

TRUST-WIDE NON-CLINICAL POLICY DOCUMENT

**SUPPORTING HEALTH &
 WELLBEING (ATTENDANCE)
 POLICY**

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Further information about this document:

Document name	SUPPORTING HEALTH & WELLBEING (ATTENDANCE) POLICY (HR07)
Document summary	THIS POLICY IS AIMED AT SUPPORTING ATTENDANCE CONSISTENTLY AND FAIRLY ACROSS MERSEY CARE. THE POLICY SETS OUT THE WAY ATTENDANCE WILL BE SUPPORTED IN RELATION TO SICKNESS ABSENCE, OUR RESPONSIBILITIES AND ACCOUNTABILITIES, AND HOW ABSENCE WILL BE REPORTED, RECORDED AND MONITORED.
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This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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SUPPORTING STATEMENTS

This document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and adults, including:

- being alert to the possibility of child / adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/ adult;
- knowing how to deal with a disclosure or allegation of child/ adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/ adult concern;
- ensuring appropriate advice and support is accessed – contact the Safeguarding Duty Hub on Tel: 0151 351 8484
- participating in multi-agency working to safeguard the child or adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, sex, race, religion and belief (or lack thereof), sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status. The Equality Act also requires regard to socio-economic factors.

The trust is committed to promoting and advancing equality and removing and reducing discrimination and harassment and fostering good relations between people that hold a protected characteristic and those that do not both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **F**airness, **R**espect, **E**quality **D**ignity, and **A**utonomy.

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1. PURPOSE AND RATIONALE

- 1.1** This policy is aimed at supporting health and wellbeing (attendance) consistently and fairly across Mersey Care. The policy sets how attendance will be supported and how sickness absence will be reported, monitored and managed. It also outlines our joint responsibilities and accountabilities.
- 1.2** Mersey Care is committed to improving the Health and Well-being and attendance of our people. The trust wants to ensure it is managing absences in a timely and supportive manner to enable colleagues to remain in work with effective support or return to work as soon as possible and contribute fully through regular attendance at work.
- 1.3** We value the contribution our people make. So if a colleague is unable to work for any reason, that contribution is missed. This policy and procedure is based on the core principles of ensuring an environment where colleagues health and welfare are a priority. It encourages managers and employees to clearly identify and understand the causes of sickness absence and initiate timely, appropriate and responsive interventions which both support and facilitate a return to work at the earliest opportunity.
- 1.4** Colleagues who are ill will be treated sympathetically and every effort will be made to assist recovery and safeguard employment whilst managing sickness in accordance with the policy. The Trust encourages and promotes a culture which ensures that employees are aware that their regular attendance at work and contribution to their team is valued and put in place strategies that minimize the impact of non attendance on both the individual, their colleagues and on operational services.
- 1.5** The Trust recognises that it is inevitable that some colleagues will experience periods of ill health from time to time. Everyone is different and each individual will be treated in a fair and reasonable manner with fair consideration given to individual circumstances. No two cases of sickness absence are identical and in all cases the Trust assumes that sickness absence is genuine. Employees should always be treated with empathy, understanding and compassion. The provisions of the Equality Act (2010) and Human Rights Act (1998) and other appropriate employment legislation will also be applied.
- 1.6** We are all accountable for attending work and for managing our own health. We should raise concerns which are affecting our health to our line manager, Occupational Health or Human Resources. The emotional, psychological and physical effects of ill health will be fully considered.
- 1.7** Line Managers have an integral role in supporting colleagues and undertaking health and wellbeing conversations and will be supported by systems and processes that enable them to undertake their role effectively.
- 1.8** The Trust is committed to measuring attendance levels for all colleagues as it is recognised that levels of absence are an indicator of the health and wellbeing of colleagues, the environments that people work in and the performance of the Trust overall.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

- 2.1 Mersey Care NHS Foundation Trust is committed to ensuring the health, safety and welfare of all of its colleagues including physical and mental health and psychological safety.
- 2.2 Mersey Care NHS Foundation Trust is committed to providing a working environment that protects and promotes the physical and mental wellbeing of its workforce. The Trust recognises its responsibility to ensure that the health of no individual is adversely affected by their occupation “as far as is reasonably practicable.”

3. SCOPE

- 3.1 This policy and procedure applies to all colleagues employed by the Trust.

4. DEFINITIONS

Term	Description
SVL	Staff Variation List
PACE	Performance and Contribution Evaluation
ESR	Electronic Staff Record
Fit Note	Statement of fitness for work
RTW	Return to Work

5. DUTIES

- 5.1 **Chief Executive Officer**– The Chief Executive Officer has delegated responsibility for ensuring compliance with this policy to the Chief People & Culture Officer/Deputy Chief Executive Officer for Non-Clinical Services.
- 5.2 **Executive Director** – the lead Executive Director for this policy is the Chief People & Culture Officer/Deputy Chief Executive Officer for Non-Clinical Services – who has strategic accountability for:
 - Co designing and development of policy, supporting practices and interventions to promote the health and well-being of the workforce.
 - Ensuring that effective monitoring information is routinely provided for Directors, Senior Managers, Line Managers and the Board of Directors.
 - Ensuring provision of HR support and advice to line managers in the application of this policy and associated procedures.
 - Provision of a system to enable managers to effectively manage absence.
 - Ensuring provision of appropriate training for managers.
- 5.3 **Senior Managers - are responsible for:**
 - Ensuring absence is managed within area of responsibility and ensure that this policy and procedure and any absence management system is effectively implemented, embedded and monitored across their area.
 - Promoting the health and well-being of the workforce and the provision of a safe, healthy working environment to enable colleagues to attend work regularly.
 - Ensuring that their operational managers are meeting their objectives and annual targets in supporting the attendance of their colleagues and that this is part of their Performance and Contribution Evaluation (PACE).
 - Ensuring that where attendance issues are related to disability that the following policy, HR27: Supporting Staff with Mental or Physical Disabilities Policy is adhered to.
 - Ensuring line managers enact and follow the triggers outlined within the framework through monitoring i.e. Return to Work discussions, appropriate timescales and undertaking Risk

Assessments and Health and wellbeing conversations; recording all outcomes through the agreed absence management system.

- Monitoring the application of the policy and procedure and timescales to ensure that it is applied equitably, fairly and in a timely manner.

5.4 Line Managers - are responsible for:

- Complying with this policy and procedure and for ensuring that all colleagues (including all new colleagues at local induction) understand the standard and recording management of attendance via the appropriate Trust absence management systems in place.
- To understand their responsibilities and obligations under the policy regarding attendance alongside the utilisation of the appropriate absence management systems..
- Meeting all the absence triggers outlined within the policy in particular:-
 - conducting all RTW within 2 days of return to work
 - Meeting with colleagues in accordance with the triggers
 - Documenting process and sending out letters
- Establishing and operating standardised reporting procedures for sickness absence across their area and ensuring these are adhered to.
- Referring colleagues with either long term sickness absence or short term sickness absence to the Occupational Health Service in accordance with the timescales/triggers outlined in this policy and procedure.
- Conduct and maintain Risk Assessments and Health and Wellbeing conversations for all colleagues.
- Ensuring that where attendance issues are related to disability that the following policy, HR27: Supporting Staff with Mental or Physical Disabilities Policy, is taken into account to support colleagues to maintain attendance, agree reasonable adjustments and obtain support where needed from the Occupational Health Service or the Equality Diversity and Inclusion Lead if a colleague has a disability or long term condition that has not yet been considered as relating to the colleague's absence.
- Maintaining regular contact with colleagues who are absent, keeping them up to date, offering support and signposting them to support services and monitoring their progress – how this contact is undertaken and the frequency for short term can be agreed between the line manager and colleague however for long term absences should be at least every two weeks.
- Ensuring that a “return to work” discussion (see section 2.3) takes place with the colleague normally within 2 working days of their return to work or as soon as is possible depending on circumstances. (The manager may delegate this task to a nominated deputy). This discussion should be undertaken via the current agreed process .
- Participating in case conferences for individual attendance issues, to help progress the resolution of periods of absence.
- Ensuring that fit notes are reviewed and consider if reasonable adjustments suggested can be made to bring colleagues back to work as quickly as possible.
- Maintaining effective records of absence and actions taken, including updating the appropriate absence management systems which may include Empactis, Electronic Staff Record (ESR), Health Rosters and Staff Variation Lists (SVLs).
- Agreeing performance objectives with their manager against the application of this policy and procedure and including this as part of their PACE.
- Maintaining a safe working environment and have a duty of care to protect the patients, Colleagues and others within that environment.
- Having a full understanding of the facts and figures in relation to absence in your work area.

- Arrange review meetings, sending invite letters and all correspondence linked to supporting the absence to colleagues and for this to fully recorded through the agreed absence system.

5.5 Human Resources - are responsible for:

- Supporting colleagues at all levels in the application of this policy and procedure. This will include providing appropriate training to managers to support them in their responsibilities under this policy.
- Providing advice and guidance to colleagues and managers to support the attendance at work of colleagues who have a disability.
- Attending absence meetings from stage 3 together with the line manager or earlier where appropriate.
- Agreeing an extension to the timeline period – this responsibility would be with the Deputy Director of Workforce - HR.
- Maintaining the agreed HR system

5.6 All Colleagues – in line with the Trust values of continuous improvement and accountability are responsible for:-

The following apply to all colleagues

- Attending work regularly and for taking responsibility for looking after their own health and wellbeing.
- Reporting sickness absence in line with the agreed local reporting procedures, and for ensuring compliance with medical certification requirements.
- Maintaining regular contact with their manager or designated contact person during periods of sickness absence, including communicating with their manager about estimated duration of absence, reason for absence and when they expect to be fit to return to work and participating in return to work meetings within 2 days.
- Remaining available to attend meetings, including review meetings and Occupational Health appointments, when absent due to sickness.
- Being proactive in discussions where absence from work is related to disability issues so that where attendance issues are related to disability the policy, HR27: Supporting Staff with Mental or Physical Disabilities Policy can be taken into account to support them.
- Having a duty of care to their service users and colleagues and should refrain from work if they have a transmissible infectious illness that could place others at risk. If in doubt advice must be sought from the occupational health department or infection prevention and control department.

The following apply to those colleagues in divisions where Empactis is live

- Reporting your absence via the Absence Manager telephone line
- Being aware that your manager will call you back via the absence manager system within 24 hours of you reporting your absence to discuss reason for absence and any support you require.
- Requesting a manager call back via the absence management system if you need to speak to your manager outside the agreed regular contact arrangement you have in place
- Reporting any amendments to your absence ie change of absence reason or expected return to work date via the absence management system.

- Closing your absence before returning to work via the absence management system.

5.7 Health & Wellbeing - are responsible for:-

- Supporting the health and well-being of colleagues, and in the provision of impartial medical advice to enable managers to deal fairly and equitably with the management of attendance.
- Providing a confidential counselling service which is accessible via the Occupational Health department or by self-referral.
- Health screening new colleagues consisting of full assessment of past and present medical and any relevant employment history.
- Providing advice on matters relating to health at work, expected timescales of absence and measures including reasonable adjustments to consider that may support a return to work.
- Supporting issues that are related to disability which includes the identification of possible reasonable adjustments that may be made to facilitate a return to work.
- Identifying if counselling or physiotherapy or any other specialist services are required to facilitate the return to work of a colleague.

5.8 Trade Union Organisations - are responsible for:-

- Providing advice and guidance on the policy to its members.
- Supporting members at all formal meetings where requested by its members.

5.9 Types of sickness absence

Sickness absence falls broadly into two categories:

- Short Term Sickness Absence
- Long Term Sickness Absence

It is important to be able to distinguish between these two categories. However, this policy and procedure is also concerned with supporting attendance overall and therefore short and long term sickness absences are not mutually exclusive. Colleagues will be managed in accordance with the triggers for both short and long term absence, taking into account individual circumstances. In practice this means that all absence will count towards absence triggers.

6 PROCESS

6.1 Stages and Triggers (see table A below)

The key principles for managing attendance are triggers points which lead to the following stages of review to manage the absence:-

- Informal Wellbeing Meeting i.e.- Return to work meeting
- Stage 1 - Wellbeing Review Meeting- takes place if colleague hits trigger points, monitoring for 12 months
- Stage 2 - Wellbeing Review Meeting – take place if colleague hits triggers during monitoring period, monitoring for a further 12 months
- Stage 3 - Wellbeing Review Meeting (final hearing which may lead to extension of stage 2 or termination of contract if colleague hits triggers during stage 2 monitoring period)

6.1.1 Each case of absence that meets or exceeds the trigger levels will be reviewed and addressed by the manager to ensure a colleague is supported to return to work as soon as is possible.

6.1.2 Trigger levels are action thresholds that require a response from managers in regards to meeting with colleagues to provide the relevant and necessary support and ensure

everyone knows how attendance will be managed. This helps to ensure there is a framework for managers to work to and ensures consistency across the trust in managing attendance. The application of the stages and trigger levels is, along with required actions by managers defined in the table below.

- 6.1.3** Additionally there may also be instances where a pattern of absence may seem unacceptable. Under these circumstances these should be looked at closely over a 2 year period by the manager and advice sought from Human Resources. Examples of patterns may include but are not limited to:
- a)** Regular absences on certain days / shifts (e.g. Monday/Friday, first/last shift, earlies, lates, nights or weekend shifts etc.
 - b)** Regular absences before or after a period of annual leave or following refusal of leave.
 - c)** Regular absences around school holidays.
 - d)** Regular absences around spells of good or inclement weather.
 - e)** Regular absences around public holidays or major sporting events.
 - f)** Regular patterns around part-day absence (episodes of this should be recorded by the line manager).
 - g)** Annual patterns – e.g. if absence occurs at a specific time each year

6.2 Return to Work Discussion

- 6.2.1** A face to face return to work discussion will be undertaken with employees by their line manager ideally within 2 days of the day they return from any period of sickness absence (including part days). If duty/work patterns do not coincide, this responsibility may be delegated to an appropriate colleague. It remains, however, the responsibility of the line manager to ensure that the return to work discussion has been undertaken on their return to work and the discussion record filed on the employee's personal file. In exceptional circumstances, and especially in relation to community based services, initial contact may be undertaken between the manager and employee by telephone. However this should not detract from undertaking a more structured face to face discussion as soon as practicable.
- 6.2.2** The purpose of the meeting is to ensure that a productive discussion is held with the employee relating to their recent absence and their return to work. The areas that should be covered within the return to work interview are contained within the sickness absence management guidance document available on the Trust intranet via this link- to be inserted.
- 6.2.3** During the wellbeing review meeting, if the recent period of absence prompts consideration of moving to a wellbeing review meeting, Stage 1 meeting may be held immediately following the return to work discussion. This is provided that the employee has been made aware of the purpose of the Stage 1 meeting, has agreed to the meeting continuing and is happy to continue with that meeting without being supported by a representative of a recognised Trade Union or by a work colleague not acting in a legal capacity.

