



Western Health
and Social Care Trust

**ATTENDANCE AT WORK POLICY AND PROCEDURES
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Table of Contents

Section	Page Number
1. Purpose and Scope	1
2. Introduction	2
3. Core Principles	3
4. General Roles & Responsibilities	4
5. Reporting Absence and Certification	11
6. Procedures for Managing Absence	15
7. Referrals to Occupational Health	22
8. Return to Work Arrangements Including Phased Return	25
9. Other Related Issues	27
10. Disability Discrimination Act (DDA) 1995	30
11. Redeployment on Health Grounds	32
12. Termination of Employment on Grounds of Ill Health	34
13. Health at Work Governance Issues	36
14. Policy Summary	37
15. Equal Opportunities / Human Rights	38
MANAGER'S APPENDICES	39
1. Manager's Checklist for Managing Attendance	40
2. Return to Work Meeting Template	41
3. Guidance on Conducting a Return to Work Meeting	45
4. Guide on Thresholds for HR Involvement in Managing Absence	46
5. Managing Short Term Absence Flow Chart	47



6.	Letter Inviting Employee to Meeting following Unsatisfactory Attendance	48
7.	Informal Warning Letter Template	49
8.	Managing Long Term Absence Flowchart	50
9.	Letter Inviting Employee to Meeting	51
10.	Long Term Absence Information Leaflet	52
11.	Occupational Health Management Referral Form	54
12.	Phased Return Plan Template	58
	Form of Agreement	61

ATTENDANCE AT WORK POLICY AND PROCEDURES

SECTION 1 PURPOSE AND SCOPE

1.1 Purpose

This policy is designed to set out how absence due to sickness will be managed in a fair, consistent and proactive manner by providing clear and effective guidelines on the management and monitoring of absence. This policy and Manager's Toolkit will focus on supporting Managers and staff during periods of absence by providing a framework for progress. The policy reflects the HSC Regional Policy Framework of Best Practice for managing absence. The Department of Health sets an annual absence target for Trusts and the policy is designed to support managers to achieve this target. The policy will be reviewed in partnership with Trade Union side organisations.

The policy has been written within the requirements of current terms and conditions of service circulars at date of approval which relate to management of absence and ill health retirement. It is recognised that any changes to national and regionally agreed terms and conditions of service will automatically update any provisions of this policy.

1.2 Scope

The policy applies to all employees and all occupational groups. It is accepted that the expected duration of the fixed term contract for a temporary employee will be a consideration in some cases. In applying the policy to Medical & Dental staff the requirements of the *Maintaining High Professional Standards Framework* must be adhered to. This document can be viewed at the following link www.ncas.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=9360

This policy covers the most frequently occurring situations but it is expected that unique circumstances will arise and Managers will be required to consider any mitigating factors, medical condition (or absence of) and take action accordingly. The policy is therefore not intended to be exhaustive and its broad principles will apply.

The Corporate Management Team and Trust Board will monitor absence levels within the Trust on a quarterly basis.

There may be occasions when absence issues are appropriately treated as matters of conduct and in these circumstances the Trust's Disciplinary Procedure will apply.

This policy may link to other arrangements in the Trust, for example, Code of Practice on the Employment of People with a Disability, Capability Procedure, Health & Safety Policy, Alcohol & Drugs Policy, Domestic Violence and the Workplace Policy. When dealing with absence under this policy, Managers should give consideration to the possible overlap with these policies when appropriate.

SECTION 2 INTRODUCTION

2.1 Health and Wellbeing

The Trust recognises that the health and wellbeing of the workforce is critical to the effective functioning of the organisation. The Trust encourages a culture of health and wellbeing within the workforce and equally expects staff to take personal responsibility for their own health and wellbeing. The Trust has a duty to support staff when they become ill and facilitates staff, as far as possible, to safely return to work as early as they can.

Sickness absence has a detrimental effect on service delivery and places additional pressure on other staff, as well as carrying a significant financial cost. Managers, in partnership with Trust employees, are required to take a proactive approach to management of absence within their teams and in doing so ensure close links the HR Directorate Support Teams and Occupational Health (where relevant).

The Trust provides practical support to staff in a number of ways to promote improved health and wellbeing, including:

- promotion of a culture of health and wellbeing
- provision of a range of health improvement initiatives
- induction of new staff
- implementation of systems such as performance review and professional supervision, staff training and development
- provision of a confidential occupational health service which includes health assessments and physiotherapy and mental health support in some areas
- provision of a confidential staff counselling service
- provision of a safe working environment and advice on specific work risks such as moving and handling
- provision of an annual flu immunisation programme
- provision of advice / guidance on workplace adaptations / modifications

2.2 Redeployment, Redundancy and Organisational Change

Employee attendance is one of the factors taken into account in applying the Trust's Redeployment & Redundancy Policy and absence may impact on employees affected by organisational change. Maternity related absence and absence related to disability, for people who have a disability, are some of the absences removed from this calculation.

SECTION 3 CORE PRINCIPLES

The following are the principles that underpin and guide the decisions made under this policy:

- Employees are required to give regular and effective attendance at work in accordance with their contract of employment.
- Employees are not expected to come to work if they are clearly incapable of doing so. Similarly employees should not remain away from work where adjustments or modifications could be made to facilitate their return.
- Managers are responsible for managing absence within their teams in accordance with this policy.
- The Occupational Health Department will collate and consider all medical information and advise on fitness for work in individual referrals (see section 7).
- Employees must commit to the various component parts of the attendance management programme in accordance with their contract of employment and adhere to the various policies and procedures in place to ensure that they and their Manager are fully conversant with the facts of their case and the options that are available to them.
- Employees will have the opportunity to contribute to discussions on their attendance at work and all relevant information will be shared with them.
- Employees are expected to contribute to discussions about their absence referral and co-operate with Occupational Health processes.
- Where employees choose not to contribute to the process, the Trust will base its decision-making on the information available to it, which could lead to the absence being managed within the context of the Trust disciplinary process.
- Regular and effective communication between the employee and their Manager is essential to the planning of services so that the impact on patient and client care can be reduced.
- A safe return to work as early as possible is required and where Occupational Health identify the requirement for adjustment this will be considered.

SECTION 4 GENERAL ROLES & RESPONSIBILITIES

All staff have an important role to play in managing attendance and it is expected that all stakeholders will undertake their responsibilities in accordance with this policy.

4.1 Employees

Employees are required to:

- Give regular and effective attendance at work in accordance with their contractual obligations.
- Make themselves fully aware of this policy and co-operate fully with its provisions.
- Understand that sick leave / pay is due to the ill health of the employee only and not for other purposes such as carrying out caring responsibilities for which the Trust has a range of other policies to support employees in these circumstances.
- Not misuse the Sick Pay Scheme in any way.
- Make their Manager aware of any concerns they have regarding health, safety and welfare issues. They may do this in the context of self-referral to Occupational Health (see section 7) although it is not necessary for employees to inform their manager of a self-referral if they do not wish to do so.
- Inform their Manager of sickness absence in accordance with notification procedures for their department. This must be in person by telephone (except in clearly exceptional cases e.g. hospitalisation). Text or e-mail is not an acceptable form of communication (see section 5). Employees should agree alternative arrangements with their Manager if they are unable to comply with this condition for a reason related to their sickness absence.
- Ensure all medical statements are submitted on time in line with this policy to their Manager and that they cover the whole period of absence so that sick pay entitlements are paid (see section 5). Failure to do so may result in withdrawal of sick pay.
- Maintain regular contact with their line Manager within agreed timescales regarding progress or changes in their condition whether or not a medical statement is due.
- Attend all Occupational Health appointments that are made for them, whether they are at work or on certified sick leave. Delay or failure to attend appointments may result in pay being withheld or disciplinary procedures being initiated. If exceptional circumstances apply and they are unable to attend, they are required to inform their Manager as soon as possible (no later than 24 hours before they are due to attend) and give reasons for non-attendance. Their Manager will contact Occupational Health and reschedule if appropriate.



- Ensure contact details on HRPTS are accurate and up-to-date in order that the Trust can communicate with them effectively. Employees who do not have access to HRPTS must advise their manager of any change to their contact details and the manager will update HRPTS on their behalf.
- Participate in meetings which have been organised to discuss their absence from work.
- Employees can seek advice from their trade union at any time in relation to this policy and can be represented at formal meetings held under this policy.
- Contribute to return to work plans and make best use of rehabilitative measures.
- During an absence, refrain from participating in any activity (such as domestic, social or sporting activities) that may delay or jeopardise their recovery or be likely to raise concern about the need for continued absence.
- Review their absence record on HRPTS, ensure that it is accurately recorded and alert their line manager of any discrepancies.
- Employees who have another employment, either within or external to the Trust, must notify their manager of their intention to continue working in the other role. The Manager will consider the circumstances of both roles and seek advice from Occupational Health and HR as appropriate. Staff who are found to be working elsewhere and have not complied with the above requirements may be subject to disciplinary proceedings.
- Notify their Manager and Occupational Health in advance if they are considering travel out of the country while on sick leave. Occupational Health will determine if this is compatible with their recovery. Employees must be available to attend all Occupational Health appointments made for them and any travel arrangements must take account of this.
- Notify their Manager and Occupational Health in advance if they intend to travel to countries with an increased risk of Tuberculosis (TB) for more than 4 weeks. See section 13 to ensure compliance with leave conditions.
- Ensure that sickness reporting requirements apply even when on annual leave or in a 'no pay' situation on sick leave.
- Contact their Manager on or before the expiry of their sick certificate to update on either continuation of sick leave or return to work.

Employees who do not comply with arrangements within this policy may have that non-compliance treated as misconduct, including gross misconduct in some circumstances, which may result in disciplinary action.

4.2 Managers

Managers are required to:

- Encourage and give positive feedback for good attendance.
- Treat all staff fairly, equitably and in a respectful and courteous manner.
- Actively encourage employees to attend health improvement initiatives organised by the Trust.
- Manage absence in accordance with this policy by recording, pro-actively monitoring and investigating the absence levels of all employees for whom they have responsibility and by taking appropriate and timely action when required.
- Ensure that all employees are aware of the importance of good attendance in order to deliver quality services for patients and clients and that they understand the impact of absence on other staff
- Ensure that all employees are aware of their obligations under the policy, including the correct notification procedures when reporting sick for work, submission of certificates and to whom they should report.
- Attend essential *Management of Attendance* training within 6 months of being appointed to a position with line management responsibility and at least once every 3 years thereafter to ensure that they can meet their responsibilities effectively under this policy.
- Respect the confidentiality of any information provided to them through the operation of this policy.
- Maintain regular and effective contact with employees who are on sick leave. It is primarily the responsibility of the employee to maintain contact with their Manager however Managers must ensure that contact takes place. The frequency of contact will depend on the circumstances of the absence and must be agreed with the employee at the outset of the absence.
- Maintain accurate records for **all** absence (not just certified absence) which includes timely recording of absence on HRPTS or e-roster, conducting and recording return to work interviews and processing the appropriate medical certification. This includes a record on HRPTS when staff have to leave work early because of illness. **Return to work interview dates for all staff must be recorded on HRPTS, including staff on e-Roster.**
- Participate in Occupational Health Case Management meetings and lead all other relevant meetings with the employee, the employee's representative and HR.

