes based on a Fit for Work Assessment

A supermarket worker visits her doctor complaining of panic attacks. She is diagnosed with anxiety disorder and says she's too distressed to work. Your patient says she is too distressed to work. She works on the Customer Service Desk dealing with complaints and returns from customers. This sometimes leads to confrontational encounters with difficult customers. She thinks the job is causing her panic attacks and does not see how she can go back to work.

She and her doctor agree that certain tasks may be contributing to her condition and that and she should avoid these for now. They decide that there are still things that she can do – for example, physical tasks or back-office duties. This helps her feel more positive.

The GP issues a two week fit note but also explains that as she might be absent from work for four weeks or more, she may benefit from a referral to Fit for Work for an occupational health assessment. She agrees to this.

An occupational health professional from Fit for Work contacts her by telephone within two days. During the conversation, it is established that she wants to return to work as soon as possible, and her health professional discusses with her possible adjustments that could be made at work to allow her to return.

The OH professional and employee jointly agree a Return to Work Plan which she is happy to be shared with her GP and employer.

The Return to Work Plan recommends she has a phased return to work starting with just a few hours a day as well as other workplace adjustments which include not having to deal with customers during busy periods.

For the next four weeks, the employer arranges for her to do quieter shifts or work away from the shop floor. By keeping in touch with her employer while she was off, she did not feel too 'out of the picture', and by returning to work she has helped safeguard her longer-term mental and physical health. Following a recommendation in her Return to Work Plan, her employer also arranges for your patient to attend a course which teaches coping techniques. This is intended to help her become more confident when dealing with the public

After four weeks the employee informs her Fit for Work case manager that she feels more confident about dealing with the public and says she would like to return to normal duties. Her employer agrees to this. The Fit for Work case manager lets her GP know that she has returned to full duties at work.

Further support

Managing health conditions at work

Access to Work provides practical and financial support to people with a physical or mental health condition or disability to help them start work or keep a job. This can include paying towards aids or equipment; support workers; communication support at interviews; support services; or travel to and in work.
www.gov.uk/access-to-work/overview

Get Well Soon – Royal College of Surgeons of England website <https://www.rcseng.ac.uk/patients/recovering-from-surgery> provides practical tips and advice about getting back to work after common surgical procedures.

Return to Fitness: Recovering Well – Royal College of Obstetricians and Gynaecologists website <https://www.rcog.org.uk/en/patients/patientleaflets/?q=&subject=Recovering+Well&orderby=title> provides advice on recovery, including return to work, following gynaecological surgery.

Work and Mental Health – Royal College of Psychiatrists website <http://www.rcpsych.ac.uk/usefulresources/workandmentalhealth.aspx> provides advice about returning to work after a period of mental ill health.

Work and cancer - Macmillan <http://www.macmillan.org.uk/Cancerinformation/Livingwithandaftercancer/Workandcancer/Workandcancer.aspx> provides information about work and cancer for patients, carers, employers and healthcare professionals.

Upper limb disorders: Occupational aspects of management. Evidence-based guidance for employees. Royal College of Physicians, 2009 https://www.rcplondon.ac.uk/sites/default/files/upper-limb-disorders-national-guideline-full-text_0.pdf

Help with personal or social problems

Fit notes can only be issued for medical problems. Your doctor may be able to refer you to support for other personal or social problems. For example:

Problems at work – for help on dealing with bullying, harassment or discrimination and preventing or managing disputes and conflict at work contact Acas on www.acas.org.uk or 08457 47 47 47

Your local trade union or safety representative may also be able to help with issues at work.

Support for carers – <http://www.nhs.uk/carersdirect/carerslives/updates/pages/carersdirecthelpline.aspx> www.carers.org/

Debt issues

www.adviceguide.org.uk/england/debt_e.htm
www.nationaldebtline.co.uk/

Career advice <https://nationalcareersservice.direct.gov.uk/Pages/Home.aspx>

Help with relationships
<http://www.relate.org.uk/>

Occupational health services

Occupational health support can be very helpful in complex cases and when work may be affecting your health. Occupational health services are often provided by large employers and sometimes by the NHS or local authorities. Trade or regional business associations may have details of occupational health providers or other sources of help. For details of providers in your area, contact:

Commercial Occupational Health Provider Association www.cohpa.co.uk

NHS Health at Work
www.nhshealthatwork.co.uk/support-for-business.asp

Society of Occupational Medicine
www.som.org.uk

Safe Effective Quality Occupational Health Service (list of approved occupational health providers) www.seqohs.org

More information on the fit note is available at <https://www.gov.uk/government/collections/fit-note>

Fit for Work

England and Wales

Telephone number - 0800 032 6235 (English language line) or 0800 035 6233 (Llinell Gymraeg)

Website - www.fitforwork.org

Fit for Work Scotland

Telephone number - 0800 019 2211

Website - www.FitforWorkScotland.scot

Important information about this leaflet

This is only a guide and does not cover every circumstance. We have done our best to make sure that the information is correct as of September 2015. It is possible that some of the information is oversimplified, or may become inaccurate over time, for example because of changes in the law.



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The content of the leaflet is for illustrative purposes only.

Appendix 4

University Hospitals of North Midlands

NHS Trust

EQUALITY ACT 2010 GUIDANCE

A person has a disability if s/he has a physical or mental impairment which has a substantial or long term adverse effect on his/her ability to carry out normal day-to-day activities. 'Long term' means lasting, or likely to last, at least a year. In assessing what activities are impaired, consideration should be given to whether these are activities carried out by most people on a daily or frequent and fairly regular basis. Whether the disability affects the work function is irrelevant in determining whether a person is disabled, and 'Normal day-to-day activities' may include one or more of the following:

- Mobility
- Continence
- Memory or ability to concentrate, learn or understand
- Manual dexterity
- Ability to lift/ carry
- Physical Co-ordination
- Speech, hearing or eyesight
- Perception of risk of physical danger

Progressive conditions are considered to be a disability, such as HIV, Cancer and multiple sclerosis, immediately from the point of diagnosis, and are not subject to the conditions of lasting or expected to last for a year.

A tendency to set fires or addictions to non-prescribed substances is specifically excluded.

In any case of managing unacceptable levels of sickness absence in line with this policy where an employee confirms that they have any form of disability it should be reasonably considered that the disability may be a determining factor in their ability to meet the normal standards of acceptable attendance.

The reasons for absence and any links to the disability should be considered and the standards of acceptable attendance that may be more reasonably applied may need to be reviewed in view of individual circumstances. Advice can be sought from the Occupational Health Department and the HR Team in relation to the individual's disability to ensure that the employee is treated fairly, appropriately and in the best interests for him/herself and the Trust.

REASONABLE ADJUSTMENTS GUIDANCE

Consideration must be given in all cases to whether or not an individual may fall within the scope of protection afforded to a person with a disability (Equality Act 2010). This may apply to any employee who has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities.

The manager must consider whether there are reasonable adjustments that could be made to enable the person to continue in their current post. Under the Equality Act 2010 these adjustments may include the following:

- Making adjustments to premises, including physical features of premises
- Provision, criterion or practice e.g.
 - allocating some of the duties to another person
 - altering the person's working hours
 - changing the location of the post
 - supplying additional training
- Auxiliary Aids – something which provides support or assistance to a disabled person it can include the adaptation of existing equipment, the provision of a specialist piece of equipment and/or auxiliary service such as provision of a support worker for the disabled person
- Allowing absences during work for rehabilitation, assessment or treatment

- Providing supervision

A risk assessment should be carried out.

