

Sickness Absence Management Policy

(replacing policy no. 005/Workforce)

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KEY POLICY ISSUES:

- How to report sickness absence
- How short term sickness absence will be managed
- How long term sickness will be managed
- What certification is required
- How and when return to work meetings should take place
- How to record sickness absence
- How sick pay arrangements work
- What formal procedures and appeals mechanisms will be used
- What monitoring arrangements are in place
- The trust's position regarding staff health and well-being
- Responsibilities: managers/employees/trust

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As a contingency a full set of up-to-date Trust policies are held by the Governance Support Team based at Trust HQ, Swandean.

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1.0 INTRODUCTION

1.1 Purpose of policy

The Trust recognises that good staff health and well-being is vital for ensuring that it can provide effective patient care and continually improve the quality of services for patients. The Trust approach to staff health and well-being is centred on prevention, promotion of positive health and, where sickness occurs, enabling staff to return to work as early as appropriate.

The purpose of this policy, therefore, is to provide clear guidance to ensure equitable, appropriate and sensitive management to help staff maximise their attendance, support staff who are sick to enable as early a return to work as appropriate, and to ensure that reasonable and timely action is taken in managing sickness absence.

1.2 Definitions

Within the Trust, absence is defined and reported on, according to the following:

Short-term Sickness Absence: sickness absence which lasts up to 10 working days.

Long-Term Sickness Absence: sickness absence which lasts more than 10 working days.

Injury Allowance: this term will be referred to as (IA) for the purpose of this policy. See section 15.3 for further information.

1.3 Scope of the policy

The Trust aims to encourage all its employees to maximise their attendance at work. It recognises that staff needs to be supported when they are unable to work because of their health or other reasons. The Trust's ability to deliver cost effective patient care will be adversely affected by staff absence, and therefore the Trust will take appropriate and reasonable measures in handling absence, including sickness absence.

1.4 Principles

The emphasis in handling absence matters is on:

- A sympathetic, compassionate and understanding approach to cases of genuine and particularly long term sickness including the offer of appropriate support; all sickness will be treated as genuine unless there is evidence to the contrary;
- The need to approach each case on its merits e.g. cases of disability, mental health problems or terminal illness will need particularly sensitive handling;

- The beneficial effect of high levels of attendance, i.e. consistent high quality service and the impact on the effective performance of other employees.
- Pro-active management to ensure those problems relating to sickness are identified at the earliest opportunity to enable the Trust to maintain a healthy workforce.

The Trust aims to strike a reasonable balance between the needs of our services and the genuine needs of employees to be absent from work because of sickness (family, domestic or other reasons are addressed in other HR policies). It is important that both managers and staff recognise their responsibilities in relation to attendance, health and well-being, which are contained in Appendix A.

2.0 POLICY STATEMENT

2.1 We are committed to improving the health, well-being and attendance of all employees. We value the contribution our employees make to our success. When any employee is unable to be at work for any reason, therefore, we miss that contribution.

2.2 Responsibilities

All employees and prospective employees of the Trust should be made aware of their responsibilities and managers must be clear about their responsibilities.

Manager's responsibilities:

- Be fully conversant with this policy and linked policies.
- Record, monitor and keep up to date on sickness absence levels in your area of responsibility.
- Ensure all staff are aware of who they should report absence to, and the required procedure.
- Promote healthy work practices and take preventative actions; carry out risk assessments.
- Facilitate early return to work wherever possible.
- Effectively manage absence; long term and short term absence need different approaches. Managers need to be aware of how to manage both effectively.
- Maintain regular contact with staff who are absent from work and discuss adjustments and return to work plans as appropriate. (see Appendix B)
- Understand how and when to refer to Occupational Health to facilitate return to work.
- Carry out Return to Work discussions after every period of absence (see Appendix C)
- Challenge unacceptable levels of absence
- Ensure access to appropriate records for new managers Participate in training

- Submit accurate and timely absence returns to payroll

Employee's responsibilities:

- Make every effort to maintain your fitness and availability for work, as part of your contract of employment
- Attend for work routinely and regularly as per contract of employment
- Report absence to your manager by telephone or alternative means if unable to make a verbal report in line with this policy and procedure (see Appendix A)
- Comply with Sickness Absence procedures and certification arrangements Keep in regular contact with your manager, and discuss 'Fit Note' adjustments and return to work plans as appropriate
- Participate in Return to Work discussions
- Attend Occupational Health appointments as requested

The Trust

In return, the Trust will provide:

- A comprehensive Occupational Health service
- Access to an Employee Assistance Programme (EAP) /confidential counselling service
- Intranet well-being pages which signpost all available well-being provisions Training to ensure that exposure to risks are minimised and the control of risk is maximised
- A nationally agreed sick pay scheme

2.3 The guidelines contained in this policy are aimed at improving employee attendance with its consequent effect on services, whilst at the same time providing a framework within which genuine problems can be dealt with.

2.4 It is important to note that this policy covers all substantive employees at all levels, including doctors and consultants, and sets out to be proactive in its prevention and treatment of sickness absence. Frequent absence can affect the quality of our services and increase the workload of our colleagues. All staff sickness absences will be counted for the purpose of this policy. Approved holidays, family leave periods (maternity, adoption, paternity) and approved special leave are counted separately.

2.5 The application of this policy does not imply that an employee is doing, or has done, anything wrong. The policy is a means of managing attendance, and should not be confused with our disciplinary procedure.

3.0 DUTIES

- The HR Director is responsible for ensuring the provision and distribution

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of a comprehensive up to date policy which reflects best practice and is fit for purpose.

- The Assistant Director HR (Operations) is responsible for ensuring the HR Employee Relations Team are adequately trained in order that they understand, comply with and implement the policy and provide relevant support and guidance for sickness absence cases.
- Directors are responsible for ensuring staff within their directorate is adequately trained in order that they understand, comply with and implement the policy.
- The Assistant Director HR (Workforce) is responsible for ensuring this policy is reviewed and updated in accordance with any applicable legislation changes and for ensuring the HR Workforce Team are adequately trained in order that they understand, comply with and implement the policy. The Assistant Director HR (Workforce) is responsible for the Occupational health Contract and provision.
- The HR Manager - Performance is responsible for the Employee Assistance Programme Contract and the Occupational Health Contract.
- The HR ER Team to monitor and report on long-term sickness absence levels and cases, including contacting relevant managers in relation to information provided or missing on the Monthly Attendance Returns. The HR ER team will support managers in making occupational health referrals and identifying appropriate support and action within employee care plans.
- Managers are responsible for ensuring all absence and return to work details are correctly reported on the Monthly Absence Return, including providing Payroll with sickness certificates and for ensuring line-managers are able to comply with and implement the policy. Managers are responsible for carrying out return to work interviews, making occupational health referrals and for completing employee care plans.
- The Occupational Health provider is responsible for providing services in a timely manner and for the provision of health related advice in relation to short and long term sickness
- Line-managers are responsible for ensuring that all employees in their teams are made aware of this policy and appropriate procedures are followed to support staff and monitor and manage absence.
- It is the responsibility of nominated leads for Management and Staff Side to operate and agree the consultation process through partnership working.
- It is the responsibility of all employees to familiarise themselves with this policy and to act in accordance with it.

4.0 PRE-EMPLOYMENT SCREENING PROCEDURE

When an external candidate is offered a post, they must complete a Declaration of Health form (which is sent to them by the HR Recruitment team), and receive clearance from the Occupational Health Department who will consider the candidate's health status, taking into account the nature of the job in which they are to be employed. Where necessary, before deciding on their suitability on health grounds, Occupational Health may wish to see the person concerned and may recommend suitable reasonable adjustments. No candidate will be allowed to start employment unless Occupational Health Clearance has been given.

For internal candidates moving between posts within the Trust, Occupational Health clearance will only be required if the member of staff is moving into a different role or care group.

In cases where an employee has not disclosed a previous health problem or accurate absence history when asked, this could result in disciplinary action, and possibly dismissal, on the grounds of an act of deception rather than the health problem itself. This will be carried out in line with the trust's disciplinary policy.

5.0 NOTIFICATION OF SICKNESS ABSENCE - PROCEDURE

5.1 Reporting Absence

It is the Manager's responsibility to ensure that staff are aware of reporting arrangements within their team or department including whom in the department they should report their absence to and by what time. The consequences of failing to report as required may result in unauthorised absence. This may lead to the no payment of wages/salary. Notification should be carried out by the person who is sick (unless their illness prevents them from doing so) by telephoning a manager or, in their absence, the deputy.

It is the Manager's responsibility to record all absence dates and reasons on the Monthly Absence Return.

Notification of absence should be made by telephone. Emails, text messages and telephone messages left are not acceptable. The employee is expected to be prepared to state the reason why they cannot attend for work, and how long they believe the absence will last. Employees must provide notification of their intended return date, before the next shift / work day commences. Relatives or other people should not call in for absent members of staff unless they are unable to do so personally, or due to impairment are unable to make verbal contact.

Notification to the appropriate manager or his/her representative must be no later than the normal time which they commence work (in any event no later than one hour after employee's start time), or in the case of staff on shift work, the commencement of their shift on the first day of absence. Early notification is expected wherever possible where arrangements must be made to cover shifts or duties.

Failure to notify absence within one hour of the scheduled commencement time may result in absence being counted as 'unpaid absence without permission' unless there are reasonable mitigating circumstances. If the employee does not contact their Line Manager by the required time, the manager will contact the employee at their home.

If the manager is unable to make contact with the employee, it may be necessary to call the employee's emergency contact, as the Trust has a duty of care towards its employees. Please contact the Employee relations team for further advice.

5.2 Certification arrangements:

- For the first seven calendar days of each absence (this includes all non-work days) staff should complete a self-certificate form (Appendix D) in respect of each period of absence of one day or more. The reason for absence must be recorded from the list provided.
- Staff who are absent due to sickness beyond seven calendar days must submit GP Statements of Fitness for Work ('Fit Notes') which cover all days of absence beyond the seventh calendar day. Managers should refer to guidance below in responding to fit notes.
- Staff entering hospital on a planned basis should complete a self certificate/health monitoring form immediately prior to their absence.