- Give consideration to workplace adjustments and rehabilitation programmes, as recommended by Occupational Health and other medical and allied health professionals, to support employees to remain in employment.
- Make timely arrangements for staff to return to work immediately when they are deemed fit by Occupational Health.
- Take account of the Trust's Drugs & Alcohol Policy where absence or workplace problems may be attributable to the use of drugs or alcohol;
- Ensure completion of incident forms when an employee has suffered an injury or other condition associated with their employment.
- Use the probationary period to monitor attendance with a view to identifying problems early.
- Where necessary, initiate action in accordance with the Disciplinary or Capability procedures to deal with poor attendance and / or failure to comply with the Attendance at Work Policy.
- Where necessary and after full consideration of all relevant information, make arrangements for pay to be withheld when employees fail to comply with the Attendance at Work Policy e.g. failure to fulfil certification or reporting requirements or in the event of failure to attend (DNA) at Occupational Health appointments without reasonable explanation of cancellation. Advice must be sought from the relevant HR Directorate Support Team in these circumstances and a letter issued to the employee to inform that pay will be withheld.
- Reassure staff who have a medical condition which impacts on their ability to fulfil their role, that where possible reasonable adjustments will be made to facilitate their on-going employment.
- Make every effort to accommodate reasonable adjustments recommended by Occupational Health. Where it is not possible to make reasonable adjustments managers must provide the rationale in writing to the employee.
- Encourage staff to attend health initiatives e.g. flu vaccination and provide time off for Trust vaccination and other appointments at Occupational Health.
- Seek specialist advice from the HR Directorate Support Team and Occupational Health when appropriate.

Managers should note the importance of accurate and timely recording on HRPTS. This enables the Workforce Planning Team to produce statistical analysis on both short and long term sickness absence within the Trust. Accurate information is fundamental to enable effective management of sickness absence and therefore managers are required to check all absence information provided by workforce planning to ensure that any required amendments

are made to the record. The information will also ensure that employees are paid appropriately during their period of absence. It is essential that managers ensure that the correct working pattern is entered on HRPTS for each member of staff to ensure that absence reporting is accurate. Managers will be accountable for any recording failures or anomalies. Failure to fulfil their responsibility in this regard may result in disciplinary proceedings. Each directorate may undertake monitoring / audit of recording processes.

The Manager's Checklist at manager's appendix 1 is a summary of the key responsibilities for line managers and has been developed as a tool for managers to be used in conjunction with this policy.

4.3 Occupational Health (OH)

The Occupational Health department will:

- Assess employees' health in terms of fitness for work, considering the effects of work on health / health on work with the aim of assisting management and employees in making plans to facilitate a safe return to work as early as possible.
- Provide advice to Managers on employees' fitness for work for those who have health issues which may be affecting attendance, performance or behaviour in the workplace, particularly for those staff covered by the Disability Discrimination legislation.
- Provide Managers with formal reports following appointments with OH. Reports should be specific where possible and always provide Managers with an indication of likely duration of absence and a plan for a safe return to work as soon as possible.
- Provide advice to management regarding workplace adjustments, rehabilitation, redeployment or modification of hours when these are considered necessary to support employees return to the workplace.
- In cases of work-related absence it is appropriate to hold a case conference. OH will participate in case conferences with the Manager and Human Resources, where appropriate. This is particularly important in cases that require specialist advice such as complex health and workplace situations, ill health termination, redeployment or retirements.
- Participate in meetings with Managers, HR, employees and Trade Union representatives as required.
- Make assessments and, where appropriate, provide a report for HSC Pension Service in relation to applications for ill-health retirement.

- Offer support and advice to employees reporting work related health and safety and wellbeing issues. This will include guidance for support options such as counselling, stress management and Health Education as required.
- Make referrals to in-house mental health and physiotherapy services where they are available to employees, as appropriate.
- Accept self-referral of staff so that health or work problems may be addressed before or during absence.
- Provide preventative measures to minimise absence, e.g. annual flu vaccination, as required.
- Consider the needs of both the employer and the employee.
- Carry out their work ethically in accordance with their professional obligations and duties, especially in relation to medical confidentiality.

4.4 Human Resources (HR) Directorate

The HR Directorate will:

- Ensure new employees are made aware of this policy as part of the corporate induction process;
- Provide Managers with specialist advice and guidance on absence management, particularly in relation to complex cases. Managers are expected to liaise with HR as early as possible in the process to ensure proactive management of absence and facilitation of safe and timely return to work.
- Assist in the development of rehabilitation programmes and reasonable adjustments as recommended by Occupational Health for staff returning from sick leave.
- Participate in meetings with Managers and employees to ensure that cases are reviewed and progressed in accordance with this policy and in line with advice from OH. This will be particularly important when employees require workplace modification or are unable to return to work.
- Develop and regularly deliver training sessions for Managers on all aspects of this policy. Review training to ensure that it meets the needs of Managers.
- Collate and provide absence information on a regular basis and as required to assist with management of attendance within the Trust.
- Provide the administrative link with HSC Pensions Service for ill health retirement.

- Provide timely advice to employees regarding ill health retirement and provide support for staff who wish to test their eligibility.
- Monitor the application of this policy on a regular basis.

4.5 Trades Unions/Staff Organisations

Staff should seek advice from their Trades Union or staff side organisation with regard to the application of this policy. Trade unions and staff side organisations will help to ensure that the policy is applied fairly and consistently as well as contributing to formal discussions when their members meet with their Managers and/or Human Resources Managers.

The Trades Unions have agreed to:

- Support the implementation of this policy and participate in its review.
- Participate in initiatives and work in partnership with Managers to reduce appropriately the Trust's absence levels and minimise the impact of absence on service delivery.
- Accompany their members at formal management meetings arranged under this policy, as appropriate.
- Provide advice and support to their members to help improve their attendance.

SECTION 5 REPORTING ABSENCE AND CERTIFICATION

5.1 Employee's Responsibilities

5.1.1 Notification of Sickness Absence

All employees must notify their line Manager or appropriate designated officer by telephone if they are sick as soon as possible before the time they are to go on duty. If working shifts, evenings or night duty employees must inform their Manager at least 4 hours before they are due to start work or as soon as practicable to enable appropriate cover to be arranged. Text, email or voicemail are not acceptable forms of communication when reporting sickness absence.

Employees must provide the following information when reporting an absence:

- Why the employee will not be at work
- The expected duration of the absence at this stage
- What action is being taken (e.g. doctor's appointment)
- When the employee will next make contact regarding an update or a return
- An indication of tasks to be completed in their absence.

This information is essential to enable the Manager to plan cover for the absence or to rearrange duties. Where adequate information is not provided, the Manager may be required to make further contact with the employee.

5.1.2 Maintaining Contact during Absence

Employees must maintain regular contact with their Manager throughout the period of absence. The frequency of contact will be agreed at the outset of the absence and will take account of the circumstances of the illness.

It is unacceptable for employees to submit certificates without regular verbal communication with their Manager.

Where an employee fails to provide required certification for their absence in line with certification procedure (section 5.3), the Trust may withhold payments under the sick pay scheme. Payments will only be reinstated (not backdated) from the submission of up-to-date doctor's statements or correct reporting of absence.

Repeated non-compliance with the requirement to maintain contact and certification procedures will be considered within the context of the disciplinary policy which may result in formal disciplinary action as well as withholding of pay.

5.1.3 Sick Pay Entitlement

Entitlement to sick pay is based on an employee's length of service and provides a maximum of 6 months' full pay and six months' half pay in any period of 365 days. (Paragraph 14.2 of the NHS Terms and Conditions of Service Handbook describes the scale of entitlements).

5.2 Manager's Responsibilities

5.2.1 Reporting and Recording Absence

Managers must ensure that all new and existing employees are familiar with their responsibilities in reporting absence, in particular the person to whom they should report on the first day of absence and certification requirements.

Managers must ensure that all absence is recorded accurately and on a timely basis on HRPTS and in their local employee attendance record.

- HRPTS
Absence should be recorded on HRPTS rounding to the next nearest half day. For example, if an employee leaves work at lunch time or soon afterwards because they are sick this must be recorded as a half day on HRPTS even though it is not essential for Statutory Sick Pay calculations. If they go home soon after commencing work a half day would also be recorded. These absences are recorded on the ESS section of HRPTS as 'Gone Home Sick' under 'Create Leave Request'.
- Manager's employee attendance record
Over and above the HRPTS record, Managers are expected to note all absence in their own records. This includes occasions when staff finish work early because of illness (e.g. where the working day is nearly over, perhaps at 7.00pm where the shift is due to end at 8.00pm, this should be noted). Similarly, if an employee goes home within the first hour of commencing duty, this should be noted in the Manager's departmental record but only a half day's absence need be noted on HRPTS.

The original sick certificate (either the Employee's Statement of Sickness or Doctor's certificate) must be forwarded by the Manager directly to the Absence Recording Team, Workforce Planning Department, Lime Villa.

All documentation forwarded to the Absence Recording Team must clearly state the employee's name, staff number, organisation, Manager's name and Manager's contact details.

Upon the employee's return to work, the Return to Work Meeting must be completed and recorded on both HRPTS and on the records held locally and securely by the line manager.

Managers will be accountable for any recording failures or anomalies. Failure to fulfil their responsibility in this regard may result in disciplinary proceedings.

5.2.2 Making Arrangements for Withholding Pay

Where employees fail to comply with reporting or certification requirements as set out below, Managers must make arrangements for pay to be withheld, unless there are exceptional extenuating circumstances. In all circumstances where there is consideration of withholding pay, Managers must take account of all relevant information and seek advice from the relevant HR Directorate Support Team before a decision is taken to withhold pay. Managers must make arrangements for pay to be reinstated (not backdated) from the submission of up-to-date doctor's statements or correct reporting of absence.

5.3 Certification Requirements

5.3.1 Certification Procedure

In order to avail of the sick pay scheme, employees must comply with the following certification arrangements. In the following, 'days' refers to consecutive calendar days and not rostered working days. These arrangements apply even if an employee is on annual leave.

- **Day 1 – 3 of absence:** No certificate required. Absence must be reported as set out in section 5 above. There may be exceptional circumstances, which will always be discussed with the employee, when he/she will be required to submit a doctor's statement from the first day of absence.
- **Day 4 – 7 of absence** – An Employee's Statement of Sickness (SC2 form) must be dated from the first day of absence and received within seven calendar days from the first day of absence. These Certificates are available from local Health Centres or at www.gov.uk.
- **Day 8 and onwards** – A doctor's statement from a General Practitioner (or a Hospital In-Patient Certificate) is required. If a statement from a GP is obtained from day 1 then a self-certificate is not required. Subsequent statements are required as soon as any previous doctor's statement expires.

During the initial contact and further agreed contact with the employee, Managers should remind employees of the requirement for certification throughout their absence.

5.3.2 Expiry of Doctor's Statement

Employees are expected to anticipate the expiry of any doctor's statement and ensure that they have made an appointment with their GP to ensure a timely new statement where this is required.

Employees who are at the end of a period of sick leave must advise their Manager in advance of their intention to return or continuation of sick leave and no later than on the date of the expiry of their sick certificate.

Failure to provide appropriate certification within 7 calendar days of expiry of either a self-certificate or doctor's statement may result in salary being withheld and may also lead to disciplinary proceedings, unless there are exceptional extenuating circumstances. In all circumstances where there is consideration of withholding pay, Managers must take account of all relevant information and seek advice from the relevant HR Directorate Support Team before a decision is taken to withhold pay. Payments will only be reinstated (not backdated) from the submission of up-to-date doctor's statements or correct reporting of absence.

5.3.3 Differing GP / OH Opinion

In the event of dispute between the employee's GP, for example, and Occupational Health advice, an Occupational Health Physician will confirm whether absence or return to work is appropriate.

SECTION 6 PROCEDURES FOR MANAGING ABSENCE

The Trust aims to manage each absence in a way that takes account of the circumstances of the employee and the nature of the job they are employed to do.

After all periods of absence a return to work meeting must be carried out by the Manager or other nominated senior officer to discuss the circumstances of the absence, to offer support and to enable appropriate monitoring and action to be taken. Managers must record on HRPTS that the return to work meeting has taken place. (See manager's appendix 2 and manager's appendix 3 for Return to Work Meeting Template and Guidance on Conducting Return to Work meetings).