Table A

Stages and Trigger Levels*

Stages	Short Term	Long Term
1	<p>Trigger: 3 occasions of absence or 10 days (single or cumulative sickness absence in a retrospective rolling 12 month period)</p> <p>Review: Colleagues will be reviewed for 12 months and if no further absences then will come off monitoring.</p>	<p>Trigger: 4 weeks from the start of the absence</p>
2	<p>Trigger: Within the 12 month review period there is a further 2 occasions of absence or 7 cumulative days since the date of the return to work</p> <p>Review: Colleagues will be reviewed for 12 months and if no further absences then will come off monitoring.</p>	<p>Trigger: Within 3-5 months of the start of the absence</p>
<p>Prior to progressing to Stage 3 Final Review, consider : OH advice and guidance and reasonable adjustments and determine next steps which may include redeployment, ill health retirement or dismissal on the grounds of medical capability (see toolkit)</p>		
3	<p>Trigger: Within the 12 month review period there is a further 2 occasions of absence or 7 cumulative days since the return to work.</p> <p>Review: Colleagues will be reviewed for 12 months and if no further absences then will come off monitoring.</p>	<p>Trigger: Within 7 months of the start of the absence.</p>

*These are for guidance and may be discussed with HR

6.2.4 Colleagues who are being managed under this policy who take a break in service – this could be for maternity, paternity, adoption or career breaks will have their stage of monitoring put on hold and it will recommence when they return to work. These will be reviewed on an individual basis.

6.3.1 The potential outcomes from these review meetings are listed below

6.3.1.1 Stage 1 Wellbeing Review

6.3.1.1.1 Attendance will be monitored and kept under review for 12 months from the date of return from the return of work.

6.3.1.1.2 Providing colleagues meets the required level of attendance during the stage 1 period, i.e that they do not hit a trigger of a further 2 occasions of absence or 7 cumulative days they will not continue to be monitored.

6.3.1.2 Stage 2 Wellbeing Review

- 6.3.1.2.1** Attendance will be monitored and kept under Review for 12 months from the date of return from the last occasion of absence. All or some of the bullet points above may be considered.
- 6.3.1.2.2** Providing our colleague meets the required level of attendance during the stage 2 review period they will not continue to be monitored.
- 6.3.1.3 Stage 3 Final Wellbeing Review Hearing**
- 6.3.1.3.1** Having applied this policy and procedure the manager may conclude that service needs are affected and there is no evidence that our colleague will be able to return to work in the foreseeable future or give reliable, sustainable attendance in the future.
- 6.3.1.3.2** The manager will move to a stage 3 final wellbeing review hearing and the meeting notification letter, to a colleague, will advise that a possible outcome of this final hearing could be dismissal. The manager will produce a report, including a 2 year timeline of the absence(s) and action taken to date, up to date Occupational Health advice and any other supporting documentation deemed appropriate. There may be occasions when it would be appropriate to seek permission from the Deputy Director of Workforce- HR to produce a longer reference period for the timeline. This will be sent to the colleague prior to the review meeting. The colleague will also be able to provide any information that they wish to be taken into consideration at the meeting and will be advised by the manager or the union representative on how to submit this. The manager and colleague will receive copies of each other's information at least 5 working days before the meeting.
- 6.3.1.3.3** The stage 3 final hearing will be chaired by a manager, who has not had any involvement in the management of the process, and who has the authority to dismiss under the Trust's Scheme of Delegation. A member of the Human Resources Department will be present to support the manager chairing the meeting. All or some of the bullet points on page 14 may be considered.
- 6.3.1.3.4** If a colleague wishes to provide extra information in the form of a GP or Specialist Consultant report, these should be provided to the chair prior to the review meeting.
- 6.3.1.3.5** Following a review of all the information presented at the meeting, the manager may dismiss a colleague if they are satisfied that the decision is reasonable under the circumstances. The manager may, as an alternative to dismissal, extend the stage 3 for a further period of up to 12 months.
- 6.3.1.4** For some long term sickness Stage 3 Final Wellbeing Review Hearing, it may be more appropriate to hold an interim review or delay the stage 3 (i.e. if further medical information is expected).
- 6.3.1.5** In some cases of long term sickness, it may be more appropriate that the process to dismiss or extend the stage 2 wellbeing meeting is continued by the manager dealing with the case. In these circumstances there must be written delegated authority provided to the line manager.

6.3.1.6 If the outcome of the Stage 3 Final Wellbeing Review Hearing is dismissal, the manager chairing the meeting will confirm the reason for the dismissal to the colleague in the meeting and confirm this in writing, stating:

- a) Date notice is effective from.
- b) Any outstanding paid annual leave entitlement.
- c) Final day of service (may be extended by annual leave due).
- d) Amount of paid notice (contractual notice, or statutory notice, whichever is the greater).
- e) Consideration of an application for ill health retirement.
- f) Right of appeal.

6.4 Deciding not to proceed to the next stage

6.4.1 The manager may consider exceptional circumstances when it may not be appropriate to move colleagues through to the next stage of the procedure. In these circumstances the manager with the advice of a HR Representative may make the decision not to proceed to the next stage of the procedure thereby allowing our colleague to remain on the same stage for an extended period for up to 12 months.

6.4.2 For example where a colleague is on sick leave awaiting planned surgery for a condition which is directly related to their previous review stage(s) being issued, and this surgery will enable a colleague to return to work or in certain cases managers may seek advice from OH or the Equality Diversity and Inclusion Lead if a colleague has a disability or long term condition that has not yet been considered as relating to the colleague's absence).

6.4.3 It will be at the manager's discretion/judgment whether the exceptional circumstance will continue to be accepted, however advice will be sought from HR. Factors to be taken into account are the continuing length of absence, frequency of absences, Occupational Health opinion, prognosis on a return to work, the impact of making reasonable adjustments, impact on service provision etc.

6.5 Deciding to move directly to stage 3 final wellbeing review hearing before all stages have been followed

6.5.1 The manager may consider exceptional circumstances where it is appropriate to move directly to the stage 3 final wellbeing review hearing before all the stages of the procedure have been exhausted (e.g. terminal illness- where a colleague has requested this or where occupational health advises that there is no likelihood of a recovery and return to work).

6.5.2 The manager must seek advice from Occupational Health and Human Resources in these circumstances before moving the case to stage 3 wellbeing final hearing for a decision to be made.

6.6 Appeal

6.6.1 A colleague has the right of appeal against decisions made at the stage 3 final hearing and must write to the Chief People & Culture Officer/Deputy Chief Executive Officer for Non-Clinical Services within 15 working days from the

date of the receipt of the letter confirming this, outlining their grounds for the appeal. The appeal should be heard within 12 weeks.

- 6.6.2** The appeal should be heard by a Chief Officer not previously involved in the case supported by a Human Resources representative.
- 6.6.3** The manager who made the decision at the stage 3 final hearing, to which a colleague is appealing against, will produce an updated report, including timeline of the absence(s) and action taken to date, Occupational Health advice and any other supporting documentation deemed appropriate. This information will be sent to the Human Resources secretary who will coordinate all appeal panels and process including issuing associated documentation.
- 6.6.4** A colleague will be provided with a copy of the report prior to the appeal meeting. They will also be able to provide any information that they wish to be taken into consideration at the meeting and will be advised by the manager on how to submit this to the Human Resources secretary. The manager and colleague will receive copies of each other's information at least 5 working days before the meeting.
- 6.6.5** At the appeal hearing the colleague and his/her representative will present their case and the reasons for their appeal. The manager will have the opportunity to ask questions of the colleague.
- 6.6.6** The manager will present their case and the reasons for their decision. The colleague and his/her representative will have the opportunity to ask questions of the manager.
- 6.6.7** The Chief Officer hearing the appeal will have the opportunity to ask questions of the manager, and the colleague. At the end of the meeting both parties will sum up with the colleague going last.
- 6.6.8** The Chief Officer hearing the appeal may make the following decisions:-
 - a)** To confirm the action already taken, i.e. to uphold the decision made at the review meeting, including dismissal.
 - b)** Uphold the appeal and put back onto Stage 2 monitoring with targets set for a further period of up to 12 month.
 - c)** To reinstate the colleague, if they were previously dismissed, which will usually include recommendations in relation to continuing the supporting attendance process, including extending the stage 3 monitoring period for a further period of up to 12 months as well as any recommendations for future support and/or reasonable workplace adjustments if appropriate.
- 6.6.9** The Chief Officer hearing the appeal will confirm the reason for the outcome to the colleague in writing within 7 working days.
- 6.6.10** There is no further right of appeal within this procedure.

7 Occupational Health

- 7.1 Referral to the Occupational Health Service can be made at any stage but must be made from stage 2 wellbeing reviews onwards to ensure the trust is providing the right support.
- 7.2 If, during discussion at the stage 1 or stage 2 wellbeing review meetings for long term absence, it is not possible to establish a date of return to work, the colleague will be referred to the Occupational Health Service, unless a referral has already been made.
- 7.3 For short term absences which are of a self-certificated nature and there is no medical evidence to support them, the manager may refer a colleague to occupational health or recommend that the colleague self-refer to Occupational Health or their GP, in order to establish any underlying reasons or the need for medical treatment. If the colleague self-refers the manager will only receive a copy of the Occupational Health report if the colleague gives permission to do so.
- 7.4 Prior to the stage 2 wellbeing meeting and stage 3 final wellbeing hearing, advice should be obtained from the Occupational Health Service. At stage 3 final hearing this would be with the Occupational Health Physician. The Manager should advise the colleague that this referral will be made and that a stage 3 final hearing will be arranged when the Occupational Health advice has been received.
- 7.5 The Occupational Health advice should be obtained within 1 months of the planned review/hearing date. However, if the colleague has already been to an occupational health appointment, within the last 3 months and advice has been given from occupational health, and there have been no changes to the individual's health then a further referral may not be necessary.

8 Return to work following long term sickness absence – Supported/phased return to work

- 8.1 Where a manager is notified of a colleague's intention to return to work following a period of long-term sickness absence, they should make a judgement and agree support measures based on the circumstance / requirement of an individual. If essential, they may seek advice and guidance from the Occupational Health Department on how to support the colleague to achieve a satisfactory sustained level of attendance in the future and to ascertain their fitness to return to work.
- 8.2 Occupational Health may recommend a phased return to work on reduced hours and/or adjusted duties. Phased returns will normally be completed within four weeks and in such cases will be on full pay. This may be extended in agreement with the Manager using annual leave to facilitate this as some medical conditions may require a longer phased return to work.
- 8.3 Where Occupational Health does not recommend a phased return to work, a colleague may still request a phased return, using their annual leave to facilitate this. Such requests will be accommodated by the manager wherever possible.
- 8.4 If a manager receives an Occupational Health report or GP Fit note which recommends a return to duty with a phased/supported return to work, which also recommends reasonable adjustments such as amended duties, altered hours or workplace adaptations, the manager must consider the viability of such adjustments not just within their own work area but within the wider trust. In the majority of cases

the amended duties or alternate work place will not last more than 6 weeks, however with management agreement the maximum would be 12 weeks. The amended duties need to be relevant to the colleagues skills set and also allow to phase themselves back into their substantive role. Your HR lead can advise on these matters.

8.5 Although every attempt will be made to support reasonable adjustments as per the paragraph above, in exceptional circumstances where the manager cannot make the changes necessary to accommodate the recommended temporary reasonable adjustments, medical suspension may be considered. This will be discussed with the Deputy Director of Workforce and if agreed will be on full pay. This decision should be reviewed every 2 weeks after the initial decision. The manager should also consider whether a Case Conference would be suitable under these circumstances. Where the reasonable adjustments cannot be made the employee will still be recorded as bring absent through sickness due to not being able to return to their substantive post but there will be no requirement to submit GP fit notes.

9 CONSULTATION

The following colleagues/groups were consulted in the development of this policy

- Just & Learning Culture Committee
- Recognised Trade Union Organisations
- Divisional Clinical Managers
- Human Resources
- Sickness Absence Task Force and associated stakeholders

10 TRAINING AND SUPPORT

11.1 The HR teams will provide managers with training within the divisions.

11 MONITORING

Monitoring of compliance with this policy will be undertaken by:	Chief People & Culture Officer/Deputy Chief Executive Officer for Non-Clinical Services
The results of monitoring will be reported to:	Board of Directors (Annually)

12. EQUALITY IMPACT ANALYSIS

Title	HR07 Supporting Health & Wellbeing (Absence)		
What is being considered?	Policy		
Who will be affected?	Patients []	Staff [✓]	Public [] Partner agencies []
What engagement is taking place or has already been undertaken? <i>Mark any of the engagement methods in the Public, Partners and Staff you are employing</i>	<p style="text-align: center;">Public</p> Interviews Focus groups Public event Carer forum Questionnaires Publications and promotional materials On line forum Local media Other (please state)	<p style="text-align: center;">Partners</p> CCG / CSU Multi agency event Joint working group Multi agency network Regional E&D forum GP practices Local / County Council Other NHS Trust Health Watch Voluntary organisations	<p style="text-align: center;">Staff</p> Staff event / workshop Board meeting Executive Management Group ✓ EDHR Strategy group Staff side ✓ Staff Network EDI Lead ✓ Staff User working Group / Stakeholders ✓ Communication methods ✓ Just & Learning Culture Committee ✓ HR Policy group ✓
What evidence has been analysed? <i>Please highlight or mark what evidence or research you have considered?</i>	Evidence / Research : ONS census 2011 or later Previous Policy ✓ Staff User Group Absence Task & Finish group reports ✓ Senior Task group action plan ✓ Equality Action plans WRES / WDES NHS People Plan ✓ Local / regional mapping Risk Assessments Work force data ✓ Epidemiology studies Legislation update Engagement records / analysis ✓		

What is the result of the analysis? Will there be an impact against the protected groups below?