5.3 Fit notes

The 'Fit Note' (introduced April 2010) aims to describe what a person is able to do, rather than what they are unable to do. The 'Fit Note' will continue to allow a GP to advise that a member of staff is unfit for work; however, it will also offer an option of 'may be fit for work taking account of the following advice'. Detailed guidance is contained in Appendix B. The aim of this is to enable doctors to provide more information on the member of staff's condition and how they might be able to return to work and any adjustments that might be needed. This will enable managers to have early and informed discussions with staff, with the aim of facilitating an early return to work. This recognises that work is, on the whole, beneficial, and getting back to the work place as soon as possible (as appropriate) tends to have a positive affect in the process of returning to better health.

It is not necessary to refer a member of staff to Occupational Health unless:

- the adjustment cannot be accommodated
- agreement regarding the return to work cannot be reached
- it is a work-related condition
- It is a period of adjustment or absence that is likely to last more than

6.1 REFERRALS TO OCCUPATIONAL HEALTH

The purpose of a management referral is to:

- ensure appropriate advice is provided in a timely way to facilitate a timely return to work – for example, reasonable adjustments/phased return
- establish the likely duration and prognosis for recovery
- establish whether an employee has an underlying medical condition
- establish whether an employee is covered under the Disability Discrimination Act (DDA) or Equality Act 2010.
- Communicate with other consultants or specialists to provide advice to facilitate an early return to work.

A referral is a process geared to help both managers and employees. There is a contractual obligation on behalf of the employee to attend Occupational Health, if requested. If an employee refuses a reasonable request to attend Occupational Health or to provide a GP's report (written communication from GP outlining details of the medical condition) then a decision may be made to withhold Occupational Sick Pay. The employee has the right of appeal against this decision by using the grievance procedure. If an employee continues to refuse to attend Occupational Health or does not attend scheduled appointments, a decision regarding their ability to carry out their duties may be made on the only information available.

Staff do not need to be off sick to self refer or to be referred to the Occupational Health department by their managers. In some cases, health related problems may not lead to absence from work but still affect the capability of an individual to do their job effectively. Please note that, should a self referral report highlight issues impacting on an employee's work and/or patient care, Occupational Health are obliged to notify the report results to the employee's line manager.

Managers will complete a Referral of Staff to the Occupational Health Department for Medical Assessment form which can be found in Susie – Home/ Health and Wellbeing/ Occupational Health/ Occupational Health referral form. As part of the employee care plan, managers will consider any specific questions that may need to be added to the referral form.

Once an Occupational Health appointment has been offered to the employee and the employee has confirmed their attendance, then the Trust expects the employee to attend the appointment as scheduled. Non-attendance or late cancellations/postponements invariably affect other staff accessing Occupational Health and increase Trust costs. Non-attendance/late cancellation or postponements of Occupational Health appointments will be

Following an Occupation Health appointment, a written report will be sent to the line manager (with a copy to Human Resources).

Occupational Health may contact the manager by telephone. The report issued by Occupational Health will provide medical advice on the employee's likelihood of returning to work and timescales for this to happen. The report will also highlight any reasonable adjustments which are to be considered to facilitate the employee's return to work or ability to remain at work if not off sick. If a manager has urgent or specific queries about a referral, to assist decisions and achieve as early return to work as possible/assist an employee to remain in the workplace, the Occupational Health Department may be contacted by telephone.

On receipt of the report, the manager will arrange to meet with the employee in an appropriate and accessible location to discuss any recommendations that have been made, and whether these may be implemented.

7.0 RETURN TO WORK

Return to work (RTW) discussions are powerful tools in managing absence consistently and fairly. They can also assist in reducing future occurrences of absence by providing an appropriate and timely opportunity for discussion about an employee's health and sickness absence. They are an opportunity to enquire informally about the reasons for sickness absence, to follow up any serious problems and suggest further assistance if required. They can be used in conjunction with a range of other provisions such as Occupational Health Services and the EAP/confidential counselling.

The Occupational Health Report will not contain any confidential information.

Employees are not obliged to disclose personal medical information to their employers unless required by law. However, they can be expected to disclose how their medical condition is likely to impact on their functional ability to do their job, so that their absence and return to work can be managed effectively.

Managers are responsible for monitoring the absence levels of their staff and ensuring return to work discussions are carried out for all staff. See Appendix C.

7.1 When and where to hold return to work discussions

The Return to Work discussion shall be held in a confidential and accessible setting and shall always be a face to face meeting unless distance or working patterns necessitate telephone contact initially followed by a meeting when convenient.

All staff returning to work after a period of sickness absence will have a confidential Return to Work discussion with their manager, regardless of length of absence. This discussion will occur with the appropriate manager

as soon as is practicable, and it will be recorded on the form and this will be retained by the manager please see Appendix C.

7.2 Purpose of return to work discussions

The purpose of any return to work discussion is to be supportive and assist the employee, as far as possible, to avoid further sickness absence. It will be conducted on an informal, but private and confidential basis, and does not require the attendance of HR or union representatives. The employee should be informed that it is normal management procedure. This meeting is held between the manager and the member of staff as good employment practice and as a supportive measure. Further guidance for managers on return to work discussions is contained in Appendix C.

7.3 Content of return to work discussions

The Manager will complete the Return to Work Discussion Form (Appendix C) during the discussion and attach any additional notes that may be necessary. Both the manager and the employee will sign this form as an official record of the discussion and a copy of the form will be kept on the manager's file only. The employee may have a copy in an appropriate format upon request. Where the employee disagrees with the wording and consensus cannot be reached, the employee can request that their comments be attached to the form. Where it is necessary for the manager to express concern about an employee's absence, this should always be carried out on a face to face basis, unless work patterns do not allow this to be practicable. They should ensure absence returns and date of RTW discussion are recorded and reports are completed on a monthly basis via the monthly payroll return. Where return to work discussions have been conducted by telephone, they must be followed up by face to face meetings as soon as possible.

At the end of the meeting the manager will complete part B of the self certificate form (Appendix D). A copy of this form will be sent to the Payroll Department and the manager will retain one.

This meeting can also form the basis of an exploratory forum where any concerns or issues around sickness absence can be fully discussed.

8.0 MANAGING SICKNESS ABSENCE

8.1 Management contact

Line managers should be constructive and supportive by keeping in regular and frequent contact with anyone who is off sick. The frequency of this will need to be determined on a case by case basis but should be at least weekly (except where this frequency would be inappropriate e.g. healing of fracture or terminal illness) and should be determined, wherever possible, when initial notification of sickness is made. Contact should be made in a tactful and sensitive manner, by a mutually agreed method this is a normal procedure for any employer. All contact should be made by telephone or in person, unless not appropriate to do so due to the nature of the condition and should be

regular to ensure member of staff is appropriately supported and kept in touch with the trust. This is a normal procedure for any employer.

8.2 Bank work

Members of staff who have been absent due to ill health will be unable to work additional shifts via the bank for a period of at least one working week following return. This is to ensure that staff are fully recovered from their absence. Managers reserve the right to temporarily stop an employee working bank shifts following a period of absence, should they have concerns that this may adversely affect their recovery. Bank shifts will also not be permitted during periods of a phased return. Please consult your Human Resources Advisor for further advice.

8.3 Sickness absence categories

The Trust will monitor Sickness Absence under the definitions in paragraph 1.2. However, for the purposes of managing and dealing with sickness absence there are two categories:

Short-term sickness absence

Short- term sickness absence is defined as frequent periods of absence which can be either self-certified or certified by a 'Fit Note'. The absences will normally be individual spells of up to 10 working days. The absences may appear unrelated, or of a transient nature. A referral to occupational health will usually take place, with the employee's prior knowledge, after 3 absences in any 12 month period, to ensure there are no underlying medical conditions affecting the employee's ability to attend work. However, this will depend on the reasons for absence (see Trigger Point section below).

The member of staff is contractually obliged to attend occupational health when requested.

Long-term sickness absence

Long-term sickness absence is over 10 calendar days. For absences that last or are likely to last for 28 calendar days or more will normally require advice from Occupational Health. These would include situations where the employee is absent for prolonged periods of time or recurrent periods of time with an underlying or serious health problem. This will be part of the Employee Care Plan (see appendix E) This appointment is in order that Occupational Health may assess ability to return to work as soon as practicable, advise on temporary adjustments, advise on a phased return to work and offer any other supporting strategies. This approach supports evidence which shows that early Occupational Health advice in cases of long term sickness can assist in facilitating an earlier return to work.

Managers are responsible for requesting Occupational Health appointments in good time so that there is no delay in the employee returning to work. *The member of staff is contractually obliged to attend occupational health when requested*

8.4 Protocol for sickness absence meetings

In the event that the employee fails to attend any meetings in connection with the procedures within this policy, without prior and reasonable explanation, the manager reserves the right to make a decision based on the information available to them at that time and will arrange a meeting to discuss the situation. Employees have the right to be accompanied at all formal meetings by a union representative or a work colleague. Representatives will be liaised with to ensure their availability when dates are being considered. It is expected that representatives will make themselves available to enable the meeting to proceed on the first proposed date. If this is not possible, one further alternative date will be offered and, if this is also declined, the meeting will go ahead in their absence.

A written record of meetings and actions should be kept on the employee's management file at all stages of this process. These records should be signed by both the manager and employee.

9.0 MANAGING FREQUENT SHORT TERM SICKNESS ABSENCE

It is well recognised that frequent short term absences from the workplace can have a more disruptive effect on the service and on staff morale than a single period of long term absence. This is because short term absences are, by their very nature, unexpected, and difficult to plan for. It is therefore essential that short term absence is closely managed by Trust managers in order to ensure a safe, healthy and motivated workforce.

9.1 Trigger point

The following trigger point will be used to establish when an employee's absence levels require management intervention:

10 calendar days' sickness absence over at least 3 separate occasions in a 12 month rolling period. The number of days' absence would be pro-rated for part time staff, but not the number of occasions. For example, an employee who works 4 days per week would have a trigger point of 8 days' sickness absence over 3 separate occasions in a 12 month rolling period. (Please refer to Section 15 below for a definition of a 12 month rolling period.)

Whenever this trigger is reached within a 12 month rolling period, action should be taken at that point. For example, if the trigger point is reached during the first 2 months of a 12 month rolling period, action should be taken then.

The reasons for absence should be taken into account. If, for example, a period of absence was due to planned surgery, or related to a disability, then it may be inappropriate to take that period into consideration. Maternity or disability related absences should also be monitored separately. If in doubt, please discuss with your Human Resources Advisor.