Categories of absence and procedures for management of each category are described below.

The suggested thresholds for seeking HR involvement are set out at manager's appendix 4.

6.1 Short Term Absence (refer to flow chart at manager's appendix 5)

This is usually a one-off period of absence lasting less than 20 working days / 4 calendar weeks.

The trigger points for management action* in respect of short term absences are as follows:

- Following 3 episodes of absence within a 12 month rolling period, or
- Following 2 episodes of absence which total 10 working days (or 2 calendar weeks) within a 12 month rolling period, or
- Following a single episode of absence which lasted for 10 working days (or 2 calendar weeks pro rata).

6.1.1 *Management Action

PROCESS 1 – Where there is no indication of medical condition / health issue

When the trigger point for management action has been reached, the Manager will meet the employee to discuss, where appropriate:

- Previous discussions at return to work interviews.
- The frequency of the absence.
- The reasons for the absence (general rather than specific).
- Clarification that regular and effective attendance is required in accordance with their contract of employment.
- Any mitigating circumstances which might be contributing to the absence.
- Any support which may help ensure continued attendance e.g. a change in working pattern / flexible working and reduced hours.

- An offer of support from Occupational Health in determining if there are any underlying medical conditions. A referral to Occupational Health will not be necessary if there is no indication of an underlying medical condition.
- If the reason for illness is non-specific e.g. 'general debility' then a referral to Occupational Health should be made.
- The Manager will identify trends e.g. interim absence following weekends, bank holidays, school holidays etc.

If, during the discussion the manager has:

- a) Established that there are no underlying medical conditions or disability under the DDA,
- b) Considered all the information available to determine whether or not the employee has failed to fulfil his/her contractual obligations,
- c) Established that the employee's attendance record is unsatisfactory,

then the following process applies:

Counselling Meeting / Informal Warning

The Manager will consider the circumstances of the absence established above and will issue an immediate sanction in accordance with the disciplinary policy or, if the manager considers that there are satisfactory mitigating circumstances, he/she will conduct a Counselling Meeting with the employee. The manager will advise him/her that the meeting is being held in accordance with the Trust's Disciplinary Policy and provide a copy of the policy. The Manager should document the reason for this decision and keep the employee's absence record under on-going review. Any further absence may result in the employee being issued with an informal warning.

If the manager considers that an immediate informal warning is appropriate following the above triggers, he/she must issue the employee with a letter (manager's appendix 6) inviting them to a separate formal meeting and advise the employee that they may bring a representative to the meeting, in accordance with the disciplinary procedure. HR representation is not required at all formal meetings however managers may seek advice from the HR Directorate Support Team in advance of the meeting.

If, on considering all information at the meeting, the manager deems that an informal warning is appropriate in accordance with the Disciplinary Procedure, this must be confirmed in writing to the employee advising of the right of appeal to the next line manager and that the warning will be active for a period of 6 months (manager's appendix 7). The employee must be advised that a further absence during the 6 month period may lead directly to formal disciplinary action. This period may be extended to take account of periods of absence.

There may be cases where the informal warning has lapsed and the employee falls back into a pattern of poor attendance. In these circumstances where the informal warning has not had the desired effect on improving attendance, the Manager may move to instigate formal disciplinary proceedings based on the overall level of attendance over the previous 2 year period.

The HR Directorate Support Team should be contacted for advice during this process.

A copy of the Trust's Attendance at Work Policy should be given to the employee and this should be recorded in the note of the formal meeting. A copy of the note of the meeting should be shared with the employee.

In all cases the manager must notify the HR Manager for Employee Relations that an informal warning has been issued. If the manager has appropriate authorisation they must update HRPTS with the details of the informal warning then he / she must do so otherwise Employee Relations will update the HRPTS record.

Disciplinary Procedure

If there is a further period of absence within 6 months of the informal warning being issued or there is sufficient evidence that informal action has been taken to address the level of absence, it will be necessary to commence formal disciplinary proceedings in line with the Trust's Disciplinary Procedure. It should be noted that absenteeism is listed as misconduct within the Trust's disciplinary procedure. Where there are repeated episodes of poor attendance then the manager may consider previous episodes within the previous 2 year period.

The Manager should ensure that the employee understands that formal disciplinary proceedings are being instigated and should refer the case to the HR Directorate Support Team.

A Disciplinary Hearing will be constituted in accordance with the Disciplinary Procedure. The line Manager will present all the facts of the case and the employee will have the opportunity to present a response and raise any issues which they consider to be relevant. The employee will have the right to be accompanied in line with the disciplinary procedure. It is the employee's responsibility to ensure that their accompanying representative is available to attend the meeting with them. If the representative is unavailable the Trust will arrange one further meeting. The employee may need to make arrangements to ensure that an alternative representative is available to attend.

If the employee does not attend the meeting it will proceed in their absence, unless there is an exceptional reason why they could not attend, and a decision will be made on the basis of the information available.

The Disciplinary Procedure outlines the range of possible disciplinary sanctions which a Disciplinary Panel may consider and ranges from a formal warning to dismissal from employment.

Employees can appeal the decision by writing to the Director of Human Resources within 7 days of the warning being issued stating their grounds for appeal. The appeal will be conducted in line with the Trust's Disciplinary Procedure. The decision of the appeal panel is final.

6.1.2 *Management Action

PROCESS 2 – Where there is indication of a medical condition / health issue

If there is a pattern of absence due to a particular health issue / medical condition or where the employee indicates at the return to work meeting that they have a medical condition which is contributing to their absence levels, an immediate referral should be made to Occupational Health to determine if there is an underlying health problem (refer to Section 7 for guidance on referral to Occupational Health).

Where it has been established by Occupational Health that periods of short term absence are caused by an underlying health condition or disability, Occupational Health should advise on any restrictions or modifications which would facilitate regular and effective attendance at work and Managers should consider whether these adjustments could be made to facilitate the employee to remain at work.

Adjustments may include changes to the employee's working pattern, work tasks or work environment. Some adjustments may be required for a temporary period. It is important to remind the employee that they are responsible for satisfactory attendance at work in accordance with their contract of employment and therefore must contribute to finding solutions which will enable them to provide regular attendance.

Any agreed adjustments should be issued to the employee by their manager in writing, outlining time periods and the requirement for monitoring. The employee should be advised that it is expected that attendance improves and that a continued unacceptable level of short term absence (as defined by the triggers set out above) will result in management action.

Longer term or permanent adjustments are sometimes necessary to enable employees to sustain regular attendance at work.

Where regular and effective attendance cannot be maintained and there continues to be an unacceptable level of short term absence (as defined by the triggers set out above), discussion at the return to work interview should include reference to previous meetings and any action that has been taken to assist the employee. Discussion should also reflect on the impact of continued absence on service delivery and financial implications. Further advice should be sought from Occupational Health and HR and if it is confirmed that a) the continued attendance issues are due to the medical condition, b) that there are no further adjustments that could reasonably be made and c) that the level of absence is unsustainable in terms of the impact on service delivery, the employee should be advised that consideration may have to be given to redeployment (see section 11) or termination on the grounds of ill health (see section 12).

Where there is no improvement in attendance but the reasons for absence are unrelated to the health issue, consideration will be given to taking disciplinary action as detailed within section 6.1.1 above.

6.2 Long Term Absence (refer to flow chart at manager's appendix 8)

Long Term absence is defined as any continuous absence that lasts for 4 calendar weeks or longer.

An Occupational Health referral must be made as soon as the Manager is aware that the absence is likely to be 4 weeks or longer. A Manager may make an exception in particular cases e.g. where it is clearly evident that the employee will not be fit to resume for some time e.g. broken leg. In these circumstances, the Manager must speak to Occupational Health in advance to discuss whether non-referral at this point is appropriate. The reasons for non-referral must be recorded by the Manager and explained to the employee if this is appropriate.

In some cases it is appropriate to make an immediate referral to Occupational Health on the first notification of absence. This includes absence due to:

- Stress
- Injury at Work
- Musculo-skeletal
- Absence following maternity leave
- Where an employee chooses to seek help voluntarily for an alcohol or drug related problem or where a Manager believes there is evidence / behaviour that an employee may have an alcohol or drug related problem.

In dealing with instances of work-related stress the Manager should meet with the employee to assess the reasons for stress and attempt to resolve the matter, providing any necessary support. If issues can be resolved and a return to work be facilitated before the date of the Occupational Health appointment then the appointment should be cancelled.

The Manager must use the Trust's Occupational Health Management Referral Form for all referrals to Occupational Health, ensure that it is completed in full and includes all required details including background information, particular concerns and questions about fitness (see manager's appendix 11). Employees should be informed that they are being referred to Occupational Health and made aware of the content of the referral form. Refer to section 7 for guidance on referrals to Occupational Health.

Managers should record the date in local records of referral to Occupational Health and any subsequent dates as there may be several appointments during one period of absence. When the appointment date is known this must be recorded on HRPTS. Please refer to the HRPTS MSS User Guide for Recording Sickness Absence on the Trust intranet.

6.2.1 Maintaining Contact During Long Term Absence

It is the responsibility of employees to maintain contact with their manager during periods of sickness absence although managers must ensure that contact takes place as agreed. It is important that the Manager establishes the reason for the absence and that the frequency and method of contact is agreed from the outset. Contact should be via telephone or in person. Text or email are not acceptable forms of contact. It is expected that contact would be agreed

at appropriate periods e.g. fortnightly or 3-weekly throughout the period of long term absence, depending on the circumstances of the illness.

6.2.2 Review Meetings

In addition to regular contact it is important that the Manager arranges to meet with the employee during long term sick leave. The individual circumstances of each case should be considered when determining when best to carry out meetings however it is expected that these would be every 4-6 weeks, depending on the circumstances of the illness. See manager's appendix 9 for letter template inviting employee to attend a meeting.

Meetings with employees during long term absence are important for engaging the employee with the workplace and to ensure that the absence is managed in a positive and proactive way. Discussion should be based on planning for a return to work and include their current state of health, the occupational health opinion, the likely date of a return to duty and to agree the way forward. Managers must record the dates of all meetings with employees.

Depending on the length of the absence it may be necessary to have several Review Meetings with the employee over the course of the absence. HR should be involved in all meetings when alternative employment (section 11), ill health retirement or termination due to ill-health (section 12) is being considered.

An information leaflet for staff who are on long term absence is included at manager's appendix 10.

6.2.3 Reinstatement of Sick Pay

The NHS Terms and Conditions of Service Handbook provides for a reinstatement of sick pay after 12 months of continuous sickness absence. This will only be in exceptional circumstances, where a Final Review of the absence case has not been concluded (currently paragraph 14.9 of the NHS Handbook). Reinstated sick pay continues until the Final Review meeting takes place. It is important that managers ensure where possible that a final review meeting takes place before an employee has been absent for 12 months. Managers and employees must work towards early interventions and decision-making to ensure a timely Final Review so that protracted absence and extended sick pay is avoided.

6.3 Probationary Period

The probationary period should be used by managers to ensure that new employees are capable of performing in the job, including providing regular and effective attendance at work. Employees' absence will be considered during the probationary period and the Manager must take action if this is not satisfactory, including termination of the contract of employment.

During the probationary period the following trigger points will instigate management action and a formal meeting will be held with the employee:

- Following a single episode which lasted for 5 working days (or one calendar week pro rata), or
- Following 2 episodes of absence.

The broad principles contained in Section 6.1 above apply however within the probationary period the employee's continued employment may be at risk. Poor attendance during the probationary period may lead to termination of contract.

Following a successful probationary period, any absence in that period may count towards subsequent trigger points in this policy.