- Age
- Disability ✓
- Gender Reassignment
- Marriage and Civil Partnership
- Pregnancy and Maternity
- Race
- Religion and Belief
- Sex (Gender)
- Sexual Orientation
- Human Rights articles ✓

Disability – Positive impact:
 The Updated policy has guidance and direction on how employees and employers should take into account their respective obligations under the equality Act (2010) with regard to employees who have a disability or long term condition (LTC). The policy and supportive guidance (indicated below) outline how the Trust will protect the rights of employees who have a disability or LTC and make reasonable adjustments where indicated. Managers receive clear direction to support their decision-making including reference to Disability Leave options and the discretion to waive stage progression, where the absence is disability or LTC related and part of a reasonable adjustments agreement. More over it identifies that mangers and employees can be supported by the EDI Lead and Wellbeing services, where needed.

The below associated documents are available online as word documents and as appendices at the end of this policy:

- HR07 – Appendix A - Toolkit for Managers
- HR07 – Appendix B - Toolkit for Colleagues

Human Rights Act (1998) – Positive impact:
 The policy safeguards of employees who have a disability or LTC with regard to their right under Human Rights Article 3 *the right not to be tortured or treated in an inhuman or degrading way*. Said employees face barriers in both society and employment life and this causes high levels of stress and in a significant number of cases the phenomenon of presenteeism, if they feel adjustments will not be made to support their work, including reasonable adjustments, disability leave etc. Guidance on these options is clear and outlines the Trust’s commitment to upholding its statutory obligations under the general duty of the Equality Act (2010) and Human Rights Act (1998)

Do further steps in the following areas need to be taken to mitigate or safeguard these impacts - *Involvement & Consultation, Data collection & Evidence, Assessment & Analysis, Procurement & Partnerships, Education and Workforce?* If so complete the action plan below:

Outcome	Actions required	Time scale	Responsible officer
Employees understand their rights and responsibilities under this policy	Translation options are made available where English is not the first language of the employee and BSL interpretation is made available to Deaf/ Hearing Impaired employees. Easy Read format or PA support is provided where employees have a learning disability or support around mental capacity	Ongoing	Line Manager Human Resources EDI Team

How will we monitor this and to whom will we report outcomes?	The policy will be monitored via the Staff User working Group Absence Management Programme and any exceptions will be reported to the People Committee		
Author	Lynn Lowe	Title Deputy Director of Workforce Human Resources (Community, Local and IM)	Date 02/07/2021
Equality Analysis assessed by	Joe O'Grady	Title EDI Lead	Date 06/07/2021

The Equality Act (2010) has brought a Public Sector Equality Duty to all Public Authorities. This Equality Analysis provides assurance of the steps that Mersey Care NHS Foundation Trust is taking in meeting its statutory obligation to pay due regard to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This equality analysis also provides evidence of discharging Public Sector statutory obligations under the Human Rights Act (1998).

For further information or guidance please contact the Equality & Diversity Team

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility			

Supporting Health & Wellbeing (Attendance) Policy – A Managers Toolkit

Supporting Health & Wellbeing (Attendance)

A Manager's Toolkit

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1. Guidance about the Toolkit

This Guidance Document is aimed to help managers throughout the entire absence process, starting from when a colleague calls in sick, to when they are well and back in the workplace. This document should be read in conjunction with the Supporting Health & Wellbeing (Attendance) Policy – HR07 which outlines responsibilities as well as processes.

The HR team are committed to ensuring that the Supporting Health & Wellbeing (Attendance) Policy is applied consistently and fairly throughout the Trust and are keen to offer support and guidance where required.

Below is a step-by-step guide of what the HR Officer or HR Advisor within your divisional HR team needs from you to enable them to effectively support you.

All template letters and confirmation letters can be found the appendices.

2. Reporting Absences

Colleagues who are ill and unable to attend work have a responsibility to:

- Comply with locally determined reporting arrangements for reporting sickness absence.

This includes :

- Colleagues telephoning the nominated contact/place before they are due to commence shift. In exceptional circumstances, and only where the Colleague is physically and/or psychologically unable to do so themselves, a member of their family/partner/spouse may telephone on their behalf.
- Colleagues leaving their contact details if no one is available to take their call.
- **Text messages and e-mail should not be used for reporting absence**
- The manager contacting the colleague at the earliest opportunity to discuss their absence.
- Colleagues should explain the reason for absence and provide an indication of the length of time they expect to be absent.
- Colleagues keeping their manager informed regarding their progress and their anticipated return to work date. In all cases they will jointly agree, with their manager, contact arrangements during the period of absence. At a minimum they will update their line manager at least once a week.

In addition to what is outlined in the policy regarding the responsibilities of managers, it is essential that all managers maintain a written record of all contact with Colleagues.

The duration of the sickness absence will be recorded from the first day of reporting sickness to the day on which the Colleague reports to their line manager that they are fit to resume. **Weekend days and/or days on which the Colleague is not rostered to work will be recorded as sickness absence if they do not report fit to resume and turn up on their next rostered day**

3. Medical Certificates

- Colleagues absent from work due to sickness for less than 3 consecutive days do not need to submit a certificate.
- Colleagues absent from work due to sickness for more than 3 consecutive days, but less than 8 consecutive days should submit a Self-Certified Sickness Absence Notification (refer to Appendix 1).
- Colleagues absent from work due to sickness for more than 7 consecutive days should submit a Statement of Fitness for Work (GP fit note) which should be submitted to the manager within 3 calendar days of the 8th day of sickness absence.
- Any subsequent fit note issued must be submitted within 3 calendar days of the expiry of the previous note. When determining consecutive days of absence, all days including weekends and off-duty days should be included.
- If a Colleague anticipates difficulty in submitting a fit note, they must communicate this to their manager as soon as possible.
- Where a Colleague fails to follow the absence reporting procedure, including submission of fit notes within the specified timescales without reasonable cause they will be regarded as on unauthorised absence and further action may be considered by the manager in accordance with the Trust's Disciplinary Policy and Procedure.
- The Colleague will not receive pay for any periods of unauthorised absence.
- Where late submission of fit notes results in pay being withheld, the colleague will only be reimbursed statutory sick pay and not occupational sick pay, except in exceptional circumstances.

4. Process for Short Term Absences

- The Colleague must call to report their absence, in accordance with the Health & Wellbeing (Attendance) Policy. **An email or text is not deemed as an acceptable method of contact for reporting an absence.**

- Depending on the agreed reporting procedures within each Division, on the day of the absence, the manager may e-mail the relevant Divisional e-mail inbox to inform them of the absence of a colleague.
- PA's/admin support can contact the HR Officer to report this, but any correspondence from the HR Officer will be sent directly to the manager.
- Alternatively, the HR Officer may run a weekly Health Roster sickness report to capture all recorded absences.
- Continue to record all sickness absences on your Staff Variation Lists (SVL)/Health Roster/Electronic Staff Record (ESR). **Updating information in a timely manner is essential due to the potential impact on pay as well as reporting capacity.**
- For wards/departments who input sickness absence onto the roster the line manager should follow the guidance on Recording Sickness in Health Roster. For Colleagues who have sickness absence related to their disability this must be recorded with the reasons for absence e.g., S14 and then the type as disability leave.
- For wards/departments that complete SVL's it is imperative that the line manager completes and submits an SVL in accordance with payroll deadlines. The SVL should record the date a Colleague reported sick until the date they were fit to resume work, as one continuous period of absence. For example, a Colleague works five days a week Monday to Friday and reports sick on a Thursday and does not report they are fit to resume work till the following Monday. The period of absence should be recorded from Thursday to Monday (including the two non-working days of Saturday and Sunday). For a Colleague who has sickness absence related to their disability this must be recorded with the reasons for absence e.g., S14 and then the type as disability leave.
- Failure to accurately record sickness absence could adversely affect a Colleague's entitlement to sick pay.
- The HR Officers will log the absence on their central database if applicable, which is used for reporting purposes, but also as a prompt for them to be able to support both managers and the individual.
- If a Colleague is citing that their absence is work related, the Manager must refer to the separate WRA SOP for guidance. An Occupational Health referral (Appendix 10) must be completed by the manager for work related absences
- Returning to work - the Colleague must contact their manager the day before they are fit to return to work, to inform them of their return date. Below are a few examples of how this would work in practice:

- If a Colleague works Monday – Friday and is returning on Friday, they must contact their manager on Thursday to inform them they are returning, if they haven't previously given them a confirmed return date.
- If a Colleague works Monday – Friday and is returning the following Monday, they must contact their manager on Friday to inform them that they are fit to return to work. If the Colleague does not do this, Saturday and Sunday would be classed as part of their absence, increasing their number of days absent by 2 days.
- If a Colleague works Monday and Tuesday and goes off sick on Tuesday, they must contact their manager on either the Tuesday or Wednesday to inform them that, they are fit to return to work. If the Colleague doesn't do this, the Wednesday through to the Sunday would be classed as part of their absence, increasing their number of days absent by 5 days.
- Depending on the agreed reporting procedures within each Division, the manager may contact the HR Officer to inform them of the anticipated return to work date.
- Alternatively, the HR Officer will run a weekly Health Roster sickness report to capture all recorded absences.

Return to Work

- The Return-to-Work Discussion (Appendix 11) must be completed within 48 hours of the colleague's return to work or as soon as is possible depending on circumstances. (You may delegate this task to a nominated deputy).
- If the colleague has been absent for 4-7 calendar days, they must complete a Self-Certified Sickness Absence Notification form and if they have been absent for over 7 calendar days, they must obtain a Statement of Fitness to Work or Fit Note from their GP to cover the absence from the 8th day onwards.
- Once the Return-to-Work form has been completed, please email a copy to the HR Officer to the relevant sickness e-mail in box for uploading onto the central database. Monthly audits of RTW compliance rates are undertaken by the HR Officers.

Absence Stages

- If colleague has triggered a short-term Stage 1 Wellbeing Review the manager must arrange to meet the colleague to advise them that their attendance will be monitored and kept under review (the Stage 1 meeting can be discussed and agreed as part of the Return to Work meeting if the colleague is happy to do so).
- If a meeting is to be arranged, the appropriate invite letter must be sent to the colleague by the manager and a copy should also be sent to the Divisional HR absence inbox.

- A Human Resources Representative will be present at Stage 3 meetings only, however if you feel like you need support at an earlier Stage, please do not hesitate to contact the HR Advisor for your area and they will support you during this process.
- The outcome form/confirmation letter is a crucial aspect of the monitoring process and must be sent out after every review meeting.
- Once the outcome form/confirmation letter has been received by the HR Officer, all paperwork in relation to the absence; Fit Notes, OH referrals, OH reports, self-certified sickness absence notification forms, return to work forms, invite letters and confirmation letters, will all be saved in the individual's absence folder for reference in the future

Occupational Health

- Referral to Occupational Health can be made at any stage but must be made from Stage 2 Wellbeing Reviews onwards and the meeting should only take place once the Occupational Health advice is available. This referral should be made at least one month before the planned meeting.
- A referral to Occupational Health must be made for musculoskeletal and/or Anxiety/Stress related absences
- Once the review meeting has taken place, the manager must provide a copy of the outcome form or confirmation letter to the Colleague and a copy to the HR Officer for uploading onto the central database.

5. Process for Long Term Absences

- After four weeks absence a Stage 1 long term sickness (LTS) Wellbeing Review meeting must be held.
- Occupational Health referrals are mandatory at Stage 1 when the absence is musculoskeletal, stress related or where a possible return date cannot be established.
- A Stage 2 (LTS) Wellbeing Review meeting must be held, between three and five months of the commencement of the absence.
- Occupational Health referrals should be made if medical advice is needed to establish prognosis for a possible return date.
- If the individual has still not returned within 7 months, a Stage 3 final hearing (LTS) must be held. However, prior to the hearing being held an Occupational Health referral must be made (OH report to be dated within 3 months of the review date). The hearing cannot be held until the Occupational Health report has been received, therefore, we advise the referral is made at least 3 weeks before the individual has been absent for 7 months.
- After every meeting at Stage 1,2 or 3, an outcome form/confirmation letter must be sent to the individual and a copy sent to the HR Officer.

In exceptional circumstances, the timeframes above may not be met, for example due to hospitalisation, however, please ensure this is discussed with your HR Representative

- Depending on agreed reporting procedures, the manager may advise the HR Officer via the sickness email in box to inform them of the anticipated return to work date. Alternatively, the HR Officer will run a weekly Health Roster sickness report to capture all recorded absences.

Return to Work

- If a phased return to work has been agreed, the individual can reduce their hours for four weeks, which will be on full pay. If the individual still requires reduced hours after four weeks, their annual leave must be used.
- Any reasonable adjustments must be made before the individual returns to work.
- The Return to Work discussion must take place within 2 working days of the individuals return unless they have taken annual leave prior to returning but must be planned into your diary and not missed.
- The completed Return to Work form must be e-mailed to the HR Officer via the relevant sickness email inbox. Monthly audits of RTW compliance rates are undertaken by the HR Officers.
- On return from long term absence, colleagues will need to understand the monitoring stage they will be placed on in line with the policy (in relation to STS – short term sickness monitoring) and that they will be reviewed for 12 months with the expectations of attendance explained to them.