In managing the attendance and performance of staff with a disability it is essential that the manager:-

- Understands the nature & implications of the disability
- Understands that some conditions are unpredictable
- Maintains regular dialogue with the individual
- Keeps abreast of developments for progressive conditions and reviews regularly, what further reasonable adjustments could be made.
- Maintains appropriate medical advice and involvement of Occupational Health

In considering whether it is reasonable to make such adjustments, managers should consider whether treatment can be objectively justified (if a proportionate means of achieving and legitimate aim and :-

- How effective is the adjustment and the likelihood of it addressing the issue
- The practicality of the adjustment
- Whether there is Medical and Occupational Advice on the need for adjustment
- The financial and other costs of the adjustment and the extent of the disruption it causes.
- The availability of financial or other assistance to help make the adjustment
- The views of the employee through consultation with them

If it is not reasonable or possible to modify the existing post then the manager in conjunction with the person concerned and the HR Department must consider whether there is suitable alternative employment available within the Trust. This may either be an existing post in its present form or an existing post to which reasonable adjustments above can be made. Where an individual is retained in employment under alternative arrangements specified above, he/she will be employed on the terms and conditions applicable to the new role. The Protection of Pay policy does not apply in such circumstances

Appendix 5

INJURY ALLOWANCE - Template claim form

NAME OF EMPLOYEE:	PERSONAL NO:
ADDRESS:	
DATE OF BIRTH:	
DIRECTORATE:	
DIVISION:	
JOB TITLE	
BAND	
SUMMARY OF ABSENCE FROM WARD/LINE MANAGER AND HR ADVISOR INCLUDING DATES	
INCIDENT REPORT ATTACHED	YES/NO
DETAILS OF SICK PAY ENTITLEMENT	
ANY OTHER RELEVANT INFORMATION	

EMPLOYEE'S ABSENCE IS CONFIRMED AS WHOLLY AND MAINLY ATTRIBUTABLE TO THE DUTIES OF EMPLOYMENT AND IS ELIGIBLE FOR PAYMENT OF IA

..... (signed)
(line manager)

.....
Print Name and Job Title

.....
Directorate/Division

.....(date)

PAYMENT OF IA WILL COMMENCE ON :

.....(date)

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<p>DIVISIONAL AUTHORISED SIGNATORY :</p> <p>.....(signed)</p> <p>.....</p> <p>Print Name and Job Title</p> <p>.....</p> <p>Division</p> <p>.....(date)</p>
<p>I hereby declare that the information contained on this form, together with all supporting evidence provided by me, is true and accurate to the best of my belief</p> <p>.....</p> <p>Staff member signature</p> <p>.....(date)</p>

PLEASE SUBMIT THE COMPLETED FORM TO:

For the Royal Stoke Hospital Site, please ensure you send post in the internal mail to the address below (do not send post directly to the Parklands Office);

Royal Stoke University Hospital
University Hospitals of North Midlands NHS Trust
Employee Services Department – Parklands
Newcastle Road
Stoke on Trent
Staffordshire
ST4 6QG

For County Hospital, please ensure you send post to the address below;

The Royal Wolverhampton NHS Trust
Employee Services Department
St. John's House
Annex Floor 1
St. John's Square
Wolverhampton
WV2 4BH

Appendix 6

Absence Management

Referrals: Important information for Managers

What is happening?

From 15 September 2017 onwards, in partnership with our Occupational Health provider Team Prevent UK, the online portal will be mandatory for making referrals and receiving reports. The telephone referral service will still be available but other methods of referral will not be accepted after this date.

How do I get access to the portal?

Portal Registration form is available via the Trust intranet (Clinicians/ Support Services/ Occupational Health/ Management Referrals). You can also obtain this by contacting the team on [REDACTED] or at [uhnm@\[REDACTED\]](mailto:uhnm@[REDACTED]). You will need to complete this and return to Team Prevent. You will receive a registration email containing all details required to register and help guides. Please do not attempt to register on the Portal before you have completed this form and have received your registration email.

How does the portal work?

The portal will allow you to make referrals in a secure manner. You can build up a portfolio of Absence Management Referrals and track their progress in the portal. Once the referral has been made you will receive emails notifying you of the appointment that has been provided to the colleague. You will continue to receive further emails notifying you of any changes to the appointments or if a colleague that you have referred fails to attend an appointment. Once Team Prevent have seen the colleague the report is published and you will be sent an email asking you to log back into the portal and access your report.

What do I do if I have problems accessing the portal?

Most people do not have any problems accessing the system by following the on screen instructions, however if you do have problems there will be a longer guide with screenshots attached to the email that you will receive once you have completed your portal registration form and returned to the team. If you are still having difficulties you can call the Team Prevent office on [REDACTED] or email [uhnm@\[REDACTED\]](mailto:uhnm@[REDACTED]) and a member of our team will give you support.

When can I start making referrals?

You can start to make referrals using the portal as soon as you receive the registration email.

I cannot access a computer to make a referral, what do I do?

The portal is the preferred method of receiving referrals as it is much more secure than open email. However, you will be able to refer over the telephone. Email or paper referrals will no longer be accepted as of 15 September 2017.

How does the telephone referral service work?

Whether you have access to a computer or not you can also now make referrals by telephone.

Simply phone the department on [REDACTED] and say that you wish to make a "Telephone Referral for UHNM." A member of our administration team will check that we have the correct contact details for yourself and the member of staff that you are referring to us. We will also need to make sure that you have an active account on our online portal so that we can send you our report when it is ready. If there is a member of our team available we will put you through to them so that they can take the details about your referral. If no-one is available immediately we will arrange a

convenient time within the next 24 hours for one of our trained specialists to phone you back and take the details. The conversation to record the referral details will typically last between about 20 minutes.

Do I have to use the portal?

Using the portal will be mandatory as of 15 September. We would encourage managers to make use of the portal where they can as this is the most secure method for making referrals as well as the easiest way of sharing information with the HR team.

1

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Appendix 7

CL162: FAQ regarding Sickness Absence and Referrals to Occupational Health/Issue 001/Jan 2012



Frequently Asked Questions and Answers regarding Sickness Absence and Referrals to Occupational Health

1. I am not always sure I get the best out of Occupational Health when I refer a member of staff. What is the single most important thing I can do to improve the situation?

Communication – this means both with the employee who is off sick and with OH. If necessary contact OH to discuss any concerns or to ask for guidance about the referral, the OH advisors are always available to advise and support you. The employee should also be fully aware of why they have been referred and at least have a copy of the referral. The process should be as transparent as possible.

2. I am not sure how a referral to Occupational Health is helping to manage sickness absence; can you clarify it for me please?

Managing sickness absence is a process undertaken by the manager of the employee. It is a continuum which starts from when the time concerns are first apparent about absence or a health problem affecting their ability to perform their role, it ends when those concerns are no longer an issue. Both OH and HR may be asked for advice and support along the way.

OH can be asked for an opinion that will help you manage this process by giving advice about a health condition, how it is likely to affect their performance and what adjustments you might consider to help that employee continue in their role, particularly if they may have a health condition included under the Equality Act 2010 / Disability Discrimination Act 1995. OH will also advise the employee about measures they may take to help themselves such as counselling, physio, improved diet, exercise etc. OH may also advise if redeployment is indicated. Case conferences may be suggested to help progress cases to a satisfactory conclusion.

3. Occupational Health called me and said I did not include enough information on the referral – surely it's obvious because the employee has been off sick?

It helps OH to have as much information as possible about the background to the absence, focusing on facts rather than opinion as these can be disagreed with by the employees and have a negative effect on the manager/employee relationship.

Include in your referral: - dates of absences, background history if relevant, copy of JD if aspects of the role are of concern plus the JD risk assessment. Say what you have done so far to support the employee and what plans you have to support them in the future. Also include specific questions you may have about their functionality i.e. their physical or mental ability to undertake the role. Competence is a different matter but may be affected by a health problem.

CL162: FAQ regarding Sickness Absence and Referrals to Occupational Health/Issue 001/Jan 2012

4. Another manager said they had used a case conference which had been extremely helpful. Can you explain what it is and when this should take place?