6.4 Non-compliance with Attendance Policy

Disciplinary action may be appropriate where there is evidence of non-compliance with the Attendance at Work Policy e.g. failure to provide appropriate certification, failure to report absent for work (unauthorised absence), failure to attend management meetings, misuse of sick pay provisions or failure to attend (DNA) at Occupational Health appointments (see section 7.7).

The Manager should ensure that the employee understands that formal disciplinary proceedings are being instigated and that the case is being referred to the Trusts Employee Relations department.

The Disciplinary Panel will be constituted in accordance with the Disciplinary Procedure. The line Manager will present all the facts of the case and the employee will have the opportunity to present a response and raise any issues which they consider to be relevant. The employee will have the right to be accompanied in line with the disciplinary procedure.

SECTION 7 REFERRALS TO OCCUPATIONAL HEALTH

7.1 Role of Occupational Health

The role of Occupational Health is to assess the effects of health in terms of fitness for work and the effects of work on health with the aim of helping Managers and employees in developing plans for a safe return to work as early as possible. Managers are expected to avail of Occupational Health advice at an early stage where there is long term or intermittent absence caused by health issues. This allows them to confirm the expected duration of the absence and will form a basis of their discussions with the employee.

7.2 Timing of Referrals

Referrals must be made in accordance with the guidance contained within Section 6. In summary, Managers must make referrals to Occupational Health as follows:

- **Immediate Referral:** In the cases of stress, musculoskeletal absences, injury at work and sickness absence following maternity leave.
- **Immediate Referral:** Where an employee chooses to seek help voluntarily for an alcohol or drug related problem or where a Manager believes there is evidence / behavior that an employee may have an alcohol or drug related problem.
- **Immediate Referral:** Where there is a pattern of absence due to a particular health issue / medical condition or indication during a return to work meeting of a medical condition that is contributing to absence levels (short term intermittent absence). Occupational Health will confirm whether there is an underlying health condition and advise on any restrictions or modifications that need to be considered by the Manager.
- **Long Term Absence:** When any one continuous absence period reaches or is expected to reach 20 working days (or 4 calendar weeks, pro rata).

7.3 Referrals to Occupational Health

Management referrals must be made on the Occupational Health Management Referral Form (see manager's appendix 11). The consent of the employee is not required to make the referral but Managers must ensure that they have discussed the reason for the referral with the employee in advance. This means that the Occupational Health practitioner is reassured that the employee is aware of the referral when he/she meets them for the first time and it assists with their seeking of consent to the assessment from the employee.

It is important that Managers submit a detailed and complete referral form. This will enable Occupational Health to undertake effective case triage and offer an appointment with the most appropriate member of the multidisciplinary Occupational Health team.

The referral form should contain information on the employee's absence record for the previous five years and the nature of their job. The referral form directs Managers to a range of questions for Occupational Health advice. Depending on the circumstances, the Manager may find some supplementary questions useful. Completion of a detailed referral form will help enable Occupational Health to undertake a detailed assessment to provide effective advice to Managers. Managers who are unsure about referring particular employees should discuss the referral with Occupational Health prior to a referral being made.

Managers must record the date of the referral to Occupational Health in their local records. When the appointment date is known this must also be recorded on HRPTS.

7.4 The Occupational Health Report

Whilst at their appointment with Occupational Health the employee will be told the content of any report to management. They will be offered the opportunity to view and obtain a copy of the report before it is sent to their Manager and may choose to withdraw their consent to forward the report at any stage. Employees should, where possible, take advice from their representative before withdrawing consent as Managers will then have no choice but to take action without medical guidance based on the information they have. Managers should contact the HR Directorate Support Team for advice in such cases.

If there are queries with any aspect of the report, Managers should contact the Occupational Health professional who provided the report to discuss and seek clarification.

7.5 General Practitioner (GP) Versus Occupational Health Opinion

There may be occasions when the opinion of an employee's GP may differ from the Occupational Health practitioner. On such occasions Occupational Health may, with the employee's consent, communicate with the GP to ensure that all factors have been taken into consideration. The Manager will take advice on fitness to work from Occupational Health.

7.6 Self-Referral

Any employee of the Trust may make a self-referral to Occupational Health if they have concerns about the impact of their health on work or the impact of work on their health. It is preferable that this is done in discussion with their line Manager so that the Manager is aware of any health-related difficulties and can consider appropriate action. However, employees are not required to inform their Manager in advance of a self-referral.

Occupational Health will not inform Managers of a self-referral without the consent of the employee except in circumstances where there are health and safety concerns about the employee or others or where it is required by law.

7.7 Failure to Attend Occupational Health Appointments

Employees should be aware that attending Occupational Health appointments is a requirement within their contract of employment and therefore it is mandatory that they attend all appointments scheduled for them. Managers must allow employees time out of work to facilitate attendance at Occupational Health as required. If exceptional circumstances apply and an employee is unable to attend, they are required to inform their Manager as soon as possible (no later than 24 hours before the appointment). The Manager will contact Occupational Health and reschedule if appropriate. Failure to attend appointments without agreement of their manager, may result in pay being withheld until a new appointment has been attended. Disciplinary action may also be considered.

SECTION 8 RETURN TO WORK ARRANGEMENTS INCLUDING PHASED RETURN

In exceptional circumstances and usually where there has been a lengthy period of absence, Occupational Health will recommend phased rehabilitation which allows the employee to start contributing to the workplace at an earlier stage and is also aimed at aiding recovery. The employee will receive no loss of normal pay during the rehabilitation period and will be recorded as being at work, not on sick leave.

8.1 Phased Return Recommended by Occupational Health

The Occupational Health Physician will determine whether an employee would benefit from a period of phased return. The phased return will be for a maximum of six weeks, although not usually required for this duration, and will generally include reduced working hours and possibly some adjustment of tasks. Managers should consider the recommended restrictions carefully and promptly accommodate where feasible. It will not always be possible to accommodate all medical restrictions but these occasions should be exceptional, bearing in mind that one of the core principles in this policy is that where staff can come to work safely, this is preferable to non-attendance on sick leave.

Following confirmation from OH that a phased return is necessary, the Manager must develop a Phased Return Plan in consultation with the employee (see manager's appendix 12). The plan should detail how working hours will increase throughout the phased return so that by the end of the agreed period the employee is ready to commence normal working. Phased return will usually be recommended for a period of less than 6 weeks.

It is important that during the phased return the Manager monitors the arrangements. Before the end of the phased return the Manager should meet with the employee to review progress and confirm the return to normal working arrangements.

The Manager should send the Phased Return form to the HR Directorate Support Team to be held on record.

8.1.1 Extended Phased Return (beyond 6 weeks)

Only in very exceptional circumstances, e.g. following a life threatening illness, if it is clear that the employee needs more time, the Rehabilitation/Phased Return Programme may extend beyond 6 weeks. For any period beyond the initial 6 weeks employees will be paid at the hours worked or at the level required of the duties. Alternatively employees may choose to use accrued annual leave to avoid a reduction in pay where reduced hours has been recommended. Where the employee has a disability, Managers must ensure that they have considered any reasonable adjustment that maintains the hours worked at the previous level.

The Manager must record and confirm any extended period of phased return in writing to the employee and the appropriate documentation must be completed on HRPTS i.e. Contractual Change Form to adjust their pay where necessary. The employee should be reminded that there is an expectation that there will be a return to full duties and working hours at the end of the Phased Return extension period. If at the end of the extension the employee feels

that they would like to continue working reduced hours, the Manager must decide if this can be granted on a permanent basis and should confirm any decision in writing. Where an employee indicates that they cannot carry out the full range of duties associated with their post, the Manager should contact Occupational Health for further guidance.

Phased returns recommended by Occupational Health should be recorded on HRPTS by the Manager under 'Create Leave Request'.

8.2 Request for a phased return

Where a phased return has not been recommended by Occupational Health but has been requested by the employee or on the fit note issued by the GP, consideration should be given to granting this request as it may enable the employee to return to work earlier. Managers should review all such requests in accordance with the Trust's Flexible Working Policies i.e. reduced hours, unpaid leave etc.

Any adjustments to working pattern, hours or alternative duties, should be discussed, agreed and confirmed in writing by the Manager. In cases, where a phased return to work was not recommended by Occupational Health, yet agreed between the Manager and employee at local level, staff can use accrued annual leave to reduce hours or should be paid according to the reduced hours.

8.3 Requirement for Re-training

Managers should also consider if re-training is required and should be guided by the employee and their rate of progress when they return to work. It should be noted that training includes "on the job" training and may not always mean formal training programmes.

It may be useful to enable the employee to shadow / spend time with colleagues rather than expect them to commence work immediately. The extent and length of reintegration will depend upon the requirements of the service balanced against the needs of the employee.

In all cases Managers are responsible for monitoring arrangements and employees should be reminded that this is for a temporary period only and it is expected that they will return to normal working.

SECTION 9 OTHER RELATED ISSUES

9.1 Early Intervention / Measures to Prevent Absence

Where it is identified that an employee would benefit from an adjustment to their normal working pattern, it is possible that a period of adjustment / support while still at work will be formally recommended by Occupational Health to prevent absence. This is similar to the principle of phased return from sick leave and will be at full pay for a period not exceeding 6 weeks. After that period, pay only for hours worked or duties carried out is appropriate and Occupational Health advice must be sought on whether permanent modifications to work are required if a full return is not possible at the end of 6 weeks.

Alternative modifications might include for example working from home or an adjustment to normal duties for a limited period of up to 6 weeks, at the discretion of the line manager.

Managers must record any agreed arrangement on the template at manager's appendix 12 and forward a copy to the HR Directorate Support Team.

9.2 Sickness and annual leave

Where an employee has booked a period of annual leave and either becomes sick before or during a period of annual leave they must immediately report sick for work in the normal way so that the annual leave can be returned to them where appropriate. Normal certification procedures apply. Managers must update their records to show that the leave type has changed.

9.2.1 Carrying over annual leave while on sick leave

Employees who are on sick leave are entitled to carry over any untaken annual leave (provided for by the Working Time Regulations) – up to the maximum of 5.6 weeks / 28 days / 210 hours (pro rata for part time staff). Any annual or public holiday leave already taken in that year should be deducted from the 28 days / 5.6 weeks leave permitted by the Working Time Regulations. The application of the Trust's carry forward arrangements may apply if these are more favourable.

Employees should discuss with their Manager how the leave can be used appropriately. This might include returning on a part time basis. If employees are able to take their accumulated annual leave on their return to work before the holiday leave year expires, they should do so but only in agreement with their Manager and if the service can continue to sustain their absence. If however, the Manager is unable to approve leave before the end of the leave year due to service needs, or there is insufficient time left in the leave year to enable them to take all of their accumulated leave, they may carry their statutory entitlement forward into the new leave year. Employees must use the carried forward annual leave as soon as is reasonably possible in the next leave year and in line with service needs.

Employees may choose to use accrued annual leave while on sick leave during a period of half pay or no pay to reduce the impact on pay. If the employee remains on long term sick leave this period will be recorded as sick leave.

Employees will not be entitled to an alternative day off if sick on a public holiday.

9.3 Sickness as a result of sports injury / secondary employment

An employee should refrain from any secondary employment or activities that may affect their ability to provide regular and effective attendance at work in the Trust. Where an absence has been attributable to a sports injury or secondary employment Managers should remind employees of their contractual obligations relating to their employment with the Trust. Where there is evidence of recurring frequencies or excessive amounts of absence due to sports / secondary employment, this may affect the employee's entitlement to occupational sick pay in the future. Statutory sick pay will continue to be paid.