Information for managers regarding supporting attendance

6. Work related absence due to an injury at work

- Colleagues will be supported following an injury at work through the Supporting Colleagues Policy HR37.
- Where the injury has been agreed as work related the absence will not trigger monitoring under short term sickness.
- Where colleagues are already on a monitoring stage this will be frozen.
- Long term absences due to an injury at work, will be monitored in line with the procedure for managing long term sickness absence to ensure contact and support continues from the line manager and other actions such as re-referral to Occupational Health, temporary redeployment and return to work plans may

need to be made depending on the length of absence and support already in place.

7. Stress-Related Absence

To ensure early intervention and support, colleagues absent due to stress, anxiety or depression will be signposted to Staff Support Services. The Line Manager will refer to Occupational Health immediately depending on the reason for absence. Colleagues and managers must use the Stress Risk Assessment in HR13 – Corporate Policy and Procedure on the Prevention and Management of Workplace Stressors if the absence is work related. This assessment can also be considered if the absence is not work related if felt appropriate.

8. Musculo-Skeletal Absence

If Colleagues are absent due to a musculo-skeletal injury, they will be signposted to the Trust Physiotherapy Service. A referral to Occupational Health can be made by the line manager to identify early intervention and support for their condition if appropriate.

9. Planned and Unplanned Surgery

- For planned and unplanned surgery there will be a known recovery period and the colleague should be fit to return to work following this recovery. Under such circumstances monitoring will not be initiated.
- If the recovery period is exceeded, then monitoring will begin under long term sickness absence and referral to occupational health for support and guidance on a return to work.

10. Cosmetic or Non-Medical Surgery

Colleagues who are having cosmetic medical appointments, cosmetic surgery or non-medical surgery for non-medical reasons annual leave must be taken. NB: Gender reassignment is classed as a medical reason.

11. Medical Appointments

- Managers have the discretion to agree appropriate time off for colleagues to enable them to attend medical appointments and our Staff Support Services.
- Please refer to policy HR04 – Leave for Personal and Family reasons - section 6.8 Medical/dental/counseling appointments for further details.

12. Pregnancy Related Absence

- Sickness absence arising as a direct result of a colleague being pregnant will be monitored as with all sickness absence but will not be counted in respect of the sickness absence 'trigger' points.
- A Colleague who is absent due to a pregnancy-related illness during the four-week period prior to her due date will be required to start her maternity leave and will be entitled to maternity pay and not sick pay.

13. Terminal Illness*

- The Trust recognises that Terminal Illness requires support and understanding as it is a worrying and stressful period therefore support will be put in place following diagnosis.
- The Trust recognises that safe and reasonable work can help maintain dignity and offer a valuable distraction and be therapeutic in itself.
- We will provide colleagues with the security of work, peace of mind and the right to choose the best course of action for them and their families which helps them through this challenging period with dignity and without undue financial loss.
- A Manager will keep in touch and visit Colleagues at home with prior arrangements made with the Colleague to ensure support is in place throughout the absence.

**This is in line with the TUC Dying to Work Voluntary Charter*

14. Part-day sickness absence

- Colleagues who become ill during work will be recorded as being absent from work due to sickness if less than half of the rostered shift/ working day has been completed. Colleagues who complete more than half the rostered shift/working day will not be recorded as absent from work due to sickness. However, if a colleague subsequently remains absent the following day then their absence will be recorded as commencing the day before.
- Also, where there is evidence that over a rolling 12-month period a colleague has requested to go home due to being ill on a number of occasions, having worked more than half their rostered shift/working day, then consideration should be given to reviewing this in line with the procedure for the management of short-term sickness.
- A Return to Work meeting would need to be completed for ALL part day absences to ensure any support required is put in place.

15. Occupational sick pay

Colleagues who are absent from work due to illness will be entitled to occupational sick pay (subject to their reckonable NHS service and subject to the terms and conditions of Agenda for Change), as follows:

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

Occupational sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 months of continuous sickness absence, in the following circumstances:

- Colleagues with more than 5 years reckonable service – sick pay will be reinstated if sick pay entitlement is exhausted before a Stage 3 final hearing for long term absence has taken place.
- Colleagues with less than 5 years reckonable service – sick pay will be reinstated if sick pay entitlement is exhausted, and a Stage 3 final hearing does not take place within 12 months of the start of their sickness absence.
- Re-instatement of sick pay should continue until the Stage 3 final hearing has taken place.
- Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.

These arrangements will only apply where the failure to undertake the Stage 3 (final) meeting is due to delay by the Trust. This provision will not apply where a review is delayed due to reasons other than those caused by the Trust.

Service managers may, in exceptional circumstances, use their discretion to extend the period of full or half pay for a time limited period. Advice must be sought from Senior Human Resources representative prior to this being agreed.

There is no obligation by the Trust to wait until occupational sick pay is exhausted before termination of employment.

There is an expectation that a final decision on the future employment of a colleague will be made within a maximum of 12 months from the date the absence begins. In exceptional circumstances, the manager can extend any of the timeframes stated after consultation with the Occupational Health Department and in agreement with a senior member of the Human Resources Team.

16. Overtime/additional hours

Where colleagues are returning from a period of long-term sickness absence, they should not work overtime or any additional hours over and above their contractual

arrangements, during their phased return to work, or for a period of four weeks; whichever is longer.

Unsocial hours payments during periods of absence

Unsocial hours payments will not be payable during periods of sickness absence, except in the following cases:

- Colleagues who were employed under the Terms and Conditions of the Agenda for Change handbook as at 30 June 2018, and have a basic salary of £18,160 or less.
- Colleagues who are absent due to injuries, diseases or other health conditions sustained or contracted in the discharge of their duties of employment and, which has been approved as Work-Related Absence (WRA) are not in receipt of injury allowance.

17. Bank Work

If a Colleague who has a substantive post is also a member of the Trust's bank, and:

- They are returning from a period of long-term absence, they should not work on the bank during their phased return to work, or for a period of four weeks; whichever is longer.
- They suffer a work-related injury working a shift for the Trust and subsequently take a period of sick leave; they will be paid for any pre-booked bank shifts where a booking reference number is logged in the system, if this has been approved as a Work-Related Absence.

Appendix 1

Self-Certified Sickness absence notification



- **Personal Details**

Surname:
First Name:
Current Address:

- **Employment Details**

Job Title:
Assignment number:(on your payslip)

- **Period of Sickness**

Date you became unfit for work	Date:	Day:	Time:
Date you expect to return to work (if known).	Date:	Day:	Time:

- **Details of Sickness/Injury**

Give Reason for absence:
Is the absence as a result of an accident at work: Yes/No
Date of the accident:
If Yes, has the accident been reported on the incident system: Yes/No
Is the absence a result of a road traffic accident/Third party accident: Yes/No

- **Other Employment**

Did you work elsewhere during this period of absence? YES/NO (please delete as appropriate)
If Yes please provide details:
Has this been formally agreed with the Trust? YES/NO
If Yes please provide details:

I declare that the information I have given on this form is factually correct and complete and I confirm that, unless stated above, I have not had any other form of employment, be it part or in full, during the period that I have been unfit for work at the Trust. I understand that if I have knowingly provided false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to the NHS Anti-Fraud Specialist and/or NHS Counter Fraud Authority, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.

Signed:

Date:

Please note

- This form applies to absences from 4-7 days duration only and in such circumstances must be submitted to your line manager within 7 calendar days of your first absence.
 - For sick absence lasting more than 7 days a medical certificate from your doctor must be submitted.
 - Blank supplies of this form can be obtained from your manager.
-

To be completed by your manager

Date notification received.....

Date entered on ESR/Health Roster / SVL.....

Signed.....Designation.....

Appendix 2

Private & Confidential

Manager Name
Address

Date

Colleague Name
Colleague Address

Dear **Colleague Name,**

Re: Short Term Absence – Stage 1 Wellbeing Review meeting invite

I am sorry to hear you have been **unwell/in hospital/absent recently**. I am writing to invite you to meet with me to discuss your absence and the support that may be required in the workplace or to help you manage your attendance in the future.

I have arranged a meeting for **include date** at **include time**. The meeting will be held at **include venue**.

If you are unable to attend this meeting, or require a home visit, then please can you contact me so that alternative arrangements can be put in place.

Please confirm your attendance to **me/ my secretary/ other person**.

A copy of the Supporting Health & Wellbeing (Attendance) Policy can be found on the Trust's Website, Policies & Procedures HR07.

Yours sincerely

Manager Name
Manager Job Title

cc: Divisional HR Officer

Private & Confidential

Manager Name
Address

Date:

Colleague Name
Colleague Address

Dear **Colleague Name**,

Re: Short Term Absence – Stage 1 Wellbeing Review meeting outcome

Thank you for attending our meeting on **Date/Today** to review your absence, in accordance with the Supporting Attendance Policy.

At the beginning of the meeting, we discussed the triggers in the Supporting Health & Wellbeing (Attendance) Policy which describes that where a colleague has 3 occasions of absence or 10 (single or cumulative days absences in a retrospective rolling 12-month period, the manager should arrange to meet with the member of staff for a Stage 1 meeting.

During the meeting we discussed that in the last 12 months you have had **xxx** occasions and **xxxx** cumulative days sickness absence (as detailed below) which is in excess of the Trust target.

Dates (from/to)	Sickness Absence (total days)	Reason	Work Related (Y/N)

We discussed your general health and wellbeing, most specifically in relation to these absences, and we talked of supportive measures or adjustments that we could offer to enable you to achieve an improved level of attendance. You confirmed that there **are/are not** any supportive measures or workplace adjustments that could be put in place.

Insert details of discussion, depending on what is said, summarise the conclusions reached and any actions agreed.

I confirmed that an improvement in your level of attendance is required during the 12 months monitoring period. If you have a further 2 occasions or 7 cumulative days during the monitoring period, this may lead to a Stage 2 meeting.

If at the end of the monitoring period on **insert date**, you have had satisfactory attendance, you will be taken off monitoring.

I reminded you that you may self-refer to occupational health or your GP in order to see if there are any underlying reasons for your absences or the need for medical treatment.

I hope that these notes are a true reflection of our discussion. The staff support service is available for you should you wish to discuss issues in confidence. The telephone number is 01925 664 010. If you wish to contact me to discuss the content of this letter, or any other matter, please do not hesitate to do so.

Yours sincerely

Manager Name
Managers Job Title

cc: Divisional HR Officer

Appendix 3

Manager Name
Address

Private & Confidential

Date:

Colleague Name
Colleague Address

Dear **Colleague name,**

Re: Short Term Absence – Stage 2 Wellbeing Review meeting invite

As you are aware, from your Stage 1 meeting held on **insert date of Stage 1 meeting** you were advised at the time that your attendance would be monitored for 12 months.

I informed you that a further 2 occasions or 7 cumulative days of sickness absence within the 12-month monitoring period may lead to progression to Stage 2 of the Supporting Health & Wellbeing (Attendance) Policy.

Your absences during the monitoring period have met the trigger levels for Stage 2 and I am writing to request you attend a meeting with me on **date** at **time**. The meeting will take place at **insert venue**. Present at the meeting will be **name**, HR Advisor (**remove if HR is not attending**).

The purpose of this meeting will be to discuss your sickness absence and to identify any support the Trust can give you to help improve your attendance at work.

You are entitled to be accompanied to the meeting by a Trade Union representative or workplace colleague. You should make the necessary arrangements should you wish to be accompanied. However, if you require a postponement of this meeting due to difficulties in organising representation, you and/or your representative are required to suggest an alternative time/date within 5 working days of the proposed meeting date above.

Please can you confirm your attendance at the meeting to **me/my secretary/other person**.

A copy of the Supporting Health & Wellbeing (Attendance) Policy can be found on the Trust's Website, Policies & Procedures HR07.

Yours sincerely

Manager Name
Managers Job Title

cc: Divisional HR Officer

Short Term Absence - Stage 2 outcome form

Colleague:		Date:	
Stage 2 STS meeting date:			
Job Title:		Work Location:	
Absence Record during last 12 months			
Occasions of Absence last 12 months From	To	Calendar Days Lost	Reason for Absence
			Uncertified /Certified
Names of Managers/HR present:		Names of Union Rep/Colleague present:	
Details of discussion e.g., reason for absence, pattern, concerns, impact on business, medical information, implications on Colleague, final review			
Outcomes:			
Monitoring period	12-month review period with effect from enter date here		
Triggers	You will fail the triggers if you have either 2 occasions or 7 days of sickness absence within a 12-month review period (from the above date)		
Occupational Health referral	YES	Date:	NO
Staff Support recommended- this is a self-referral service	YES	Date:	NO
	Contact 01925 664 101 for staff support (24/7 support line e.g., counselling)		
Progression to Stage 3 discussed	YES	Date:	NO

Signed: (Manager)

Signed:.....(Colleague)

Manager Name
Address

Private & Confidential

Date

Colleague Name
Colleague Address

Dear **Colleague Name**,

Re: Short Term Absence – Stage 2 Wellbeing Review_meeting outcome

Thank you for attending our meeting on **Date/Today** to review your absence, in accordance with the Supporting Health & Wellbeing (Attendance) Policy. Also present at the meeting were **insert details (remove if not applicable)**.

During the meeting we discussed that within the monitoring period you have had **xxx** occasions and/or **xxxx** cumulative days sickness absence (as detailed below).

Dates (from/to)	Sickness Absence (total days)	Reason	Work Related (Y/N)

We discussed your general health and wellbeing, most specifically in relation to these absences and discussed supportive measures or adjustments that the Trust can offer to enable you to achieve an improved level of attendance. You confirmed that there **are/ are not** any supportive measures or workplace adjustments that could be put in place.

Insert details of discussion, depending on what is said, summarise the conclusions reached and any actions agreed.

I confirmed that an improvement in your level of attendance is required during the 12 months monitoring period. If you have a further 2 occasions or 7 cumulative days during the monitoring period, this may lead to a Stage 3 (final) hearing.

I reminded you that you may self-refer to occupational health or your GP in order to see if there are any underlying reasons for your absences or the need for medical treatment.