A case conference meeting is an opportunity for the employee, manager, HR and OH to get together and review the current situation for the employee, normally when a case is complex or on-going for some time. It is an opportunity for all to be in the same room at the same time so any queries raised by either the employee or manager can be discussed together, brief notes are taken as an aide memoire and can be referred to later if necessary. Often OH will advise a case meeting following a referral when it is deemed useful to discuss return to work plans, which part of the role will be done at first or avoided for an agreed period of time. It may be useful as part of a review process when an employee has work related issues that need exploring or when an employee is under formal capability.

Case conference meetings are not routinely held for all referrals and normally follow a management referral and the outcome report forms the basis for discussion.

5. How do I maintain contact with a member of staff who is off sick without being perceived as harassing them?

Getting the balance right can be difficult in some cases particularly if stress is cited as a cause for absence. You and they have a duty to keep in touch with each other. In the initial phase (first 2-3 weeks), focus on supporting them, ask how they are rather than immediately asking when they are coming back to work. You can ask how long they have been signed off work for, is there anything you can do to help them and agree when you will call them again or they will call you. Send them a card; it helps them to still feel part of the team.

6. I had a difficult conversation with a staff member about being referred to OH. Have you any advice about what is the best approach to take with an employee when doing a referral?

Employees appreciate feeling cared about. When a referral to OH is indicated, explain you want to do as much as possible to help them get back to work and to give all the support you can to assist them to do this. Explain that OH can help you manage the situation by giving advice about when they are likely to be ready to return, what tasks would be easiest at first and those more difficult, whether a phased return might help and what adjustments could be suggested. Explain that when you get this advice you will do all you can to accommodate the suggestions but also have the rest of the team and needs of the service to take into account. This is when a case conference meeting can be helpful. If the employee is off sick you may feel it better to go and see them to talk the referral through or do it on the phone, either way you need to send them a copy of the form. Ideally you would take it to them to discuss and sign.

Employees who have not had the reason explained or seen a copy of the referral are often suspicious and reserved about the process, it also wastes time for the OH advisor having to explain it during their appointment and reassure them.

CL162: FAQ regarding Sickness Absence and Referrals to Occupational Health/Issue 001/Jan 2012

7. How do I best use the information from the OH report to help me manage my employee?

The outcome report from OH will be set out under specific headings as follows: - the reason for the referral, background, overview of medical aspects, opinion and recommendations including capacity for work; recommended adjustments and restrictions including rehabilitation; work related aspects; prognosis including further suggested treatments and referrals; medico-legal aspects i.e. likely to be DDA applicable and whether a review has been arranged.

As you continue with the management process, guided by the Attendance Policy, the information from OH should help you to clarify your direction. It may suggest you consider making some changes or allowances to accommodate a person's health problem. As the manager, you need to consider whether you can follow the advice. If not, you need to document clearly why not in case it is disputed at any time.

You should not stop the management process or expect OH to solve a problem such as repeated short term absences. In this case, OH may tell you there is no underlying health problem but the person is likely to have further time off work because they have a pattern of repeated absences. This means there is no particular health issue and you should meet with the person to set goals with time scales for review. Repeated referral to OH in this case is of no value, you need to follow the Attendance Policy.

8. How do I manage the employee who has repeated episodes of sickness absence?

As stated in Q7, repeated absence needs to be managed by following the Attendance Policy. Employees are paid to come to work and whether absence is due to one particular health issue or several reasons, whether it is short or long term, considered genuine or not, the person needs to know they are being monitored, goals and targets need to be set with review dates to see if they have been met. The process needs to start informally and if no improvement is noted then it should move into a formal process. HR are there to advise and help you.

9. How can I as a manager help reduce the DNA rate for appointments in OH?

You will be notified of an employee's appointment at OH and it is helpful to remind them when you are making your routine contact with them. Any follow up dates will be stated in the outcome report.

10. What will OH do to help manage employees who are off sick?

During referrals, OH may advise the employee about likely consequences of their absence, for instance if they have had multiple episodes they may be advised that their manager will set some goals and time scales for improvement.

Some areas involved in the Sickness Absence Triage service will have direct input from OH. Frequent short term absence will be discussed over the phone and the employee advised of the management process likely to be taken. The manager will also be advised of this and encouraged to start the informal process if not yet in hand. Case conference meetings may be advised or OH are available to discuss any case individually with a manager if helpful.

CL162: FAQ regarding Sickness Absence and Referrals to Occupational Health/Issue 001/Jan 2012

11. One of my staff is refusing to attend an OH appointment, stating they deal directly with their own GP. What can I do?

You need to continue the management process, but without the advice and information provided by OH you will have to take the best course of action with the information you have, whilst also trying to safeguard the health of patients, employee and the rest of your team.

You can explain this to the employee and advise about how their health condition may affect or be affected by their job. OH will also act as a link between the employee, manager and GP if appropriate to recommend any adjustments, restrictions, plan for a return to work or redeployment.

The GP is not familiar with the workplace details or in a position to be able to do this sufficiently to support the employee in the best way. You can tell them they may be disadvantaged by not attending an OH appointment as you, the manager, may have to make a difficult decision about their job based on very limited information and they may not be happy about the outcome. You could also ask them why they have a problem attending OH to see if there is an underlying reason or belief.

12. What are the benefits of a phased return to work and why are they recommended by OH / GP?

Following long term sickness or a serious illness, returning to work on full time hours straight away can be very tiring. It can also be overwhelming and lead to further absence quite quickly. Research shows that coming back by gradually building up hours over several weeks is more successful in the long term; helps build confidence and avoid excessive fatigue and reduces the risk of further periods of absence.

In most circumstances an individual should be working their normal hours within 2-6 weeks of their return date. Occupational health will be able to provide specific timescales on an individual basis.

In some situations a phased return may need an adjustment of actual duties. The individual may be well enough to work normal hours but they may not be able to perform certain parts of their role. In these circumstances occupational health will advise on what activities should be avoided. By working alongside management the individual can then be found a role that is purposeful and meets the medical requirements.

Occupational Health will advise Managers and HR on suggested phased returns and will endeavour to make recommendations that are workable. If necessary this can be discussed and agreed between OH and the Manager. It is however up to the Manager to decide whether a phased return or adjustments can be accommodated within the workplace.

13. Why bother with the hassle of an Occupational Health referral? Can't I just tell the person to come back to work or get another job?

The attendance policy, HR and OH teams are there to support you and help prevent complications arising. If you do not follow the policy or advice, you risk treating people differently and unfairly which they may feel aggrieved about. You may make decisions about their job without seeking adequate advice; there is always a risk of potential litigation if things go wrong.

CL162: FAQ regarding Sickness Absence and Referrals to Occupational Health/Issue 001/Jan 2012

14. One of my staff is off sick regularly for odd days due to a variety of different reasons. Should I refer them to OH?

Not necessarily, you can ask them if they have a particular health issue that is causing their absence or they are concerned about and need support with. You can offer to refer them, but if there is no underlying medical condition, then OH is not likely to provide any further useful information to help you manage the situation. You need to follow the policy and manage their attendance.

15. A member of my team has been off for 6 weeks because of a planned routine operation. They work part time anyway and want to come back to work next week. They have fully recovered and are doing all their normal daily activities at home. Do I need to refer them to OH?

No possibly not as long as there are no additional risks at work that might be a problem for them or concerns they or you may have. If in doubt, you can ring OH and ask to speak to one of the OH Advisors to chat it through.

Appendix 8



Work is Good for Health

Who are the Occupational Health Team?

The Occupational Health Team work collaboratively with HR and Managers to look after the physical, mental health and well being of employees and help protect employees against any risk or work related ill health. Our team includes Occupational Health Advisors and Physicians who are qualified clinical specialists in assessing Fitness for Work.

Why might you be referred to us?