9.4 Sickness during pregnancy

Periods of sickness during pregnancy which are directly related to that pregnancy should not be counted towards trigger points for managing short term absence. The absence should be recorded on HRPTS and the Manager should carry out a return to work meeting to discuss and explore options that will support the employee. It may be necessary to temporarily adjust the employee's work tasks or work environment for an agreed period of time to enable to employee to remain in work. Managers should undertake a risk assessment for pregnant employees to determine appropriate adjustments.

9.5 Infection Control Leave

In some circumstances employees will not be permitted to attend work in order to minimise the spread of infection to patients and other staff. It is important that all managers and employees are aware of the distinction between sick leave and special infection control leave which does not contribute to the sick leave record.

Sick leave applies for the period the employee is unwell and unable to attend work. Infection Control leave is the period the employee feels fit to work but is unable to do so due to the risk of spreading infection.

Employees who are suspected of being at risk of spreading infection beyond a 48 hour period must be referred to Occupational Health. If they are assessed as being a risk to patients and/or staff they may be sent home and advised not to return to work until they have fully recovered. Managers must inform the Infection Control department. In these circumstances, staff will be considered to be on special infection control leave and not sick leave. Absence that is deemed to fall into the category of infection control leave must be reported and recorded as such at the time of the absence; retrospective recording will not be permitted.

Managers should monitor these arrangements and seek appropriate HR advice and guidance on the application of the leave. In circumstances where regular and effective attendance at work cannot be maintained, managers should contact HR for advice.

In some circumstances where employees are unable to work in their current role due to infection control issues, the manager will consider whether it is appropriate for that staff member to work in an alternative role until they can return to their post e.g. move to a post with non-clinical duties.

Upon formal communication that the employee no longer presents an infection control risk, normal sickness management procedures will apply. All absences (except those where the employee was sent home above) will be considered when calculating absences for the purposes of managing sickness absence.

SECTION 10 DISABILITY DISCRIMINATION ACT (DDA) 1995

10.1 Legal Requirements

In accordance with disability discrimination legislation the Trust has a legal requirement to make reasonable adjustments which would enable an employee with a disability to remain in work and provide reliable and effective service. Serious consideration must be given to making temporary or permanent adjustments to working practices or premises and in all cases advice and guidance should be sought from Occupational Health and HR. Consideration of reasonable adjustments should also be made in relation to employees who are not covered by disability legislation.

The Act defines a disabled person as someone who has a physical or mental impairment that has a substantial and long term adverse effect on a person's ability to carry out normal day-to-day activities.

Occupational Health cannot confirm whether an employee has a condition which falls within the statutory definition of disability. Equally the Trust and / or employee may not be able to determine this and in these cases it is important that all parties consider the definition and establish whether it is likely that the employee would meet the definition. In order to avoid discrimination, Managers are encouraged not to attempt to make a judgement as to whether a particular individual falls within the statutory definition of a disability, but to instead focus on meeting the requirements of each employee on a case by case basis.

10.2 Reasonable adjustments

Examples of reasonable adjustments may include:

- Allowing absence during working hours for assessment and treatment.
- Allocation of some duties to others.
- Making adjustments to premises.
- Supplying or modifying equipment.
- Change of hours or work patterns and availing of work-life balance policies.
- Extension of the 8-week redeployment timescale (see section 11).

Adjustments made for the purpose of retaining staff will require Managers to make a judgement as to whether or not the adjustment is reasonable. This decision must be communicated by the Manager to the employee in writing. Factors which may have some bearing can include:

- Disruption to service and other colleagues.
- How effective the adjustments are in preventing the disadvantage.
- How practical are the adjustments.
- Financial and other costs.

10.3 Managing absence related to a disability

Whilst it is not appropriate to deal with absence related to a disability under the Disciplinary Procedure, Managers should ensure that levels of absence are addressed directly with the employee at the return to work meeting and that the employee is aware of their responsibility to contribute to finding solutions which will enable them to provide regular and effective attendance at work. Managers must record all return to work meeting dates on HRPTS.

Where the employee would have reached a trigger point in respect of their level of short term absence (or before this if absences can be prevented) action must be taken. The Manager should discuss and explore options with the employee that will support the employee and enable them to provide regular and effective service. It may be necessary to adjust the employee's work tasks or work environment and advice should be sought from OH in relation to any proposed adjustments and whether the adjustment would sufficiently support the employee. This should be confirmed to the employee in writing and again the employee reminded that it is expected that they demonstrate and sustain an improvement in attendance. Where adjustments have been made and where there is evidence that there are no further adjustments which could be reasonably made and the employee remains unable to provide regular and effective service, consideration may be given to termination on the grounds of ill health or retirement due to ill-health (section 12). Advice should be sought from HR in these circumstances.

This policy should be read in conjunction with the Trust's *Reasonable Adjustment Guidelines for Managers* and *Disability Etiquette Guide*.

SECTION 11 REDEPLOYMENT ON HEALTH GROUNDS

11.1 Redeployment

Where an employee is unable to return to their post due to health reasons, Occupational Health will consider and make recommendations on whether the employee should be considered for redeployment. This may be on a permanent or temporary basis, depending on the circumstances of the case.

Redeployment is limited to vacant posts which Occupational Health consider compatible with health. Employees must meet the basic criteria for the post (equivalent experience may be considered). Redeployment to the same level of post cannot always be guaranteed and pay will be at the level for the new post. Pay protection arrangements do not apply in these circumstances. It is expected that the employee will show flexibility in the posts being considered. Redeployment under this policy will normally take priority over other redeployment needs in the Trust, e.g. organisational change.

Where redeployment to another post is to be considered, the Trust can only look within its vacancies. A post cannot be created for the employee where none exists. It is a Manager's responsibility to actively identify potential vacancies or opportunities within their own team / department and directorate. Where this is not possible all directorates and departments will be considered. In exceptional circumstances temporary, long term vacancies may be considered if there is a possibility they will become permanent e.g. career break. Temporary vacancies to cover sickness will not be considered where permanent redeployment is required.

Where it is likely that the employee meets the definition of a disability, Managers must ensure that they have considered any reasonable adjustment that maintains the role at the previous level (See section 10). Managers should seek advice from Occupational Health and HR in these circumstances. Managers should ensure that they follow the Trust's *Code of Practice on the Employment of People with a Disability* and contact the HR Department's Disability Liaison Officer (see Trust's intranet site).

Redeployment will be sought for a time-limited period of no longer than 8 weeks from the point when it was agreed the search would begin (e.g. at a Final Review meeting). If alternative employment cannot be identified, then termination of employment on the grounds of ill health will be considered (see section 12).

11.2 Modified Work

Modified work is defined as permanent restrictions on the employee's role. This will mean changes to the employee's current job or redeployment on a permanent basis to another post which can accommodate those permanent restrictions. Modified work may arise where short term restrictions have not brought about a return or where it is Occupational Health opinion at the point of return to work.

11.3 Review Period

Redeployment or modified work will be subject to review and a trial period of 4 weeks and an Occupational Health assessment must be pre-arranged by the Manager and take place before the 4 week period expires. The purpose of the trial period is to assess the compatibility of the new role with the employee's health in practice. Any issues of competence, conduct or employee's personal preference will be addressed outside of this policy.

As part of the review, Occupational Health will advise if the post is compatible within the originally defined restrictions. If compatible, the employee will be confirmed in the new post.

In the event that additional restrictions are identified, they will be checked for compatibility in the new post and where reasonable will be put in place and the employee confirmed in the new post. If the new restrictions cannot be reasonably accommodated in the new post further secondary redeployment will be sought for a period not exceeding 4 weeks.

If found, the new role will be subject to a new trial period of 4 weeks, but there will only be one secondary redeployment opportunity offered by the Trust. If secondary redeployment is unsuccessful or, if during the review period Occupational Health advises that the employee cannot be retained in employment, termination of employment on the grounds of ill health will be considered (see section 12).

Employees may wish to check any entitlements to ill health benefits arising from their membership of the HSC Pension Scheme at any point during the redeployment process. If they do, it will run concurrently and separately from the management processes under this Policy.

SECTION 12 TERMINATION OF EMPLOYMENT ON GROUNDS OF ILL HEALTH

The Trust expects that one or more Formal Review Meetings have been held between the Manager, HR and the employee before deciding that an employee cannot return to work.

12.1 Final Review Meeting

A Final Review Meeting must be held to ensure all issues have been considered, including all Occupational Health reports, the duration of absence and likelihood of return in a reasonable timescale. It is the Manager's responsibility to ensure that the Final Review should be scheduled in advance of the expiry of sick pay, however it is recognised that this may not be feasible or reasonable in the case of employees with short sick pay entitlement periods or where clarity about the condition was not easily determined. This should be in exceptional circumstances only.

The Final Review is likely to determine that the employee is not able to return to work for one or some of the following:

- They cannot sustain regular and effective attendance at work.
- The restrictions that have been identified are not feasible in the workplace and/or redeployment is not possible.
- They are not fit to return to work in the foreseeable future.
- They are permanently incapable of returning to work.

The reasons for arriving at this decision must be fully discussed with the employee. The only exception to this is where the employee has not participated in or contributed to discussions about their health and absence. In such circumstances, the manager must communicate decisions and their rationale to the employee in writing as each Review Meeting is held.

12.2 Ill health Retirement

Ill health retirement must be discussed with the employee on a timely basis to check if they wish to test their eligibility and/or apply to the Pension Scheme. This is only relevant where the employee is currently a member of (or has preserved benefits in) the HSC Pension Scheme.

As it is the individual employee who is the member of the HSC Pension Scheme, it is their responsibility to initiate any application. The HR Department can advise the employee on the procedure for application and seek estimates from HSC Pension Branch if requested.

12.3 Procedure for Termination of Employment on the Grounds of Ill Health

Termination of employment (dismissal) on ill health grounds falls into the category of "incapability" in determining the reason for dismissal. It is intended to be a last resort after return to work considerations have been exhausted. (Some dismissals for absences may be matters of conduct and will be dealt with separately under the Trust's Disciplinary Procedure).

Where the Final Review indicates that a return to work is not possible, termination of employment on ill health grounds must be carried out as follows.

Step 1 - Invitation to a meeting – The Manager, with the advice of a HR adviser must write to the employee inviting them to a meeting with a panel to discuss their absence. This should indicate that this is a formal meeting and that their continued employment may be at risk. This meeting may be the Final Review Meeting described in section 12.1 above. Occasionally it may follow a Final Review meeting where, for example, an expected return to work was not achieved, or the Managers conducting the Final Review did not have the authority to consider termination of employment, or modified work / redeployment was unsuccessful. Any consideration of termination of employment must be made clear in the letter to the employee. Employees must be made aware that a representative of their trade union or a work colleague may accompany them if they wish.

Step 2 - The meeting – A panel should be convened consisting of the Manager and a HR Manager (both with the authority to terminate employment under this policy i.e. 4th tier or above Manager and Band 7 HR Manager and above). A trade union representative or work colleague may accompany the employee. All of the relevant information will be reviewed and discussed. The panel will make a decision that may include dismissal and this must be communicated in writing to the employee not later than 2 calendar weeks, outlining how the employee may appeal.

As termination of employment arising from medical conditions is not related to conduct, it is expected that summary dismissals are not normally appropriate and pay in lieu of notice will be given. In making payment in lieu of accrued annual leave during paid sick leave, the Trust's carry-over of leave arrangements apply (see section 9.2.1).

Step 3 - Appeal – The employee may appeal against dismissal and this appeal must be lodged in writing to the Director of Human Resources within 1 calendar week of receipt of the decision. An appeal panel consisting of 2 officers, previously unconnected to the decision, will be set up, and they will meet with the employee, preferably within 4 weeks.

The three-step process above is in line with statutory obligations and may be changed or removed, depending on legislative changes.

