



## Managing Health and Attendance Policy & Procedure

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# Managing Health and Attendance Policy and Procedure

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## Contents

<b>1 Objectives .....</b>	<b>4</b>
<b>2 Scope .....</b>	<b>4</b>
<b>3 Definitions.....</b>	<b>5</b>
<b>4 Principles .....</b>	<b>6</b>
<b>5 Responsibilities.....</b>	<b>6</b>
<b>6 Maintaining Attendance at Work and Early Intervention .....</b>	<b>9</b>
<b>7 Reporting of Sickness Absence.....</b>	<b>10</b>
<b>8 Keeping in Touch .....</b>	<b>11</b>
<b>9 Certification Requirements.....</b>	<b>12</b>
<b>10 Sick Pay .....</b>	<b>13</b>
<b>11 NHS Injury Allowance .....</b>	<b>14</b>
<b>12 Annual Leave and Sickness .....</b>	<b>15</b>
<b>13 Working Elsewhere Whilst on Sick Leave.....</b>	<b>15</b>
<b>14 Medical Suspension.....</b>	<b>16</b>
<b>15 Return to Work .....</b>	<b>16</b>
<b>16 Alternative Options for the colleague to return to work .....</b>	<b>16</b>
<b>17 Overtime Restriction .....</b>	<b>20</b>
<b>18 Sickness Absence Thresholds.....</b>	<b>20</b>
<b>19 Formal Attendance Review Meeting Arrangements.....</b>	<b>20</b>
<b>20 Issuing a Stage .....</b>	<b>21</b>

## Managing Health and Attendance Policy and Procedure

<b>21 Special Rules .....</b>	<b>22</b>
<b>22 Stage 3 Formal Attendance Hearing.....</b>	<b>24</b>
<b>23 Permanent Redeployment .....</b>	<b>25</b>
<b>24 Termination of Employment.....</b>	<b>26</b>
<b>25 Terminal Illness .....</b>	<b>28</b>
<b>26 Request to Postpone/Failure to attend meetings .....</b>	<b>28</b>
<b>27 Appeals .....</b>	<b>29</b>
<b>28 Fraud .....</b>	<b>29</b>
<b>29 Competence.....</b>	<b>29</b>
<b>30 Monitoring.....</b>	<b>29</b>
<b>31 Audit and Review .....</b>	<b>29</b>
<b>32 Associated Documentation .....</b>	<b>30</b>
<b>33 References .....</b>	<b>30</b>
<b>Appendix A: Return to Work Form (incorporating self-certification form) .....</b>	<b>30</b>
<b>Appendix B: Alternative Duties Pathways.....</b>	<b>34</b>
<b>Appendix C: Examples of Reasonable Adjustments .....</b>	<b>37</b>
<b>Appendix D: Time Off for Medical Appointments or Treatment .....</b>	<b>37</b>
<b>Appendix E: Suspension from Duty, Restriction in Practice, Work Pattern and/or Work Location .....</b>	<b>39</b>
<b>Appendix F: Risk Assessment - Consideration of Restriction of Practice/ Suspension .....</b>	<b>44</b>
<b>Appendix G: Template Letter – Invite to Formal Attendance Review ....</b>	<b>46</b>
<b>Meeting            46</b>	
<b>Appendix H: Formal Attendance Review Record Sheet.....</b>	<b>49</b>
<b>Document Control .....</b>	<b>54</b>
<b>Equality Analysis Record.....</b>	<b>56</b>

## **1 Objectives**

- 1.1 South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to providing a safe and healthy working environment and to promoting the well-being of its colleagues. However, it also recognises that, from time to time colleagues may experience ill health on either a short and/or long-term basis.
- 1.2 Absences due to ill health can have a detrimental impact not only on the colleague but also on quality of services that the Trust provides through covering work, costs to business, and has an effect on staff motivation and morale.
- 1.3 This policy aims to balance the need to deal sympathetically with colleagues during periods of ill health whilst fulfilling our commitment to provide the best possible service to patients and clients.
- 1.4 The Trust recognises that in many instances, with help and encouragement, staff can be supported to recover from their episode of ill health and consider that work can play an important part in that recovery. A 'work focused' approach to promoting attendance and wellbeing will be taken in order to focus on what staff can do or might be capable of doing with reasonable help and support, in order to help them to remain at work or return sooner than they might have otherwise.
- 1.5 The Trust is committed to achieving and maintaining acceptable attendance levels within the organisation and believes that managing absence is a core component of each and every manager's role and therefore they will be supported and provided with the necessary information to carry out this key task. In this way managers can be enabled to actively promote attendance within the Trust, in a fair and consistent way and in line with current legislation.
- 1.6 The aim of this policy is therefore to maximise attendance across the Trust, whilst also providing appropriate support to those absent or working with a health condition.

## **2 Scope**

- 2.1 All employees of the Trust are covered by this policy and procedure. Bank Worker agreements may be reviewed as a result of poor attendance.

- 2.2 The policy does not apply to individuals employed by a third party. Matters relating to sickness absence for these individuals should be referred to their source agency/company.

### 3 Definitions

- 3.1 **Short Term Sickness Absence** is regarded as a period of sickness absence up to 28 calendar days, irrespective of working patterns.
- 3.2 **Long Term Sickness Absence** is regarded as any period of sickness absence of more than 28 calendar days, irrespective of working patterns.
- 3.3 **Unauthorised Absence refers to absence** which is not covered by an appropriate certificate (regardless of duration) or absence which has not been notified in line with this policy.
- 3.4 **A Statement of Fitness for Work (Fit Note)** is the form issued to an colleague by their GP/medical practitioner.

#### 3.5 The definition of 'disability' under the Equality Act 2010

A disability under the Equality Act 2010 is a physical or mental impairment that has a substantial or long term (expected to last or lasting for 12 months or more) effect on the individual's ability to carry out normal day-to-day activities. The Act includes protection for employees with progressive conditions. These groups are also protected from discrimination whilst in remission.

You automatically meet the definition under the Equality Act 2010 from the day you are diagnosed with HIV, cancer or multiple sclerosis.

- 3.6 **A reasonable adjustment** is an alteration that an employer could make that would enable a person with disabilities to continue to carry out their duties without being at a disadvantage compared to others. Under the Equality Act 2010, there is a legal duty on employers to make reasonable adjustments for employees with disabilities.
- 3.7 **Alternative duties** is a transfer to short term suitable alternative role due to ill health, whilst unfit for their contractual role.
- 3.8 **Industrial injuries** are absences that are directly attributable to a workplace adverse event resulting in harm to the staff member. Harm is defined as physical or psychological injury or damage.

## **4 Principles**

- 4.1 The Trust seeks to eliminate unlawful discrimination against colleagues, potential employees, patients or clients on the grounds of sex, marital status, disability, sexual orientation, gender identity, age, race, ethnic or national origin, religion, pregnancy/ maternity, political opinion, or trade union membership and to promote equality of opportunity and good relations between employees and clients.
- 4.2 Colleagues must at all times indicate an acceptance of these principles and fulfil their responsibilities with regard to equality legislation and the Trust's Equality Diversity and Human Rights Policy and protocols.
- 4.3 This policy is based on the core principles of best practice attendance management which encourages partnership working between staff and managers in order to create a safe and healthy working environment.
- 4.4 The Trust recognises that it is unlawful to treat a person with disabilities less favourably because of a disability and disability related absence will be managed in accordance with the Equality Act 2010.
- 4.5 The Trust is committed to providing a range of support options for individuals to improve or maintain their health and wellbeing.
- 4.6 The emphasis will be on helping colleagues to maintain good health and satisfactory levels of attendance. Where this is not possible and a termination of their employment on the grounds of ill-health is to be considered, every reasonable support will be provided through the process.
- 4.7 Colleagues are entitled to bring a trade union representative or a work colleague to support them at formal meetings if they wish. They are not permitted to bring along someone acting in a legal capacity.
- 4.8 It is essential that confidentiality is respected and care should be taken to ensure that the sharing of information relating to staff ill health is done in line with the principles of current data protection legislation and requirements.

## **5 Responsibilities**

### **5.1 The Trust**

- 5.1.1 The Trust will ensure all managers and staff are made aware of the requirements of the Managing Health and Attendance Policy and its

## Managing Health and Attendance Policy and Procedure

procedures as part of the organisational and local induction processes.

5.1.2 Effectively manage wellbeing services for staff.

### 5.2 **Colleagues**

5.2.1 Be responsible for their own health and wellbeing and do everything possible to assist their recovery and wherever possible, alerting their Manager if there are health and wellbeing issues requiring support.

5.2.2 Reporting their sickness absence and providing sickness absence certification, in accordance with this policy.

5.2.3 Attending work reliably and regularly in order to fulfil their contractual obligations.

5.2.4 Regularly maintain contact with the line manager or relevant manager during periods of sickness absence.

5.2.5 Co-operating fully with positive attendance management procedures, such as referrals to the Occupational Health Service or other specialist advisor(s).