I hope that these notes are a true reflection of our discussion. The staff support service is available for you should you wish to discuss issues in confidence. The telephone number is 01925 664 101. If you wish to contact me to discuss the content of this letter, or any other matter, please do not hesitate to do so.

Yours sincerely

Manager Name
Managers Job Title

cc: Divisional HR Officer

Appendix 4

Manager Name
Address

Private & Confidential

Date

Colleague Name
Colleague Address

Dear **Colleague name**,

Re: Short Term Absence – Stage 3 Final Wellbeing Review hearing invite

As you are aware, from your Stage 2 meeting held on **insert date of Stage 2 meeting**, you were advised at the time that your attendance would be monitored for 12 months. I informed you that a further 2 occasions or 7 cumulative days of absence within the 12-month monitoring period may lead to progression to a Stage 3 of the Supporting Health & Wellbeing (Attendance) Policy.

Your absences during the monitoring period have met the trigger levels for Stage 3 and I am writing to request you attend a hearing on **date** at **time**. The hearing will take place at **insert venue**. Present at the meeting will be **name**, HR Advisor.

The purpose of this meeting will be to discuss the recent Occupational Health report and your sickness absence and to identify any support the Trust can give you to help improve your attendance at work. We will also consider all of the information regarding your absences to enable me to make a decision on your continued employment with the Trust. You will be provided with all of the information that is to be presented and will be given the opportunity to provide any information which you believe is relevant.

You are entitled to be accompanied to the hearing by a Trade Union representative or workplace colleague. You should make the necessary arrangements should you wish to be accompanied. However, if you require a postponement of this hearing due to difficulties in organising representation, you and/or your representative are required to suggest an alternative time/date within 5 working days of the proposed hearing date above.

Please can you confirm your attendance at the hearing to **me/my secretary/other person**.

HR07 - APPENDIX A

A copy of the Supporting Health & Wellbeing (Attendance) Policy can be found on the Trust's Website, Policies & Procedures HR07.

Yours sincerely

Manager Name
Manager Job Title

cc: Divisional HR Officer

Manager Name
Address

Private & Confidential

Date

Colleague Name
Colleague Address

Dear **Colleague name**

Re: Short Term Absence – Stage 3 Final Wellbeing Review hearing outcome

(INSERT DETAIL OF DISCUSSION- timeline of absences and meetings held).

Depending on what is said, summarise the conclusions reached, and any actions agreed.

Confirm outcome and if dismissal include pay in lieu, ill health, etc,

If at the end of the monitoring period on **insert date**, you have had satisfactory attendance, you will be taken off monitoring.

Right of Appeal

Yours sincerely

Manager Name
Manager Job Title

cc: Divisional HR Officer

Appendix 5

Manager name
Address

Private & Confidential

Date

Colleague Name
Colleague Address

Dear **Colleague name**,

Re: Long Term Absence – Stage 1 Wellbeing Review meeting invite

I am sorry you have been **unwell/in hospital/absent recently**. I am writing in relation to your current absence from work and would like to arrange to meet with you on **date** at **time**. The meeting will be held at **Venue**. If you are not well enough to attend at this venue and would prefer the meeting to take place at another venue closer to your home, or at your home please let me know.

This meeting will be to discuss your current absence and to discuss with you any support that may be implemented to facilitate your return to work.

Please confirm your attendance to **me/my secretary/other person**

A copy of the Supporting Health & Wellbeing (Attendance) Policy can be found on the Trust's Website, Policies & Procedures HR07.

The Staff Support Service is available should you wish to discuss any matters in confidence. They can be contacted on 01925 664 010.

Yours sincerely

Manager Name
Manager Job Title

cc: Divisional HR Officer

Long Term Absence - Stage 1 outcome form

Colleague:		Date:	
Stage 1 LTS meeting date:			
Job Title:		Work Location:	
Current Absence information:			
Absence commencement date:	Calendar Days Lost (to date)	Reason for Absence	Uncertified /Certified
Names of Managers/HR present:		Names of Union Rep/Colleague present:	
<p>Details of discussion e.g., reason for absence, pattern, concerns, impact on business, medical information, implications on Colleague, final review</p> 			
Outcomes:			
Triggers	4 weeks absence in a retrospective rolling 12-month period		
Occupational Health referral	YES	Date:	NO
Staff Support recommended- this is a self-referral service	YES	Date:	NO
	Contact 01925 664 010 for staff support (24/7 support line e.g. counselling)		
Progression to Stage 2 discussed	YES	Date:	NO

Signed: (Manager)

Signed:(Colleague)

Manager Name
Address

Private & Confidential

Date

Colleague Name
Colleague Address

Dear **Colleague name**,

Re: Long Term Absence – Stage 1 Wellbeing Review meeting outcome

Thank you for attending our meeting on **Date** to review your absence, in accordance with the Supporting Health & Wellbeing (Attendance) Policy.

At the beginning of the meeting, we discussed the triggers in the Supporting Health & Wellbeing (Attendance) Policy which describes that where a colleague has 4 weeks absence in a retrospective rolling 12-month period, the manager should arrange to meet with the member of staff for a Stage 1 meeting.

At the meeting we discussed **Insert overview of discussions**

I am writing to confirm that I am referring you to the Occupational Health Department in relation to your current long-term sickness, in accordance with the Trust Policy on Supporting Attendance at Stage 1. Once I have received the report from Occupational Health, I will arrange to meet with you to discuss the report. Occupational Health will contact you regarding an appointment date.

A copy of the Supporting Health & Wellbeing (Attendance) Policy can be found on the Trust's Website, Policies & Procedures HR07.

The staff support service is available for you should you wish to discuss issues in confidence. The telephone number is 01925 664 010. If you wish to contact me to discuss the content of this letter, or any other matter, please do not hesitate to do so.

HR07 - APPENDIX A

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

Yours sincerely

Manager Name
Manager Job Title

cc: Divisional HR Officer

Appendix 6

Manager name
Address

Private & Confidential

Date

Colleague Name
Colleague Address

Dear **Colleague name**,

Re: Long Term Absence – Stage 2 Wellbeing Review meeting invite

As you are aware, from your Stage 1 meeting held on **insert date of Stage 1 meeting** you were advised at the time that we would continue to monitor your absence and if no return to work was planned within 3-5 months of the start of your absence that this may lead to progression to Stage 2 of the Health & Wellbeing (Attendance) Policy.

Your absence during the monitoring period has met the trigger levels for Stage 2 and I am writing to request you attend a meeting with me on **date** at **time**. The meeting will take place at **insert venue**. If you are not well enough to attend at this venue and would prefer the meeting to take place at another venue closer to your home, or at your home please let me know.

The purpose of this meeting will be to discuss your continued absence and to discuss any supportive measures the Trust can put in place to assist your recovery and return to work.

You are entitled to be accompanied to the meeting by a Trade Union representative or workplace colleague. You should make the necessary arrangements should you wish to be accompanied. However, if you require a postponement of this meeting due to difficulties in organising representation, you and/or your representative are required to suggest an alternative time/date within 5 working days of the proposed meeting date above.

Please can you confirm your attendance at the meeting to **me/my secretary/other person**.

A copy of the Supporting Health & Wellbeing (Attendance) Policy can be found on the Trust's Website, Policies & Procedures HR07.

The Staff Support Service is available should you wish to discuss any matters in confidence. They can be contacted on 01925 664 010.

Yours sincerely

Manager Name
Manager Job Title

cc: Divisional HR Officer

Long Term Absence - Stage 2 outcome form

Colleague:		Date:	
Stage 2 LTS meeting date:			
Job Title:		Work Location:	
Absence Record during last 12 months			
From	Calendar Days Lost (to date)	Reason for Absence	Uncertified /Certified
Names of Managers/HR present:		Names of Union Rep/Colleague present:	
Details of discussion e.g., reason for absence, pattern, concerns, impact on business, medical information, implications on Colleague, final review			
Outcomes:			
Triggers	3-5 months of the absence commencement		
Occupational Health referral	YES	Date:	NO
Staff Support recommended- this is a self-referral service	YES	Date:	NO
Contact 01925 664 010 for staff support (24/7 support line e.g. counselling)			
Progression to Stage 3 discussed	YES	Date:	NO

Signed: (Manager) Signed: (Colleague)

Private & Confidential

Manager Name
Address

Date

Colleague Name
Colleague Address

Dear **Colleague name,**

Re: Long Term Absence – Stage 2 Wellbeing Review meeting outcome

Thank you for attending our meeting on **Date** to review your absence, in accordance with the Health & Wellbeing (Attendance) Policy. Also present at the meeting were **insert details (remove if not applicable)**.

You were accompanied by **Name, Staff Side Representative** (Delete if not applicable).

The purpose of the meeting was to discuss your current long-term absence and to identify any supportive measures that the Trust can offer to assist in your recovery.

We discussed your absence and that as no return to work was planned, this had triggered a Stage 2 meeting. We also reviewed the content of your latest Occupational Health report dated **date** which states that **insert relevant information from the report**

Insert discussions from the meeting
e.g Confirmation of return date / offer of phased return
Details of any hospital/Doctor appointments
General comments made by individual about their health
Supportive measures offered
Next steps e.g you agreed to keep in regular contact and we will meet again after their hospital appointment.}

I advised you if there is no anticipated return to work date in the very near future and within 7 months of the start of your absence, consideration may be given to your continued employment with the Trust.

I hope that these notes are a true reflection of our discussion.

A copy of the Supporting Health & Wellbeing (Attendance) Policy can be found on the Trust's Website, Policies & Procedures HR07.

The staff support service is available for you should you wish to discuss issues in confidence. The telephone number is 01925 664 010. If you wish to contact me to discuss the content of this letter, or any other matter, please do not hesitate to do so.

Yours sincerely

Manager Name
Manager Job Title

cc: Divisional HR Officer

Appendix 7

Manager Name
Address

Private & Confidential

Date

Colleague Name
Colleague Address

Dear **Colleague name,**

Re: Long Term Absence – Stage 3 Final Wellbeing Review hearing

As you are aware, from your Stage 2 meeting held on **insert date of Stage 2 meeting** you were advised at the time that we would continue to monitor your absence and if no return to work was planned within 7 months of the start of your absence that this may lead to progression to Stage 3 final hearing of the Supporting Health & Wellbeing (Attendance) Policy.

Your absence during the monitoring period has met the trigger levels for Stage 3 and I am writing to request you attend a hearing with me on **date** at **time**. The hearing will take place at **insert venue**. Present at the meeting will be **name**, HR Advisor.

If you are not well enough to attend at this venue and would prefer the meeting to take place at another venue closer to your home, or at your home please let me know.

The purpose of this meeting will be to discuss your continued absence. It will also give us an opportunity to discuss the potential for a reasonable return to work date, together with any appropriate supportive measures/adjustments that may assist your recovery and return to work.

At the meeting, in the event that there is no date of return to your post in the near future in any capacity I may have no alternative but to consider termination of your contract of employment with the Trust.

You are entitled to be accompanied to the meeting by a Trade Union representative or workplace colleague. You should make the necessary arrangements should you wish to be accompanied. However, if you require a postponement of this meeting due to difficulties in organising representation, you and/or your representative are required to

suggest an alternative time/date within 5 working days of the proposed meeting date above.

Please can you confirm your attendance at the meeting to **me/my secretary/other person.**

A copy of the Supporting Health & Wellbeing (Attendance) Policy can be found on the Trust's Website, Policies & Procedures HR07.

The Staff Support Service is available should you wish to discuss any matters in confidence. They can be contacted on 01925 664 010.

If you wish to contact me to discuss the content of this letter, or any other matter, please do not hesitate to do so.

Yours sincerely

Manager Name
Manager Job Title

cc: Divisional HR Officer

Manager name
Address

Private & Confidential

Date

Colleague Name
Colleague Address

Dear **Colleague name**

Re: Long Term Absence – Stage 3 4 Final Wellbeing Review hearing

(INSERT DETAIL OF DISCUSSION- timeline of absences and meetings held).

Depending on what is said, summarise the conclusions reached, and any actions agreed.

Confirm outcome and if dismissal include pay in lieu, ill health, etc,

If at the end of the monitoring period on **insert date**, you have had satisfactory attendance, you will be taken off monitored.

Right of Appeal

Yours sincerely

Manager Name
Manager Job Title

cc: Divisional HR Officer

Appendix 8

Work Related Absence (WRA) via SharePoint Guidance Note for Managers

Before submitting any WRA to SharePoint, please ensure eligibility by referring to the separate WRA SOP.

The WRA form (Screenshot provided below) can be found by clicking on;

- YourSpace Homepage
- SharePoint
- Your HR Workforce Portal
- Employee Lifecycle
- Work Related Absence

It is imperative that the SharePoint form is completed and all supporting documentation is uploaded to SharePoint within 7 days of the colleague going off work.






For a list of the supporting documentation required, please refer to the separate SOP for guidance.

The Manager should be mindful that the staff member will not receive any enhancements which they may be entitled to during their period of absence until the WRA process has been followed, and the absence has been considered and approved as WRA.





Please note that Managers should not use any of the “WRS” codes in E-Roster. Only members of the Transact Team are authorised to use these codes upon outcome of a WRA review.