SECTION 13 HEALTH AT WORK GOVERNANCE ISSUES

13.1 Travel to areas with increased risk of Tuberculosis (TB)

The Trust understands that employees may wish to travel to areas that have increased TB risk (The Occupational Health department holds an up to date list of risk areas). As an employer the Trust has certain additional obligations to screen employees on their return from any such area following a stay of 4 weeks or more.

While the Trust will give normal consideration to periods of annual leave to staff who need to travel overseas for longer periods, it does not expect to accommodate further absence on return while health checks are made which have not been booked in advance by the employee.

Employees are therefore required to notify Occupational Health in advance if they intend to travel to an identified area for a period of 4 weeks or more. They must make an appointment for the first working day after their return for the appropriate TB test to be carried out. Employees will be informed at the appointment whether they can return to work. If further investigations are necessary these will be completed at the OH appointment and the OH assessment of fitness to return to work will be communicated to the employee by the end of that day. This day will be granted as paid special leave as the employee has fully complied with the risk management considerations. If employees fail to comply with these risk management arrangements and do not make an Occupational Health appointment, the period while waiting to arrange the appointment and awaiting the result will be unpaid or granted as further annual leave, if requested.

The employee will be required to attend a further OH appointment 8 weeks post travel.

Employees are required to make their Manager aware of the full period required for leave (including the testing period) as a result of them travelling to an area at risk of TB so that Managers are considering the whole period being requested. Like all annual leave requests, it is considered at the exigencies of the service.

In the event of the test proving positive, the appropriate arrangements will then be discussed in that context with full Occupational Health advice.

13.2 Injuries at work

Managers must contact the Risk Management Department immediately that it is known or suspected that an employee's absence arises from an injury or other condition associated with their employment. This will be done in line with the Trust's incident reporting arrangements. See 9.2 for Occupational Health referral requirements.

An Injury Benefit Scheme is in place for employees whose condition is wholly or mainly attributable to work. A copy of the scheme is available from HSC Pension Service at Waterside House, 75 Duke St, Londonderry, BT47 6FP or at www.hscpensions.hscni.net.

SECTION 14 POLICY SUMMARY

For ease of reference the main rules of this policy are summarized below.

Any breach of these rules may be considered as a misconduct issue and may be dealt with under the Trust's disciplinary procedure. The sanctions range from informal warning to dismissal.

14.1 Employee's responsibilities:

- Inform their Manager of sickness absence.
- Provide doctors statements on time.
- Maintain contact with their Manager.
- Refrain from other employment (paid or unpaid) while absent on sick leave.
- Refrain from any activity which may jeopardise their recovery.
- Attend Occupational Health referrals.
- Attend meetings with Managers and HR.
- Use the sick pay scheme for their own ill health only. Other forms of support are available for other purposes.
- Must not misuse the Sick Pay Scheme in any way.

14.2 Manager's responsibilities:

- Encourage and give positive feedback for good attendance;
- Treat all staff fairly, equitably and in a respectful and courteous manner;
- Actively promote the importance of health and wellbeing within their teams and lead by example.
- Adopt a proactive approach to management of absence within their teams with a view to ensuring that staff return to work as soon as they are fit to do so.
- Ensure accurate and timely recording, monitoring and investigating of absence.
- Encourage staff to attend health preventative initiatives by providing time off for vaccinations etc.
- Regularly attend essential Management of Attendance training to ensure effective management of attendance within their team.
- Ensure that employees understand and comply with their responsibility to maintain regular and effective contact with their line manager while on sick leave.
- Facilitate adjustments to the role or work environment where it is recommended by Occupational Health and other professionals.
- Be responsible for decisions regarding the timing of Final Reviews.
- Undertake a Return to Work Meeting with the employee after all periods of absence.
- Ensure that staff return to work immediately when they are deemed fit by Occupational Health.
- Where necessary initiate action in accordance with the disciplinary or capability procedures to deal with poor attendance.

SECTION 15 EQUAL OPPORTUNITIES / HUMAN RIGHTS

As an equal opportunity employer, the Trust will seek to promote equality in the implementation of this policy regardless of the person's gender, marital status, perceived religious affiliation, political opinion, race, ethnic origin, disability, age or sexual orientation. In pursuance of this objective officers should ensure that they apply fairness and consistency to all decisions within their department.

These provisions have been developed with the context of Equality and Human Rights statutory obligations and requirements.

MANAGER'S APPENDICES:

Appendix 1: Manager's Checklist for Managing Attendance

Appendix 2: Return to Work Meeting Template

Appendix 3: Guidance on Conducting a Return to Work Meeting

Appendix 4: Suggested Thresholds for HR Involvement in Managing Absence

Appendix 5: Managing Short Term Absence Flow Chart

Appendix 6: Letter Inviting Employee to Meeting following Unsatisfactory Attendance

Appendix 7: Informal Warning Letter Template

Appendix 8: Managing Long Term Absence Flowchart

Appendix 9: Letter Inviting Employee to Meeting

Appendix 10: Long Term Absence Information Leaflet

Appendix 11: Occupational Health Management Referral Form

Appendix 12: Phased Return Plan Template

MANAGER'S APPENDIX 1 ABSENCE CHECKLIST FOR MANAGERS

Day 1 of Absence	Confirmation from staff member that reason for absence is sickness. Establish expected duration of absence, any work to be progressed during the absence and when next contact will be made.
Certification requirements	<p>Day 1-3 - No certificate required</p> <p>Day 4-7 - A self-certificate is required from the first day of absence</p> <p>Day 8 and onwards – A doctor's certificate is required.</p> <p><i>Ensure subsequent statements are received before or as soon as previous statement expires.</i></p> <p>Original sick certificates should then be forwarded to the Absence Recording Team together with the correct staff number. Note all certificates cover calendar days which includes weekends.</p>
Return to Work Meetings	Return to Work Meetings must be conducted following all absences. Refer to template and guidance attached to the Attendance at Work Policy.
Trigger points for management action (short term absence) <i>There should be no exception to management action at trigger points</i>	<ul style="list-style-type: none"> Following 3 episodes of absence within a 12 month rolling period, or Following 2 episodes of absence totalling 10 working days (or 2 calendar weeks) within a 12 month rolling period, or Following a single episode of absence which lasted for 10 working days (or 2 calendar weeks pro rata). <p>Management Action: 1) Following Return to Work Meeting and where it is established that a) there is no indication of an underlying medical condition, b) employee failed to fulfil contractual obligations and c) attendance record is unsatisfactory – seek HR advice, initiate the Trust Disciplinary Procedure and issue an Informal Warning. If there are satisfactory mitigating circumstances the manager may decide that a Counselling Meeting is more appropriate (document the reason for a Counselling meeting), <u>or</u></p> <p>2) Where there is indication of an underlying medical condition, make an immediate referral to OH.</p>
Referral to Occupational Health <i>There should be no exception to OH referral at trigger points</i>	<p>Immediate Referrals:</p> <ul style="list-style-type: none"> In cases of stress (personal or work-related), musculoskeletal absences, injury at work and sickness absence following maternity leave. Where there is evidence / behaviour that an employee has an alcohol or drug related issue. Where there is a pattern of absence due to a health issue or indication during Return to Work meeting of a medical condition that is contributing to absence levels (short term intermittent absence). OH will confirm whether there is an underlying health condition and provide advice on any restrictions. <p>Long Term Absence: When any one continuous period reaches, <u>or is expected to reach</u> 4 calendar weeks.</p>
Contact with Employee	<ul style="list-style-type: none"> It is expected that contact would be fortnightly throughout the period of absence, depending on the circumstances of the illness. In addition to regular contact the manager should meet with the employee every 4-6 weeks, depending on the circumstances of the illness.
Recording of Absence	<ul style="list-style-type: none"> Ensure working pattern <u>for all staff</u> is recorded on HRPTS. Ensure absence is recorded on HRPTS or E-rostering as appropriate. Amend end date if episode of absence extends beyond initial expected end date in line with sick cert end dates. Link with Absence Recording Team (Workforce Planning) as appropriate if absence end date is extended beyond date of current sick certificate. This will avoid overpayment of salary if employee is due to move to half pay or no pay mid-month.
Formal Absence Review Meeting Required with HR (long term absence)	<ul style="list-style-type: none"> When OH make recommendations for accommodations/restrictions that require redeployment or permanently modified work that are estimated as not being likely to be feasible. When an employee is absent more than 6 months, a return may be unlikely and termination of employment is a possibility.
Final Review Meeting	<ul style="list-style-type: none"> Final reviews must be held with staff when the medical evidence from OH indicates that a return to work in any capacity cannot be achieved in the foreseeable future and no later than 12 months from the start of the period of sick leave. The meeting <u>must</u> take place in advance of the employee reaching a no sick pay situation. The purpose of these meetings is to ensure all issues have been considered, including all OH report, duration of absence and the likelihood of a return in a reasonable timescale. Termination of contract may also be considered. Final reviews are also recommended where staff are unable to give regular and effective attendance.
Return to Work from long term sick absence	<ul style="list-style-type: none"> Implement any restrictions/accommodations/phased return recommended as agreed with OH. Ensure Return to Work meeting is carried out promptly on return to work and recorded on HRPTS. Inform the Absence Recording Team as soon as a return to work date for a staff member who has been off on long term sick has been agreed.
Termination of Contract on Health Grounds	<ul style="list-style-type: none"> Complete termination process on HRPTS. Include details of pay in lieu of notice and any outstanding annual leave to be paid. Ensure letter confirming termination is forwarded to employee.

PLEASE NOTE THAT ADVICE AND SUPPORT IS AVAILABLE FROM THE HR DIRECTORATE SUPPORT TEAM

MANAGER'S APPENDIX 2 RETURN TO WORK MEETING TEMPLATE

This form must be completed immediately on return to work

1. Personal Details:

Name :

Band :

Location :

Staff Number :

2. Details of this absence from work (including partial days absence)

From	To	Reason	Total Days Lost	Total Hours Lost

Please tick if the absence is related to the following

Pregnancy

Disability

Accident / Incident at work

No. days/hrs agreed Infection Control Leave (over 48hrs must be verified by OH)

3. Attendance Policy Issued:

Please tick to confirm that a copy of the Attendance at Work Policy has been given to the employee

Yes

No

4. Details of all sickness related absences within last 2 years

From	To	Partial day	Full day	Reason for absence	Working days & hours lost	Management Action

Please note: If a sickness absence record is unsatisfactory it is necessary for a Manager to take action in accordance with the Attendance at Work Policy.

5. Compliance with Policy:

Was the department notified on the first day of absence? Yes No

Was the manager informed? If not, who was spoken to?

If no, please state who did notify and the reason why:

Reporting Procedure carried out? Yes No

Were medical certificates submitted on time? Yes No

Was regular contact maintained with manager as agreed? Yes No

Discussion Points, including reasons for non-compliance with above. If there has been non-compliance with the policy, the employee should be informed that further non-compliance may result in disciplinary action and pay being withheld.

6. Discuss with Employee:

Cause of absence
 The requirement for regular and effective attendance at work in line with contract of employment
 Any support needed to ensure regular and effective attendance at work, including access to the staff support service
 Any recommendations from Occupational Health
 Update on work issues
 Implications of continued poor attendance, including disciplinary process, if applicable.

7. Action taken by Manager:

Managers should differentiate between short and long term absences. Managers should initiate appropriate action and ensure they record main discussion points in the additional comments section below.