5.2.6 Attending absence review meetings to discuss their sickness/ ill health.

5.2.7 Attending return to work meetings after a period of absence as well as any other meetings specified in this policy when requested.

5.2.8 Adopting reasonable adjustments, arrangements or support as recommended, which would facilitate an effective return to work.

5.2.9 Informing their manager and submit a completed IWR1-Incident Report Form where absence is a result of an accident or injury at work.

### 5.3 **Line Managers**

5.3.1 Work with all staff to improve and/or maintain attendance levels.

5.3.2 Ensure sickness absence in their area of responsibility is monitored and managed promptly, fairly, consistently and sensitively in line with this policy and its procedures.

## Managing Health and Attendance Policy and Procedure

- 5.3.3 Encouraging staff to engage in early dialogue so that any necessary support can be identified and sourced to maximise staff health outcomes and attendance.
- 5.3.4 Regularly assess staff health and wellbeing by reviewing workloads, conducting supervision and appraisals, praising good attendance as these all promote a safe work environment which impacts overall attendance.
- 5.3.5 Making referrals to available wellbeing services, ensuring that full staff consent is sought, and seeking advice from HR where consent is withheld.
- 5.3.6 Adhering to the timescales set out in the procedure around welfare contact and formal meetings.
- 5.3.7 Conducting return to work interviews with staff after every episode of absence.
- 5.3.8 Recording sickness absence and related information onto GRS.
- 5.4 **Scheduling**
  - 5.4.1 Communicating sensitively with all staff reporting their sickness absence ensuring information relating to the staff member's absence is treated confidentially.
  - 5.4.2 Upload relevant absence data onto GRS.
  - 5.4.3 Promptly notify the appropriate manager(s) of the absence.
  - 5.4.4 Ensure that all original Fit Notes are forwarded to HR.
- 5.5 **Human Resources**
  - 5.5.1 Working in partnership with managers and employee representatives to ensure colleagues are treated equitably and consistently within the framework of the policy and procedure.
  - 5.5.2 Advising managers and staff on the application of this policy and procedure.
  - 5.5.3 Providing information, on request, to managers and staff regarding colleague's pay status.
  - 5.5.4 Providing training for managers and employee representatives in the application of this policy and its procedures.



## Managing Health and Attendance Policy and Procedure

- 5.5.5 Uploaded reason and dates of absence onto the Electronic Staff Records system.
- 5.5.6 Managing all statutory and contractual sick pay compliance systems.

## **6 Maintaining Attendance at Work and Early Intervention**

- 6.1 All staff are encouraged to approach their manager to discuss any health or personal issues which may impact their attendance to allow both parties to consider, at the earliest opportunity, any adjustments and support available to maintain attendance at work.
- 6.2 The Wellbeing Hub provides quick and easy access to support which includes mental and emotional wellbeing, Trauma Risk Management (TRiM), physiotherapy referrals and alternative duties. The wellbeing team will assess and refer, or signpost to the most appropriate service for numerous aspects of wellbeing – physical and mental health, domestic violence, finance, sleep, smoking, among many more.
- 6.3 Additionally, managers and peers who may be concerned about a colleague can contact the Wellbeing Hub for support and advice.
- 6.4 **Mental Health**
  - 6.4.1 With the introduction of the Wellbeing Hub, the Trust has undertaken to actively challenge mental health stigma by supporting staff members with mental health problems and promoting staff wellbeing within the workplace.
  - 6.4.2 If a staff member discloses a mental health concern to their manager, their manager may wish to seek advice, information or assistance as appropriate from internal or external resources to support the member of staff at work. There is further information available from the Wellbeing Team.

6.4.3 If a colleague is absent due to stress related illness, anxiety or depression, it is essential that early intervention is taken. The line manager should immediately signpost the colleague to the Wellbeing Hub, or where consent is gained, make a referral to the Wellbeing Hub.

6.4.4 The manager or Wellbeing Team may meet with the staff member to identify adjustments or support needed to manage mental illhealth. HR can help guide discussions around individual or team wellness action plans.

## 6.5 **Muskelo-Skeletal Conditions**

6.5.1 Staff who have sustained an acute musculoskeletal injury or related absence which is impacting their ability to undertake their role are entitled to access a short course (up to six sessions during a 12 month period) of physiotherapy that can be accessed via the Wellbeing Hub.

## 7 **Reporting of Sickness Absence**

7.1 It is the responsibility of each individual member of staff to advise of their absence, as soon as possible before they are due to start work.

7.2 Sickness reporting arrangements are as follows:

- 999 staff - contact their Clinical Scheduling Office or relevant line manager, as appropriate
- 111 staff – contact line manager
- All other support staff – contact line manager

7.3 Notification of sickness absence must be by telephone, unless other contact arrangements have been agreed. This must be followed up by a telephone conversation. In exceptional circumstances, where the colleague is unable to call (for example, because of hospitalisation), another person such as a friend or relative can contact the Trust on their behalf.

7.4 The same information is required at the time of ringing in, whether the individual themselves telephones, or someone contacts the Trust on their behalf:

- reason for the absence
- estimated length of absence

## Managing Health and Attendance Policy and Procedure

- 7.5 Where an accident or incident occurs at work the responsible manager must be notified immediately. Any work injury must be reported on an Incident Report Form (IWR-1) via Datix within 24 hours of the incident. A manager or colleague may complete on behalf of the staff member.
- 7.6 The IWR-1 form should be completed as thoroughly as possible and where an absence has the potential to be reportable under RIDDOR (Reporting of Injuries Diseases and Dangerous Occurrences Regulations), the form must reflect this. See Health and Safety Policy.
- 7.7 Failure to complete an IWR-1 Form for accidents/injuries sustained at work may negate the grounds for payment of Injury Allowance (see section 11).
- 7.8 If a colleague needs to leave during the day because of ill health, the reporting process remains the same
- 7.9 Failure to notify absence properly may lead to the absence being classed as unauthorised, which may be unpaid, and may lead to disciplinary action.

## 8 Keeping in Touch

- 8.1 It is essential that good communication is established from the beginning of the absence. This encourages smooth discussions about a timely and safe return to work which may include the consideration of:-
- Any early intervention required as soon as possible, see section 6.
  - The potential benefits of alternative duties or temporary adjustments, see section 16.
  - A referral to Occupational Health and/ or the Wellbeing Hub (where consent is gained), as appropriate.
- 8.2 For continuing absence, the manager will regularly contact the staff member for welfare checks. The frequency of the calls will be as appropriate to each individual, but with the expectation that this should be at least every 14 days.

## Managing Health and Attendance Policy and Procedure

- 8.3 In exceptional circumstances alternative contact arrangements may be considered. HR Advice should be sought in these circumstances.
- 8.4 The colleague should maintain contact with their Scheduling Department or the appropriate line manager. This should continue on a daily basis or until confirmation of length of absence, can be given or a date of return is known.
- 8.5 Individuals should aim to give as much notice as possible in advance of their return to work. At the latest, this must be by the day before they wish to return so that appropriate staffing and scheduling arrangements can be made.
- 8.6 Staff should report that they are fit to return as soon as they are, even if this is not due to be a work day.
- 8.7 Any discussions that takes place with the colleague regarding their absence should be recorded on GRS.

## **9 Certification Requirements**

- 9.1 For the first seven calendar days (this includes all non-work days) staff should complete a self-certificate form (Appendix A) in respect of each period of absence of one day or more. Where the absence continues, a 'fit note' issued by a recognised medical practitioner will be necessary from the eighth calendar day of absence.
- 9.2 A fit note will inform your manager of the reason you are unfit to work. It could also contain information about amended hours, work base or tasks you may be able to undertake if alternative duties or reasonable adjustments are available. Managers, in consultation with the colleague and HR/ Wellbeing Hub/ Occupational Health will endeavour to identify whether any recommendations for an earlier return to work can be reasonably accommodated.
- 9.3 The fit note will state the period that it covers. A colleague who is not returning to work on the next working day must obtain a new fit note.
- 9.4 Original Fit Notes should be sent to the relevant contact points outlined in Section 7 within 10 days of the start of the absence and will then be forwarded to the HR Service Centre.

- 9.5 It is the individual's responsibility to provide the necessary certification; failure or delay in doing so may lead to loss of sick pay and/or disciplinary action.

## **10 Sick Pay**

- 10.1 Statutory and occupational sick pay is calculated and paid using calendar days. Sickness records are calculated over 7 calendar days, because the Trust operates on a 24hr basis. Therefore sickness recording needs to reflect actual calendar days sick regardless of when someone is due to work. Therefore staff should report that they are fit to return as soon as they are, even if this is not due to be a work day.

- 10.2 During sickness absence employees will, in any 12-month rolling period receive occupational sick pay from the Trust at their normal rate of pay, including any recruitment and retention premia, unsocial hours and high cost area supplements, for a total of:

- 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 pay;
- 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.

