

Cover Sheet

Trust Board Meeting in Public: Wednesday 11 September 2024

TB2024.78

Title: **Sickness Absence Management Procedure**

Status: **For Decision**

History: **People and Communications Committee – 12 August 2024**
Trust Management Executive – 29 August 2024

Board Lead: **Chief People Officer**

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Confidential: **No**

Key Purpose: **Policy**

Executive Summary

1. This paper presents the revised Sickness Absence Management Procedure.
2. The procedure has been considered and is supported by the People and Communications Committee and Trust Management Executive. Prior to this the procedure was circulated for Trust-wide consultation and the procedure updated to address feedback received from stakeholders.
3. The [Developing and Managing Policies and Procedural Documents Policy](#) (paragraph 74.4) identifies ***“If any new or revised policy could represent a significant, substantive change affecting arrangements for the appointment, retention, removal or remuneration of staff, then approval of the new or revised policy is reserved to the Board.”***
4. The key changes made in this iteration of the procedure are:
 - a. The number of stages when managing both frequent absence and long term sickness absence have been reduced from four to three.
 - b. Changes to the notice periods for some formal meetings have been made. All formal meetings now require seven calendar days’ notice with the exception of Stage Two Final Frequent Absence Review Meetings and Stage Two Long Term Absence Review Meetings which continue to require 14 calendar days’ notice (as dismissal is a possible outcome from both of these meetings).
 - c. An update on which healthcare professionals are able to issue a Statement of Fitness for Work is provided, along with the expectation that they should be received by the employee’s line manager within one week of the date they are due.
 - d. If a pattern of absence is identified (for example episodes of sickness absence occurring before and/or after annual leave, days off, public holidays etc.) this can be taken into consideration when managing frequent absence.
 - e. Updated guidance on referring an employee to the Centre for Occupational Health and Wellbeing is provided, along with updates to the responsibilities of line managers and individual employees.
 - f. The roles which are identified as having authority to dismiss have been updated to reflect the Trust’s current structure and other employee relations procedures and an appeals section is included in the procedure (as opposed to referring to a separate Appeals Procedure).

Recommendations

5. The **Trust Board** is asked to approve the revised Sickness Absence Management Procedure.

Sickness Absence Management Procedure

1. Purpose

- 1.1. This paper presents the updated Sickness Absence Management Procedure for consideration by the Trust Board.
- 1.2. The procedure has been considered and is supported by the People and Communications Committee and Trust Management Executive. Prior to consideration by the People and Communications Committee the procedure was circulated for Trust-wide consultation.
- 1.3. The [Developing and Managing Policies and Procedural Documents Policy](#) (paragraph 74.4) identifies “*If any **new or revised policy could represent a significant, substantive change affecting arrangements for the appointment, retention, removal or remuneration of staff, then approval of the new or revised policy is reserved to the Board.***”.

2. Background

- 2.1. High levels of attendance are crucial to the achievement of the Trust’s objectives; however it is recognised that some sickness absence is inevitable and the Trust is committed to supporting employees who are sick and unable to attend work.
- 2.2. This procedure aims to support the health and wellbeing of all employees by:
 - 2.2.1. preventing avoidable absence due to ill-health, for example by following appropriate infection prevention and control measures, undertaking and adhering to relevant health and safety risk assessments, and making reasonable adjustments;
 - 2.2.2. reducing the duration and impact of absence due to ill-health on service provision, wherever possible, through early intervention in sickness absence issues;
 - 2.2.3. providing routes to rehabilitation and facilitating the return to work for staff absent due to sickness; and
 - 2.2.4. ensuring a robust, consistent and fair approach to managing sickness absence across the Trust.