There is now significant evidence to prove that being at work is good for our health and that returning to work as soon as possible, after a health problem actually helps recovery and well being.

If you have been offered a job within the organisation, you may be referred to us if you have indicated that you have a health condition that may affect your work. If you are already employed by the organisation, you may be referred for routine health surveillance to protect you against the risks of work related ill health or for immunisations and vaccinations.

All employees have a contractual obligation to attend work and if you have been off sick or have a health problem which is affecting your ability to carry out your job, you may also be referred to our specialist practitioners for a clinical opinion on your fitness for the role or your fitness to return to work after surgery or illness.

The longer you are off work, the lower your chances of getting back

If you are referred to our team because you have been absent from work, our Occupational Health Specialists will review the information provided by your manager and will then arrange to have a consultation with you either by telephone or face-to-face.

The advice given will always be completely impartial and evidence based. Our focus will be on helping to facilitate your return to work as soon as possible by focusing on what you can do and providing advice to your employer on any support that may help, to enable you to return to your contractual duties.

It is important to understand that whilst our team may make certain recommendations, it is up to your employer to decide whether these recommendations are practical and can be accommodated within the workplace.

The Consultation

If you have an appointment to see one of our Occupational Health Advisors or the Occupational Health Physician, you will receive confirmation of the appointment date and time. The Team Prevent Occupational Health Advisor will assess whether you need to be seen at the Occupational Health Clinic or whether they are able to carry out an assessment by telephone. You will be advised whether the appointment is for a telephone consultation or a face-to-face consultation.

Telephone Consultations

If you have an appointment for a telephone consultation it is important that you are available, on the telephone number you have provided, at the appointment time that has been given. Please ensure that you are in a comfortable, private place which will enable you to discuss any issues in confidence with our Occupational Health Specialist.

Face-to-Face Consultations

Appointments will normally be held at the Team Prevent Centre is located in the West Buildings (Royal Stoke) and Outpatients Department (County). Please ensure that you arrive in good time for the appointment. Late arrivals cannot always be accommodated.

Important: Please ensure that you attend your appointment.

Appointments cannot normally be rearranged. In exceptional circumstances, we may be able to offer an alternative date so it is important that you let our administration team know as soon as possible if you have a valid reason for not being able to attend.

Please note: We are obliged to notify your manager immediately, if you rearrange your appointment or you fail to attend your appointment. Appointments canceled for any reason with less than 48 hours notice will be charged to the Trust.

Confidentiality

We adopt an honest, open and welcoming approach to our work and the consultation is completely confidential. Our specialist practitioners will be pleased to help you where they can by answering any questions you have and providing some guidance on how you can take responsibility for managing your health problem, so that it does not impact on your daily life and affect your ability to attend work.

Your manager will advise you if and why you are being referred to our service and you will be asked to give your consent to share information with your manager and HR. Medical details will not necessarily be disclosed to your manager unless we believe that it is important that your manager has a better understanding of, for example a health condition, to enable them to provide you with the necessary support or to protect your health and safety and that of your co-workers. Any information that is to be disclosed would be discussed with you first.

Advice to Managers and HR

Following the consultation, the Occupational Health Advisor or Physician will discuss with you the report they are proposing to send to your manager. The report will be based on the clinical assessment, using evidence based tools to assess fitness for work, best practice and occupational health law. You will also be involved in preparing your own return to work plan and if appropriate agreeing a target date for your return to work.

If the reason for the absence relates to a work issue which can be resolved between you and your manager, we will advise managers accordingly. If there is a health issue, we will provide

Your Health and Wellbeing

Team Prevent will also be working with the organisation to promote health and wellbeing within the workplace. Our joint aim is to help you enjoy a healthier lifestyle by giving you the tools and information, as well as good quality advice and support to help you to take responsibility for and more control over your own health.

Contact Us

The Occupational Health department is open:
Monday to Friday, 08.30 – 16.30.

Team Prevent UK
Occupational Health Department, West Buildings,
Royal Stoke University Hospital, A34 Newcastle Road,
Stoke-on-Trent, ST4 6QG

Phone: 01327 226 920

Correspondence address: Team Prevent UK Ltd,
1st Floor Rickyard Barn, Pury Hill Business Park,
Alderton, Nr Towcester, NN12 7LS

Appendix 9



UHN007/issue2/Feb12/ Case Conference Guidance Sheet

Occupational Health Case Conference

Guidance Notes for Managers/Employees

What is a Case Conference?

A Case Conference is a meeting that is usually arranged between a number of relevant parties. These meetings are usually held to openly discuss cases where an employee has been on 'long term sickness absence' or there are health issues that the manager requires help and advice with how to manage appropriately. The aim is to work collaboratively to agree a way forward with all parties. 'Long term sickness absence' is as defined by the employer's sickness absence policy.

The Purpose of a Case Conference?

There is significant evidence to show the beneficial effects of work on health and that work is an important part of the recovery process for many health conditions. The purpose of the case conference is to agree any actions that may be required to support an employee back to work following sickness absence and/or to address work related issues (including disability) which require collaborative discussion/actions.

In some cases, prior to the case conference a pre-meeting may be requested by management between Occupational Health, HR and the manager to ensure that all parties are fully informed about the case so that best use is made of the time allowed for the Case Conference. During this pre meeting no clinical details pertaining to the employee will be discussed without the employee's consent. Where a pre meeting is required between the employee and occupational health, the employee will be notified in advance.

Attendees to the Case Conference will usually include:

- The relevant Line Manager/Head of Department/Head of Service
- Human Resources Officer/Assistant Human Resources Officer
- Occupational Health (where necessary)
- Employee
- Employee representative (if required)

The Meeting will Usually Address:

- Occupational Health recommendations (where applicable)
- Phased return to work programme requirements (where applicable)
- Workplace adjustments and/or restrictions (where applicable)
- Key actions and timescales to support the employee at work.

The Process of a Case Conference

Occupational Health will liaise with all parties to agree who will be attending the case conference, date, time and venue.

The Line Manager will lead the discussion and HR will take notes of the meeting.

An open discussion will be held to clarify the actions required to enable the employee's sustained return to work or to ensure work related issues are addressed.

In order to facilitate discussions or actions, it may be necessary to refer to HR policies and procedures or other reference guides such as:

- Sickness Absence Management Policy & Procedures
- Capability Policy

After the Case Conference

Copies of the Case Conference minutes will be given to the employee, the manager and Human Resources to ensure a common understanding of any actions required and to outline any responsibilities for follow up action.

It is expected that any actions that are agreed will be implemented by the respective parties.

If it is agreed that a further Case Conference is necessary a follow-up meeting will be arranged by Occupational Health in consultation with the relevant parties.

Respect and Courtesy

It is expected that all parties attending a Case Conference will arrive on time and behave with appropriate courtesy and respect for other parties in attendance. In order to ensure that the Case Conference is as effective as possible in the interests of the employee and the employer, we adopt a zero tolerance to abusive or unacceptable behaviour.