- 10.3 The Trust reserves the right to withhold or suspend contractual sick pay, and may do so in the following circumstances;

- the absence is related to an accident due to participation in a sport as a profession;
- contributable negligence is proved;

## Managing Health and Attendance Policy and Procedure

- the absence is due to an accident and damages are received from a third party. If this is the case, then any sick pay the colleague has received must be repaid to the Trust;
- the colleague does not comply with notification, reporting and referral procedures in line with this policy;
- certificates of fitness to work are not provided for episodes of sickness of 8 days or more.

- 10.4 The employee will normally be entitled to receive Statutory sick pay (SSP) when occupational sick pay is withheld or suspended, although the Trust can withhold or suspend SSP if it is not satisfied that the colleague is ill, and no evidence of sickness is provided.
- 10.5 Colleagues will be given written notice if their SSP or occupational sick pay is being withheld or suspended.
- 10.6 Sick pay under the NHS sick pay scheme is subject to the usual deductions for PAYE, national insurance, pension contributions, etc.
- 10.7 A colleague who is absent from work as a result of an accident will be required to repay to the Trust any sick pay they have received, where damages are subsequently recoverable from a third party.
- 10.8 Abuse of the Trust's sick pay scheme will be considered serious misconduct and may result in further action under the Trust's Disciplinary Policy and / or the Anti- Fraud and Bribery Policy.

## 11 NHS Injury Allowance

- 11.1 NHS Injury Allowance may be paid to eligible staff who are on authorised sickness absence or on a phased return to work with reduced pay or no pay where they have a work related injury, illness, disease or other health condition that is wholly or mainly attributable to their NHS employment, in accordance with Section 22 of the NHS Terms and Conditions of Service Handbook.
- 11.2 The IA is paid as an income top-up to eligible staff. The allowance will top up occupational sick pay (or earnings when on phased return on reduced pay) and certain other income i.e. contributory state benefits, up to 85% of pay.

- 11.3 The details of the IA provisions are set out in Section 22 of the NHS Terms and Conditions of Service handbook.

## **12 Annual Leave and Sickness**

- 12.1 If a colleague becomes ill during annual leave, they may notify their line manager or nominated person on the first day of illness so this can be recorded as sickness rather than annual leave.
- 12.2 On return to work, the colleague must produce a medical certificate for the period of sickness absence, even if this is less than seven days, in order to reclaim their annual leave entitlement. Any costs associated with this will be the responsibility of the colleague.
- 12.3 Colleagues will accrue statutory annual leave during periods of paid and unpaid sick leave.
- 12.4 If any colleague is unable to take their statutory annual leave during the leave year due to sickness, they will be entitled to carry up to the statutory amount of leave only, i.e. 28 days (pro-rata for parttime employees), less any annual leave already taken in the leave year.
- 12.5 Should a colleague wish to take their annual leave entitlement whilst absent, the dates must be approved in accordance with the procedure set out in the Trust's Annual Leave Policy. The colleague must book fit in order to take annual leave. If unable to return to work following annual leave on the grounds of ill-health the individual must book unfit as in section 7. In these circumstances each period will be recorded as a separate episode for sick pay purposes, however, for the application of absence monitoring this will be considered as one episode.

## **13 Working Elsewhere Whilst on Sick Leave**

- 13.1 During any period of sickness absence, employees must not undertake alternative employment that has not been expressly authorised by the Trust and previously declared to the Trust. Advice should be sought from HR. Undertaking alternative or additional paid employment whilst on sick leave may be classed as fraudulent activity and will be investigated under the Trust's Disciplinary Policy and / or the Anti – Fraud and Bribery Policy.
- 13.2 There may be exceptional circumstances whereby it is appropriate for the Manager to agree to a colleague undertaking other work; for example when partaking in such work would be

considered helpful to aid recovery and where it is supported by medical evidence.

## **14 Medical Suspension**

- 14.1 Occasionally a colleague may wish to attend for work when they are unfit to undertake their core duties. In these instances the process for adjustment to duties and/or work location, suspension from duty, (Appendix E) should be followed.

## **15 Return to Work**

- 15.1 An important part in supporting staff who have had absences due to ill health is a return to work meeting between the individual member of staff and their line manager. These must take place following every period of sickness absence, irrespective of duration, in order to properly support staff and identify any ongoing limitations on what they can do at work, any support that can be provided and any agreed actions to facilitate attendance at work.
- 15.2 This is an informal meeting which should be carried out preferably on the day of return to work and no later than 7 days. Both parties should understand that this is not a formal review.
- 15.3 As part of the return to work meeting the manager will alert the staff member if they are approaching or have met one or more of the sickness absence thresholds for formal review under this policy.
- 15.4 They will explore reasons for absence, confirm a referral to Occupational Health or signpost to Wellbeing Hub, where appropriate, and discuss preventative measures to avoid further absence. In the case of absences covered by the Equality Act 2010, discussions will also include if any adjustments may be made/ have been made, to working arrangements to ensure a sustained return to work.
- 15.5 This discussion must be recorded on the Return to Work form, Appendix A.
- 15.6 The manager should also ensure that the absence is fully covered by a self-certificate or a Fit Note, as appropriate. Where a return to work form has been completed on GRS, the form should be emailed to the staff member for their records.

## **16 Alternative Options for the colleague to return to work**

Alternative options are available, depending on individual circumstances. The aim of these is to support the individual to stay in or return to their substantive job role sooner than would



otherwise be the case. These informal provisions will not replace the need to start or continue formal reviews in line with section 19.

**16.1 Returning on reduced days, hours or restricted duties**

- 16.1.1 A medical practitioner, may advise a return to work on reduced days or hours or restricted duties, especially when the person has been absent over a prolonged period of time. A phased return to work may be the best way of helping the person to re-adjust to full attendance/ performance at the workplace. Managers are best placed to plan the details of the phased return to work and discussion will need to take place between the manager and the colleague, ideally prior to the colleague's return to work, regarding what would be suitable/ reasonable hours and duties in line with service requirements.
- 16.1.2 The arrangement should be put in writing on the return to work form and notified to the Scheduling Team, where appropriate. A phased return is usually supported for a period of four weeks or less and the Trust will grant full pay for a rehabilitation programme for this period.
- 16.1.3 If the phased return to work programme extends beyond four weeks, other options such as the use of accrued annual leave should be explored. This must be done in conjunction with the HR representative.
- 16.1.4 Regular informal reviews by the manager should take place during the rehabilitation period to ensure that the arrangement continues to work for the colleague and the service.
- 16.1.5 The manager should seek occupational health and HR advice should there be a consideration of an extension to a phased return to full duties beyond eight weeks.

**16.2 Reasonable adjustments (temporary or permanent)**

- 16.2.1 If there is an underlying medical condition or a member of staff has a disability contributing to sickness absence, the manager will need to consider whether there are adjustments that could be made to the job. These could be to change the physical environment, the colleague's attendance target, to adjust job content and/or to reduce hours (see Appendix C). The member of staff should be fully involved in discussions relating to their medical condition or disability to ensure that the most appropriate decision is made at all

times. A trade union representative or a work place colleague may also be part of these conversations.

- 16.2.2 The manager will need to consider if these adjustments are reasonable and practical in terms of the needs of the service, the cost, the impact on colleagues, and whether the adjustments can be made permanently or for a limited period only. The manager should consider the nature of the staff member's illness and the likelihood of a recurrence or an exacerbation of the illness to ensure that the appropriate reasonable adjustment is made.
- 16.2.3 Where for operational and/or business reasons it is not possible for the Trust to accommodate the adjustments, the staff member will remain on sick leave. In all cases advice should be sought from Human Resources.
- 16.2.4 Where adjustments are made, the line manager will inform all necessary parties, to ensure the continued support to the colleague with their return to work. The line manager will need to ensure when informing colleagues of the reasonable adjustments, that they do not breach confidentiality (e.g. disclosing the reason for absence or underlying condition). The manager should discuss and agree with returning members of staff what will be shared with their team members upon their return to work.
- 16.2.5 A period of alternative duties will not count towards any thresholds or staged review meetings.