9.2 Stage 1 Informal review meeting

As soon as the trigger point has been reached, the manager should meet with the employee to discuss their sickness absence and the reasons for this. As this is an informal meeting, the employee will not have the right of representation, and Human Resources will not attend. The required improvement in attendance, and the consequences of not improving, should be clearly explained, and a copy of this policy should be given to the employee in an appropriate format at the meeting.

The employee may be referred to Occupational Health at this stage, to ascertain whether there is an underlying cause for the absences.

A target for improved performance should be set during this meeting. The target will usually be no more than one episode of absence of up to 3 days' maximum in a three month period. This target will be confirmed to the employee in an appropriate format.

During the three month review period, the manager will meet with the employee after any episode of sickness absence, or on a monthly basis to review attendance.

If the employee has met the target by the end of the 3 months, then the process can be signed off by both parties and discontinued. However, the 12 month rolling period will continue and, if and when the trigger point is reached again, the process will be repeated.

If the employee has not met the target, then the manager should progress to the formal stage of the procedure. This may take place as soon as the employee has breached the target; it is not necessary to wait until the end of the three month review period.

9.3 Stage 2 Formal absence meeting

If the employee has not been able to improve their attendance, they will be required to attend a formal absence meeting. The manager will write to the employee inviting them to the meeting and outlining the purpose of the meeting, informing them of their right to be accompanied by their Trade Union representative (or a work colleague for emotional support only). A member of Human Resources will also attend the meeting.

There are two possible outcomes from a formal absence meeting, as follows:

- An 'Absence Caution' and further attendance target may be issued. Please refer to the 'Absence Caution' section below for further details.

- A further informal attendance target and review period may be set

It may not always be appropriate to issue an absence caution, depending on

individual circumstances (for example, there may be a genuine reason why the employee did not meet the informal attendance target). Please discuss with your Human Resources Advisor if in any doubt.

Whether or not an absence caution is issued, one outcome of the formal absence meeting should always be that a new attendance target is set, and the consequences of not improving should be clearly explained, with a review date (usually 3 months) established.

9.4 Absence Caution

An absence caution is a formal warning to advise an employee that their level of absence is unsustainable by the Trust, and that a failure to improve could ultimately result in their dismissal.

Where no significant improvement in attendance has been made following an adequate review period, and there are no mitigating circumstances (such as an existing disability, requiring reasonable adjustments) to explain the lack of improvement, the manager should issue an absence caution. Issuing an absence caution does not mean that the manager doubts that the sickness absence is genuine, but because the level of absence cannot continue due to the detrimental impact it is having on the operation of the service.

The employee's line manager has the authority to issue a maximum of two absence cautions under this policy in any one rolling 12 month period, following adequate review periods.

Where an absence caution has been issued, this should be confirmed in an appropriate format to the employee, with a record kept on the management file and a copy placed on the employee's HR file. The caution should always state the consequences if the employee does not improve their attendance (i.e. that their continued employment could be at risk), and should always give the employee the right to appeal the decision to issue a caution. Appeals must follow the "Appeal process" and timescales as outlined in the Trust's Disciplinary Policy (Section 3.5).

Live absence cautions should remain on file for 12 months, unless further action has been taken. At the end of the 12 months, provided that the employee's attendance is satisfactory, the caution will be removed from the file. Current Absence Cautions will be used for reference purposes.

If the employee has been previously managed under the formal stages of this policy, this may need to be taken into account when considering an employee's current attendance; please liaise with your Human Resources Advisor for further advice.

9.5 Stage 3 Dismissal

Where an employee is on their second absence caution and there is still no significant improvement in attendance, the employee should be invited to a stage 3 meeting. This meeting should be chaired by a manager with the authority to dismiss (band 8b minimum), and supported by a member of Human Resources. The employee will have the right to be accompanied at this meeting by their Union Representative (or work colleague for emotional support only).

The letter convening this meeting should set out the manager's concerns and include a chronology of events and must make it clear that the outcome of the meeting could be dismissal, should there not be any redeployment opportunities. Any decision to dismiss will be made at this meeting, with the employee and their representative (or work colleague for emotional support only) in attendance.

An employee who is dismissed should be given written notice or an appropriate format such as Braille or easy read in accordance with the statutory minimum, or their contractual notice period, whichever is greater. The employee has the right to appeal against the decision to dismiss, by contacting the Human Resources Director within 10 working days of receipt of the dismissal letter.

10.0 MANAGING LONG TERM SICKNESS ABSENCE

The aim of this process is to:

- a) ensure that all employees whose absence due to sickness exceeds 28 calendar days, or whose absence is for recurrent periods of time with a serious health problem, are reviewed and the appropriate, timely action taken by all relevant parties e.g. Managers, Human Resources, Occupational Health Advisors;
- b) create a framework within which all interested parties are consulted to enable a decision on appropriate action to be taken;
- c) Ensure prompt action is taken and solutions reached which strike an appropriate balance between the needs of the Trust and the employee concerned, whilst at all times treating the employee fairly.

In cases of prolonged/serious sickness absence, managers should normally take action aiming towards an early decision on future employment as follows (except where a case requires particularly sensitive handling, e.g. terminal illness):

10.1 Management contact

Managers should contact the employee after no longer than 7 calendar days' absence to offer support and show a genuine interest in the employee's well-being. Managers should refer to the GP Statement of Fitness for Work ('Fit Note') (see guidance details in Appendix B and flow chart) as this provides the information to begin a discussion with an employee on what might be required to facilitate an early return to work.

10.2 Employee care plan

When an employee notifies their line manager that they will be, or are likely to be, absent through sickness for 10 calendar days or more, the line manager must complete an Employee Care Plan (Appendix E) in conjunction with an HR Advisor. The purpose of this plan is to ensure that appropriate and early advice and actions are taken to facilitate an early return to work, taking into account risk assessments, any adjustments or other actions that may be appropriate.

10.3 Referral to Occupational Health

A management referral to Occupational Health should be made where staff are likely to be absent for 28 calendar days or more, by the point when their absence goes beyond 14 calendar days. The referral process is described in more detail in Section 6 above. The manager will obtain medical advice from Occupational Health (and if appropriate, with authority from the employee, advice from their own GP or consultant via the Occupational Health Department) on prognosis in particular as it affects ability to work and likelihood of return. The Trust will, where appropriate, consider how it can expedite referrals to consultants, physiotherapy etc.

Where Occupational Health indicates there is a likelihood of a return to work within a reasonable time scale (and before sick pay is exhausted), the manager, with advice from Occupational Health and HR, will establish a firm 'return date' with the employee, considering any temporary adjustments that are recommended.

If a gradual return to the employee's full hours of work is agreed, please refer to the Rehabilitation/Phased Return to Work section below.

10.4 Reasonable adjustments due to a disability

Attention must be paid to our obligation under the Equality Act 2010. For example, if following an accident and a prolonged period of absence, an employee requires reasonable adjustment to the work place, due to a disability, special health need, or developing health problem at work, this must be considered. These may include:

- Adjustments to the premises (e.g. ramps, positioning of door handle and light switches, and enabling wheelchair access).
- Reallocation of some duties
- Alterations to working hours
- Allowing time off for treatment, assessment or rehabilitation
- Redeployment to a suitable vacancy
- Making reference material available in alternative formats (e.g. large print, audio tape)
- Adaptation or purchase of specialist equipment (e.g. ergonomic keyboard)

Staff and Managers may seek advice and obtain support from our

Occupational Health, Risk & Health and Safety, Equality & Diversity and Human Resources Departments. Staff and managers may also refer to the Disability Rights Commission website: www.drc-gb.org

10.5 First formal review meeting

If there is no likelihood of a return to work in the foreseeable future (usually by the time sick pay reduces to half pay), the manager, in liaison with Human Resources, will meet with the employee at a mutually agreed location. If the employee is too unwell to attend a face to face meeting, it may be conducted in their absence and special arrangements may need to be in place to gain the permission/authorisation of the employee. The employee will need to be advised at this stage that one possible outcome of their continued absence could be dismissal on the grounds of medical incapacity. The employee should be given a copy of the Sickness Absence Management Policy in an appropriate format, together with information relating to applications for ill health retirement if applicable.

10.6 When to consider terminating employment

Managers in consultation with Occupational Health and Human Resources will have a firm idea of the employee's prognosis by the time half-pay commences. The line manager will be able to make a decision based on Occupational Health advice and recommendation with the employee on his/her future employment. If prognosis cannot be given due to ongoing long-term ill health, then the Trust may need to consider the termination of employment, taking in to full account the individual's circumstances (see below). Where there is a difference of medical opinion between the GP and Occupational Health, the Trust shall consider seeking a second medical opinion.

10.7 Alternative employment opportunities

Human Resources will establish the potential for employment opportunities with other managers if appropriate. Whilst the Trust has a responsibility under the Equality Act 2010 to look for alternative work within the organisation, there is no requirement to create alternative employment. The process for seeking redeployment due to ill health or disability is contained within the Trust's Redeployment policy.

11.0 REHABILITATION PROGRAMMES/PHASED RETURNS TO WORK

A relatively small number of employees are affected by long-term sickness, but where it does occur; it can cause disruption within the workplace and considerable anxiety on the part of the employee. The possibility of arranging a rehabilitation programme/phased return to work to help employees back to work in alternative employment or on reduced hours before they are fit to return to their full contracted duties, should be considered. Rehabilitation programmes will consider the employee's contractual hours of work. Minimum starting hours for a rehabilitation programme or phased return will be equivalent to half the contractual hours of work and will normally last no more

than a maximum of four weeks in totality. Annual Leave can be incorporated to support the employees return to full duties during and after the four week period.

11.1 Assessment

Each case will require assessment by the Consultant Occupational Physician/Nurse. Managers should plan ahead as far as possible as it will normally take up to 10 working days to arrange these appointments. Managers will need to send a Referral of Staff to the Occupational Health Department for Medical Assessment form and an up-to-date job description to the Occupational Health Department, so that a report detailing the employee's abilities/restrictions with regard to their normal working duties can be made by the physician/nurse. The needs of the service must be taken into account when drawing up a programmed rehabilitation or phased return.

11.2 Pay

If the employee is returning to work on a rehabilitation programme after absence due to sickness or disablement arising out of, and in, the course of duty (i.e. work related injury) they will receive full pay in accordance with their terms and conditions of employment, on commencement of the rehabilitation programme, including enhancements but not overtime payments.