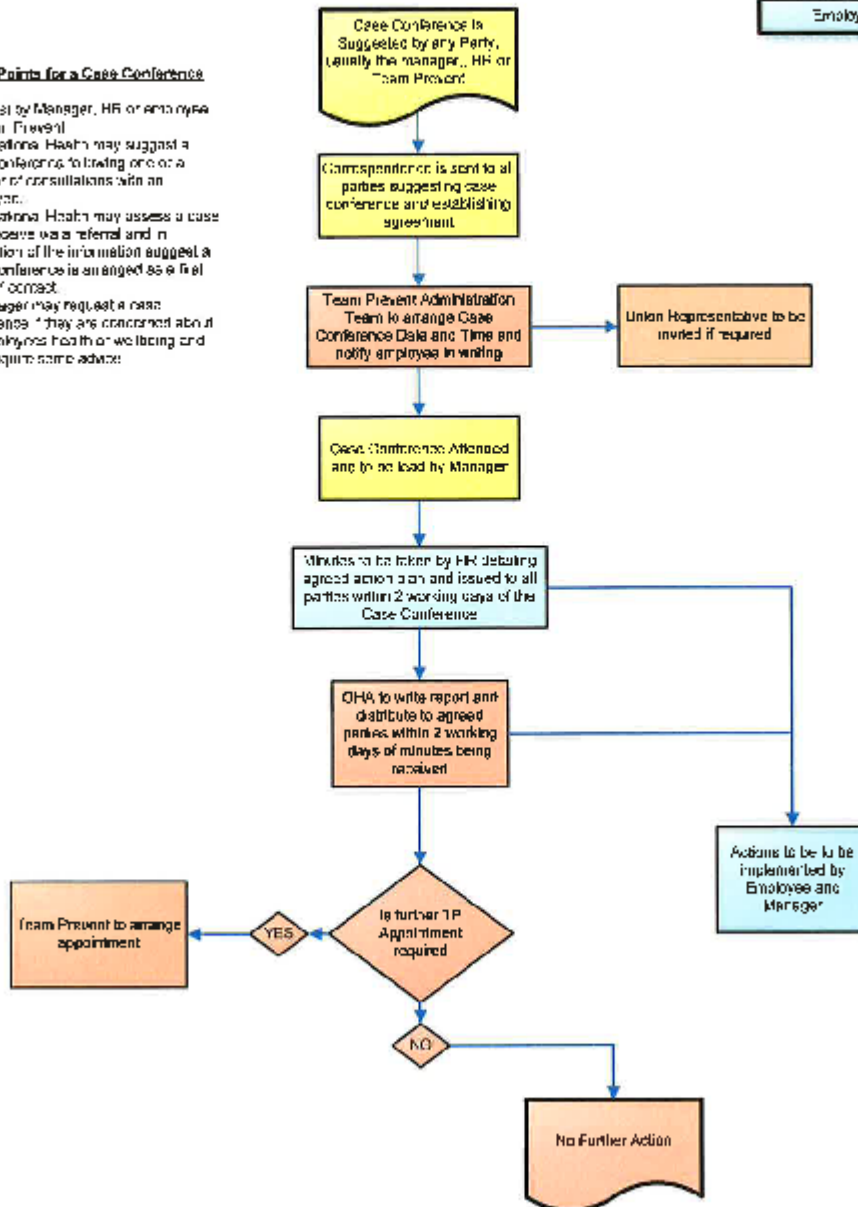


CASE CONFERENCE FLOW CHART



Trigger Points for a Case Conference

- Request by Manager, HR or employee to Team Prevent
- Occupational Health may suggest a case conference following one or a number of consultations with an employee.
- Occupational Health may assess a case they receive via a referral and in evaluation of the information suggest a case conference is arranged as a first point of contact.
- A Manager may request a case conference if they are concerned about an employee's health or wellbeing and they require some advice.



Appendix 10

Guidance for Managers on Early Intervention and Referral to Occupational Health:

Stress, Musculo Skeletal Problems and Surgery

It is well known that the longer an employee is absent from work, the greater the costs to the employer, and the less the chance of the employee making a successful return.

There is substantial evidence to show that early intervention and a focus on returning to work can reduce sickness absence; increase the likelihood of a return to work and improve the individual's health and wellbeing.

The early intervention approach aims to support employees and focuses on what staff are still able to do, helping them to return to work as quickly as possible.

Team Prevent have a dedicated Team of Occupational Health Advisors based in our Early Intervention Centre (EIC) who aim to contact employees ideally within 1 week of receiving a referral. The team will concentrate on carrying out an appropriate assessment at the earliest available opportunity and follow an evidence based stepped care approach to managing each case. All management referrals that are sent to Team Prevent will be triaged to assess whether they are 'appropriate' to be passed to the Early Intervention team.' The EIC team will also be handling referrals for employees who have hit short term absence triggers, or who are at work and experiencing signs or symptoms of health problems.

How to use the Early Intervention Process

Stress Referrals

1. If a member of your staff goes off sick, citing Stress as the reason, you should contact them ideally within 1 week of the start of the absence to advise that you want to support them.
2. If the member of staff has not returned to work within **(5 working days)**, they must be referred to Team Prevent Occupational Health immediately.
3. When completing the Management referral form, ensure that you indicate clearly in the appropriate section on the form that you are requesting that the individual is referred directly to our Early Intervention team. Tick the box which says "Early Intervention - Stress" and enter the first date of absence.
4. Upon receipt of a valid Early Intervention referral, the EIC team will make contact with the employee ideally within 1 week of the referral to offer an appointment for an Occupational Health telephone consultation. Our aim is to complete all telephone consultations within 5 working days but where an employee is failing to answer our calls or is not making themselves available for an appointment you will be notified.
5. For many stress cases the Nurse managing your case may decide to ring you before or after the consultation with the employee to clarify certain matters so it is also important that you make yourself available for a telephone conversation
6. The Occupational Health report will be sent to you and the employee ideally within 1 week of the consultation.

Musculo Skeletal Referrals

65% of people with common Musculo Skeletal Problems can self-manage their condition without the need for a face to face consultation. Early Intervention is essential to ensure that the employee has access to the right advice and support.

<http://www.backcare.org.uk/backcareApp>

1. If a member of your staff goes off sick, citing a Musculo Skeletal disorder as the reason, you should refer them to Team Prevent Occupational Health ideally within 1 week of the absence.
2. When completing the Management referral form, ensure that you indicate clearly in the appropriate section on the form that you are requesting that the individual is referred directly to our Early Intervention team. Tick the box which says "Early Intervention -MSD" and enter the first date of absence.
3. Upon receipt of a valid Early Intervention referral, the EIC team will make contact with the employee ideally within 1 week of the referral to offer an appointment for an Occupational Health telephone consultation. Our aim is to complete all telephone consultations within 5 working days but where an employee is failing to answer our calls or is not making themselves available for an appointment you will be notified.
4. During the consultation, the Early Intervention Team will undertake evidence based assessment of the symptoms and provide advice on exercise, working environment, lifestyle and education on self management.
5. The Occupational Health report will be sent to you and the employee ideally within 1 week of the consultation.

Surgery Referrals

With many modern surgical techniques prolonged recovery times after surgery are no longer necessary. In fact prolonged time of work is unlikely to benefit the employee who may find it much harder to settle back into normal work afterwards. Work is good for physical and mental health and returning to work can often be an important part of someone's recovery.

Useful links on Recovery Periods: <http://www.rcseng.ac.uk/patients/get-well-soon>

1. If a member of your staff has been advised that they are required to have surgery, or they have just had surgery, you should refer them to Occupational Health as soon as you know the date of the planned surgery. If the surgery is not planned and for example is as a result of an emergency you should refer as soon as you are aware that the surgery has taken place.
2. When completing the Management referral form, ensure that you indicate clearly in the appropriate section on the form that you are requesting that the individual is referred directly to our Early Intervention team. Tick the box which says "Early Intervention - Surgery" and enter the first date of absence.
3. Upon receipt of a valid Early Intervention referral, the EIC team will make contact with the employee ideally within 1 week of the referral to offer an appointment for an Occupational Health telephone consultation. Our aim is to complete all telephone consultations within 5 working days but where an employee is failing to answer our calls or is not making themselves available for an appointment you will be notified.
4. The OHA will telephone the individual to help educate and advise them what to expect following the surgery and to provide guidance on the expected evidence based recovery period* for the surgery in-line with the guidelines provided.

5. The Occupational Health report will be sent to you and the employee ideally within 1 week of the consultation.

** The evidence based recovery periods are based on 'norms'. Different recovery periods apply for manual and non manual work and if there are complications.*

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Appendix 11

Guidance for Sickness Stage reviews

Managers should ensure that they are fully prepared for sickness review meetings. If required, managers can contact the HR Employee Relations Team for advice prior to proceeding with any meeting.