Work Related Absence: Pro Forma on SharePoint

Work related Stress

Request for Work Related Absence	
Employee *	<input type="text"/>
Employee Number *	<input type="text"/>
Name of Line Manager *	<input type="text"/>  
Job Title of Staff Member *	<input type="text"/>
Division *	<input type="text" value="v"/>
Ward/Department *	<input type="text"/>
Is the employee on a fixed or flexible roster	<input type="text" value="v"/>
Type of Incident *	<input type="text" value="Work Related Stress"/> 
Additional Information	<input type="text"/>
Date Absence Commenced *	<input type="text"/> 
Referral to Occupational Health	<input type="text"/> 
What Factors does the Employee consider to have contributed?	<input type="text"/> Workplace changes, interpersonal relationships, context of work, extensive personal
Have any of the Above Concerns Been Raised with their Line Manager?	<input type="text" value="v"/>
Has a Wellbeing Form been Completed?	<input type="text" value="v"/>
Has an Occupational Health referral been submitted?	<input type="text" value="v"/>
Has Supporting Information Form Been Sent To The Staff Member?	<input type="text" value="v"/>
All Requested Documents Attached	<input type="checkbox"/>

Work related accident/injury

Request for Work Related Absence	
Employee *	<input type="text"/>
Employee Number *	<input type="text"/>
Name of Line Manager *	<input type="text"/>  
Job Title of Staff Member *	<input type="text"/>
Division *	<input type="text" value="v"/>
Ward/Department *	<input type="text"/>
Is the employee on a fixed or flexible roster	<input type="text" value="v"/>
Type of Incident *	Accident or Injury <input type="text" value="v"/>
Details of Accident	<input type="text"/>
Incident Date and Time	<input type="text"/>  00: <input type="text" value="v"/> 00 <input type="text" value="v"/>
Incident Location	<input type="text"/>
Name of Witnesses/People First on the Scene	<input type="text"/>
Witness Statement Available?	<input type="text" value="v"/>
Nature of Injury	<input type="text"/>
Treatment Given	<input type="text"/>
Incident to be Investigated?	<input type="text" value="v"/>
RIDDOR Reportable?	<input type="text" value="v"/>
Is there a DATIX/Ulysses report?	<input type="text" value="v"/>
Additional Information	<input type="text"/>
Date Absence Commenced *	<input type="text"/> 
Has Supporting Information Form Been Sent To The Staff Member?	<input type="text" value="v"/>
All Requested Documents Attached	<input type="checkbox"/>

Appendix 9

Annual Leave, Other Employment and Absence

Sickness occurring during annual leave

Where sickness occurs during annual leave, so long as there has been compliance with the requirements for notifying and certificating sickness and where a medical certificate is provided, this will be treated as sick leave. Colleagues will not be entitled to an additional day off if sick on a Bank Holiday that they would otherwise have been required to work as part of their basic week. Further detail is included in HRG2: Annual leave Procedure.

In accordance with current legal requirements, colleagues on sick leave who have taken less than 4 weeks statutory annual leave entitlement (i.e., 20 days for a full-time colleague and pro rata 4 weeks equivalent for part timers) and on return to work have been unable to take this due to service need, will be entitled to carry over the balance up to 20 days into the next leave year.

Taking annual leave whilst on sick leave

Colleagues who are off on long term sick leave, are still able to request annual leave in accordance with HR G2: Annual Leave Procedure. Managers must ensure that this is discussed with colleagues at sickness review meetings.

Payment in lieu of annual leave

Payment in lieu of annual leave not taken due to sickness is only allowed upon termination of employment.

Other employment whilst off sick

If colleagues hold more than one contract of employment with the Trust or has secondary employment, or undertakes work with an agency, they should cease from all work during a period of sickness absence. This should also include voluntary work or self-employment.

The only exception to this would be where a medical practitioner determines that specific work could be carried out by the colleague. In these circumstances confirmation from the medical practitioner would be required and presented to the manager. This would not prevent the manager from requesting a second opinion from Occupational Health if that was felt to be appropriate.

Colleagues must not undertake any work described above, whilst on sick leave, unless they have presented the evidence from the medical practitioner and obtained agreement from their manager that this would be appropriate. The manager will document this agreement and confirm this in writing to the colleague. Failure by colleagues to comply with the above may result in this being regarded as a fraudulent act and/or dishonesty, which will be referred to the counter fraud team by the manager and the Trust's disciplinary policy and procedure being invoked.

Appendix 10

Occupational Health Management Referral Form

PRIVATE & CONFIDENTIAL

Referral Date:

Referring Organisation / Manager	
(To whom a copy of the report will be sent) A copy may be sent to the HR Manager	
Organisation	
Department	
Referring Manager	
Contact Number	Contact Email
HR Contact	
Name	
Contact Number	Contact Email
Colleague Details	
Name	
Full Address	
Address Line 2	
Postcode	
Nat Insurance No	
Contact Number	Date of Birth
Contact Email	
Job Title/Dept/Site	
Absence and Stage Information	
Is the Colleague absent from work? Yes or No If yes please state from when:	
Is the Colleague on a stage? Yes or No If yes, what stage?	

Is the Colleague suspended or under investigation? Yes or No
Can the referring manager confirm that the Colleague has been informed of the referral and the purpose of this?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Date

Purpose of Referral?
<input type="checkbox"/> Long Term Sickness Absence <input type="checkbox"/> Short Term Frequent Absence <input type="checkbox"/> Planned Surgery
<input type="checkbox"/> Other

Questions Managers wish Occupational Health to answer: Please consider what you need to know in order to support and manage a colleague. Managers - Tick only those questions that are relevant – NO FREE TEXT
<input type="checkbox"/> Does the colleague have an underlying medical condition/illness?
<input type="checkbox"/> What is the likely date of return to work?
<input type="checkbox"/> On return to work is there likely to be a residual disability which will prevent them from being able to carry out normal duties and/or what timescale is this likely to be?
<input type="checkbox"/> Is the colleague fit to perform MVA / PI?
<input type="checkbox"/> Does the medical condition have implications with regard to on-going treatment?
<input type="checkbox"/> Are there any work modifications that would help support this colleague?
<input type="checkbox"/> What is the likelihood of reoccurrence?
<input type="checkbox"/> Is a phased return to work appropriate?
<input type="checkbox"/> In your opinion would this colleague be considered disabled: Criteria Equality Act 2010?
<input type="checkbox"/> Is there any additional support that we could provide?
<input type="checkbox"/> Is the colleague fit to attend: disciplinary, investigation & hearing meetings?

<p>If you are worried about your Colleague’s physical or mental well being, please <u>describe</u> your concerns below. These should include: physical or mental disabilities, for example, inability to undertake certain duties/activities, details of any injury sustained at work or at home, change in behavior, conflict with colleagues or manager.</p>
<p>If there is anything else you feel we need to know or any other specific questions you would like answered please submit these here in this section below:</p>
<p>Please provide details of any action that has already been taken to support the Colleague. Include details of any risk assessments, adjustments, modifications to hours or duties, re-deployment etc?</p>
<p>Does the Colleague require any special needs/adjustments in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion and belief, race, sex and sexual orientation?</p>

Please submit this form directly to: occupationalhealth@merseycare.nhs.uk

Appendix 11

RETURN TO WORK Meeting Form

*** CONFIDENTIAL ***

Return to Work Discussion

Date of discussion		Method of discussion	Face to Face	<input type="checkbox"/>	Telephone	<input type="checkbox"/>
		COLLEAGUE DETAILS				
Full Name:						
Directorate:						
Department:						
Job Title:						
		ABSENCE DETAILS				
Date absence commenced						
Date absence ended						
Total number of days absent						
First Date back in work						
Reason for absence						
Dates of absences in last rolling 12 month period						
Has the Colleague been updated on any issues that occurred during his/her absence?	Yes		No			
If the period of absence has been long term does the Colleague require any retraining?	Yes		No			
Has the Colleague been seen by their GP during their absence?	Yes		No			
Has the Colleague provided a self-certificate?	Yes		No			
Have Fit Notes been submitted to cover <u>entire</u> period of absence?	Yes		No			
Any issues that Colleague wishes to raise following their recent absence?						

Does the employee consider themselves to have a disability?	Yes		No	
Is this period of absence as a result of their disability?	Yes		No	
Has a Supportive Disability & Wellness Planning agreement in HR 27 – supporting Staff with mental or physical disabilities been completed? (please also include a review date)	Yes		No	
If yes, has a copy been provided to Human Resources?	Yes		No	
Do any reasonable adjustments need to be considered?	Yes		No	

<p>Has the Colleague met the corporate trigger points in the last rolling 12-month period? (Please indicate Stage)</p> <p>Stage 1 – STS - 3 occasions or 10 cumulative days absence LTS - 4 weeks absence</p> <p>Stage 2 – STS - 2 occasions or 7 cumulative days LTS – 3-5 months absence</p> <p>Stage 3 – STS - 2 occasions or 7 cumulative days LTS - 7 months absence</p> <p>Has there been a pattern of absence causing concern e.g., every Friday/Monday or certain times of the year?</p>	<p>Yes</p>	<p><input type="checkbox"/></p> <p>If yes, consider a referral to Occupational Health</p>	<p>No</p>	<p><input type="checkbox"/></p>
<p>Has the Colleague been made aware of future actions in accordance with the Mersey Care NHS Foundation Trust’s Supporting Attendance policy if they are absent again in the near future?</p>	<p>Yes</p>	<p><input type="checkbox"/></p>	<p>No</p>	<p><input type="checkbox"/></p>
<p>Is a referral to Occupational Health required? If yes, please complete the relevant referral Form and send it to Occupational Health</p>	<p>Yes</p>	<p><input type="checkbox"/></p>	<p>No</p>	<p><input type="checkbox"/></p>
<p>Has a Wellbeing Assessment been offered?</p>	<p>Yes</p>	<p><input type="checkbox"/></p>	<p>No</p>	<p><input type="checkbox"/></p>
<p>Has the Colleague had any other form of employment during the period of absence?</p>	<p>Yes</p>	<p><input type="checkbox"/></p>	<p>No</p>	<p><input type="checkbox"/></p>
<p>If Yes, please give details:</p>				
<p>Has a stress workplace risk assessment been recommended by Occupational Health?</p>	<p>Yes</p>	<p><input type="checkbox"/></p>	<p>No</p>	<p><input type="checkbox"/></p>
<p>Has this assessment been completed?</p>	<p>Yes</p>	<p><input type="checkbox"/></p>	<p>No</p>	<p><input type="checkbox"/></p>
<p>Details of support offered to Colleague (actions agreed, including timescales).</p>				
<p>Colleague Declaration: I declare that the information I have given on this form is factually correct and complete and I confirm that, unless stated above, I have not had any other form of employment, be it part or in full, during the period that I have been unfit for work at the Trust. I understand that if I have knowingly provided false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to the NHS Anti-Fraud Specialist and/or NHS Counter Fraud Authority, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.</p>				
<p>Signed Colleague</p>				<p>Date</p>
<p>Manager Declaration: I declare that the information I have given on this form is a true and accurate account of aforementioned employee’s declaration of sickness. I understand that if I knowingly provide false or misleading information this could result in disciplinary action and/or I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to the NHS Anti-Fraud Specialist and/or NHS Counter Fraud Authority, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.</p>				
<p>Signed Manager</p>				<p>Date</p>

Appendix 12

Details of divisional HR teams

Local Division

V7 Building

Kings Business Park

Prescott

Liverpool

L34 1PJ

Email address: LocalDivision.Sickness@merseycare.nhs.uk

Secure Division

Ashworth Hospital

Parkbourn

Maghull

Liverpool

L31 1HW

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Supporting Health & Wellbeing (Attendance) Policy – A Colleagues Toolkit

Supporting Health & Wellbeing (Attendance)**A Colleagues Toolkit**

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1. Guidance about the Toolkit

This Guidance Document is aimed to help colleagues throughout the entire absence process, starting from when you call in sick, to when you are well and back in the workplace.

The HR team are committed to ensuring that the Supporting Health & Wellbeing (Attendance) Policy is applied consistently and fairly throughout the Trust and are keen to offer support and guidance where required.

2. Reporting and recording absences

When you are ill and unable to attend work you have a responsibility to comply with locally determined reporting arrangements for reporting sickness absence.

This will require you to :

- Telephone the nominated contact/place before you are due to commence shift.
- Leave your contact details if no one is available to take your call.

In exceptional circumstances, and only where you are physically and/or psychologically unable to do so yourself, a member of your family/partner/spouse may telephone on your behalf.

- You should explain the reason for absence and provide an indication of the length of time you expect to be absent.
- Keep your manager informed regarding your progress and your anticipated return to work date. In all cases you will jointly agree, with your manager, contact arrangements during the period of absence. At a minimum you will update your line manager at least once a week.

Text and e-mail messages should not be used for reporting sickness

Managers have a responsibility to:

- Maintain a written record of all contact with you.

The duration of the sickness absence will be recorded from the first day of reporting sickness to the day on which you report to your line manager that you are fit to resume. **Weekend days and/or days on which you are not rostered to work will be recorded as sickness absence if you do not report fit to resume and turn up on your next rostered day.**

3. Medical Certificates

If you are absent from work due to sickness for less than 3 consecutive days, you do not need to submit a certificate.

If you are absent from work due to sickness for more than 3 consecutive days but less than 8 consecutive days, you should submit a Self-Certified Sickness Absence Notification (refer to Appendix 1).

If you are absent from work due to sickness for more than 7 consecutive days you should submit a Statement of Fitness for Work (GP fit note) which should be submitted to your manager within 3 calendar days on the 8th day of sickness absence.

Any subsequent fit note issued must be submitted to your manager within 3 calendar days of the expiry of the previous note. When determining consecutive days of absence, all days including weekends and off-duty days should be included.

If you anticipate difficulty in submitting a fit note you must communicate this to your manager.

If you fail to follow the sickness reporting procedure, including submission of fit notes within the specified timescales without reasonable cause you will be regarded as on unauthorised absence and further action may be considered by your manager in accordance with the Trust's Disciplinary Policy and Procedure.

You will not receive pay for any periods of unauthorised absence.

Where late submission of fit notes results in pay being withheld, you will only be reimbursed statutory sick pay and not occupational sick pay, except in exceptional circumstances.

4. Process for Short Term Absences

If your absence is musculoskeletal or stress/anxiety/depression, you can contact the Health and Wellbeing Team to self-refer and your manager may also discuss with you.

If you are citing your absence as Work Related, please refer to the separate WRA SOP for guidance.

A Return-to-Work Discussion (refer to Appendix 4) must be completed within 2 working days of your return to work or as soon as is possible depending on circumstances. Your manager may delegate this task to a nominated deputy.

Once the Return to Work has been completed, a copy will be sent to the HR Officer to for uploading onto the central database.

When the absence is musculoskeletal and/or Anxiety/Stress, the manager should determine together with the employee if a referral is required (depending on circumstances) and prior to a Stage 1, Stage 2 and Stage 3 meeting regardless of the absence reason.