Any time during the rehabilitation period when staff are not working their 'normal' working week, must be regarded as special leave with pay and should be noted as 'Paid Rehabilitation' by Department Managers on staff statistical returns. The Department manager must inform payroll by way of memorandum of any rehabilitation programmes, detailing dates, reduced working hours, etc. Extensions to programmes must only be made in exceptional circumstances and considering advice from Occupational Health Payroll must be notified as this has pay implications.

Employees will receive full pay for reduced hours of work during a phased return to work for a maximum of four weeks, at the end of which it is expected that the individual will be fit to return to their contractual working hours.

11.3 Duration of phased return

All programmes must be for a pre-defined period with a set review date (normally of a maximum of 4 weeks). The employee will have a 'fit note' from their GP confirming that they are able to return to work on a rehabilitation programme/phased return.

11.4 Review and Return to Work

Employees working on a rehabilitation programme must be subject to regular medical and managerial reviews. The likelihood of being able to return to normal contracted duties/hours must be formally addressed within an agreed timescale in order that decisions can be made in a planned and timely fashion

to:

- Maintain the standard of service
- Give consideration to financial and contractual obligations

If an employee is unable to return to contractual working hours after a maximum period of four weeks, a further referral to Occupational Health must be made to ascertain the reasons why, and when it is likely that they will be able to work their contractual hours. An extension to the rehabilitation period may be made, but would necessitate a temporary reduction of contractual hours and pay; alternatively, annual leave may be used to extend the phased return for a defined period.

When the rehabilitation ends, the member of staff will be expected to return to work in the normal employment capacity. Where this is not possible, the following must be considered in accordance with current Trust policy:

- adjustment to contractual working hours or working pattern
- permanent redeployment
- retirement
- dismissal on the grounds of medical incapacity

11.5 Rehabilitation Options

These may include:

- (a) normal work, at reduced hours
- (b) normal duties with restrictions, e.g. no heavy lifting
- (c) specified duties only, in the usual work areas
- (d) temporary deployment to an alternative work area or, alternative type of work
- (e) retraining, where a suitable opportunity is available

It is important that those working with the employee on the rehabilitation programme are aware of its contents and objectives.

12.0 TERMINATION OF EMPLOYMENT IN CASES OF LONG TERM SICKNESS ABSENCE

12.1 Termination meeting

Termination of employment will only be considered once all other options, as set out above, have been exhausted. If, after consultation with Human Resources, it is clear that termination of employment is the only alternative, then a final meeting will be convened, chaired by a manager with the authority to dismiss (Head of Service, Band 8b minimum), and supported by

a representative from Human Resources. The employee may be accompanied by a union representative (or work colleague for emotional Support). The employee's manager will present a Management chronology of events detailing the employee's absence history (see Appendix H). The grounds for termination of employment will be medical incapacity (See 12.3 Retirement on the grounds of ill health for further information).

Contractual notice arrangements will apply. Notice will be on full pay. At the Trust's discretion, employees may be given the option of pay in lieu of notice. Written notice should include information on the employee's right of appeal to the Director of Human Resources. This will be the only appeal available.

12.2 Workplace Injury and or Disease

If an employee is claiming that their incapacity is due to a workplace injury or disease or there is potential for a link to be made between the incapacity and an accident sustained during employment with the Trust, the Director of Human Resources must be consulted prior to any decision to terminate employment being made. Details of application for Injury Allowance (IA) will be made available to the employee at this time.

12.3 Retirement on the grounds of ill health

It is important to note that any application for ill health retirement must be supported by the Occupational Health doctor and the employee's GP or specialist if appropriate. In cases of potential ill-health retirement, Human Resources should seek advice from the Payroll department regarding whether the employee has the required pensionable service to apply under the NHS Pension Scheme regulations.

If the above two criteria are met, a potential application should be discussed in a separate meeting with the employee, at which they will have the right to be accompanied by their union representative (or work colleague for emotional support only). The meeting will be chaired by their manager, and a representative from Human Resources will also attend. The employee should be advised that an application may be made, although it should be made clear to them that the Trust cannot influence its outcome; the final decision regarding ill health applications lies with the Pensions Agency.

If the employee wishes to pursue an application, they will be given written notice or notice in an appropriate format that their employment with the Trust is being terminated at the point when the application is being submitted. They will receive full pay for the duration of their notice period and will receive payment for any annual leave accrued since their absence started. In cases where the absence commenced prior to the current financial year, statutory annual leave entitlement is accrued for the current plus the previous financial year only. *Note: This is based on current guidance but yet to be fully tested*

If an Ill Health Early Retirement application is unsuccessful, the Trust will support an appeal to the Pensions Agency which, in most cases, will be after

the contract of employment has been terminated.

Further details concerning retirement on the grounds of ill health can be found in the Trust's Retirement policy.

13.0 MEDICAL SUSPENSION

Medical suspensions are rare, but may occur in the following circumstances:

- an individual feels fit to return to work but the manager has substantial concerns that their doing so may have a detrimental effect on their well-being, on others, or on the service
- the manager has identified a need for, but is unable to arrange an occupational health appointment prior to the member of staff being fit to return to work
- There is a difference of medical opinion between the GP and occupational health.

In these circumstances, it may be necessary to medically suspend an employee from work. In such circumstances, suspension from duty will be on full pay (including enhancements) and will normally only be taken in conjunction with the HR department with advice from the Occupational Health Department where appropriate. The suspension does not need to be supported by a GP Statement of Fitness for Work, and will not be recorded as sickness absence. The reasons for the suspension will be provided in writing to the employee. Please refer to the Trust's Infection Control Policy for further information where this is the reason for medical suspension.

There will be the right to appeal against medical suspension to the appropriate Director.

14.0 ANNUAL LEAVE AND SICKNESS

Occasionally staff may fall ill during annual leave which may disrupt holiday plans.

If this should happen, the member of staff should report the sickness to their line manager in the usual way on the first day of sickness.

If these reporting arrangements are followed the period of sickness during annual leave will be classed as sick leave. A GP's Fit Note may be requested for periods of sickness absence during planned annual leave.

Should the employee be sick on a bank holiday there is no entitlement to claim sick pay.

Staff member continues to accrue contractual holiday entitlement during paid sickness absence, and statutory entitlement during unpaid sickness absence. On their return to work, arrangements must be made for it to be taken as soon as reasonably possible, normally within a month of their return.

Alternatively, staff may take annual leave whilst on sick leave, by mutual agreement with the manager.

Where sickness has prevented an employee from taking statutory annual leave entitlements within a leave year, it will be carried over into the following year, and arrangements made for it to be taken as soon as possible. However, it cannot be carried forward into a further leave year. Such leave may be used to facilitate a phased return to work. In the event of a termination of the employment, payment in lieu of leave is permissible but advice must be sought from Human Resources.

15.0 SICK PAY

The allowances for sick pay are detailed in the 'Contract of Employment' and are calculated on a rolling 12 month basis (see below). From the first day of qualifying sick leave any sick leave in the previous 12 months is taken into consideration when calculating the entitlement. However, when calculating periods of sickness absence due to illness, no account will be taken of any period of absence due to sickness or disablement arising out of and in the course of duty, (i.e. work related injury) where a claim for Injury Allowance (IA) is successful or would have been successful.

Definition of a rolling 12 month period: this is the continuous 12 month period preceding the current day. For example, if today's date is 31st December 2010, the 12 month rolling period would commence from 1st January 2010.

15.1 What is sick pay?

There are two elements to sick pay (both paid for by the Trust):

- Statutory Sick Pay (SSP) paid in accordance with rules determined by the Department of Social Security
- Occupational Sick Pay paid in accordance with NHS terms and conditions of employment.

An employee who is absent on sick leave who has followed the notification procedures, and provided the correct documentation will receive Statutory Sick Pay (or any other Social Security Benefits) plus Occupational Sick Pay up to an amount which does not exceed normal pay in line with their terms and condition of employment.

Failure to provide certification will result in a loss of entitlement to sick pay. Sick pay may be withheld if it can be demonstrated that an employee has not been behaving while absent in a way that is consistent with aiding recovery (e.g. if the employee has been working elsewhere in that time).

15.2 Payment for other work whilst on sick leave

Staff are not permitted to carry out any paid work whilst on sick leave from the Trust (including bank work); should this happen they may be subject to disciplinary action under the Trust's Disciplinary Policy which could include dismissal as this will be viewed as fraud and Local Counter Fraud may be notified

15.3 Injury Allowance

Injury Allowance (IA) may be paid to staff that are temporarily on authorised sickness absence with reduced pay or no pay because of an injury or disease wholly or mainly attributable to their NHS employment. The function of the new IA is to recompense employees who have temporarily lost income due to an injury or illness as a result of work.

The IA is paid as an income top-up to eligible staff. The allowance will top up NHS sick pay (or earnings when on phased return on reduced pay) and certain other income i.e. contributory state benefits, up to 85 per cent of pay.

The allowance is limited to the period of the employment contract only and restricted to a period of up to 12 months per episode, subject to local absence management, return to work and rehabilitation policies.

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

Eligible employees are those employees covered by the provisions contained within the NHS Terms and Conditions of Service handbook or by reference within other national or local NHS employment contracts. Eligible employees must be on authorised sickness absence or a phased return to work, with reduced pay or no pay.

16.0 INCIDENT REPORTING

All injuries, however minor, occurring whilst the employee is on duty, must be reported to their manager at the time or at the earliest possible opportunity thereafter and recorded on an incident report form. The employee should do this wherever possible. Where this is not possible, another employee may do so. Names of witnesses should be included on the report form. Please refer to the Trust's Incident Reporting Policy and Procedure for more information.

16.1 Manager's responsibilities for reporting workplace injuries

The manager must ensure that an incident report form is completed and that the reporting procedure is invoked appropriately. In addition, where an employee is absent as a result of a workplace injury the manager must ensure that both the payroll department and the HR department are informed. Furthermore, where accidents result in sickness of more than 3 days or if the injury is serious enough to warrant it, the Health and Safety Executive must be advised on a RIDDOR form (full details are provided in the Trust's Incident Reporting Procedure and further advice available from the Health and Safety Officer). If there is any doubt about whether the absence is due to an accident at work, the manager must contact the HR department for further advice and support.

If the absence is due to an accident at work the Manager will be

responsible for advising the payroll department of this. If the employee is eligible and specified criteria met, Temporary Injury Allowance will be paid. The manager should contact the appropriate Human Resources Advisor for further guidance and advice before agreeing to pay Injury Allowance.