### 16.3 **Alternative Duties**

- 16.3.1 The Trust will endeavour to support colleagues to return to work/ stay-in work by offering alternative duties wherever possible to avoid unnecessary sickness absence. These must be jointly agreed by the line manager and the colleague, and will only be made available taking the following principles into account:
- A clear expectation the colleague will return to their substantive post;
  - Alternative duties should not exceed three months in a particular role;
  - However, in certain circumstances an colleague could undertake consecutive alternative posts;
  - Suitable roles and/or demand exist for the colleague and the local manager and Wellbeing Hub are in agreement;
  - The colleague has the skills and capability to do that work where practicable, or can be trained to do the alternative duties role;

## Managing Health and Attendance Policy and Procedure

- The colleague will have an assessment by the Wellbeing Hub to determine what alternative duties would and would not be appropriate.
- 16.3.2 When considering alternative duties, the focus will be around what the staff member can do. Alternative duties pathways are detailed in Appendix B.
- 16.3.3 If appropriate, further medical reports (e.g. GP, Occupational Health) will be taken into account when determining alternative duties.
- 16.3.4 The provision of alternative duties does not ever suggest that there is a permanent role available should the colleague not be able to return to their employed post. In the event that alternative duties are exhausted/ not available the colleague will be required to return to sick leave and normal sick pay provisions will apply. This will count as a single episode of sickness absence on GRS and will be counted as such in review meetings.
- 16.3.5 A period of alternative duties will not count towards any thresholds or staged review meetings.
- 16.3.6 If the colleague is unlikely to be able to return to their substantive post, redeployment opportunities, ill health retirement or termination due to ill health capability will be discussed.
- 16.3.7 The colleague will be supported throughout the alternative duties post and the substantive line manager will remain a point of contact for welfare checks.
- 16.3.8 Review timescales will be set for each individual when the alternative duties role is identified. Where necessary, a case conference will be called. The colleague will be supported to discuss a return to their substantive post when appropriate, and an assessment to return to their substantive post will be completed.
- 16.3.9 Whilst on alternative duties employee basic pay will be protected. Unsocial hours protection, where applicable, will reflect the timescales applied to periods of sickness absence.
- 16.3.10 Any excess mileage will be paid in accordance with Section 17 of the NHS Terms and Conditions Handbook.
- 16.3.11 An alternative duties role will be determined and outlined by recruitment, manager, or department. If identified by a manager or

department they will fill in the relevant form and send to the Wellbeing Hub.

## **17 Overtime Restriction**

17.1 The purpose of an overtime restriction is to ensure that a colleague does not work additional hours (in excess of their contractual working hours) so that they receive an appropriate recovery period following an episode of sickness absence.

17.2 Working overtime will cease following every episode of sickness absence regardless of how many days the episode consists of. Overtime will be restricted in line with the Trust's overtime policy.

## **18 Sickness Absence Thresholds**

18.1 The thresholds that are used to decide when formal consideration of a colleague's sickness absence record should take place are set out below. A formal review will be arranged when one or more sickness absence thresholds have been reached.

- Where a continuous period of absence from an individual's substantive post exceeds 28 days in a rolling 12 month period
- Totals 4% working time lost due to sickness absence in a rolling 12 month period
- 3 episodes of sickness absence in a rolling 6-month period,
- 4 episodes of sickness absence in a rolling 12-month period,
- A clear pattern of absence (e.g. sick days adjoining weekends or annual leave, or sick days falling on the same day(s) of the week/time of the year);

18.2 The management of short term sickness and long term sickness is not mutually exclusive; therefore, if a colleague has reached a threshold under the short term process then has a period of long term sickness or vice versa, the management of sickness will be considered in its entirety.

## **19 Formal Attendance Review Meeting Arrangements**

19.1 The first formal review meeting will be with the colleague and union

## Managing Health and Attendance Policy and Procedure

representative/ workplace colleague (should they wish to have one present) and their line manager. A HR representative will attend subsequent meetings.

- 19.2 For short term absence (under 28 days), there is an expectation that before any formal sickness absence management process is undertaken that informal discussion as part of return to work meeting will have taken place.
- 19.3 For long term absence (exceeding 28 days) the first formal absence review meeting must be arranged to take place within 6 weeks of commencement of the period of absence. It is expected that before the first formal absence review takes place, the staff member would have had at least one welfare meeting with their manager. It is recommended that, unless there are exceptional circumstances, further review meetings are held with the colleague every 4 weeks.
- 19.4 The meeting will be arranged in writing giving at least 7 days' notice. A template letter is available in Appendix G.
- 19.5 It is important to show colleagues the compassion and support needed, however, it is also important to note that issues are one of attendance for work and not whether the absence is due to genuine sickness. Even if there are medical grounds for absence including combinations of long term and short term absence, the absences can still get to a stage where the colleague's capability to carry out their contract is in question. In this case, the colleague should still be formally reviewed, told of the improvement required and the potential impact on their future employment.
- 19.6 All necessary support from Occupational Health or the Wellbeing Hub should be considered and medical advice should be obtained, as appropriate, in order to seek to resolve the problem.
- 19.7 A record of the meeting will be made by the manager on the Attendance Review Record Sheet, Appendix H This will be sent to the colleague together with a meeting outcome letter within 7 working days of the meeting, with a copy placed on the colleague's HR file and recorded on GRS, where available.

## 20 Issuing a Stage

- 20.1 A manager can issue a stage to advise a colleague that their level of absence is unsustainable by the Trust. Issuing a stage does not mean that the manager doubts that the sickness absence is genuine, but that the level of absence cannot continue due to the impact it is having on the operation of the service.

20.2 Should a stage be issued the following approach on an incremental basis should be taken:

<b>Stage 1</b>	First Formal Attendance Review Meeting	6 months	1 <sup>st</sup> line manager
<b>Stage 2</b>	Second Formal Attendance Review Meeting	12 months	2 <sup>nd</sup> line manager
<b>Stage 3</b>	Formal Attendance Hearing	Up to and including dismissal due to ill health capability or other alternative outcome ie redeployment	Substantive Band 8b+

20.3 A stage will remain live for the defined period, above, unless further action is taken during that period.

20.4 It is expected there will be a significant improvement in attendance, and that no further attendance thresholds will be met. If the colleague's sickness absence levels improve (ie during the issued stage, has less than 4% absence, 3 instances in 6 months or 4 instances in 12 months), no further action will be taken and the colleague will only re-enter the procedure at Stage 1, if one or more of the thresholds are met again in the future.

20.5 Escalation to the next stage will be initiated if any of the sickness attendance thresholds are met during the issued stage ie a further 3 periods in 6 months, see section 18. If appropriate and necessary, this meeting can be held prior to the expiry of the stage.

20.6 When issuing a stage, it should always state that their continued employment could be at risk if the colleague does not improve their attendance, and should always give the colleague the right to appeal the decision to issue a stage, see section 27.

## 21 Special Rules

There may be circumstances where whilst it is always necessary to appropriately manage and review periods of absence, managers will have discretion to set attendance thresholds dependent on individual circumstances. In doing so they can take into account the following:-

## Managing Health and Attendance Policy and Procedure

- Disability Related Absence
- Pregnancy Related Absence
- Accident or Injury at Work
- Medical Exclusion

### 21.1 **Disability Related Absence** medical condition covered under the Equality Act 2010

- 21.1.1 In the case of a medical condition covered under the Equality Act 2010, this should be recorded and monitored as per other sickness absence.
- 21.1.2 It is appropriate to allow a formal review to occur to discuss and consider advice from a medical practitioner or other specialist agencies such as Access to Work, in determining whether reasonable adjustments will overcome the practical effects of the medical condition and to review any adjustments already in place.
- 21.1.3 The manager and staff member are encouraged to discuss disability related absences in a way which would facilitate a return to work with any reasonable support or adjustments.
- 21.1.4 Consideration may then be given to the amount of absence that might reasonably be expected and whether adjusted absence thresholds can be set for the colleague given that a higher than normal level of absence may be expected.
- 21.1.5 A colleague should not be issued with a stage for disability-related absence, unless this can be justified, as this is likely to constitute unfavourable treatment. HR advice must be sought in all cases where issuing a stage is considered.
- 21.1.6 Where all reasonable adjustments have been exhausted the manager should seek advice from HR about whether it would be appropriate to consider the colleague's case under a formal Attendance Hearing.
- 21.1.7 Where a colleague requires time off work related to their disability, but not as a result of their being sick, such as to attend medical appointments or receive treatment this should be managed in line with Appendix D.

### 21.2 **Pregnancy Related Absence**

- 21.2.1 Pregnancy related sickness absence and appointments will not be taken into account when considering absence monitoring thresholds

in a formal process. However, the manager and staff member are encouraged to discuss pregnancy related absences in a way which would facilitate a safe and speedy return to work with any reasonable support or adjustments during the pregnancy.

- 21.2.2 If a staff member is absent from work due to pregnancy related illness within 4 weeks before their expected week of childbirth, their maternity leave will automatically commence (see Maternity Policy).
- 21.2.3 If a staff member who is pregnant has periods of sickness absence which are non-pregnancy related, these absences will be considered if they initiate the absence thresholds outlined in this procedure.
- 21.3 **Accident or Injury at Work (including Industrial injury or violence to staff)**
- 21.3.1 A colleague who sustains a work-related injury and as a consequence is absent from work, is not exempt from the managing health and attendance policy, and the absence should be recorded and reviewed as per other sickness absence. However, absence due to a work related accident or injury will normally be discounted when considering whether issuing a stage is appropriate, unless contributory negligence is proved.
- 21.4 **Medical Exclusion following Infectious or Notifiable Disease**
- 21.4.1 Where the absence is the result of diarrhoea and vomiting or other relevant notifiable infectious disease and whilst the colleagues is suffering from the effects of the disease, the absence will be recorded as a period of sickness in the usual way.
- 21.4.2 The manager must obtain information regarding the nature of the illness and obtain advice, if necessary, from the Infection Control or Occupational Health Department as to whether a period of further exclusion is required after the symptoms have subsided and sick leave has ended.