A Human Resources representative will attend from Stage 3 Final Wellbeing Review meetings or at an earlier stage if appropriate.

Trade union representatives are able to attend all formal meetings (Stages 1-3) if requested to do so by a member.

Following any meeting no matter which Stage, your manager must give/send a copy of the outcome form or confirmation letter to you.

If your absence triggers short-term Stage 1 absence monitoring, your manager will arrange a Stage 1 meeting with you.

Your manager will advise you that if you have a further 2 occasions or 7 calendar days absence in the next 12 months you will progress to a Stage 2. This process will be followed up to Stage 3 (Final Wellbeing Review).

5. Process for Long Term Absences

At four weeks absence a Stage 1 long term sickness (LTS) review must be held – please note this can be held before 4 weeks if it is likely that the absence duration will exceed 4 weeks.

When the absence is musculoskeletal and/or Anxiety/Stress, the manager should determine together with the employee if a referral is required (depending on circumstances) and prior to a Stage 1, Stage 2 and Stage 3 meeting regardless of the absence reason.

A Stage 2 (LTS) Wellbeing review must be held between 3 and 5 months of the absence commencement date.

Occupational Health referrals should be made if medical advice is needed to establish prognosis for a possible return date (refer to Appendix 3).

If you have not returned within 7 months, a Stage 3 Final Wellbeing Review hearing (LTS) must be held. However, prior to the hearing being held an Occupational Health referral must be made.

If a phased return to work has been agreed, you can reduce your hours for four weeks, which will be on full pay. This may be extended in agreement with your manager using annual leave to facilitate this.

Reasonable adjustments must be discussed and arranged before you return to work.

6. Documenting Review Meetings

The manager will complete the review meetings form during the meeting which will then be signed by both the manager and the colleague. A copy will either be given at the meeting; sent to your home address if unable to copy at the time or sent via secure e-mail. This will be in a format appropriate to you. If a manager feels it more appropriate to send a letter confirming the outcome of the meeting, then this is also an option and this will be within 7 working days, using the standard template documents in the Health & Wellbeing (Attendance) Toolkit but amending to fit the individual circumstances. Managers must ensure they comply with the Data Protection Act when copying forms; sending e-mails or sending letters and will check your home address accordingly.

7. Right to be accompanied at Wellbeing Review Meetings/Final Hearing

Colleagues have the right to be accompanied, from Stage 2 up to and including the Stage 3 Final Wellbeing Review hearing as well as at the Appeal stage, by an accredited Trade Union representative or workplace colleague of their choice. The manager must notify the colleague of this right in all correspondence.

In some cases, the manager or trade union representative may decide it is appropriate to invite a HR representative and the colleagues Trade Union representative, or workplace colleague, to an earlier review meeting.

The responsibility of securing Trade Union representation rests with the colleague and where they request the postponement of a scheduled Stage 2 or 3 Final Wellbeing Review Hearing due to difficulties in organising representation, they or their representative must suggest an alternative time and date, or an alternative representative, normally within 5 working days of the original meeting.

Where the request for a postponement is considered to be unreasonable, the manager may seek advice from the Deputy Director of Workforce - HR and decide whether it is appropriate to proceed with the meeting as arranged, in the absence of the colleague, or organise an alternative date.

8. Stage 1 Wellbeing Review, Stage 2 Wellbeing Review or Stage 3 Final Wellbeing Review Hearing

The manager will consider the information below, as appropriate to the circumstances and this will form the basis of discussions at review meetings and reasonable efforts will be made to provide assistance to enable the colleague to overcome any problems identified.

- The absence record and return to work records during the previous 12 months, or 2 years if there are repetitive/recurring problems potentially identified, such as patterns of absence.
- The nature, duration, and occasions of sickness absence.

- Any personal circumstances which may be adversely contributing to poor attendance.
- Any on-going disability and reasonable adjustments in accordance with the Equality Act.
- Discussion and offer of any appropriate support or assistance.
- Discussion of alternative work (applicable to long term sickness)
- Consideration of ill health retirement (if applicable).
- Whether referral to Occupational Health or Staff Support is appropriate to determine any underlying reasons for absence, or for specific advice relating to the nature and/or duration of absence.
- The outcome of any occupational health referrals since the date of the any previous review meeting.
- The improvement level required and the next stage that will follow if the improvement/return to work is not achieved and sustained.

9. Medical Advice

The advice of Occupational Health should always be considered alongside any other medical advice provided from other health professionals such as GPs.

If there is a difference in medical advice or opinion, then the advice of Occupational Health will normally take precedence. However, if required a case conference can be held between agreed parties as (please refer to Section 12 – case conferences).

Managers are expected to exercise judgment in respect of the appropriate timing of the Occupational Health referral and meetings with colleagues based on the individual circumstances (e.g. it may not be appropriate to make these arrangements if the colleague is very seriously ill at that time and could not reasonably be expected to attend).

10. Contractual Requirement to Attend Occupational Health

Colleagues must understand that attendance at Occupational Health is a contractual requirement of their employment when referred by their manager. Every effort must be made to attend the allocated appointment. If circumstances mean that an appointment cannot be kept, the colleague is required to notify the Occupational Health Service directly at the earliest opportunity, so that an alternative appointment can be made. Colleagues must also inform their manager of their reasons for non-attendance.

If a colleague refuses or fails to attend an Occupational Health appointment or comply with these requirements, then a manager needs to discuss with the colleague to

understand why they have failed or refused to go to Occupational Health. The manager should then work out a plan with the colleague to enable them to access Occupational Health. If the colleague still refuses without acceptable explanation, then they must understand that consideration will be given to the application of the Trust's Disciplinary Procedure as a last resort.

In the absence of an Occupational Health report colleagues will be informed that any decisions relating to the management of their sickness absence, which may include dismissal, will be made based on the available information only.

11. Case Conferences

In some instances, it may be beneficial to hold a case conference to bring together parties involved in supporting a colleague who has on going attendance issues.

Any party can request a case conference.

The purpose of a case conference is to provide a platform to discuss on-going barriers and/or enablers relating to the colleague's fitness to work which require collective discussion/actions.

12. Reasonable Adjustments and Suitable Alternatives

Where colleagues are considered by Occupational Health as permanently unfit for their present duties but fit for modified duties or a different job, every reasonable effort will be made to find suitable alternative employment or make suitable reasonable adjustments, within a reasonable period. This also includes any recommendations supplied by a medical specialist who is caring for the colleague.

Where suitable alternative employment is recommended every effort will be made to redeploy the colleague, however the colleague will be placed on the Redeployment Register. This will be for a period of up to a maximum of 12 weeks depending on their length of service and notice period. If appropriate the colleague will also be given notice of dismissal to run concurrently with the period they are on the Register.

Whilst the colleague is on the Redeployment Register the Trust will endeavour to find suitable alternative employment.

There is no onus on the Trust to create a job. If a suitable alternative post is identified and it is at a lower pay band there is no requirement to protect pay, with the exception of where colleagues who have to changed jobs permanently to a job on lower pay due to work related injury, disease or other health condition that are wholly or mainly attributed to your employment or if their condition is covered by the Equality Act 2010. If work related, colleagues are entitled to receive a period of pay protection that is equivalent to those arrangements described in the Trust's Organisational Change Policy. Therefore, this financial consideration must be borne in mind by both parties in making an offer, or accepting an offer, of what may be suitable alternative employment.

If colleagues refuse offers of alternative employment, or it is not possible to find any alternative, then employment will normally be terminated with notice.

If it is clear to the manager and the colleague that at the outset it is not possible to find any suitable alternative employment or make any of the recommended adjustments then the manager will move to Stage 3 Final Wellbeing Review hearing for a decision. The manager will seek advice from Occupational Health and Human Resources before proceeding.

The Statement of Fitness for Work, (the 'fit note'), provided by GPs may also provide advice about colleague's fitness to work and/or give advice about possible changes that can be made by the Trust to facilitate a return for work which may be in relation to short term as well as long term absences.

Examples of reasonable adjustments could be, but are not limited to:

- a) Changes to job duties, for example exempting a colleague with a back condition from doing heavy physical work.
- b) Changes to working hours, for example agreeing a reduction in working hours or an exemption from overtime working, allowing a later or flexible start time, or granting more frequent or longer rest breaks.
- c) Transfer to a different workplace, for example moving someone with limited mobility to a ground floor location
- d) Adjustments to procedural requirements, for example allowing a colleague who has returned after a period of sickness absence to take paid time off work to attend regular medical appointments, physiotherapy or rehabilitation.
- e) Modification of premises, for example widening a doorway or relocating door handles or shelves if colleagues have difficulty reaching them
- f) Transfer to another job role on a temporary basis
- g) Extension of a phased return to work using annual or unpaid leave.

13. Disability – obligations under the Equality Act (2010)

The Equality Act defines disability for the purposes of the Act as a mental or physical condition which has a substantial and long-term adverse effect on the colleague's ability to carry out normal day to day activities. Long term means that the condition must last or be likely to last for more than 12 months. Managers must take advice from Occupational Health to determine if the colleague's reason for absence is covered by the Equality Act and seek advice from Human Resources on the management of attendance where a colleague is considered disabled.

If a colleague is defined as having a disability under the Act, their sickness absence will be managed in accordance with the Act and reasonable adjustments will be considered. An adjustment is reasonable to the extent to which it is or might be effective, practicable and acceptable to the requirements of the organisation, affordable or within the means available to the organisation.

Examples of reasonable adjustments might include adaptations to the working environment or working arrangements. Workplace assessments and funding for equipment are available through the Access to Work Scheme. Advice should be sought from the Human Resources Department.

In all cases where colleagues have a disability, reference must also be made to policy (HR27): Supporting Staff with Mental or Physical Disabilities Policy. The Trust's Equality and Human Rights Team can also be approached for advice.

14. Disability Leave

The manager should consider providing additional paid leave to a colleague who might need to adjust to changes in their life caused by a new or existing disability, such as time off for treatment or rehabilitation.

These periods are usually planned for and will have specific timescales. Where a colleague's disability will increase the levels of disability related sickness, a reasonable adjustment may be agreed to allow a greater level of sickness absence before progressing through the stages of the procedure.

However, all sickness episodes must be recorded, and absence review meetings should take place in line with the Policy. For further information refer to policy (HR27): Supporting Staff with Mental or Physical Disabilities Policy.

15. Ill Health Retirement

Colleagues will be eligible to apply for ill-health retirement in line with the qualification criteria of the NHS Pension Scheme and when their GP or Occupational Health have advised that they are permanently incapable of carrying out their duties.

The manager should seek confirmation from Occupational Health that an application for ill-health retirement would be supported.

If this option is being considered, it must be fully discussed between the manager and colleague.

If the colleague decides to proceed with an application for early retirement on ill health grounds, the Form AW33E must be completed by the colleague, HR and Occupational Health. Medical evidence may be submitted by the colleague's own GP/Specialist direct to the NHS Pensions Agency.

Approval for ill-health retirement rests solely with the NHS Pension Scheme Medical Advisers and the decision can take up to three or four months. The Trust may consider dismissal on grounds of capability before the colleague has been notified whether an application for ill health retirement has been approved by the Pensions Agency. Dismissal will not affect the Pensions Agency decision.

16. Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. (RIDDOR)

The Trust is responsible for ensuring that it complies with health and safety requirements and that a mechanism is in place for the reporting of injuries, diseases, and dangerous occurrences (RIDDOR).

17. Confirmed outbreak by Infection Control of transmissible infectious illness (e.g. Diarrhoea and vomiting or influenza)

In cases where there is a confirmed outbreak of transmissible infectious illness in a workplace, colleagues who are symptomatic should be sent home by the line manager and/or remain off duty for 48 hours after the last symptoms.

These episodes should be treated as and recorded as sickness absence but will not be used to progress a colleague through a trigger.

This action should minimise and prevent the transmission of infection and protect the service users and other colleagues from the avoidable risks associated with to exposure symptomatic individuals.

Further information is available in IC01: Infection Prevention and Control Policy (IPCP).

Any colleague who is absent with a transmissible infectious illness or sent home with symptoms of a transmissible infectious illness must remain off duty for 48 hours after the last symptoms.

When there is no confirmed outbreak by infection control, these colleagues will be managed through the policy and progressed through any triggers as normal.

18. Information regarding Health & Wellbeing (Attendance) Work related absence due to an injury at work

- a) You will be supported following an injury at work through the Supporting Colleagues Policy HR37
- b) Where the injury has been agreed as work related your absence will not trigger monitoring under short term sickness.
- c) Long term absences due to an injury at work, will be monitored in line with the procedure for managing long term sickness absence to ensure contact and support continues from your line manager and other actions such as re-referral to Occupational Health, temporary redeployment and return to work plans may need to be made depending on the length of absence and support already in place.

19. Stress-Related Absence

To ensure early intervention and support, if you are absent due to stress, anxiety or depression will be signposted to Staff Support Services. Your Line Manager will refer you to Occupational Health immediately depending on the reason for absence. You and your manager must use the Stress Risk Assessment in HR13 – Corporate Policy and Procedure on the Prevention and Management of Workplace Stressors if the absence is work related. This assessment can also be considered if the absence is not work related if felt appropriate.

20. Musculo-Skeletal Absence

If you are absent due to a musculo-skeletal injury, you will be signposted to the Trust Physiotherapy Service. A referral to Occupational Health can be made by your line manager to identify early intervention and support for your condition if appropriate.

21. Planned and Unplanned Surgery

Managers should refer the colleague to occupational health for expert advice and guidance on recovery times, as there will be a known recovery period and you should be fit to return to work following this recovery. Under such circumstances monitoring will not be initiated.

If the recovery period is exceeded, then monitoring will begin under long term sickness absence and referral to occupational health for support and guidance on a return to work.

22. Medical Appointments

Managers have the discretion to agree appropriate time off for you to enable you to attend medical appointments and our Staff Support Services.

Please refer to policy HR04 – Leave for Personal and Family reasons - section 6.8 Medical/dental/counseling appointments for further details.