16.2 Absence as a result of a workplace injury with another employer/road traffic accident?

Staff have a duty to inform their manager when this is the case and the manager must ensure this information is relayed to the payroll department who will write to the employee to establish whether the Trust can claim back the cost of the sickness period via a third party.

17.0 THE LEGAL POSITION

Whatever kind of ill health problem results in a poor absence record and no matter how genuine the absence may be, there comes a time when the Trust's need for an employee to attend work regularly will be greater than the ability to guarantee continuous employment. Whilst the emphasis will be on helping employees to maintain good health and satisfactory levels of attendance, the law allows employers to end employment for reasons of non-attendance, provided a fair procedure is followed.

18.0 IN SUMMARY

Where managers have a cause for concern regarding an employee's sickness absence, they will:

- Investigate thoroughly and ensure a fair review of the absence has taken place;
- Give the employee the opportunity to be accompanied by a recognised Trade Union representative or work colleague at all formal stages;
- Consult the employee at all stages;
- Seek advice from Occupational Health;
- Set time limits for reviewing the position and ensure reviews take place;
- Explain (caution as to) the outcome if there is no return to work within a specified time scale or if there is no improvement in attendance record;
- Consider the requirements of the Equality Act 2010
- Consider whether there is any alternative to dismissal;
- Make the employee aware of the NHS injury benefits (IA) they may be eligible to apply for;
- Keep full notes of discussions/meetings and copies of all correspondence

Early action is in the interests of all Managers are encouraged to seek advice/support at any stage of the procedure from Human Resources who will be pleased to assist.

Monthly sickness information reports will be provided by the Information Department to all Directors responsible for sickness absence returns. These will act as a reminder and prompt for action, with the aim of ensuring that Trust Sickness Absence targets are achieved.

19.0 DEVELOPMENT AND CONSULTATION

This policy has been developed in partnership with staff side colleagues through the HR Policies working group set up prior to the formation of the Sussex Partnership NHS Trust.

The policy was widely consulted on through the various staff side and management groups prior to ratification at Staff Partnership Forum.

20.0 EQUALITY AND HUMAN RIGHTS IMPACT ASSESSMENT (EHRIA)

The policy has undergone an equality and human rights impact assessment.

21.0 MONITORING COMPLIANCE

- Duties compliance will be monitored by the HR Executive Board, via the monthly HR Board Report.
- Process for ensuring absence data is appropriately provided and recorded will be monitored by the monthly HR Board Report
- Process for ensuring Occupational Health provision and contract will be monitored by the HR Executive Board
- Process for ensuring EAP provision and contract will be monitored by the HR Executive Board
- Process for ensuring short-term sickness is appropriately managed will be monitored by the HR Executive Board
- Duty to monitor sickness levels across the protected characteristics will be included in the HR Exec Board paper to ensure no equality group is being disproportionately affected
- Process for ensuring long-term sickness is appropriately managed will be monitored by the HR Executive Board
- Process for ensuring return to work interviews and employee care plans will be monitored by the HR Executive Board.
- Managers must keep records of staff sickness and outcomes of return to work meetings. By doing this, issues will be highlighted at an early stage and the appropriate support and advice given. This may include:

Sickness Absence Management Policy

- Advice and support from Occupational Health;
- Risk assessments in the workplace;
- Training to ensure risks to health are minimised;
- Advice and support from the Human Resources Department;
- Reference to other related policies, for example the Stress Policy, Alcohol Policy, Special Leave Policy, Working Time Regulations, Capability etc.
- Counselling from a qualified counsellor.

22.0 DISSEMINATION AND IMPLEMENTATION OF POLICY

This policy will be circulated to all staff by means of communication tools available to the Trust such as the partnership bulletin, publicised at launch at the leadership briefing and circulated at team meetings and will be placed on the intra and internets. New staff will be made aware of the policy at the Trust induction. Paper copies will be made available to managers without access to computers. Staff networks will be asked to discuss and publicise the policy at their meetings. Training for all staff will be provided to ensure that messages are reinforced.

23.0 DOCUMENT CONTROL INCLUDING ARCHIVE ARRANGEMENTS

It will be the responsibility of the Sponsors and Authors of this policy document to ensure that it is kept up to date with any local, national policy or legislation. The policy will be managed in accordance with the Policy for Procedural Documents

24.0 REFERENCE DOCUMENTS

For further information and cross reference to other related policies, please refer to;

- Employee support and well-being policy
- Policy and procedure for the prevention and management of stress at work (promoting psychological well-being)
- Alcohol and substance misuse policy
- Special Leave Policy
- Working Time Regulations
- Capability Policy
- Management, reporting, recording and investigation of incidents Health and safety policy
- Infection Control policy and procedure

25.0 BIBLIOGRAPHY

Strategic Health Authority Sickness Absence Procedure
NHS Direct Sickness Absence Policy
NHS Agenda for Change handbook
NHS Employers: Health & Safety Essential Guide
NHS Employers: Injury Allowance
NHS Employers: Injury Allowance – a guide for employers

26.0 APPENDICES

Appendix A

ATTENDANCE MANAGEMENT & SICKNESS ABSENCE MANAGEMENT POLICY - GUIDANCE FOR STAFF

This appendix supports a staff pamphlet, to provide you with details of what to do when you are ill and the Trust's Procedures for dealing with sickness absence

Staff Health & Well-being

Why Your Attendance matters to the Trust:

The Trust is committed to improving the health, well-being and attendance of all employees. We value the contribution our employees make to our success; so, when any employee is unable to be at work for any reason, we miss that contribution.

Our Staff Compact emphasises that we want to help our staff to do a great job. In order to help staff maintain their health and well-being, the Trust provides a comprehensive Occupational Health Service, access to Employee Assistance Programme/confidential counselling and a range of well-being resources including our web based Revitalised. All of these can be found on the Staff Intranet.

Our approach to staff health and well-being is centred on prevention, promotion of positive health and where sickness occurs enabling staff to return to work as early as appropriate.

This is not about getting you back to work before you are ready but to remove any blocks in the system that may prevent, or delay, you returning to work. This recognises that work is, on the whole, beneficial and getting back as soon as possible (and as appropriate), tends to have a positive affect in the process of returning to better health.

Your responsibilities:

You have personal responsibilities for your health and well-being:

As part of your contract of employment, you must make every effort to maintain your fitness and availability for work.

To give constant and regular attendance

To report absence to your manager in line with this policy and procedure (see below)

Comply with Sickness Absence procedures and certification arrangements

Keep in regular contact with your manager, and discuss 'Fit Note'

Sickness Absence Management Policy
suggestions

Provide the reasons for your sickness absence

Participate in Return to Work discussions after any absence, regardless of length

Attend Occupational Health appointments as requested

What you can expect from your manager:

Support and guidance if you have problems with work or domestic situations

Promote healthy work practices and take appropriate preventative actions/risk assessments

Monitor your attendance/absence

Maintain regular contact with you if you are absent from

work To ask you for the reasons for your sickness absence

Early discussion about any 'Fit Note' suggestions in order to facilitate an early return to work

Refer you to Occupational Health as appropriate

Carry out Return to work discussions after all absences

Monitor all sickness absence levels in their area of responsibility and seek to meet Trust Targets for reducing sickness absence

Reporting Procedure

As soon as you know you will be unable to attend work telephone:

Manager contact

Name.....Tel:.....

If not available ask for Tel

Give them the following information:

NAME
SPECIFIC REASON FOR ABSENCE
TIME ABSENCE STARTED
EXPECTED DATE OF RETURN

Early notification is expected wherever possible where arrangements must be made to cover shifts or duties.

In any circumstances this information must be received by your manager/contact within 1 hour of your expected start time.

You must telephone personally; relatives should only call if you are unable

Sickness Absence Management Policy

to do so personally.

Emails, text messages or Telephone messages left before offices are open, are not acceptable

Certification Requirements:

For the first one to seven calendar days of each absence (including weekend, Bank and Statutory Holidays) staff should complete a self-certificate form (Appendix D: available on staff intranet). ***Sickness absence reasons must be recorded from the list provided.***

For absence over seven calendar days (including weekend, Bank and Statutory Holidays), staff must submit a GP Statement of Fitness to Work ('Fit Note') and any subsequent notes which may be provided by the GP.

The same reporting and certification arrangements are required if sickness occurs during annual leave, in order for it to be classified as sickness absence and not leave. There is no entitlement to claim sick pay on a bank holiday.

If you do not report in, your manager will be concerned about your well-being and may contact you. You need to follow reporting requirements in order to receive sick pay.

What to do when you return to work

When you return to work it is important that you make sure you see your manager, who will want to see you to find out how you are, keep you up to date on what has been happening during your absence, ensure you complete the self-certification/health monitoring form and, where appropriate, to discuss your overall health record and any problems.

It is important that you provide the necessary documents on time, to ensure that you receive any occupational sick pay to which you are entitled.

If at any time you have any health problems which may affect your work, you should talk to your manager or, or you may wish to contact the Trust's confidential Employee Assistance Programme (see below for contact number). You may also self refer to the Occupational Health Department. However, if there are issues which impact on your work and/or patient care, Occupational Health is obliged to notify the line manager, as part of our duty of care to you.

Non-attendance due to personal problems

At some point we all have to face personal problems: bereavement, relationship difficulties, financial, legal or other personal problems. In these instances, you may choose to discuss these problems with your line manager or contact the Trust's confidential Employee Assistance Programme who will try to help you work things out. (See below for contact number).

The Trust's responsibilities

In return for you fulfilling your responsibilities as outlined above the Trust will provide:

- A comprehensive Occupational Health Service

 - Access to an Employee Assistance Programme/Confidential Counselling Service

- Intranet well-being pages which signpost all available well-being provisions

 - Training to ensure that exposure to risks are minimized and the control of risk is maximised

- A generous and fair sick pay scheme

Employee Assistance Programme – Free confidential advice and counselling Freephone 24 hour/365 days a year – 0800 587 7396

Appendix B

STATEMENT OF FITNESS FOR WORK – ‘FIT NOTE’ – MANAGERS GUIDANCE

1. Introduction

1.1 The shift from ‘sick note’ to ‘fit note’ is not intended to get people back to work before they are ready but to remove the challenges and blocks in the system that prevent, or delay, them returning to work.

1.2 Under the ‘sick note’ system, doctors could only advise their patient on whether their health condition meant that they should or should not work. As a result people, who could benefit from support whilst in work, would be advised that they could not work. It is recognised that generally being in work is good for health, and an early and safe return to work can aid recovery to better health.