Short Term		Long Term	
No Action	<input type="checkbox"/>	No Action	<input type="checkbox"/>
Referral to Occupational Health (Only if underlying medical condition)	<input type="checkbox"/>	Referral to Occupational Health	<input type="checkbox"/>
Return to work arrangements	<input type="checkbox"/>	Agreed Adjustments	<input type="checkbox"/>
Formal meeting to be arranged in accordance with disciplinary policy	<input type="checkbox"/>	Return to work arrangements	<input type="checkbox"/>
		Formal meeting to be arranged in accordance with disciplinary policy	<input type="checkbox"/>

Additional Comments:

Manager's Signature: _____ **Date :** _____

Employee's Signature: _____ **Date :** _____

Following return to work meeting, Managers must ensure that the dates of absence i.e. actual working hours lost owing to sickness are verified and match those recorded on HRPTS / e-Roster.

Managers **must** record the date of the Return to Work Meeting on HRPTS. This applies to all staff, including those on e-Roster.

A copy of this record of the return to work meeting should be provided to the employee.

MANAGER'S APPENDIX 3 RETURN TO WORK MEETING GUIDANCE FOR MANAGERS

Purpose

A Return to Work Meeting is one of the most important tools in reducing and controlling both long and short term absence from work. The purpose of the return to work interview is:

- To make the employee feel welcome and valued upon return.
- To ensure that the employee is fit to return.
- To discuss the cause of the absence.
- To address any problem that may be causing or contributing to the absence and provide support which may help to ensure continued attendance.
- To discuss advice/recommendations from Occupational Health where appropriate.
- To improve attendance.
- To update the employee on work issues.

Preparation

It is important that all background information has been gathered including sickness absence record for the previous 2 year period, reasons for absence, patterns, reference to previous discussions/warnings where appropriate, OH opinion, personal circumstances etc. Managers should also refer to the Trust's Attendance at Work Policy before and during the meeting for guidance in relation to managing the case.

Relevant information, such as the 2 year absence record, should be included on the Return to Work Meeting template in advance of the meeting and a copy given to the employee so that they can reflect on their absence record.

When should the Return to Work Meeting be Held?

A Return to Work Meeting should be carried out on the same day that the employee returns. Where a Manager or other nominated senior officer is unable to carry out the meeting on the day of return the employee should be advised of this and arrangements made for the meeting to take place within 2 days of the return date.

The meeting

The Return to Work Meeting often involves discussion of a sensitive and confidential nature. Managers should ensure that the environment is conducive to an effective meeting and will facilitate open and honest discussion. Managers should:

- Hold the meeting in private and respect the confidentiality of issues discussed.
- Create an atmosphere of trust and support.
- Explain the purpose of the meeting.
- Go through the template with the employee and complete during the meeting. Ensure that the template is signed by both parties. A copy of the completed template should be given to the employee and one placed in the personnel file.

NB: Managers must ensure that the date of the Return to Work Meeting is **recorded on HRPTS**. This applies to all staff, including those on e-Roster.

MANAGER'S APPENDIX 4

ABSENCE MANAGEMENT – GUIDE ON THRESHOLDS FOR HR INVOLVEMENT

HR advice and support may be required in relation to application of the Attendance at Work Policy e.g. to determine the appropriateness of a disciplinary sanction. The following is a guide of some examples of thresholds for HR involvement:

LEVEL 1 – no HR involvement

- Holding Counselling Meeting following 3 absence episodes in 12-month rolling period.
- Returning to work with or without phasing.
- Restrictions being met for the foreseeable future.
- Redeployment or modified work is not essential.
- May benefit in the longer term from a change of work area.
- Restrictions are not medical (e.g. work-life balance issues, personal choices).

LEVEL 2 – some HR support / advice may be required

- Issuing an Informal Warning following 3 absence episodes in 12-month period.
- Restrictions identified.
- Modification/redeployment anticipated and work on-going to achieve this.

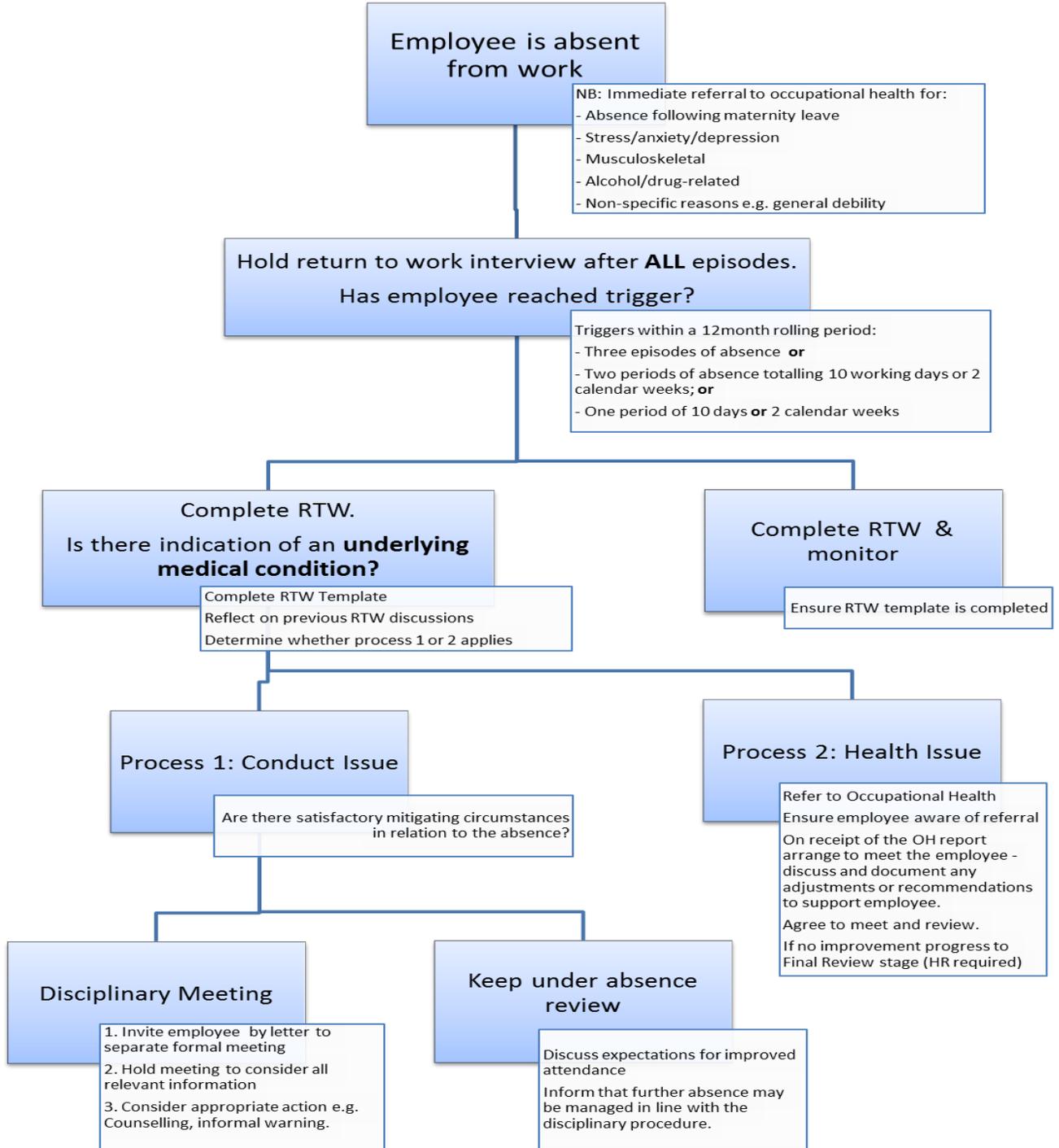
LEVEL 3 – HR input required

- Initiating formal disciplinary proceedings.
- Withholding pay for non-compliance with policy.
- Restrictions in place that require redeployment or permanently modified work that are estimated as not being likely to be feasible.
- Termination of employment likely if adjustments insufficient for return.

MANAGER'S APPENDIX 5

MANAGING SHORT TERM SICKNESS ABSENCE FLOWCHART

It is important that this flowchart is followed in conjunction with guidance at Section 6 of the Policy.



MANAGER'S APPENDIX 6

**LETTER TEMPLATE TO INVITE EMPLOYEE TO MEETING FOLLOWING
UNSATISFACTORY ATTENDANCE**

Date

CONFIDENTIAL

Address

Dear

In line with the Trust's Attendance at Work Policy, I would like to invite you to attend a meeting with _____, HR Manager and myself on:

DATE:

TIME:

VENUE:

The purpose of this meeting is to discuss your recent absences from work and the circumstances relating to these absences. The outcome of this discussion may lead to a sanction under the Trust's disciplinary procedure.

Please contact me in advance if there are any special requirements to facilitate your attendance at the meeting.

If for any reason you are unable to attend this meeting you should contact me on _____.

I have enclosed the Attendance at Work Policy for your information.

Yours sincerely

INSERT MANAGER'S NAME
INSERT MANAGER'S TITLE

Enc - Attendance at Work Policy

cc _____, HR Manager

MANAGER'S APPENDIX 7

INFORMAL WARNING LETTER TEMPLATE

Date

CONFIDENTIAL

Dear

I would like to confirm the discussions that took place when you met with me on ???

Insert details of issue/misconduct

You are therefore issued with an informal warning which will remain on your record for 6 months. Your attendance and conduct will continue be monitored and any further non-compliance will result in formal disciplinary proceedings. I attach a copy of the Trust's Disciplinary Procedure for your information.

You have the right to appeal against this decision. If you wish to avail of this please write to _____ setting out the reasons for your appeal within 7 working days from the date of this letter.