23. Pregnancy Related Absence

Sickness absence arising as a direct result of you being pregnant will be monitored as with all sickness absence but will not be counted in respect of the sickness absence 'trigger' points.

If you are absent due to a pregnancy-related illness during the four-week period prior to your due date you will be required to start your maternity leave and will be entitled to maternity pay and not sick pay.

24. Terminal Illness*

The Trust recognises that Terminal Illness requires support and understanding as it is a worrying and stressful period therefore support will be put in place following diagnosis.

The Trust recognises that safe and reasonable work can help maintain dignity and offer a valuable distraction and be therapeutic in itself.

We will provide you with the security of work, peace of mind and the right to choose the best course of action for you and your family which helps you through this challenging period with dignity and without undue financial loss.

Your manager will make arrangements to keep in touch with you and if appropriate and with your agreement, may arrange to visit you to ensure support is in place throughout the absence.

****This is in line with the TUC Dying to Work Voluntary Charter***

25. Cosmetic or Non-Medical Surgery

If you are having cosmetic or non-medical surgery or cosmetic medical appointments for non-medical reasons annual leave must be taken. NB: Gender reassignment is classed as a medical reason.

26. Part-day sickness absence

If you become ill during work, you will be recorded as being absent from work due to sickness if less than half of your rostered shift/ working day has been completed. If you complete more than half your rostered shift/working day you will not be recorded as absent from work due to sickness. However, if you subsequently remain absent the following day then your absence will be recorded as commencing the day before.

However, where there is evidence that over a rolling 12-month period you have requested to go home due to being ill on a number of occasions, having worked more than half your rostered shift/working day, then consideration will be given to reviewing this in line with the procedure for the management of short-term sickness.

A Return-to-Work meeting would need to be completed for ALL part day absences to ensure any support required is put in place.

27. Occupational sick pay

If you are absent from work owing to illness you will be entitled to occupational sick pay (subject to your reckonable NHS service and subject to the terms and conditions of Agenda for Change), as follows:

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

Occupational sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 months of continuous sickness absence, in the following circumstances:

- If you have more than 5 years reckonable service – sick pay will be re-instated if sick pay entitlement is exhausted before a stage 3 final wellbeing review hearing for long term absence has taken place.
- If you have less than 5 years reckonable service – sick pay will be re-instated if sick pay entitlement is exhausted, and a stage 3 final wellbeing review hearing does not take place within 12 months of the start of their sickness absence.
- Re-instatement of sick pay should continue until the stage 3 final wellbeing review hearing has taken place.
- Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.

These arrangements will only apply where the failure to undertake the stage 3 meeting is due to delay by the Trust. This provision will not apply where a review is delayed due to reasons other than those caused by the Trust.

There is no obligation by the Trust to wait until occupational sick pay is exhausted before termination of employment.

There is an expectation that a final decision on your future employment will be made within a maximum of 12 months from the date an absence begins. In exceptional circumstances, your manager can extend any of the timeframes stated after consultation with the Occupational Health Department and in agreement with a senior member of the Human Resources Team.

28. Overtime/additional hours

Where you are returning to work from a period of long-term sickness absence, you should not work overtime or any additional hours over and above your contractual arrangements, during your phased return to work, or for a period of four weeks; whichever is longer.

29. Unsocial hour's payments during periods of absence

Unsocial hours payments will not be payable during periods of sickness absence, except in the following cases:

- If you are absent due to injuries, diseases or other health conditions sustained or contracted in the discharge of their duties of employment and, which has been approved by a Work-Related Absence (WRA) panel are not in receipt of injury allowance.

30. Bank Work

If you have a substantive post and are also a member of the Trust's bank, and:

- Following a period of short-term sickness absence, you must have resumed and worked for one full week in your substantive post before making yourself available for Bank work. Occupational Health Department clearance will be required before being eligible to resume Bank work following a period of long-term sickness absence.

- You are returning from a period of long-term absence, you should not work on the bank during your phased return to work, or for a period of four weeks, whichever is longer.
- If you suffered a work-related injury working a shift for the Trust and subsequently take a period of sick leave; you will be paid for any pre-booked bank shifts where a booking reference number is logged in the system, and the absence has been approved by a Work Related Absence review panel.

Appendix 1

Self-Certified Sickness absence notification

- **Personal Details**

Surname:
First Name:
Current Address:

- **Employment Details**

Job Title:
Assignment number:(on your payslip)

- **Period of Sickness**

Date you became unfit for work	Date:	Day:	Time:
Date you expect to return to work (if known).	Date:	Day:	Time:

- **Details of Sickness/Injury**

Give Reason for absence:
Is the absence as a result of an accident at work: Yes / No
Date of the accident:
If Yes, has the accident been reported on the incident system: Yes / No
Is the absence a result of a road traffic accident/Third party accident: Yes / No

- **Other Employment**

Did you work elsewhere during this period of absence? YES / NO (please delete as appropriate)
If Yes please provide details:
Has this been formally agreed with the Trust? YES / NO
If Yes please provide details:

I declare that the information I have given on this form is factually correct and complete and I confirm that, unless stated above, I have not had any other form of employment, be it part or in full, during the period that I have been unfit for work at the Trust. I understand that if I have knowingly provided false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to the NHS Anti-Fraud Specialist and/or NHS Counter Fraud Authority, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.

Signed:

Date:

Please note

- This form applies to absences from 4-7 days duration only and in such circumstances must be submitted to your line manager within 7 calendar days of your first absence.
 - For sick absence lasting more than 7 days a medical certificate from your doctor must be submitted.
 - Blank supplies of this form can be obtained from your manager.
-

To be completed by your manager

Date notification received.....
Date entered on ESR/Health Roster / SVL.....
Signed.....Designation.....

I certify that to the best of my knowledge the information given is true; I understand that to give false information could result in the loss of sick pay benefits and/or disciplinary action.

Signed:

Date:

Please note

- This form applies to absences from 4-7 days duration only and in such circumstances must be submitted to your line manager within 7 calendar days of your first absence.
 - For sick absence lasting more than 7 days a medical certificate from your doctor must be submitted.
 - Blank supplies of this form can be obtained from your manager.
-

To be completed by your manager

Date notification received.....
Date entered on ESR/Health Roster / SVL.....
SignedDesignation.....

Appendix 2

Annual Leave, Other Employment and Absence Sickness occurring during annual leave

Where sickness occurs during annual leave, so long as there has been compliance with the requirements for notifying and certificating sickness and where a medical certificate is provided, this will be treated as sick leave. Colleagues will not be entitled to an additional day off if sick on a Bank Holiday that they would otherwise have been required to work as part of their basic week. Further detail is included in HR G2: Annual leave Procedure.

In accordance with current legal requirements, colleagues on sick leave who have taken less than 4 weeks statutory annual leave entitlement (i.e. 20 days for a full time colleague and pro rata 4 weeks equivalent for part timers) and on return to work have been unable to take this due to service need, will be entitled to carry over the balance up to 20 days into the next leave year.

Taking annual leave whilst on sick leave

Colleagues who are off on long term sick leave, are still able to request annual leave in accordance with HR G2: Annual Leave Procedure. Managers must ensure that this is discussed with colleagues at sickness review meetings.

Payment in lieu of annual leave

Payment in lieu of annual leave not taken due to sickness is only allowed upon termination of employment.

Other employment whilst off sick

If colleagues hold more than one contract of employment with the Trust or has secondary employment, or undertakes work with an agency, they should cease from all work during a period of sickness absence. This should also include voluntary work or self-employment.

The only exception to this would be where a medical practitioner determines that specific work could be carried out by the colleague. In these circumstances confirmation from the medical practitioner would be required and presented to the manager. This would not prevent the manager from requesting a second opinion from Occupational Health if that was felt to be appropriate.

Colleagues must not undertake any work described above, whilst on sick leave, unless they have presented the evidence from the medical practitioner and obtained agreement from their manager that this would be appropriate. The manager will document this agreement and confirm this in writing to the colleague.

Failure by colleagues to comply with the above may result in this being regarded as a fraudulent act and/or dishonesty, which will be referred to the counter fraud team by the manager and the Trust's disciplinary policy and procedure being invoked.

Appendix 3

Occupational Health Management Referral Form

PRIVATE & CONFIDENTIAL

Referral Date:

Referring Organisation / Manager	
(To whom a copy of the report will be sent) A copy may be sent to the HR Manager	
Organisation	
Department	
Referring Manager	
Contact Number	Contact Email
HR Contact	
Name	
Contact Number	Contact Email
Colleague Details	
Name	
Full Address	
Address Line 2	
Postcode	
Nat Insurance No	
Contact Number	Date of Birth
Contact Email	
Job Title/Dept/Site	
Absence and Stage Information	
Is the Colleague absent from work? Yes or No If yes please state from when:	
Is the Colleague on a stage? Yes or No If yes, what stage?	

Is the Colleague suspended or under investigation? Yes or No
Can the referring manager confirm that the Colleague has been informed of the referral and the purpose of this?
<input type="checkbox"/> Yes <input type="checkbox"/> No
Date

Purpose of Referral?
<input type="checkbox"/> Long Term Sickness Absence <input type="checkbox"/> Short Term Frequent Absence <input type="checkbox"/> Planned Surgery
<input type="checkbox"/> Other

If you are worried about your Colleague’s physical or mental well being, please <u>describe</u> your concerns below. These should include: physical or mental disabilities, for example, inability to undertake certain duties/activities, details of any injury sustained at work or at home, change in behavior, conflict with colleagues or manager.
If there is anything else you feel we need to know or any other specific questions you would like answered please submit these here in this section below:
Please provide details of any action that has already been taken to support the Colleague. Include details of any risk assessments, adjustments, modifications to hours or duties, re-deployment etc?
Does the Colleague require any special needs/adjustments in relation to age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion and belief, race, sex and sexual orientation?

Please submit this form directly to: occupationalhealth@merseycare.nhs.uk

Appendix 4

RETURN TO WORK Meeting Form

*** CONFIDENTIAL ***

Return to Work Discussion

Date of discussion		Method of discussion	Face to Face	<input type="checkbox"/>	Telephone	<input type="checkbox"/>
		COLLEAGUE DETAILS				
Full Name:						
Directorate:						
Department:						
Job Title:						
		ABSENCE DETAILS				
Date absence commenced						
Date absence ended						
Total number of days absent						
First Date back in work						
Reason for absence						
Dates of absences in last rolling 12 month period						
Has the Colleague been updated on any issues that occurred during his/her absence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If the period of absence has been long term does the Colleague require any retraining?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Has the Colleague been seen by their GP during their absence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Has the Colleague provided a self-certificate?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Have Fit Notes been submitted to cover <u>entire</u> period of absence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Any issues that Colleague wishes to raise following their recent absence?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Does the employee consider themselves to have a disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this period of absence as a result of their disability?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has a Supportive Disability & Wellness Planning agreement in HR 27 – supporting Staff with mental or physical disabilities been completed? (please also include a review date)	Yes	<input type="checkbox"/> <input type="checkbox"/>	No	<input type="checkbox"/> <input type="checkbox"/>
If yes, has a copy been provided to Human Resources?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do any reasonable adjustments need to be considered?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the Colleague met the corporate trigger points in the last rolling 12-month period? (Please indicate Stage) Stage 1 – STS - 3 occasions or 10 cumulative days absence	Yes	<input type="checkbox"/> If yes, consider a referral to	No	<input type="checkbox"/> <input type="checkbox"/>

<p>LTS - 4 weeks absence</p> <p>Stage 2 – STS - 2 occasions or 7 cumulative days LTS – 3-5 months absence</p> <p>Stage 3 – STS - 2 occasions or 7 cumulative days LTS - 7 months absence</p> <p>Has there been a pattern of absence causing concern e.g., every Friday/Monday or certain times of the year?</p>		Occupational Health		
<p>Has the Colleague been made aware of future actions in accordance with the Mersey Care NHS Foundation Trust’s Supporting Attendance policy if they are absent again in the near future?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>Is a referral to Occupational Health required? If yes, please complete the relevant referral Form and send it to Occupational Health</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>Has a Wellbeing Assessment been offered?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>Has the Colleague had any other form of employment during the period of absence?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>If Yes, please give details:</p>				
<p>Has a stress workplace risk assessment been recommended by Occupational Health?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>Has this assessment been completed?</p>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<p>Details of support offered to Colleague (actions agreed, including timescales).</p>				
<p>Colleague Declaration: I declare that the information I have given on this form is factually correct and complete and I confirm that, unless stated above, I have not had any other form of employment, be it part or in full, during the period that I have been unfit for work at the Trust. I understand that if I have knowingly provided false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to the NHS Anti-Fraud Specialist and/or NHS Counter Fraud Authority, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.</p>				
<p>Signed Colleague</p>			<p>Date</p>	
<p>Manager Declaration: I declare that the information I have given on this form is a true and accurate account of aforementioned employee’s declaration of sickness. I understand that if I knowingly provide false or misleading information this could result in disciplinary action and/or I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to the NHS Anti-Fraud Specialist and/or NHS Counter Fraud Authority, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.</p>				
<p>Signed Manager</p>			<p>Date</p>	

Appendix 5

Details of divisional HR teams:

Local Division
V7 Building
Kings Business Park
Prescott
Liverpool
L34 1PJ
Email address: LocalDivision.Sickness@merseycare.nhs.uk

Secure Division
Ashworth Hospital
Parkbourn
Maghull
Liverpool
L31 1HW
Email address: SecureDivisionSickness@merseycare.nhs.uk

Specialist Learning Disability Division
Trust Admin Building
Mitton Road
Whalley
Clitheroe
BB7 9PE
Email address: SLD.Sickness@merseycare.nhs.uk

Corporate & IM Divisions
V7 Building
Kings Business Park
Prescot
Liverpool
L34 1PJ
Email address: CorporateandIMSickness@merseycare.nhs.uk

Community Division V7
Building
Kings Business Park
Prescot
Liverpool
L34 1PJ
Email address: Businesshuman.resources@merseycare.nhs.uk