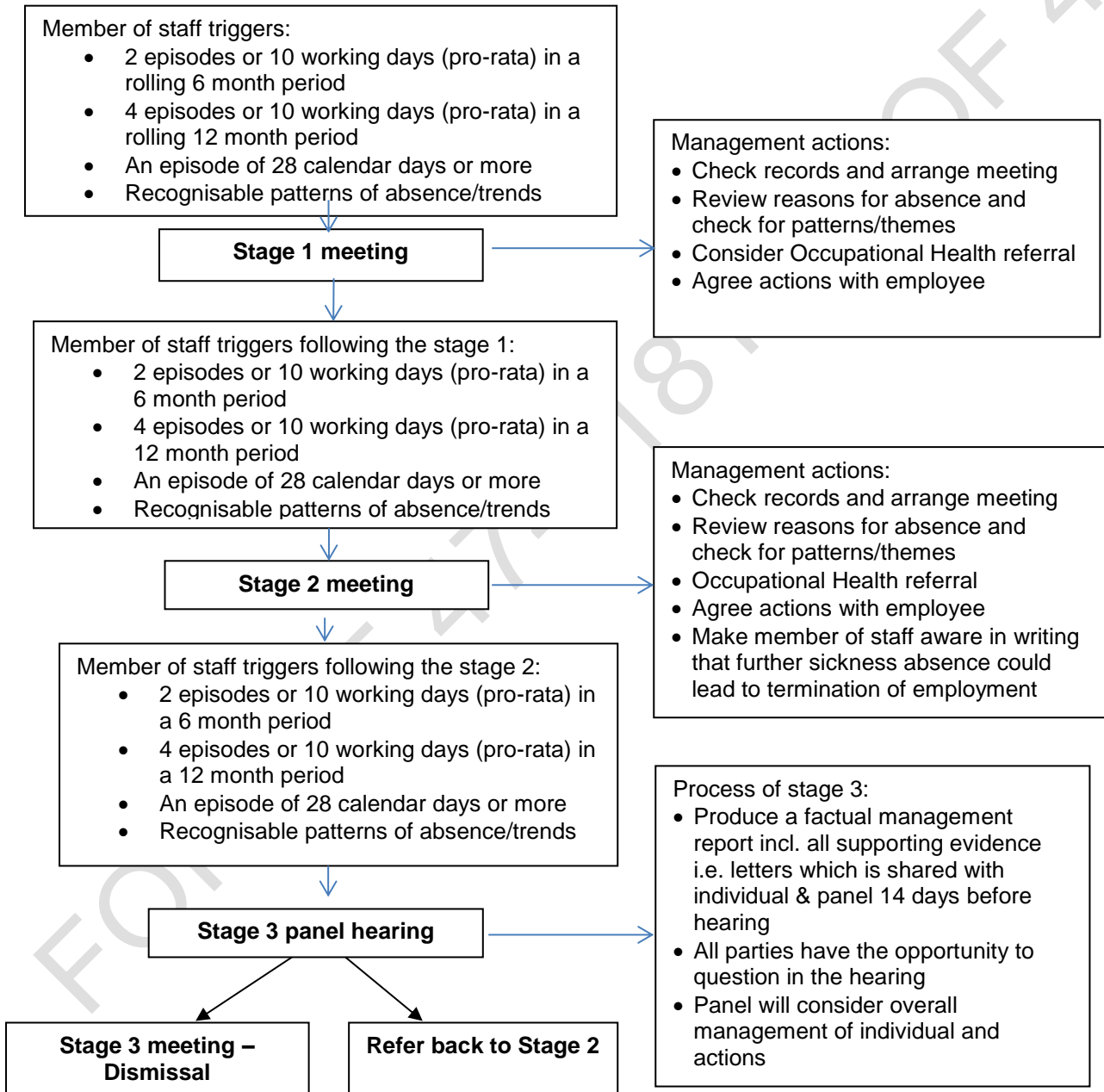
- Ensure confidential room booked for meeting
- Ensure you have full details of absence levels and any patterns of absence
- Check if any absences should be discounted due to Disability – you may want to discuss this with a member of the HR Employee Relations team prior to your meeting
- Notification of the meeting should be in writing (use template in the admin pack, appendix 1)
- You will need to inform the individual of their right to be accompanied by Trade Union representative or a work colleague.
- Ensure that you explain why the meeting is taking place i.e. triggered the policy
- At the meeting, seek to establish if there is any underlying cause of absences and, if there is, what action would alleviate situation
- Establish whether an Occupational Health referral is needed or if they are at the stage of the policy where a referral is required
- Check if absences are work related and if adjustments or action can be taken to alleviate issue. If stress related, complete a stress risk assessment – see the Stress Policy.
- Advise targets in line with the policy triggers for improving attendance with the individual
- Obtain employee's commitment to meeting targets
- Confirm the outcome of the meeting in writing (use template in the admin pack, appendix 1)
- Keep detailed notes of the meeting.

Appendix 12

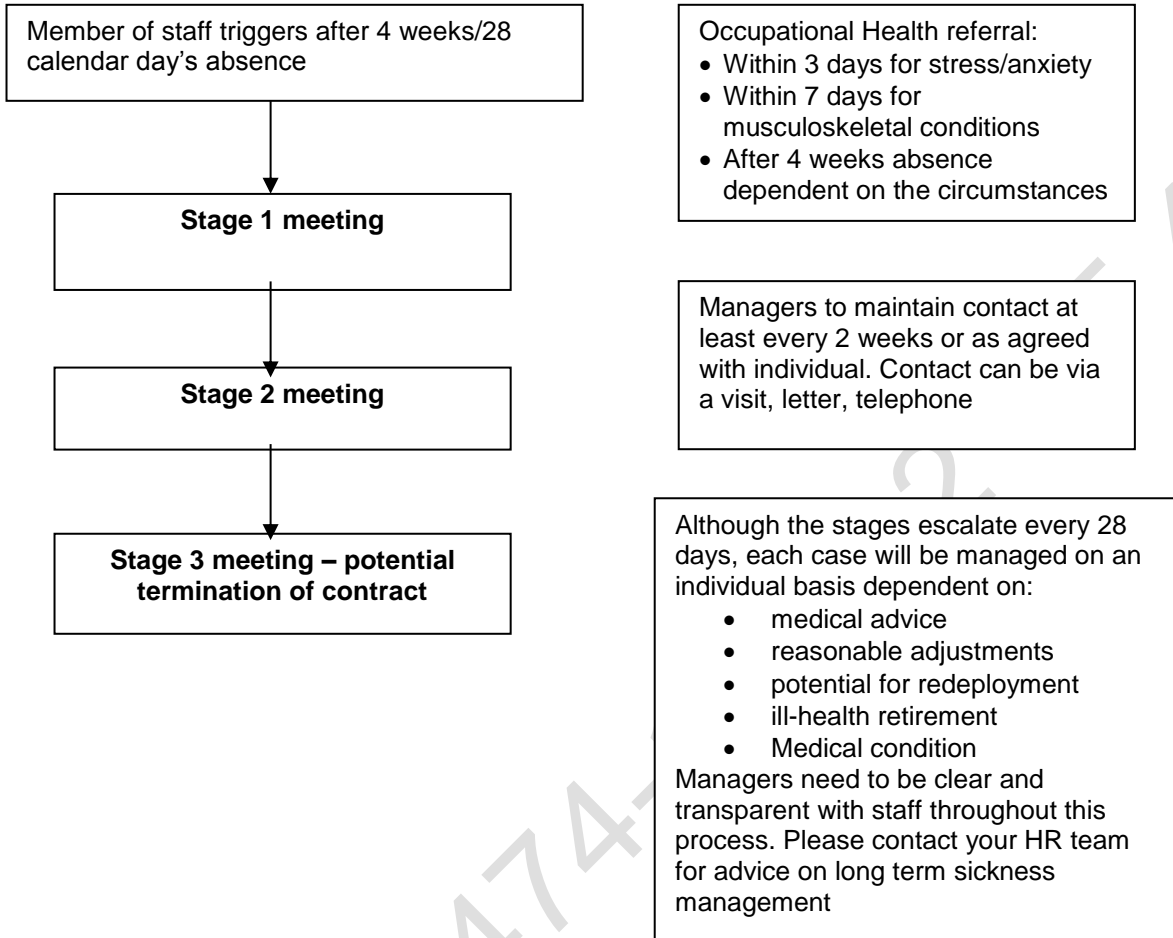
Appendix 12

Sickness Absence Flowchart

NB. The short term process is to be used to manage long and short term sickness together. It should not be managed through two separate processes.