1.3 The ‘Fit Note’ means that doctors can advise that an employee is either:

Unfit for work; or

May be fit for work taking account of the following advice.....

1.4 A doctor will give a “may be fit for work” statement if they think that their patient’s health condition may allow them to work. The form also provides helpful tick boxes that suggest common ways to help someone return to work. The doctor may also provide information concerning the functional effects of the employee’s condition.

1.5 The expectation is that there will be a frank and honest dialogue between staff and their managers, working together to find solutions, and recognising that work is good for health. It provides the manager with the opportunity to consider what systems they can put in place to help their staff return to work earlier and in a safe, well-managed way.

2. Action required on receipt of ‘Fit Note’

2.1 If the doctor has identified that an employee ‘may be fit for work’, this means the doctor’s assessment is that the employee’s conditions does not necessarily stop them from returning to work. For example, they could return to work but not be able to undertake all their normal duties, or they could benefit from a phased return or other adjustments.

2.2 For example:

Phased return to work: A doctor will recommend this where they believe that the employee may benefit from a gradual increase in the intensity of their work duties or their working hours.

Altered hours: A doctor will recommend this where they believe the employee will benefit from a change to the hours they work, in order for them to return to work. This does not necessarily mean working fewer hours.

Amended duties: A doctor will recommend this where they believe the employee will be able to return to work if their duties are amended to take account of their condition.

Workplace adaptations: For example ground floor working for mobility difficulties

- 2.3** It is expected that any of the above adjustments would be temporary, as if they were likely to last beyond four weeks, an early referral to Occupational Health would be appropriate. A workplace risk assessment may be required.
- 2.4** If, following discussions with the employee, it is not possible to make the adjustments to accommodate a return to work, the 'Fit Note' should be used as if the doctor had advised 'not fit for work', and you should explain the reasons to the employee accordingly. The employee does not need to return to their doctor for a new statement to confirm this.
- 2.5** The advice in the 'Fit Note' is not binding and should be used in conjunction with Occupational Health advice. A referral to OH will be appropriate if:

The adjustments cannot be accommodated

Agreement of the return to work cannot be reached It is a work related condition

It is a period of adjustment or absence that lasts, or is likely to last, more than four weeks.

Frequently Asked Questions

How long do any amended duties or workplace adjustments have to last for?

On the 'Fit Note' the doctor will state the period of time that their advice is for. When agreeing a Return to Work plan, you should always be clear on the length of time any amended duties or support is for. In most cases this will be about temporary measures. If the employee cannot return to full duties as anticipated or the period is beyond four weeks, a referral to Occupational Health should be made.

What should I do if I offer support to an employee to aid a return to work and the employee disagrees?

If you believe on the basis of the advice from the doctor and your knowledge of the workplace, you can support your employee to return to work and they disagree with your proposal, your first option should always be to discuss the issues with the employee to find out why they believe they cannot return to work. There may be an aspect of their condition or workplace that you have not considered. If you cannot reach an agreement, you can refer to Occupational Health. Clearly it is in everyone's interest to have an open and honest discussion about a return to work, and to be clear and comfortable about appropriate support systems/adjustments to facilitate a return to work.

Can I request a Medical Statement advising that an employee is 'Fit for Work'?

The 'Fit Note', unlike the former 'sick note' does not include the option for doctors to

advise someone that they are fully fit for work. An employee does not necessarily need to be 100% fit to return to work, and it is a myth that an employee needs to be 'signed back' to work by a doctor. Managers need to consider the doctors advice, together with their knowledge of the workplace and carry out risk assessments as appropriate.

What if an employee wants to return to work before the end of a 'not fit for work' statement?

Sometimes an employee will be able to return to work before the end of a statement period where a doctor has advised that they are not fit for work. This may be because the employee has recovered faster than the doctor expected, or the doctor did not know of the ways in which you could support the employee back to work.

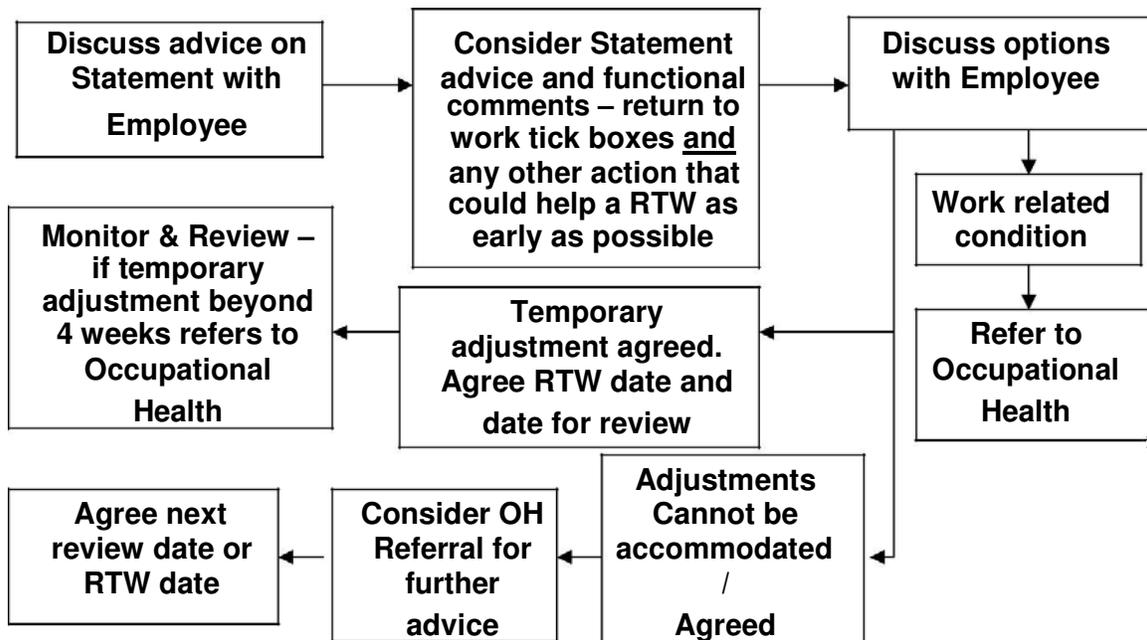
If you agree with the employee that it is appropriate for them to return to work, you do not need to wait until the end of the statement period for them to do so.

What should I do if I do not understand the advice on the Statement?

If you do not understand or you are unsure how to act on the advice on the statement your first option is always to discuss the advice with the employee. They may be able to provide more information on the context of the advice. If you are still unsure you may need to seek advice from Occupational Health.

Maybe Fit for Work

This flowchart explains what to do when you receive a 'maybe fit for work' statement



Appendix C

RETURN TO WORK – GUIDANCE FOR MANAGERS

1. Introduction

- 1.1** The purpose of any return to work discussion/interview is to be supportive and assist the employee, as far as possible, to avoid further sickness absence. This supports the Trust approach to try and prevent ill-health, and to ensure prompt and effective management where ill-health occurs.
- 1.2** There is separate but linked guidance for Managers in relation to the 'Fit Note'.

2. Purpose of Return to Work Discussions/Interviews

To allow the manager to express a proper interest in the employee's well-being

To enable the manager to gain a better understanding of the reason for sickness absence

To give the employee an opportunity to voice any concerns they may have, and to identify any domestic or work-related problems

To ensure that appropriate systems are in place to support a return to work as necessary (see 'Fit Note' guidance in Appendix B)

To identify whether there is a need to conduct a risk assessment of the workplace.

To inform an Employee's Care Plan in cases of absence over 10 working days

To discuss any referral to Occupational Health that is needed, or has been arranged in line with the Attendance & Sickness Absence Policy

To give the employee the opportunity to look at ways to reduce further absence to look at ways to reduce any further absence with the support of the manager (as appropriate)

To ensure that the employee knows that they have been missed and to update them on events that may have occurred during their absence.

3. When to hold Return to Work Discussions/interviews

- 3.1** When the employee returns to work after sickness absence or unauthorised absence of any length, the line manager will arrange to meet with the member of staff as soon as practicable.
- 3.2** In some cases it might be necessary to carry the Return to Work discussion/Interview out by telephone due to the geographical location between manager and employee.

3.3 The line manager should ensure the telephone conversation cannot be overheard so that confidentiality can be maintained; the manager may also need to make arrangements so that the employee can receive the phone call in a confidential setting i.e. private office. If there are any unresolved concerns the manager should arrange to meet the employee as soon as possible.

3.4 The telephone return to work discussion/interview should be followed up by a face to face meeting where possible; to confirm the key points from the discussion and to ensure any review processes are in place.

4. Prepare for the Return to Work Discussion/Interview

4.1 The tone of the discussion should be supportive rather than formal. It is important that it is a two-way dialogue during which the member of staff should feel able to discuss any issues or concerns. The content of the Return to Work discussion/interview will, of course, depend upon the circumstances of the case, taking into account for example, previous sickness record, nature of illness, etc and not all of the following information and factors will be appropriate to all cases.

4.2 Prior to the discussion, the manager should gather relevant information about the employee's absence record.

Information about the employee's previous sickness absence records
Reason given for sickness absence

Any relevant out of work issues

Work developments during the employee's absence

Has the employee's sickness exceeded 20 working days or more, and/or has there been 3 occasions of sickness absence in a 6 month period? See Policy Paragraph 4.3 regarding referral to Occupational Health.

Consideration should be given to the following factors as appropriate:

Is there a pattern to the sickness absence?

If so which part of the week does the absence occur?

Does the absence precede or follow annual leave, Bank Holidays, weekends, roster days off?

Do absences match other staff/colleagues?

Is there a change in absence when shift patterns change?

Does the employee take partial day absences?

Do absences match specific religious dates or days of the week

5. Return to Work Discussion/Interview Format – aide memoire

5.1 Although the discussion is informal, the following format is suggested. Most managers will be conversant with the required and appropriate conduct of these discussions. However, the details in this paragraph are provided as a useful aide memoire to promote a consistent approach.

5.2 During the discussion, the manager should ensure the employee is given every opportunity to discuss any concerns that they may have with regard to their absence. The manager should not be judgemental, become over-involved, make assumptions about the employee's absence, or attempt to give any advice that they are not qualified to give.