## 22 **Stage 3 Formal Attendance Hearing**

- 22.1 The purpose of the meeting is to give due consideration to the staff member's attendance record to date. The manager chairing the Stage 3 Attendance Hearing should take a fully considered view of the following factors:
- The length/ level of the absence to date and the likely length/ frequency of the continuing absence.



- Any medical advice/prognosis on the staff member.
- If the absence is defined as a disability under the Equality Act 2010 and if so, whether reasonable adjustments have been discussed and fully considered/ implemented.
- If all reasonable and practical options for role adjustment/alternative duties, redeployment and any other interventions have been fully explored.

22.2 The final decision on the appropriate option(s) to pursue should not come as a surprise to the member of staff and there should have been adequate consultation in advance of this.

22.3 Termination of contract of employment will only be considered as a final option, once all the other options have been fully investigated and discounted.

22.4 The Stage 3 meeting will be convened by a manager with the authority to dismiss and they will be accompanied on a panel by a senior representative of the Human Resources Team. The staff member will have the right to be accompanied by a Trade Union representative or a workplace colleague.

22.5 The staff member and their representative must each receive a copy of the management statement of case no later than 7 calendar days prior to the meeting.

22.6 The outcome will be confirmed in writing within 7 calendar days of the date of the hearing to the staff member, their representative and their line manager, plus one copy to be kept on the Human Resources file.

22.7 The staff member has the right to appeal the decision, see section 29.

## **23 Permanent Redeployment**

23.1 A staff member who wishes to engage in the redeployment process will be considered for prior consideration at interview for any roles where their skills meet the essential requirements of the Person Specification, and where Occupational Health have confirmed that their health would not preclude them from fulfilling the full duties of that role. This may include any advice from Occupational Health around reasonable adjustments necessary to undertake the role.

- 23.2 If after an initial review of vacancies the likelihood of this is limited, this search may coincide with a notice period to terminate an colleagues's contract of employment on the grounds of ill health should no suitable alternative role be found during that time. Such notice period will reflect an employee's right to one week's notice for every year of reckonable NHS service, up to a maximum of 12 weeks.
- 23.3 Should the colleague be successful in obtaining a new role with an agreed trial period, it will become their substantive role if the trial is successful. Where an alternative post is on a lower band or fewer hours there will be no right to protection of earnings (including unsocial hours, high cost area allowance or recruitment and retention premia, where applicable). The terms of the new post will apply. If it is not successful, and if the notice period is still in vigour, the search for a new role will continue. If the notice period has elapsed, the employee's contract of employment will be terminated on the grounds of ill health.
- 23.4 There is no obligation for a colleague to engage with the redeployment process, however, the relevant period of notice to terminate their contract of employment will still stand.

## **24 Termination of Employment**

- 24.1 Depending on the nature of an colleague's sickness absence and the corresponding management process, employment can be terminated for one of the following reasons:
- Those who are deemed fit to undertake the duties for which they were employed but their absence level remains unacceptable.
  - Those who remain unfit for work either on a permanent basis or in a reasonable timescale.
- 24.2 With any intention to terminate a contract of employment, either on the grounds of capability due to an inability to attend work on a regular basis, or on the grounds of ill health, contractual notice of termination must be given to the colleague, with the right to appeal within 14 calendar days of the decision.
- 24.3 If after consideration of all the information available, the panel decides that there is limited or no prospect of a satisfactory attendance at work, the staff member should be notified that their employment contract will be terminated on the grounds of capability due to ill-health.

## Managing Health and Attendance Policy and Procedure

- 24.4 Should an colleague not wish to be dismissed on the grounds of ill health, they may make the decision to resign. In these circumstances, advice should be sought from the colleague's union representative and Human Resources as this decision may have financial implications.
- 24.5 A dismissal under this procedure should be with the appropriate period of notice or payment in lieu of notice.
- 24.6 The manager chairing the meeting will confirm their decision in writing to the member of staff within 7 calendar days of the meeting.
- 24.7 If the decision is dismissal, consideration must to be given to the staff member's welfare.
- 24.8 During their contractual notice period an employee who is a current member of the NHS Pension Scheme and whom has at least 2 years membership, can decide to apply for early retirement on the grounds of ill health. The decision to apply for ill health retirement rests with the colleague, but support on the application process can be provided by HR Wherever possible, an application for ill health retirement should be submitted before employment is terminated.
- 24.9 Those who choose to apply for Ill Health Retirement Benefit must have their application supported by either Occupational Health or the their consultant/ GP.
- 24.10 When an application for ill health retirement has been made, the termination date of employment with the Trust (with notice) will be agreed between the senior manager and staff member and will be determined by the circumstances on a case by case basis. This could include payment in lieu of notice.
- 24.11 NHS Pensions will make a decision as to whether to accept or decline the application for ill health retirement.
- 24.12 NHS Pensions is an independent organisation and the decision to grant ill health retirement pension lies solely with the medical advisors to the NHS Pension Scheme. Dismissal on the grounds of ill health does not automatically entitle an employee to receive ill health retirement benefits.

More information can be found at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions)

## **25 Terminal Illness**

- 25.1 Where the colleague is suffering from a terminal illness there are a variety of options open to the manager/colleague. The Trust would aim, as far as possible to give the colleague's interests serious attention and would try to provide the most financially beneficial result for the colleague and/or their relatives.
- 25.2 There are special provisions in the NHS Pension Scheme for terminal illnesses, which are designed to make a person's circumstances as comfortable as possible in such difficult times. Staff may be able to opt to convert their NHS pension benefits (annual pension and lump sum) into a larger one off lump sum, known as commutation. Therefore early advice should be sought from [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions).

## **26 Request to Postpone/Failure to attend meetings**

- 26.1 Employees are contractually obliged to attend meetings and Occupational Health appointments when required. Sick pay may be stopped if individuals do not attend confirmed appointments.
- 26.2 Colleagues are required to comply with requests to confirm their attendance at meetings held under this policy.
- 26.3 In the event a colleague is unable to attend a meeting for good reason, and this is accepted by the relevant manager, the meeting will be postponed on one occasion only. The Trust reserves the right to reschedule the meeting ideally at the earliest possible date and, where appropriate, to seek Occupational Health advice.
- 26.4 Should the colleague fail or be unable to attend a second time, the meeting may proceed in their absence and the colleague will be notified of the outcome in writing. Opportunity will be given for them to present their case in writing and/or nominate a Trade Union representative/advocate to attend on their behalf.
- 26.5 Failure to attend a meeting without good reason may result in occupational sick pay being withheld and the matter being considered as misconduct and actionable in line with the Trust's Disciplinary Policy.

## **27 Appeals**

- 27.1 Appeals should be made in writing against any formal decision under this policy to the Head of HR Business Partnering at [hremmployee.relations@secamb.nhs.uk](mailto:hremmployee.relations@secamb.nhs.uk) within 14 calendar days of the date of receiving the decision in writing.

## **28 Fraud**

- 28.1 Falsification of information (including the exaggeration or falsification of an illness/medical condition) provided to the Trust by a staff member in relation to their sickness absence will be investigated and dealt with through the Trust's Disciplinary Procedure and / or the Anti- Fraud and Bribery. If the breach is so serious as to amount to a dishonest act and cause a financial loss to the Trust the matter may be referred to the Local Counter Fraud Specialist for investigation, which may lead to a criminal sanction.

## **29 Competence**

- 29.1 Advice on the application of this policy to both line managers and staff will be provided by the HR department.

## **30 Monitoring**

- 30.1 Human Resources (HR) will monitor the application of the policy and procedure through feedback from staff and managers. HR will use the information to monitor the implementation of the policy and management of cases. Feedback, legislature and changes to terms and conditions will be used to inform and improve policies, as well as provide recommendations for improving working practices. HR will provide relevant reports, based on this data, as required.

## **31 Audit and Review**

- 31.1 The policy and procedures contained within these documents will be in place for three years following approval of a review and amendments. An earlier review can take place should exceptional circumstances arise resulting from this policy and procedure; in whole or in part, being insufficient for the purpose and/or if there are legislative changes.