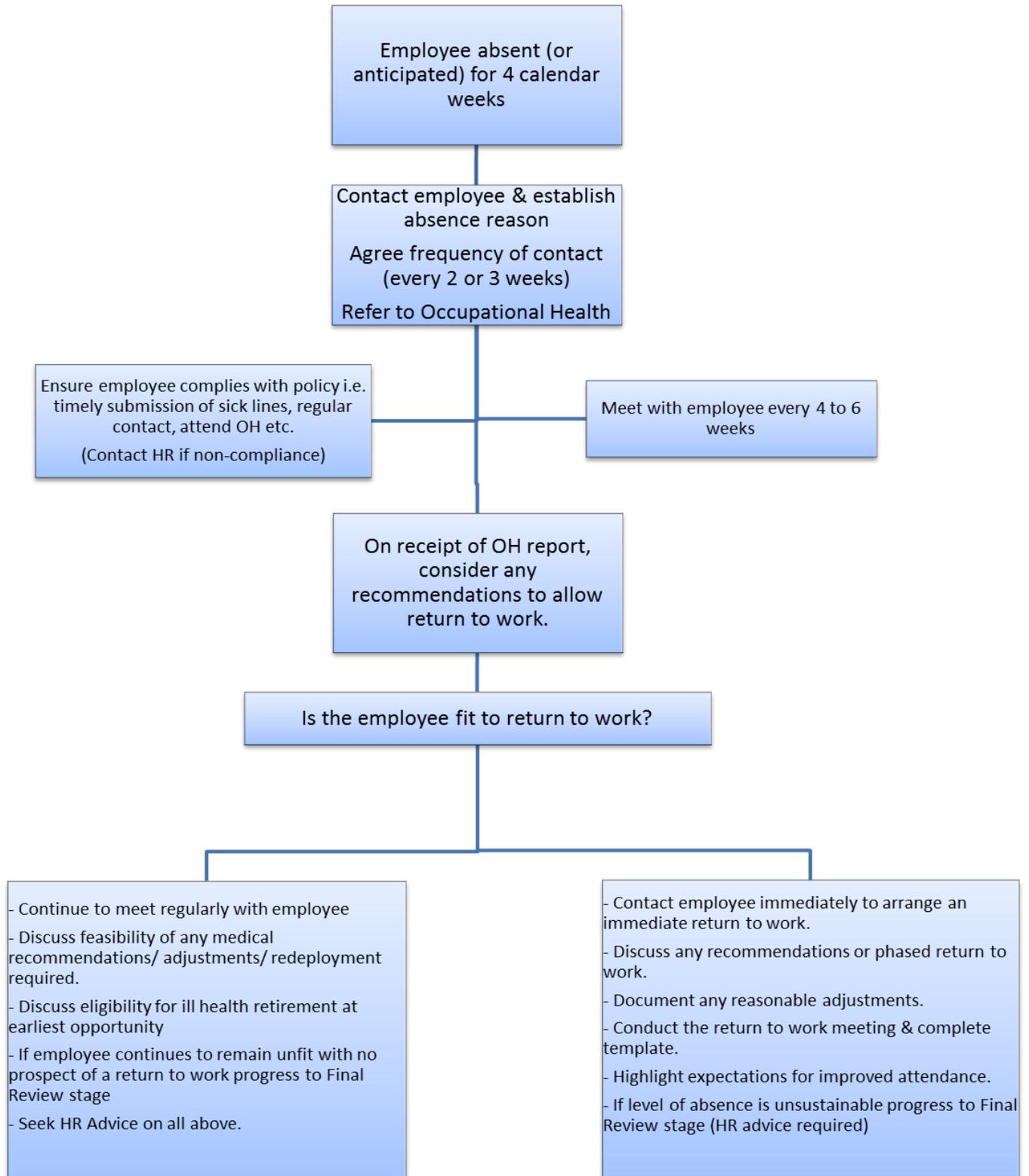
Yours sincerely

INSERT MANAGER'S NAME
INSERT MANAGER'S TITLE

Enc - Disciplinary Procedure

MANAGER'S APPENDIX 8

MANAGING LONG TERM SICKNESS ABSENCE FLOWCHART



MANAGER'S APPENDIX 9

LETTER TEMPLATE TO INVITE EMPLOYEE TO MEETING

Date

CONFIDENTIAL

Address

Dear

In line with the Trust's Attendance at Work Policy, I would like to invite you to attend a meeting with _____, HR Manager and myself on:

DATE:

TIME:

VENUE:

The purpose of this meeting is to discuss your ongoing absence. I have also enclosed the Attendance at Work Policy for your information. You may wish to be accompanied by a Trade Union representative or fellow employee.

Please contact me in advance if there are any special requirements to facilitate your attendance at the meeting.

If for any reason you are unable to attend this meeting you should contact me on _____.

Yours sincerely

INSERT MANAGER'S NAME
INSERT MANAGER'S TITLE

Enc - Attendance at Work Policy

cc _____, HR Manager

MANAGER'S APPENDIX 10

LONG TERM SICKNESS ABSENCE – INFORMATION FOR EMPLOYEES

Background

The WHSCT Attendance at Work policy is available to view on the Trust intranet / HR Hub and sets out how long term sickness absence will be managed.

The Trust acknowledges that long term sick leave can be a stressful and uncertain time and this information has been developed in partnership with Staff Side organisations as a summary for staff. The information should be read in conjunction with the Attendance at Work policy.

Long Term Absence

Long term absence is defined as being on sick leave for 4 weeks or longer. When it is known that an absence is likely to be long term a referral will be made to Occupational Health for a medical opinion. Occupational Health will advise on:

- Likely duration of the absence.
- Ability to perform full range of duties on return to work.
- Any modifications the manager should consider to facilitate an early return to work safely.

A report will be prepared by Occupational Health and this will form the basis of discussions between the employee and their manager which may also include a staff side representative and HR.

Maintaining Contact and Review Meetings

It is the employee's responsibility to maintain contact with their manager while on sick leave. The frequency of contact will be agreed at the outset of the absence however it is expected that it would be fortnightly, depending on the circumstances of the illness.

In addition to regular contact the manager will meet with the employee during long term sick leave. The individual circumstances of each case will be considered however it is expected that these would be every 4 – 6 weeks.

Available Options

The following options may be considered for staff on long term sick leave:

Phased return to work – Occupational Health may recommend a phased approach to facilitate a successful and safe return to work. This will usually include a temporary reduction in hours for a period not exceeding 6 weeks and the employee will receive full salary during this period.

Reasonable Adjustments – Occupational Health may recommend that the Trust consider making reasonable adjustments to work tasks or work environment to enable an employee to remain in work and provide regular and effective attendance.

Redeployment – If the employee is unable to return to work due to health reasons, Occupational Health may recommend that the employee be considered for redeployment. Conditions for considering a post for redeployment include – there must be a vacancy, employees will be required to meet the essential criteria for the post, pay will be at the rate for the post (i.e. no pay protection or excess mileage) and Occupational Health deem the post is suitable and the employee is medically fit to take up the post.

Ill Health Retirement – Where it becomes evident the health will not improve to enable a return to work, employees who are members of the HSC Pension Scheme may wish to test their eligibility for ill health retirement. The HR department can advise employees on the application process and will seek estimates of benefits on their behalf from the HSE Pension Branch. It is essential that employees submit their application form (AW33) for ill health retirement as early as possible in order to ensure this is considered as an ‘In Service Ill Health Retirement’ and a decision from HSC Pensions Branch is issued in advance of the Trust proceeding to terminate a contract on grounds of ill-health.

Termination on the Grounds of Ill Health – After all return to work considerations have been exhausted and where the Final Review indicates that a return to work is not possible, the Trust will consider termination of employment on the grounds of health capability. (Absences considered as misconduct will be dealt with separately under the Trust’s Disciplinary Procedure).

Injury Allowance Scheme – HSC employees who are injured or become ill due to their employment may be entitled to Injury Allowance. Application Forms are available from the Directorate Support Team, Tyrone & Fermanagh Hospital Site, Omagh.

Advice and Support

Advice and support on the Attendance at Work Policy and associated procedures can be sought from the HR Directorate Support Teams or Trade Union Side representatives.

MANAGER'S APPENDIX 11

OCCUPATIONAL HEALTH DEPARTMENT

You should discuss the reason and purpose of referral with your member of staff. It is good practice to provide a copy of the completed form to the staff member being referred.

MANAGEMENT REFERRAL FORM

Section 1 – Referral Details

<i>Referring Manager</i>	<i>Employee</i>
Name	Full Name
Designation	Maiden Name
Workplace Address / E-mail Address:	Address
Location /Directorate	Date of Birth
Tele/Ext: No	Tele/mobile No
	Designation
	Location

Is the employee still at work	Yes	No

Detail absence for the past 12 months or longer if applicable

Dates of Absences	Number of working Days lost	Reason for Absence (as per fit note)

Section 2 – Reason for referral

Please mark **x** where applicable

Accident / incident at work	
Short term absence where employee has reached a trigger point	
Long term absence	
Stress work related / personal (delete as appropriate)	
Management concerns about employee's fitness for work	
Musculoskeletal absences/condition	
Pregnancy related	
Other relevant details	

Section 3 Management action

Yes No

Please mark **x** where applicable

Reason for this referral has been discussed with the employee		
Contact has been maintained with the employee Date of last contact: _____		
Reasonable adjustments have been considered Please give details:		
Disciplinary procedure involving employee on going Date of commencement of disciplinary process: _____		
Risk Assessment relevant to this referral been carried out. (Please attach copy)		
Date of last referral to occupational health / /		

Section 4 Questions

Please mark **x** at any question you wish Occupational Health to answer

Is he/she currently “fit” to carry out the full usual duties of their role?	
If not “fit” for usual duties, when is he/she likely to become so?	
Are there any short-term adjustments to the work tasks or environment that would help facilitate rehabilitation or earliest return to work?	
Are any permanent adjustments to the work tasks or environment recommended?	
Is the health problem likely to reoccur and affect future attendance at work?	
Will the staff member be able to give regular and consistent attendance at work in the future?	
In the context of multiple short spell absences is there a single underlying medical reason?	
Is there any evidence that the work environment is contributing to the sickness absence/ill health problem?	
If you wish to ask an alternative question, please specify:	

Incomplete referral forms will not be processed.

NB This Referral document forms part of the employee’s medical records to which they have a Right of Access (Access to Medical Records Act 1990 and Data Protection legislation)

Referring Manager’s Signature Date:

Employee informed of referral..... Date:

NB In order to comply with the Attendance at Work Policy, the Manager must have discussed this referral with the employee in advance of submitting the referral to Occupational Health.

Please note appointments will only be changed in exceptional circumstances at the request of the referring manager.

<i>For office use only</i>	OH Clinician	Comments
<p>Date received in OH: _____</p> <p>Cohort/ File updated: _____</p> <p>Clerical Officers Ints: _____</p>	<p>Triaged by: _____</p> <p>Triaged to: _____</p> <p>Date: _____</p>	

MANAGER'S APPENDIX 12

PART A

**REHABILITATION / PHASED RETURN TO WORK
& ARRANGEMENTS TO PREVENT ABSENCE**

The Trust is committed to facilitating, where possible, a safe and early return to work for employees who have been on long term sick leave. Where Occupational Health has recommended that an employee can return to work on reduced hours prior to being fully fit managers **MUST** give full consideration to supporting a rehabilitation / phased return to work.

It is acknowledged that there may be occasions where a period of rehabilitation while at work may be recommended by Occupational Health to prevent absence. The same arrangements as for phased return to work will apply.

The period of rehabilitation will not exceed 6 weeks and will often last for a shorter period of time, depending on advice from the Occupational Health Physician.

HR Department must be involved in **ALL** cases where a phased return to work arrangement has been recommended and agreed by the line manager. Managers **must** ensure this form is completed fully and copy of Part A returned to the HR Directorate Support Team.

Please Note: The employee will experience no loss of pay during this formal rehabilitation/phased return to work period irrespective of hours worked, up to a maximum period of 6 weeks.

Employee Name: _____ Band: _____

Staff No: _____ Managers Name: _____

Details of OH Recommendation:

Details of Agreed Phased Return / Rehabilitation Programme:

Date Rehabilitation / Phased Arrangement to commence: _____

End Date: _____

Date of OH Mid Review: _____

I agree to the conditions described above for rehabilitation/phased return to work and confirm I will not deviate from the agreed plan or become involved in any activity that may harm or jeopardise recovery during this period.

Signed: _____ Employee

_____ Line Manager

Summary of Meeting after OH Review:

Return to Usual Work Pattern (please tick as appropriate)

Yes () Anticipated Date: _____

No () Permanently Modifications required

Summary of discussion:

Signed: _____ Manager

Copy to: HR Directorate Support Team

REHABILITATION / PHASED RETURN TO WORK

PAYROLL INFORMATION

Please ensure a copy of PART B of this form is forwarded to the Absence Management Team, Lime Villa, Gransha Park, Londonderry in advance of your member of staff commencing their Phased Return to Work

Please Note:

The employee will experience no loss of pay during this formal rehabilitation/phased return to work period irrespective of hours worked.

At the end of the rehabilitation period it is anticipated the employee will return to their usual hours of work. Where this **DOES NOT** occur you must advise the Absence Management Team immediately so that pay can be adjusted accordingly.

Failure to notify the Absence Team will result in the member of staff receiving incorrect salary.

Employee Name: _____ Band: _____

Staff No: _____ Managers Name: _____

Date Rehabilitation / Phased Arrangement to commence: _____

End Date/Return to usual work hours and pattern: _____

If this date changes, you **MUST** inform the Absence Management Team by emailing:
Absence.Recording@westerntrust.hscni.net

Additional Notes (if required):

Signed: _____ (Manager)

Email to: Absence.Recording@westerntrust.hscni.net

FORM OF AGREEMENT

The Attendance at Work Policy has been approved by Trust Board with effect from 7 September 2017.

Ann McCall

on behalf of Western Health and Social Care Trust

7 September 2017

Date

on behalf of Trade Union Side

Date

The Attendance at Work Policy has been consulted on with Trade Union Side. It has not been agreed in partnership.