Long Term Sickness Absence Guidance Flow Chart



Trigger Points

The following table identifies the “trigger points” (in relation to the 12 month rolling period). Managers should always liaise with HR for advice when determining what action needs to be taken.

Trigger	Action
<p>2 episodes or 10 days in a rolling 6 month period</p> <p>or</p> <p>4 episodes or 10 days within a rolling 12 month period</p> <p>or</p> <p>Any absence greater than 4 weeks</p> <p>or</p> <p>Recognisable patterns of absence/trends</p>	<p>Stage 1</p>
<p>2 episodes or 10 days in a 6 month period</p> <p>or</p> <p>4 episodes or 10 days within a 12 month period</p> <p>or</p> <p>Any absence greater than 4 weeks</p> <p>or</p> <p>Recognisable patterns of absence/trends</p>	<p>Stage 2</p>
	<p>Stage 3</p>

<p>2 episodes or 10 days in a 6 month period</p> <p>or</p> <p>4 episodes or 10 days within a 12 month period</p> <p>or</p> <p>Any absence greater than 4 weeks</p> <p>or</p> <p>Recognisable patterns of absence/trends</p>	<p>Stage 3, Third/Final formal sickness review</p>
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If the decision is taken not to dismiss at stage 3, the person concerned returns to stage 2 above and will return to stage 3 if any of the trigger points are activated.

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Appendix 13



Pensions

Ill-health Retirement Factsheet

Qualifying conditions

Current members who have at least 2 years membership, and become permanently incapable of doing their present job because of ill-health may be able to receive a pension.

Termination of the employment contract because of unsatisfactory attendance due to sickness, will not automatically lead to early payment of a pension.

If our medical advisers accept the application they will qualify for early payment of Scheme benefits if:

- they are working in the NHS and have at least 2 years' membership; or
- they have chosen to leave the Scheme and are still working in the NHS and have at least 2 years' Scheme membership.

If a current member thinks ill-health retirement applies to them, they should complete form AW33E. But they must be leaving work because of permanent ill-health. If dismissed for any other reason they cannot qualify for an ill-health pension.

Benefits may also be paid early if they no longer work in the NHS provided:

- they have at least 2 years' deferred membership and are no longer able to earn an income through regular work.

They should write to NHS Pensions and request form AW240.

Our medical advisers, in every case, will assess the medical evidence and confirm that they are permanently incapable of either carrying out their present NHS duties or doing any regular work. If this is confirmed and we are satisfied they meet the rules for ill-health retirement, we will pay a pension.

Benefits

There are two tiers of ill-health benefits.



Pensions

Tier 1 is entitlement to the retirement benefits they have earned to date, paid without any actuarial reduction for early payment. This level of benefit is payable if they are:

- a Scheme member accepted by our medical advisers as permanently incapable of doing their current NHS job; or
- a former Scheme member accepted by our medical advisers as permanently incapable of earning an income by doing regular work.

Tier 2 is entitlement to the retirement benefits they have earned to date enhanced by two thirds of their prospective membership up to reaching their normal retirement age. This level of benefit is payable only if they are a Scheme member accepted by our medical advisers as permanently incapable of both doing their current NHS job AND permanently incapable of regular employment of like duration to their NHS job, taking account of their:

- mental capacity;
- physical capacity;
- previous training; and
- previous practical, professional and vocational experience,

irrespective of whether or not such employment is actually available to them.

If they have ever worked part time, any extra membership they get will be reduced to take account of this.

1995 section

Members of the 1995 Section of the NHS Pension Scheme who retire due to ill-health up to 31 March 2016, will get a minimum increase of 4 years, subject to the maximum membership that could have been achieved by their normal retirement age.

Example Tier 2 calculations for members of the 1995

1. A member of the above Scheme, who has a normal retirement age of 60, is accepted as qualifying for Tier 2 ill-health benefits at age 48, after 28 years' full time Scheme membership. Their ill-health pension would be calculated using total Scheme membership of 36 years, 28 years actual plus 8 years enhancement (2/3rds of the 12 years' prospective membership to normal retirement age of 60).

1995 section

2. A member of the above Scheme, who has a normal retirement age of 60, is accepted as qualifying for Tier 2 ill-health benefits at age 55, after 30 years' full time Scheme membership. Their ill-health benefits would be calculated using total Scheme membership of 34 years, 30 years actual plus the minimum guaranteed enhancement of 4 years. This is because 2/3rds of the prospective membership to normal retirement age of 60 is less than the guaranteed enhancement.

2008 section

Example Tier 2 calculations for members of the 2008 Section.

1. A member of the above Scheme, who has a normal retirement age of 65, is accepted as qualifying for Tier 2 ill-health pension at age 56, after 10 years' full time Scheme membership. Their ill-health pension would be calculated using Scheme membership of 16 years, 10 years actual plus 6 years enhancement (2/3rds of the 9 years' prospective membership to normal retirement age of 65).

2. A member of the above Scheme, who has a normal retirement age of 65, is accepted as qualifying for Tier 2 ill-health pension at age 41, after 3 years' full time Scheme membership. Their ill-health pension would be calculated using Scheme membership of 19 years, 3 years' actual plus 16 years enhancement (2/3rds of the 24 years' prospective membership to normal retirement age of 65).

Index linking

NHS ill-health pensions are fully index-linked to protect them against inflation. This means they are increased each year in line with the cost of living, for as long as they are paid. The increases are paid from April each year. In the first year the amount of increase will depend on the date they retire.

Re-employment

If the member receives Tier 1 ill-health benefits, and returns to work in the NHS before their normal retirement age and their earnings exceed a certain level, some of their pension will be subject to Abatement as explained below.



Pensions

If the member received Tier 2 benefits and is re-employed anywhere, as well as being subject to Abatement they will not be able to earn more than the equivalent of the lower earnings level (LEL) set by HM Revenue & Customs (HMRC) for the payment of national insurance contributions before their Tier 2 pension is replaced by a Tier 1 pension.

If the member is re-employed in the NHS, the maximum period of re-employment before their Tier 2 pension is replaced with a Tier 1 pension is 12 months, even if their NHS earnings remain below the LEL. Please notify us immediately if they earn more than the LEL in any tax year or if they are reemployed in the NHS for more than 12 months.

If they earn more than the LEL or are re-employed for more than 12 months in the NHS, their pension will be replaced by a Tier 1 pension from the next pension payable date following:

- the point when their earnings exceeded the LEL; or
- after 12 months reemployment in the NHS,

whichever is the earliest.

If the pension has been replaced by a Tier 1 pension because of this, they can re-qualify for a Tier 2 pension if:

- they are under normal retirement age; and
- their employment ends within 12 months of the substitute Tier 1 pension; and
- our medical advisers accept that they once again satisfy the Tier 2 condition.

1995 section

If they are members of the 1995 Section the period of re-employment in the NHS will be pensionable only if:

- in the case of a Tier 1 pension, they are under age 50 on the date they return to NHS employment;
- in the case of a Tier 2 pension, they are under age 49 on the date they return to NHS employment.