### 32 Associated Documentation

- Recruitment and Selection Policy & Procedure
- Disciplinary Policy & Procedure
- Grievance Policy & Procedure
- Capability Policy & Procedure
- Maternity Policy
- Annual leave Policy
- Overtime Policy
- Flexible Working Policy
- Special Leave Policy
- Health & Wellbeing Strategy and associated policies
- Supporting Transgender Staff & Service Users Procedure
- Equality Diversity and Human Rights Policy
- Health & Safety Policy
- Infection Prevention Ready Procedure

### 33 References

- ACAS:
- Agenda for Change Handbook
- Equality Act 2010
- NHS Pension Agency

### Appendix A: Return to Work Form (incorporating selfcertification form)

Name:		Employee/ Payroll Number:			
Job Title:		Base:			
Date From: (this may be a non working day)	Date To: (this may be a non working day)	Return to Work Date:	No. of days:	Reason for Absence	
<b>Was the absence related to:</b>					
Industrial Injury	Details:		Incident Report Form (IWR-1) completed?	Yes	No

## Managing Health and Attendance Policy and Procedure

Accident outside workplace	Details:			Is claim in progress?		Yes (notify HR Service Centre)	No
Mental Ill Health	Signpost/ Refer to Wellbeing Hub (consent required for referral)			Muskelo Skeletal Injury(up to 6 sessions in a rolling 12 month period)		Refer to Wellbeing Hub	
A Disability	Yes	No	Other absence covered under the Equalities Act 2010	Yes	No	Details:	
Do you feel fully fit to return to work?	Yes	No	Details:				
Did you visit a GP?	Yes	No	Details:				
Do you need any support or adjustments to be considered?	Yes	No	Details/ Actions:				

Occupational Health referral required?	Yes	No	Details/ Actions:				
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### General Wellbeing

Lifestyle factors may impact on wellbeing and absence. Consider discussing, where relevant, appropriately and sensitively:

Sleep	Exercise	Smoking	Nutrition/ weight				
Drug/ Substance Misuse	Alcohol	Work/Life Balance(including bank work/ secondary employment)			Other		

If, following discussion, further information or support is needed regarding general wellbeing issues, staff can be signposted to available resources via the wellbeing hub at [wellbeinghub@secamb.nhs.uk](mailto:wellbeinghub@secamb.nhs.uk)

### Absence History

## Managing Health and Attendance Policy and Procedure

Absence History over last 12 months				Calendar Days lost				
<b>Have Sickness Absence Thresholds Been Met</b>								
3 episodes in 6 months	Yes	No	4 episodes in 12 months	Yes	No			
Absence exceeded 28 days	Yes	No	Absence exceeds 4% working time lost due to sickness absence in a rolling 12 month period	Yes	No			
Pattern of absence	Yes	No	Details:  Stage (please circle) <table style="margin-left: 20px; border: none;"> <tr> <td style="padding: 0 10px;">1</td> <td style="padding: 0 10px;">2</td> <td style="padding: 0 10px;">3</td> </tr> </table>			1	2	3
1	2	3						
Current Absence Caution	Yes	No						
If Yes for any of the above, advise that the appropriate formal meeting/ hearing will be arranged			Does the episode of absence require escalation to next stage	Yes	No			
<b>I confirm that the above information is correct. I agree that the information on this form can be used for sickness absence meeting purposes.</b>								
<b>Colleague's Signature:</b>		<b>Manager's Name:</b>		<b>Manager's Signature:</b>				

### Appendix A: Return to Work Form (incorporating selfcertification form)

Name:		Employee/ Payroll Number:	
Job Title:		Base:	
Date From: (this may be a non working day)	Date To: (this may be a non working day)	Return to Work Date:	No. of days:
Reason for Absence			



## Managing Health and Attendance Policy and Procedure

<b>Was the absence related to:</b>			
Industrial Injury	Details:		Incident Report Form (IWR-1) completed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Accident outside workplace	Details:		Is claim in progress? Yes (notify HR Service Centre) <input type="checkbox"/> No <input type="checkbox"/>
Mental Ill Health	Signpost/ Refer to Wellbeing Hub (consent required for referral)		Musculo Skeletal Injury (up to 6 sessions in a rolling 12 month period) Refer to Wellbeing Hub
A Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other absence covered under the Equalities Act 2010 Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:
Do you feel fully fit to return to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:	
Did you visit a GP?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:	
Do you need any support or adjustments to be considered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details/ Actions:	
Occupational Health referral required?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details/ Actions:	
<b>General Wellbeing</b>			
Lifestyle factors may impact on wellbeing and absence. Consider discussing, where relevant, appropriately and sensitively:			
Sleep	Exercise	Smoking	Nutrition/ weight

## Managing Health and Attendance Policy and Procedure

Drug/ Substance Misuse	Alcohol	Work/Life Balance(including bank work/ secondary employment)	Other		
If, following discussion, further information or support is needed regarding general wellbeing issues, staff can be signposted to available resources via the wellbeing hub at <a href="mailto:wellbeinghub@secamb.nhs.uk">wellbeinghub@secamb.nhs.uk</a>					
<b>Absence History</b>					
Absence History over last 12 months				Calendar Days lost	
<b>Have Sickness Absence Thresholds Been Met</b>					
3 episodes in 6 months	Yes	No	4 episodes in 12 months	Yes	No
Absence exceeded 28 days	Yes	No	Absence exceeds 4% working time lost due to sickness absence in a rolling 12 month period	Yes	No
Pattern of absence	Yes	No	Details:		
Current Absence Caution	Yes	No	Stage (please circle)	1	2 3
If Yes for any of the above, advise that the appropriate formal meeting/ hearing will be arranged			Does the episode of absence require escalation to next stage	Yes	No
<b>I confirm that the above information is correct. I agree that the information on this form can be used for sickness absence meeting purposes.</b>					
<b>Employee's Signature:</b>	<b>Manager's Name:</b>		<b>Manager's Signature:</b>		

### Appendix B: Alternative Duties Pathways

#### Alternative duties process – pathway 1

## Managing Health and Attendance Policy and Procedure

- It is agreed between the employee and their line manager that they will be placed on alternative duties at their usual base for a period of up to 3 weeks.
- The line manager will liaise with the Wellbeing Hub to let them know the name of the employee placed on alternative duties and the time period agreed. This contact to the Wellbeing Hub can be via telephone or email (0300 123 9193, [wellbeing.hub@secamb.nhs.uk](mailto:wellbeing.hub@secamb.nhs.uk)).
- After the outlined timescale, the employee will return to their substantive post.
- If determined by the line manager that the employee needs a longer period of alternative duties, they will inform the Wellbeing Hub and the employee will go through pathway 2 for alternative duties.

### **Alternative duties process – pathway 2**

- The employee will enter this pathway for alternative duties upon completion of an assessment form by their line manager
- Where it is deemed appropriate and necessary, the offer of being placed on alternative duties is given to the employee. If the employee declines they will be placed on sick leave as per normal protocol.
- A matching process will determine what alternative duty posts are available. This process will be done using a designated set of criteria.
- If a match is found the alternative duty post will be offered to the employee. If the alternative duty post offered is declined, they will go on, or return to, sick leave. If the post is accepted, they will be inducted to the role. The line manager of the alternative duties post will receive a summary regarding the employee and how long they are currently expected to be in that post. This summary will not contain any personal information which isn't relevant to the role.
- The employee will take up the alternative duties role
- A MDT review meeting will take place after a set period of time (as discussed in matching meeting). During this meeting, the employees currently on alternative duties will be reviewed, and the line manager will be asked to attend or join via conference call as appropriate.
- It will then be determined as to how the alternative duties post will proceed:
  - The employee has reached the 3-month mark in alternative duties post and therefore maybe placed in another alternative duty role wherever possible
  - The employee will begin a phased return to their substantive post
  - The employee will return to their substantive post
  - The employee will continue in the current alternative duties role and will be reviewed again (review date to be set)
- If the employee returns to their substantive role, or begins a phased return to their substantive post, they will liaise with their substantive line manager around this.

## Managing Health and Attendance Policy and Procedure

- Following this, the employee and line manager will receive an evaluation form to be sent back to the Wellbeing Hub.
- In the case of a stalled return, the employee will enter the alternative duties pathway again, or will go on sick leave.

## **Appendix C: Examples of Reasonable Adjustments**

### **Examples of adjustments are:**

- allowing a phased return to work
- changing individuals' working hours
- providing help with transport to and from work
- arranging home working
- allowing an employee to be absent from work for rehabilitation and/or treatment

### **Examples of adjustments to premises include:**

- moving tasks to more accessible areas
- making alterations to the premises
- providing new or modifying existing equipment and tools
- modifying work furniture

### **Examples of adjustments to a job include:**

- providing additional training
- modifying instructions or reference manuals
- modifying work patterns and management systems
- providing a buddy or mentor
- providing supervision
- reallocating work within the team
- providing alternative work

Redeployment could be offered as a reasonable adjustment and may be a suitable alternative for employees who are temporarily or permanently unfit or unable to carry out the duties of their current post.

## **Appendix D: Time Off for Medical Appointments or Treatment**

Wherever possible, doctors, dentists and hospital appointments should be made outside of working hours or at the beginning or end of the working day, so as to minimise time off work, but it is accepted that such appointments are not always available. Where this is not possible, line managers may normally grant up to 3 appointments over a 12 month rolling period.

Where further time off is required, employees may at the discretion of their line manager be allowed to make up the time at a later date, use of TOIL, flexi time, annual leave, unpaid leave or other flexible working options.

At all times managers will be expected to treat the matter with sensitivity and with the appropriate level of confidentiality, offering support through the Trust's health and wellbeing provisions, as appropriate.