5.3 Welcome back

The manager should begin the discussion by welcoming back the employee; explain the purpose of the discussion, and make it clear that it is normal practice and routine to hold these discussions with all staff on return from every occasion of absence, and that these informal discussions are recorded and signed by both manager and employee.

5.4 Enquire about Health

The manager will need information on the following:

Whether the employee is able to undertake full duties, or to confirm any temporary adjustments that have been made in line with 'Fit Note' discussions (see Fit note guidance in Appendix B)

Confirm details of phased return to work (if appropriate)

Whether the absence was work related – if so Risk Assessment/RIDDOR action?

Employee's concerns – identify any issues in returning to work (for example personal e.g. bereavement or work orientated – e.g. change/relationships)

Identify any appropriate support – including access to EAP/Counselling

What steps the employee has taken towards their recovery

What preventative measures they are taking to reduce the likelihood of such absence occurring in the future

These areas should be explored in a caring and concerned manner. The best way to do this is to ask open-ended questions (why, what, when, how). In some cases it may be appropriate to make a management referral to Occupational Health. (Please refer to Section 6 of the Sickness Absence Policy)

5.5 Consequences of Absence

5.5.1 In all cases, the manager should discuss and update on work developments that have occurred during the employee's absence. In some cases it may be necessary to support and guide the employee in managing his/her individual case/work loads for a period on return to work.

5.5.2 In cases of persistent absence, the manager should take this opportunity to:

Discuss any observations the manager may have regarding the employees absence e.g. if the absence seems to form a pattern, and explore ways in which you can help the employee attend as required

Remind the employee that they have a contractual requirement to give constant and regular attendance, and that persistent/frequent short term absence could lead to a requirement to move to formal processes.

Advise the employee of any arrangements that have been made to facilitate their return, including colleagues working additional hours etc

In cases where the employee has not reported their absence correctly the manager should take this opportunity to go through the reporting sickness absence procedures and the requirement to keep in touch.

5.6 Completion of Discussion and Further Action

5.6.1 The manager should summarise the key points of the discussion and any discussions that have been agreed, i.e. referral to Occupational Health, self contact to EAP/Counselling, temporary changes to working arrangements. The manager should ensure that it is clear who will be taking this action and whether anyone else needs to be involved and that a review date is set, if appropriate.

5.6.2 Where absence is over, or is likely to be over 10 working days, an Employee Care Plan will be produced in conjunction with an HR Adviser.

The manager will:

Complete the Return to Work Discussion Form, including a summary of key points and any further actions the manager and employee have agreed to take.

The manager and employee will sign the form. Where the employee disagrees with the wording and consensus cannot be reached the employee can request that their notes be attached to the form. The employee may have a copy on request.

Copy will be kept by the manager

Ensure Sickness absence records are updated

CONFIDENTIAL

‘WELCOME BACK’ INTERVIEW FORM

As a Trust we are committed to making sure that anyone who has not been well is supported on their return to work. The ‘Welcome Back’ interview is an opportunity to discuss the period of sickness absence, ensuring that you are returning to work feeling confident and happy to be back.

Name:			
Personal No:			
Directorate/ Department:			
Job Title/ Grade:		Full-Time	
		Part-Time	

MOST RECENT PERIOD OF ABSENCE:

Date From:	Date To:	No of days:	Reason for Absence/Absence code:			
Did you visit GP?					Yes	No
Do you feel fully fit to return to work?					Yes	No
Do you need any support to help you return?					Yes	No

ABSENCE RECORD FOR PREVIOUS 12 MONTHS:

Date From:	Date To:	No of days:	Reason for Absence:	GP Visited:

GENERAL WELLBEING:

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

Sleep	Exercise	Cigarettes
Nutrition/Weight	Drug/Substance misuse	Alcohol
Work/Life Balance (including bank work)		

If, following discussion, further information or support is needed regarding any of these issues, staff can be signposted to available resources on Staff Health and Wellbeing via the intranet:

<http://staff.sussexpartnership.nhs.uk/staff/corporate/hr/support/wellbeing/>

EMPLOYEES COMMENTS:

LINE MANAGER'S COMMENTS/PLAN OF FUTURE ACTION

(if necessary):

ADDITIONAL COMMENTS:

I declare that the above information is true and correct to the best of my knowledge.

Employee's
Signature:.....Date.....

Manager's Signature:.....Date.....

Manager's Name:.....Date.....

Reasons for Sickness Absence

Please use only the Reasons/Codes shown below.

The reasons and codes are required to allow effective reporting within the Trust enabling it to identify any sickness absence issues that need to be addressed.

It is important for the Trust to identify these reasons in a consistent way, so that it can consider how it can target and provide practical responsive assistance to staff to avoid and reduce ill-health, and to help staff back to work after periods of sickness absence.

Sickness Absence Reason and Code

Code Description

S10	Anxiety/stress/depression/other psychiatric illness
S11	Back problems
S12	Other musculoskeletal problems
S13	Cold, cough, flu (influenza)
S14	Asthma
S15	Chest and respiratory problems
S16	Headache/migraine
S17	Benign and malignant tumours, cancers
S18	Blood disorders
S19	Heart, cardiac and circulatory problems
S20	Burns, poisoning, frost bite, hypothermia
S21	Ear, nose, throat (ENT)
S22	Dental and oral problems
S23	Eye problems
S24	Endocrine/glandular problems
S25	Gastrointestinal problems
S26	Genitourinary and gynaecological disorders
S27	Infectious diseases
S28	Injury, fracture
S29	Nervous system disorders
S30	Pregnancy related disorders
S31	Skin disorders
S32	Substance abuse

Please find further information in the Trust's *Sickness Absence Management Policy* provided on the Trust's Intranet Staff Pages ("Policies").

APPENDIX D**CONFIDENTIAL****ABSENCE SELF CERTIFICATION FORM**

This form is to be completed only for the first 1 to 7 days (including non working days) of non-medically certified sickness absence. This form must be given to your manager on the first day of your return to work.

The form is completed by you and signed by your manager. The original form is to be forwarded to Payroll by your manager (with the Monthly Absence Returns), a copy retained with your line manager.

PART A (To be completed by the employee)			
Surname			
First Name			
Job Title			
Employee Number			
Date Sickness Began			
Date fit to Return to Work			
Total Working Hours Absent			
Reason for Sickness Absence <small>(only use reasons shown)</small>		Absence Code	<small>(see Page 2)</small>
DECLARATION			
I declare that the information given above is true and complete. I did not work during the period of absence. I understand that to give false or misleading information will disqualify me from occupational sick pay/benefit and can result in disciplinary proceedings.			
Signature		Date	
Part B (To be completed by the manager)			
I have discussed the employee's absence with him/her and:			
<input type="checkbox"/> I have no concerns about his/her health/absence record.			
Or			
<input type="checkbox"/> I have some concerns. I have discussed these with the individual and have recorded these on the return to work interview/discussion form.			
Manager's Name		Cost Centre	
Directorate/ Care Group/ Department		Date	
Signature			
Part C (To be completed by payroll)			

Date received from manager

Long Term Sickness Checklist: Employee Care plan

To be completed upon notification of Employee Absence over or likely to be over 10 working days in all cases by HR Officer and lead manager. Copy to be held on HR file.		
Name of employee		
Job Title		
Directorate/Care Group/Department		
Place of work		
Start of absence		
Expected length of absence		
Expected date of return to work		
Reason for absence (only use attached Reasons)		
Injury at work – YES/NO If yes copy of incident form received - consideration of IA.		
ACTIONS	DETAILS	NAME OF LEAD – MGT/HR SUPPORT/OTHER
Agreed method and frequency of contact with employee whilst off sick		
Employee Assistance Programme contact given.		
Advise Bank if necessary		
If absence likely to be over 4 weeks, date of referral made to occupational health.		
Added to payroll monthly absence return		
Consider specific questions to be included in OH referral. Consideration to be given for alternative duties if appropriate, reasonable adjustments in required, confirmation of IA and return to work plan. Liaise with HR Officer as necessary.		
Sick pay entitlement details including dates when going to half pay/no pay plus annual leave entitlement, including dates.		

Sickness Absence Management Policy

ACTION PLAN	DETAILS INCLUDING KEY DATES FOR FOLLOW UP	NAME OF LEAD – MGT/HR/SUPPORT/ OTHER
OUTCOME i.e.:- RTW/ADJUSTMENTS/REDPLOMENT/ TERMINATION.		

Sickness Absence Management Policy

ACTIONS TO BE TAKEN –including risk assessment	DETAILS INCLUDING KEY DATES	NAME OF LEAD – MGT/HR SUPPORT/OTHER

Reasons for Sickness Absence

Please use only the Reasons/Codes shown below on Employee Care Plans and Referrals to Occupational Health.

The reasons and codes are required to allow effective reporting within the Trust enabling it to identify any sickness absence issues that need to be addressed.

It is important for the Trust to identify these reasons in a consistent way, so that it can consider how it can target and provide practical responsive assistance to staff to avoid and reduce ill-health, and to help staff back to work after periods of sickness absence.