2008 section

If they are members of the 2008 Section, their period of re-employment in the NHS will be pensionable provided:

- they are under age 75; and
- they have not already accrued 45 years' Scheme membership; and
- they have not retired on the grounds of serious ill-health and exchanged their pension for a one-off lump sum payment.

Abatement

If they return to NHS employment before their normal retirement age and their earnings are above a certain level, some of their ill-health pension may be reduced. We call this abatement.

Abatement applies where earnings from re-employment plus the "unearned" portion of the ill-health pension exceeds earnings before retirement.

Abatement is applied up to a maximum of the value of the "unearned" portion of the pre-commuted pension.

In the case of Tier 1 benefits the "unearned" portion of the ill-health pension is:

- the difference between the amount of pre-commutation pension in payment and the amount of pre-commutation pension that would have been payable after actuarial reduction for early retirement, prior to your normal retirement age.

In the case of Tier 2 benefits, the "unearned" portion of the ill-health pension is:

- the extra pension arising from the membership enhancement they have received; plus
- the difference between the amount of pre-commutation pension in payment for actual membership and the amount of pre-commutation pension that would have been payable for that membership after actuarial reduction for early retirement, prior to their normal retirement age.

You should explain how 'Abatement' applies to them, if they intend to return to NHS employment.

Abatement no longer applies when they reach their normal retirement age or their earnings fall below the required level, whichever is the earlier.



Pensions

If a member is seriously ill

If a member is terminally ill and does not expect to live longer than a year, they can apply to exchange all of their ill-health benefits for a one-off, usually tax-free, lump sum payment. They must have some HMRC personal lifetime allowance (LTA) remaining to make the exchange.

The one-off lump sum payment will be calculated using exchange factors as follows:

1. Pension up to level that gives the maximum permitted lump sum amount (see Guide to the Scheme) will be converted at the rate of £12 lump sum for every £1 of pension given up.
2. The remaining pension will be converted to a lump sum at the rate of £5 lump sum for every £1 of pension.

Their dependants will still get any pension they are entitled to in full.

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If they are paying additional contributions

If they are buying 'Added Years' or a bigger lump sum for Scheme membership before 25 March 1972 by deductions from pay and they apply to retire:

- they must have been paying the additional contributions for more than 12 months; and
- when they retire they are under normal retirement age,

they will be credited with the full purchase without having to make any further payments.

If they are buying or have already bought 'Additional Pension' and when they apply to retire:

- they have been paying the additional contributions for more than 12 months; or
- in the case of purchase by lump sum contribution, it is more than 12 months since payment was made,

they will be credited with the full purchase.

If they apply to retire within 12 months of starting to pay for any of the above benefits the purchase will be void. Any payments made will be returned.



Pensions

Requesting ill-health retirement

If the member is still employed in the NHS please give them form AW33E.

If the member is no longer employed in the NHS and they approach you, ask them to write to NHS Pensions for form AW240.

If our medical advisers approve the request, please give them form AW8 to claim ill-health benefits.

If seriously ill and would like to exchange benefits for a one-off lump sum payment, please tell NHS Pension.

Lifetime allowance (LTA)

In testing benefits against the LTA the following values will be used, either

- benefits including any enhanced membership granted; or
- if seriously ill and have exchanged benefits for a one-off lump sum, the total lump sum.

Appendix 14

Return to work	Stage 1	Stage 2	Stage 3	Appeal against dismissal
Line Manager	Line Manager – second manager optional	Line Manager And one other manager	Senior Manager / Matron one other Manager + HR Rep. (Minimum of Band 8a to dismiss)	Associate Director/Assistant Director (Chair) + Executive Director + HR Rep not previously involved

Notes:

- This is minimum level of authority and number on a panel to hear a case. In particular cases, it may be necessary for others to join the panel, e.g. technical experts, where employee works for two people (e.g. capability) or works for one and is line managed by another.
- It is important that at the initial stage of the process consideration is given to ensure that the appropriate person is identified for every stage to ensure the appropriate level of manager is represented and present to take the issue forward.
- The authorised manager must preside over the Final Review Hearing, unless specific written permission to delegate to other senior managers is given by the Chief Executive.

Appendix 15

Guidance on managing long term sickness absences

The aim in proactively managing a long term absence is to provide appropriate help and support to an individual and to enable an effective return to work as soon as is reasonably possible, Although the same process is followed, consideration should be given to progression to the next stage and reasonable timeframes for recovery taken in to account.

In certain circumstances there may be subsequent short term absences which are linked to the underlying health problem and Managers should ensure they take advice from the HR department team before proceeding with any formal meetings. In these situations, individual circumstances and health issues will need to be considered on a case by case basis.

It is essential that early and regular contact is maintained throughout the period of absence. The frequency of which can be agreed between the manager and the employee but this will vary from case to case depending on the length of anticipated absence and the particular absence reason, however, as a minimum this should happen on a fortnightly basis. If there are any issues with maintaining contact due to the difficult or detrimental circumstances, then advice should be sought from the HR Department and/or Occupational Health.

Managers may wish to consider home visits, if appropriate, or arrange for a telephone discussion for employees who are unable to attend the trust for an absence meeting.

During a sickness stage review meeting, the following options which may be discussed could include:-

Employee is fit to return to work

In this case no further action is required beyond the continued monitoring of the situation as necessary. Occupational Health will make a review appointment if necessary. If no review appointment is given then the Manager should only refer back to Occupational Health if there is a change in the medical condition or if the return to work doesn't go to plan.

In circumstances where Occupational Health have advised the individual is fit to return to work but the individual is still covered by a medical certificate from their GP and does not feel able to return to work, further advice should be sought from Occupational Health. This may include Occupational Health making contact with the individual's GP to discuss options.

Employee is capable of returning to their current post but cannot fulfil all of the duties

In these cases it is the responsibility of the manager to review the role to consider whether reasonable adjustments can be made in line with the Equality Act 2010 (appendix 4) to enable the individual to return to work. Advice should always be sought from HR department and Occupational Health in such cases.

Employee is unfit to return to their current post but is capable of other work (Redeployment)

Advice should be sought from the HR department. There is no onus on the Trust to create a job if there are not any vacancies.

Employee currently unable to return to work but assessed as likely to return in the future The situation should continue to be monitored by the Occupational Health department, line manager and HR representative. Regular review meetings in accordance with the stages of the sickness policy should take place to determine likely timescale for return to work or other options available.

Employee is pursuing Ill Health Retirement

Under the terms of the NHS Pension Scheme, a member of staff may apply to retire on the grounds

of ill health at any age after 2 years pensionable service. However, it is entirely the employee's choice and responsibility to apply for ill health retirement pension benefits (appendix 13) following advice from their GP / Consultant. If this is felt to be the most appropriate route to follow, Occupational Health will provide specific advice on this. A stage 3 (final review) hearing will be convened.

It is important that the employee is made aware of the following points:-

- Any decision made in respect of applications for ill health retirement pension is made independently by the Pensions Agency, not by the Trust and may be turned down.
- The Trust does not have to wait for a decision from the Pensions Agency before making a decision to terminate an individual's employment on the grounds of medical incapacity. Pending any such decision, a Stage 3 (Final review) hearing will be convened.
- The ending of employment will not be delayed in order for a pension application to be made and processed. It is therefore important that staff do not delay making a pension application once appropriate medical advice has been received and/or the decision to terminate employment is made.
- If the employee's application for ill health retirement has been accepted and they resign from their employment, the requirement for the employee to give notice may be waived if appropriate. This option may affect the employees claim to benefits through the Benefits Agency.

Employee is unfit to return to work

Where the employee has been deemed unfit to return to work and all appropriate avenues have been considered, a Stage 3 (final review) hearing will be convened for consideration of termination of employment.