Employees undergoing a procedure such as day surgery or inpatient treatment should be recorded as sick.

### **Time off for Fertility Treatment**

The Trust recognises the emotional pressure of undergoing fertility treatment and wishes to support any employee during the process. As such the above provisions will apply to help support employees to attend fertility treatment and appointments. Should individuals undergoing IVF have more than 1 cycle of treatment within a 12- month period, line managers should consider extending the paid time off to up to a maximum of 3 day's special leave per cycle, for a maximum of 3 cycles.

Should the employee require time off due to side effects of the treatment, which may include recommended periods of rest, this will be recorded in line with Trust's Managing Health and Attendance Policy.

A woman undergoing IVF is deemed to be pregnant from the point of implantation of fertilised ova, until it is determined otherwise (a pregnancy test is usually taken two weeks after implantation to determine whether or not the treatment has been successful). She will therefore be protected from pregnancy and maternity discrimination and will have the right to time off for antenatal care from this point, (see Maternity Policy & Procedure).

### **Time Off for Gender Reassignment**

The Trust wishes to support any employee during their reassignment. Employees have the right to reasonable time off for gender reassignment appointments/treatment. Time off may be paid or unpaid.

### **Time off for Staff Covered Under the Disability Elements of the Equality Act 2010**

Where an individual has a disability, additional reasonable paid time off will be granted as a reasonable adjustment to aid rehabilitation, assessment or treatment.

### **Application Process for Medical Appointments**

Staff should make a request to their Line Manager, giving as much notice as reasonably practicable.

Line Managers approving such request may ask for copies of the appointment letter/ card as confirmation.

## **Appendix E: Suspension from Duty, Restriction in Practice, Work Pattern and/or Work Location**

1. The Trust recognises there will be occasions where, as a result of a serious allegation made about an employee, it may be necessary to urgently and temporarily consider adjustments to duties, work pattern and/or work location or

suspension from duty, pending an investigation of the allegation(s). On the grounds that:

- there is alleged gross misconduct
  - serious criminal charges have been brought against the employee, or there are allegations of criminal activity
  - there is a risk to an employee's health or safety
  - the employee, patients, colleagues, the public or the Trust's interests are at risk
  - remaining on duty may inhibit a fair and objective investigation, and no alternative employment is practicable
2. If the suspension/ restriction in practice relates to a registered professional, and where there is a fitness to practice concern, the employee will be required to self-refer to their registering body and the suspending manager will inform the employee to refrain from clinical responsibilities outside the Trust. If any employee fails to self-refer as required, the Trust may make the referral on their behalf.

### 3. **Temporary Adjustments**

3.1 Where a serious allegation is made and a manager believes it is appropriate and reasonable to urgently and temporarily remove an employee from their current place(s) of work or adjust their duties, the following options, as alternatives to suspension, should be fully explored. Where temporary adjustments are considered, a Risk Assessment, Appendix F must be completed.

3.2 Consideration should be given to whether alternatives to suspension, such as:

- Transfer to an alternative location
- Adjustment to duties
- Alternative duties
- Limiting contact with patients, colleagues or others
- Increased supervision
- Proposals put forward by the employee
- Other measures deemed appropriate after discussion with the Director of HR.

3.3 As this action is a result of a serious allegation, adjustments should be made immediately but with due regard to the employees personal circumstance e.g. travel, child care etc.

3.4 In all cases these are temporary measures pending the outcome of an investigation and not an assumption of guilt or a disciplinary sanction.



## Managing Health and Attendance Policy and Procedure

- 3.5 During the temporary adjustment an employee must not be disadvantaged financially.
- 3.6 Where an employee is transferred to an alternative location and/or to the supervision of another person any adjustments (but not the reasons for the adjustments) must be made known to the relevant new supervising manager.
- 3.7 In conjunction with HR the employee's current manager will review the adjustment monthly and remains responsible (other than for day to day performance) for the employee during any temporary adjustment.
- 3.8 The arrangements can be reviewed at any time e.g. where new evidence emerges or there are difficulties with the adjustments.
- 3.9 All temporary adjustments must be notified to HR at [hremployee.relations@secamb.nhs.uk](mailto:hremployee.relations@secamb.nhs.uk).

### 4. **Suspension from Duty**

- 4.1 Suspension should only be used after careful consideration and as a last resort. Alternatives should firstly be thoroughly contemplated. Where adjustments are not regarded as appropriate or possible then suspension must be considered. Suspension must be as brief as possible.
- 4.2 Where suspension is considered a Risk Assessment, Appendix F must be completed by the suspending manager.
- 4.3 Suspension will be authorised jointly by the Director of Operations and Director of HR. Should the incident occur overnight or at the weekend, the Executive on call will have the delegated authority to suspend, but is required to inform the Director of Operations and Director of HR at the first available opportunity.
- 4.4 If the allegation relates to a clinical incident, then confirmation of suspension will be agreed with the Medical Director and/or the Director of Nursing and Quality.
- 4.5 Where new evidence emerges suggesting, the allegation may not be as serious as originally thought the suspension may be lifted.

## Managing Health and Attendance Policy and Procedure

- 4.6 During the suspension, an employee must not be disadvantaged financially. The employee may request annual leave, which will not be unreasonably refused.
- 4.7 During the period of suspension, the employee must not visit Trust property or locations unless with the prior agreement of their line manager or to seek medical help e.g. Occupational Health, Wellbeing support or as an emergency.
- 4.8 The Employee should remain available to the Trust over the period of the suspension and should therefore, not undertake any secondhand employment during their normal working hours. Where necessary or in order to meet its responsibilities, the Trust will make the secondary employer aware of the suspension/restriction in practice.
- 4.9 All suspensions must be notified to HR at [hremployee.relations@secamb.nhs.uk](mailto:hremployee.relations@secamb.nhs.uk)
- 4.10 The Director of Operations and Director of HR will monitor the suspension at least every 14 calendar days and wherever possible the investigation should be completed within 28 calendar days, please refer to the Trust's Investigation Guidelines.

### 5. Communications

- 5.1 The decision to adjust duties and/or work location or suspend from duty must be confirmed by letter by the manager within 5 working days. This letter should include a summary of:
- Details of the allegation
  - The reasoning for the adjustment or suspension
  - The right to appeal against the decision
  - The offer of support from Wellbeing Hub, Employee Assistance Programme and, if relevant, a referral to Occupational Health
  - Details of any restrictions
  - The next steps
- 5.2 Regular contact must be maintained with the employee by their manager (or other designated manager). The manager is obliged to make contact directly (by telephone, letter, email) every 14 days and if necessary more frequently. Contact must include informing the employee of progress with the investigation and departmental and Trust news.

**6. Return to work**

- 6.1 Where suspension or adjustments are lifted, the employee's manager must arrange to meet with the employee and put in place an appropriate and agreed programme of re-orientation and support before the employee returns to their duties.

## Appendix F: Risk Assessment - Consideration of Restriction of Practice/ Suspension

<b>Risk Assessment - Consideration of Restriction of Practice/ Suspension</b>			
To be completed in all instances of consideration of restriction of practice/suspension to record the decision making process. This form should be completed immediately and sent to <a href="mailto:HRemployee.relations@secamb.nhs.uk">HRemployee.relations@secamb.nhs.uk</a>			
<b>Employee's name:</b>		<b>Employees Role:</b>	
<b>Form Completed by:</b>		<b>Other staff present:</b>	
<b>Date:</b>		<b>Time:</b>	
<b>Summary of Issue: (allegation)</b>			
<b>Reaction of employee:</b>			
<b>Questions Considered and Summary of Discussion</b>			
<b>Is there a risk to patients and if so what is this risk?</b>		<b>How can this be mitigated?</b>	
<b>Is there a risk to colleagues and if so what is this risk?</b>		<b>How can this be mitigated?</b>	
<b>Is there a risk to the organisation and if so what is this risk?</b>		<b>How can this be mitigated?</b>	
<b>Is there a risk to the individual</b>		<b>How can this be mitigated?</b>	

Managing Health and Attendance Policy and Procedure

<b>and if so what is this risk?</b>			
<b>Decision</b>			
<b>Actions put in place and who will be responsible for each</b>	<b>investigating officer</b>		<b>welfare officer</b>
			<b>letter confirming suspension/restriction</b>
<b>Any concerns about the wellbeing or mental health of the employee</b>			
<b>Home/Personal support</b>			
<b>Travel home plans</b>			
<b>Recommendation / to obtain/ offer of support e.g. GP, Trade Union, Wellbeing Hub, Counselling Service, Chaplains, Occupational Health</b>			
<b>Relevant line manager informed</b>		<b>Relevant Director Informed</b>	
<b>Suspension Review Date</b>			

## Appendix G: Template Letter – Invite to Formal Attendance Review



South East Coast Ambulance Service **NHS**  
NHS Foundation Trust

### Meeting

#### Private & Confidential

Name & Address

Date

#### Invite to ..... Formal Attendance Review Meeting

I am writing to confirm that I would like to meet with you on [date] at [time] in [venue] to discuss your sickness absences. I am writing to invite you to a formal attendance review meeting under stage... of the Trust's Managing Health and Attendance Policy & Procedure. A copy of which is available on the Secamb intranet.