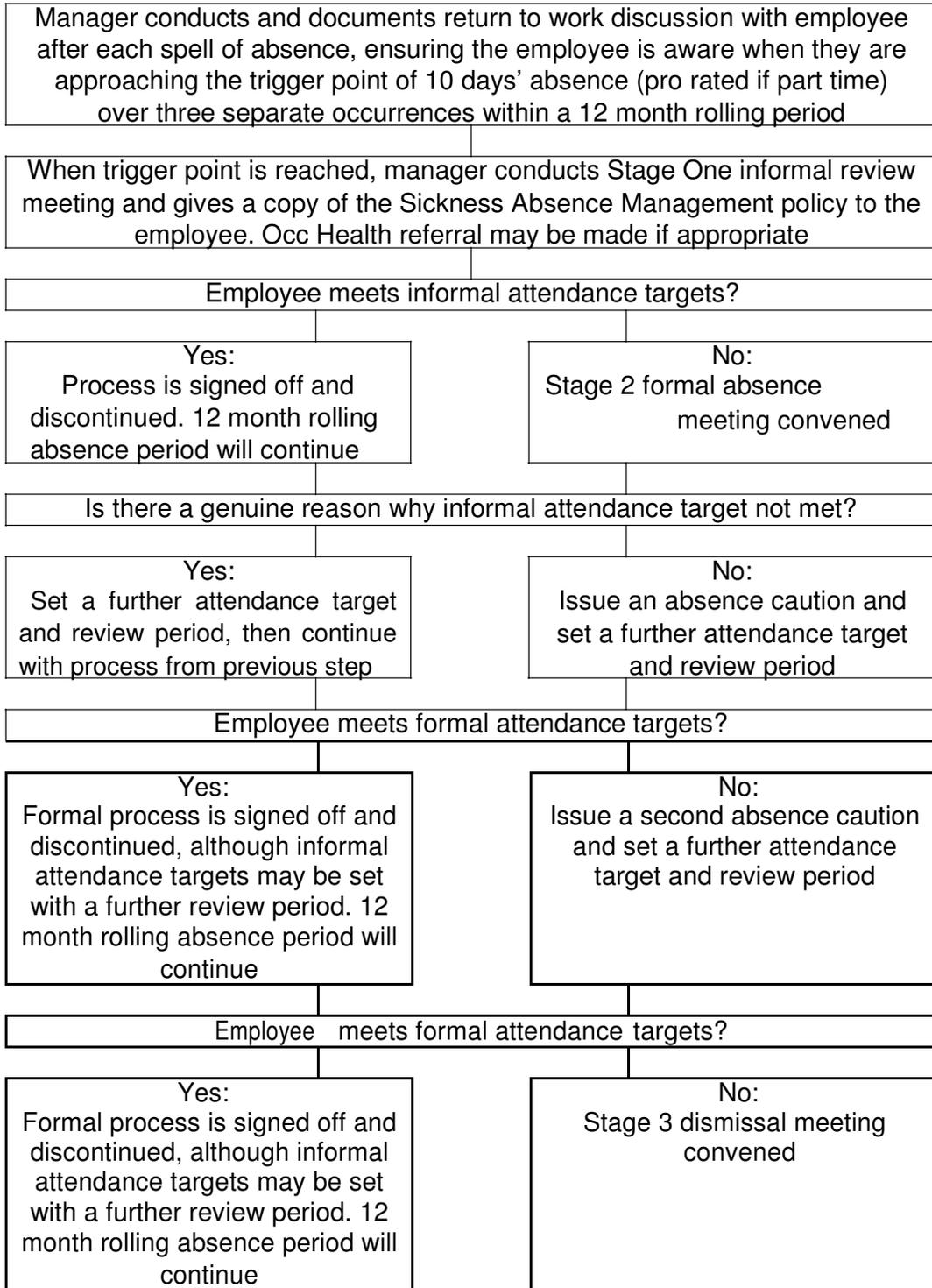
Sickness Absence Reason and Code

Code	Description
S10	Anxiety/stress/depression/other psychiatric illness
S11	Back problems
S12	Other musculoskeletal problems
S13	Cold, cough, flu (influenza)
S14	Asthma
S15	Chest and respiratory problems
S16	Headache/migraine
S17	Benign and malignant tumours, cancers
S18	Blood disorders
S19	Heart, cardiac and circulatory problems
S20	Burns, poisoning, frost bite, hypothermia
S21	Ear, nose, throat (ENT)
S22	Dental and oral problems
S23	Eye problems
S24	Endocrine/glandular problems
S25	Gastrointestinal problems
S26	Genitourinary and gynaecological disorders
S27	Infectious diseases
S28	Injury, fracture
S29	Nervous system disorders
S30	Pregnancy related disorders
S31	Skin disorders
S32	Substance abuse

Further information can be found in the Trust's *Attendance Management and Sickness Absence Management Policy* provided on the Trust's Intranet Staff

Appendix F

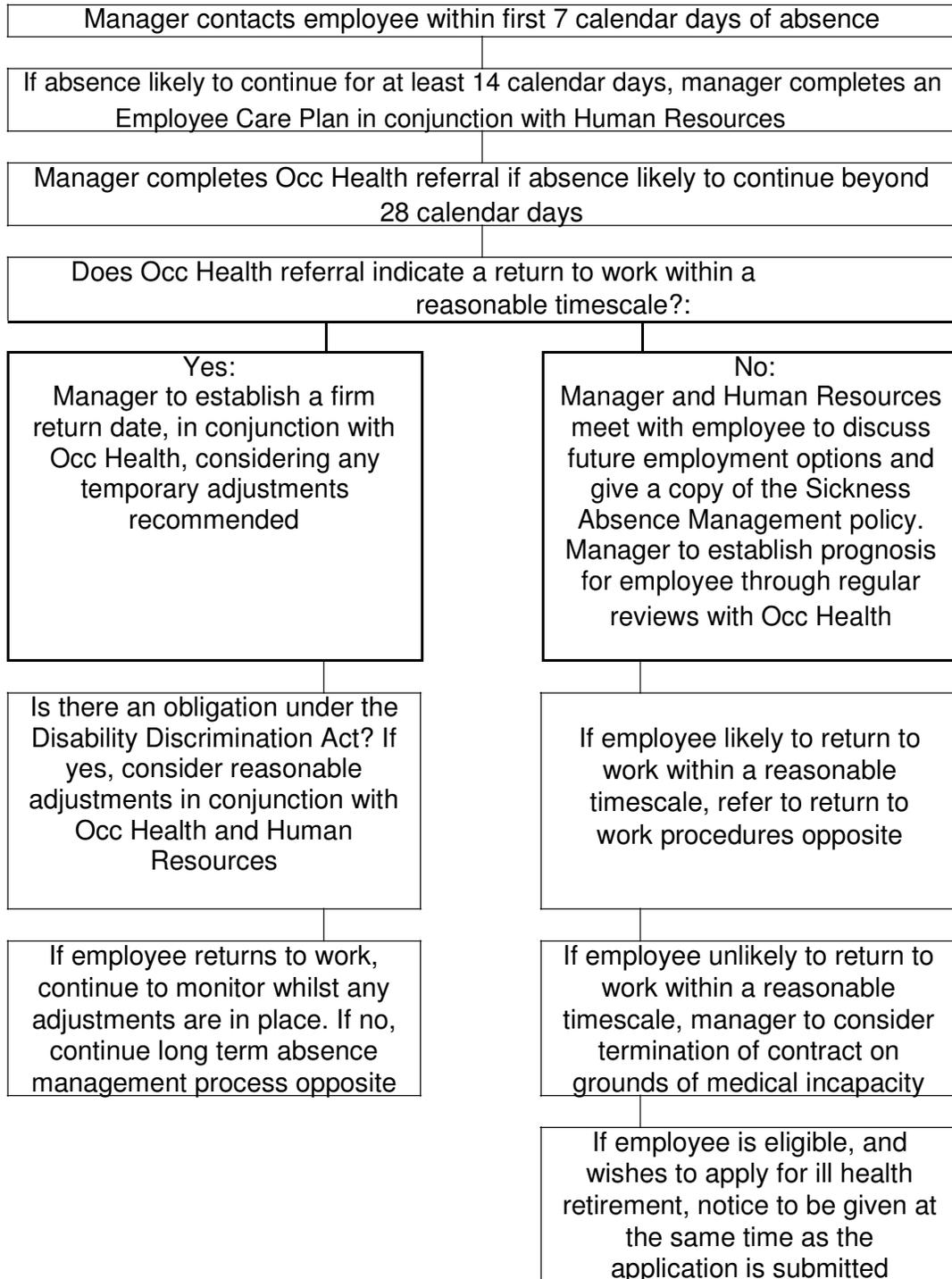
Frequent short term sickness absence management flowchart



Please refer to Section 9 of the Sickness Absence Management Policy

Appendix G

Long term sickness absence management flowchart



Please refer to sections 10, 11 and 12 of the Sickness Absence Management Policy

Appendix H

STRICTLY
CONFIDENTIAL

COPIES TO:

Service Director
Manager
Member of Staff
Union Representative
HR Representative

MANAGEMENT CHRONOLOGY OF EVENTS

Relating to

Insert name of member of staff

MEETING DATE:

CONFIDENTIALITY STATEMENT

This document contains information, which is confidential and pertaining to patients. This must not be disclosed in any part or to any person not on the above list of names.

MANAGEMENT CHRONOLOGY OF EVENTS
Re: Insert Name

1 Introduction

X has worked for the NHS since X. Most recently she has worked as a X at X.
Background information about employee

Current Role

Insert details of current role – what job involves, responsibilities, interaction with service users, shift patterns etc.

Sickness Absence

Insert details regarding nature of absence, key dates, and meetings held as part of the absence management process, advice given by OH and member of staff's responses. List in a chronological order

2 Sickness Absence

Date of Absence	Nature of Illness	Length of Time

3 Recommendation

4 Prepared By

Insert manager's name

Date

Roles

Sickness Absence Management Policy Issue	Activity Required	Responsibility of
Pre-employment health checks	Send health declaration form to candidate and forward to occupational health. Ensure health clearance obtain before confirming employment and start date	Recruitment
Reporting of sickness data to Payroll	Complete Monthly Absence Return	Manager
Reporting of workplace incidents	Completion of incident reporting forms and procedures	Manager
Recording of sickness data for pay purposes	Inputting of sickness data and provision of monthly report	Payroll
Provision and recording of sick pay	Calculation of sick pay entitlement	Payroll
Recording of sickness data for discussion with staff and monitoring of individual absence levels	Record on managers file and monitor levels Discuss at supervision and appraisal	Manager
Carrying out of Return to Work Interviews and reporting when carried out	Hold meeting with individual to discuss absence and report R2W interview carried out on Monthly Absence Report	Manager
Short-term sickness absence	Management of stages and appropriate support and action plans. Both informal and formal stages	Manager
Long-term sickness absence	Management of stages and appropriate support and action plans. Including regular communication with individual	Manager
Refer individual to occupational health	Complete and send referral form	Manager
Discuss occupation health advice and carry out necessary actions to support individual, including use of EAP	Hold meeting with individual to discuss occupational health advise referral and advise individual on next steps	Manager
Support manager regarding complex occupational health referrals and necessary action, inc. reasonable adjustments	Discuss with manager appropriate course of action and attend at meetings for complex cases. Discuss with manager appropriate employee care plan details	HR (ER)
Develop employee care plan where appropriate	Develop appropriate support and monitoring mechanisms to address individual absence	Manager
Redeployment on health grounds	Register individual on redeployment register and notify of suitable alternative roles	HR (ER) & HR (Recruitment)
Service requirements and contractual agreements with occupational health	Manage occupational health contract and ongoing contractual requirements	HR (Workforce)
Service requirements and contractual agreements with EAP	Manage contract and ongoing contractual requirements	HR Advisor (Workforce)