The reason for this meeting is because you have reached an unsatisfactory level of attendance and have met the following attendance threshold(s), (insert from list below, as applicable)

- Where a continuous or aggregated period of absence exceeds 28 days in a rolling 12 month period
- Totals 4% working time lost due to sickness absence in a rolling 12 month period
- 3 episodes of sickness absence in a rolling 6-month period,
- 4 episodes of sickness absence in a rolling 12-month period,

- A clear pattern of absence (e.g. sick days adjoining weekends or annual leave, or sick days falling on the same day(s) of the week/time of the year);

I would like to arrange to meeting with you on (date) at (time/location) to discuss the following periods of absence that have given rise to cause for concern (I fully understand these absences have been necessary and are for genuine reasons)..:-

Start date    end date    reason for absence

(alternatively - A copy of your absence history is enclosed for your information)

Managing Health and Attendance Policy & Procedure V3.00

Page 46 of 54

## Managing Health and Attendance Policy and Procedure

The aim of the meeting is to discuss how the Trust can support you to improve your attendance level and to decide what (if any) further steps should be taken. During the meeting the following will be covered:- (select appropriate points from below depending on the nature of the absence)

- Obtain an update on your current health and any progress that has been made since start of absence/ since last meeting
- Discuss the likely duration of absence
- Gain any outstanding medical certificates
- Explore any support or adjustments which may assist a return to work, including alternative duties, phased return
- Discuss whether or not a referral to Occupational Health or the Wellbeing Hub is appropriate/ discuss the latest advice
- Update you on relevant workplace developments
- Give an opportunity to raise any difficulties or concerns
- Discuss any next steps
- Discuss whether redeployment is appropriate
- Determine whether ill-health retirement is appropriate
- Explain the possible progression to a formal attendance hearing (including its potential outcomes)

It is possible that the outcome of the meeting will be a formal notice of concern. However, a decision on this will not be made until you have had full opportunity to put forward everything that you wish to raise. An adjournment will follow to consider all of the available information before and the meeting is concluded.

I will be chairing the meeting and will be supported by (HR Advisor) (only necessary at stage 2 review meetings).

You may be supported at this meeting by a trade union representative or workplace colleague. It is your responsibility to arrange who will accompany you.

Please let me know as soon as possible if you or your chosen companion need any adjustments to the meeting arrangements.

Yours Sincerely

Name

Job Title

Cc HR Advisor

Managing Health and Attendance Policy & Procedure V3.00  
July 2022

Page 47 of 54



## Appendix H: Formal Attendance Review Record Sheet

<b>Employees Name</b>		<b>Manager</b>		<b>Date</b>			
<b>Union Rep</b>		<b>HR Rep</b>		<b>Meeting Venue</b>			
<b>Long Term / Short Term</b>		<b>Thresholds</b>		<b>Absence Dates</b>		<b>Absence Record</b>	
<b>Return to Work Form</b>		<b>Copy of current notice of concern</b>		<b>Occupational Health/ Medical Report</b>		<b>Medical Certificates</b>	
		<b>Discussion</b>				<b>Actions</b>	
Update on current health and any progress that has been made since start of absence/ since last meeting							
Review of any informal/ formal actions agreed previously							
Likely duration of absence or whether there is a likelihood of future absences							

## Managing Health and Attendance Policy and Procedure

Discussion of Occupational Health, GP or other specialist medical reports or records		
Whether there is a need for an occupational health service referral or medical report		
Any underlying medical conditions or other issues which require support from the Trust in order to improve the staff member's level of attendance		
If the absence is because of the employee's disability, whether any reasonable adjustments can be considered to help the employee attend work		

## Managing Health and Attendance Policy and Procedure

Where the individual is absent from work, whether a return to work is possible in some capacity, (Sections 15 &16).		
Whether the absences are related to work accidents or incidents where some further investigation might be required		
Whether there is a pattern of absence		
Whether there is any ongoing treatment or investigation which will require future planned absence		
The manager is advised to contact the HR Service Centre for up to date information on the staff member's sick pay entitlement.		

## Managing Health and Attendance Policy and Procedure

<p>Employees should be advised that if they are unable to return to work or sustain attendance once they have returned to work, further formal reviews/ absence hearing may be required. Progression through the procedure and could ultimately lead to dismissal.</p>		
<p>Whether a formal notice of concern is to be applied, the expected levels of attendance, support and monitoring process.</p>		
<p>(The special rules for absence related to pregnancy, disability and industrial injury must always be borne in mind).</p>		
<p>Other matters for discussion raised by the manager, human resources or the employee or their representative.</p>		
<p>Right to Appeal</p>		
<p>An outcome letter and a copy of this record will be sent to you within 7 days of this meeting. Further copies will be retained on your personal file.</p>		

Managing Health and Attendance Policy and Procedure

..... Employee Signature		

## Document Control

### Manager Responsible

Name:	
Job Title:	HR Policy & ER Manager
Directorate:	HR Directorate

Committee/Working Group to ratify	Joint Partnership Forum	
Version No. 4.1	Final	Date: 5/6/2018

### Draft/Evaluation/Approval (Insert stage of process)

Person/Committee	Comments	Version	Date
Joint Partnership Forum	For Approval	V1	5/6/2018
LCFS	For review	V3.0	14/11/2017
WDC	For Approval	V3.0	20/06/2012
JPF			14/06/2012
Workforce Development Committee	For approval	V2.00	12/10/2010
Joint Partnership Forum	For comment	V1.03	16/09/2010
HR Operations Working Group	For comment	V1.03	14/09/2010
Workforce Development Group	Internal Review of second redraft	V1.01	Aug 2010
Workforce Development Group	Internal Review of first redraft	V1.01	July 2010
RMCGC	For approval	V0.02	13/11/2008
Joint Partnership Forum		V0.02	05/11/2008
HR Group	Internal Review of first draft	V0.01	Oct 2008

### Circulation

Records Management Database	Date: 11/6/2021
Internal Stakeholders	
External Stakeholders	N/A
Active from (30 days after above signature):	Date:

## Managing Health and Attendance Policy &amp; Procedure

**Review Due**

Manager	Karen Lavender	
Period	Every three years or sooner if new legislation, codes of practice or national standards are introduced	Date: 5/6/2021

**Record Information**

Security Access/Sensitivity	
Publication Scheme	
Where Held	Records Management database
Disposal Method and date:	

**Supports Standard(s)/KLOE**

	NHS Litigation Authority (NHSLA)	Care Quality Commission (CQC)	Auditors Local Evaluation (ALE)	IG Toolkit	Other
Criteria/KLOE:					

## Managing Health and Attendance Policy &amp; Procedure

## Equality Analysis Record

<p><b>1. Trust policies, procedures and guidelines must not be contrary to the requirements of the Equality Duty within the Equality Act:</b></p> <p><input type="checkbox"/> Eliminate discrimination, harassment and victimisation;</p>	<ul style="list-style-type: none"> <li>• Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;</li> <li>• Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.</li> </ul>	<p><b>When designing the processes in your document, have you taken care not to contravene the Equality Act?</b></p> <p>Yes. The principles of this policy and procedure include mandatory fair treatment of all employees and responsibilities for this are clearly set out.</p>
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<p><b>2. When considering whether the processes outlined in your document may adversely impact on anyone, is there any existing research or information that you have taken into account?</b></p>	<p>For example:</p> <ul style="list-style-type: none"> <li>• Local or national research</li> <li>• National health data</li> <li>• Local demographics</li> <li>• SECAmb race equality data</li> <li>• Work undertaken for previous EAs</li> </ul>	
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<p><b>3. Do the processes described have an impact on anyone's human rights?</b></p>	<p><b>If so, please describe how (positive/negative etc):</b> No impact</p>
--	---

<b>4. What are the outcomes of the EA in relation to people with protected characteristics?</b>			
<b>Protected Characteristic</b>	<b>Impact</b> Positive/Neutral/Negative	<b>Protected Characteristic</b>	<b>Impact</b> Positive/Neutral/Negative
Age	positive	Race	Neutral
Disability	positive	Religion or belief	Neutral
Gender reassignment	positive	Sex	Neutral
Marriage and civil partnership	Neutral	Sexual orientation	Neutral



Pregnancy and maternity	positive	<b>Date the EA was undertaken: 22<sup>nd</sup> November 2017</b>
<b>5. Mitigating negative impacts:</b>		
If any negative impacts have been identified, an Equality Analysis Action Plan must be completed and attached to the EA Record. A template for the action plan is available in the Equality Analysis Guidance on the Trust's website. Please contact <a href="mailto:inclusion@secamb.nhs.uk">inclusion@secamb.nhs.uk</a> for support and guidance.		