3. Sickness Absence Management Procedure

- 3.1. A full review of the procedure was undertaken, and the following key changes were made:

- 3.1.1. The number of stages when managing both frequent absence and long term sickness absence have been reduced from four to three.
 - 3.1.2. Changes to the notice periods for some formal meetings have been made. All formal meetings now require seven calendar days' notice with the exception of Stage Two Final Frequent Absence Review Meetings and Stage Two Long Term Absence Review Meetings which continue to require 14 calendar days' notice (as dismissal is a possible outcome from both of these meetings).
 - 3.1.3. An update on which healthcare professionals are able to issue a Statement of Fitness for Work (also known as a Fit Note) is provided, along with the expectation that they should be received by the employee's line manager within one week of the date they are due.
 - 3.1.4. If a pattern of absence is identified (for example episodes of sickness absence occurring before and/or after annual leave, days off, public holidays, key work events or on set days of the week or month) this can be taken into consideration when managing frequent absence.
 - 3.1.5. Updated guidance on referring an employee to the Centre for Occupational Health and Wellbeing is provided, along with updates to the responsibilities of line managers and individual employees.
 - 3.1.6. The roles which are identified as having authority to dismiss have been updated to reflect the Trust's current structure and other employee relations procedures such as the Conduct and Expected Behaviours Procedure and the Supporting Employee Performance Procedure.
 - 3.1.7. An appeals section is included in the procedure (as opposed to referring to a separate Appeals Procedure).
 - 3.1.8. The Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure should also be referred to in the case of ill health of a doctor.
- 3.2. The updated Sickness Absence Management Procedure was circulated for consultation to staff side colleagues, staff network chairs (with a request to circulate the draft procedure to their members), divisional management teams and HR colleagues between 26 April and 26 May 2024. A copy of the draft procedure was also available in the 'Policy and Procedure Review' folder on the HR intranet site. Following consultation,

the procedure was updated, where appropriate, to address feedback provided by stakeholders.

- 3.3. Please see Appendix 1A for the final draft of the procedure and Appendix 1B for the communication plan.

4. Conclusion

- 4.1. The updated Sickness Absence Management Procedure should ensure a robust, consistent and fair approach to managing sickness absence across the Trust; reduce the duration and impact of absence due to ill-health, wherever possible, through early intervention; and provide routes to rehabilitation and facilitate the return to work for staff absent due to sickness.

5. Recommendations

- 5.1. The **Trust Board** is asked to approve the revised Sickness Absence Management Procedure.

6. Appendices:

- 6.1. Appendix 1A – Sickness Absence Management Procedure
- 6.2. Appendix 1B – Sickness Absence Management Procedure Communication Plan

Sickness Absence Management Procedure

A supporting toolkit is available for this procedure – [Absence Toolkit](#)

Category:	Procedure
Summary:	This procedure provides clear guidance to managers on improving attendance and supporting employees absent from work due to sickness. It provides clear triggers in relation to frequent episodes of sickness absence and a robust return to work interview that will be supportive to all staff returning to work following an episode of sickness absence. To manage long term sickness, there is a staged management approach with planned formal meetings, supported by the Centre for Occupational Health and Wellbeing.
Equality Impact Assessment undertaken:	April 2024
Valid From:	
Date of Next Review:	3 years Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.
Approval Via/Date:	Trust Board
Distribution:	Trust-wide
Related Documents:	Alcohol and Drug Misuse Guidelines Annual Leave (including Buying and Selling) Procedure for Medical Staff Annual Leave (including Buying and Selling) Procedure for Non-Medical Staff Conduct and Expected Behaviours Procedure Counter Fraud Policy and Reporting Procedures Data Protection Policy Disability Passport Procedure Flexible Working Procedure Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure Infection Prevention and Control Policy Managing Organisational Change Procedure Maternity, Paternity, Adoption and Shared Parental Leave Procedure Menopause Health and Wellbeing Policy

	<p>NHS Injury Allowance Policy NHS Retention Schedules for non-health records Onboarding and Induction Procedure Resolution (including Grievance and Collective Disputes) Procedure Rostering and Safe Staffing Policy for All Workforce Groups (excluding Medical Staff) Sickness Absence Management Toolkit Special Leave Procedure Stress Management in the Workplace Policy Workforce Equality, Diversity and Inclusion Policy Working Time Regulations Policy</p>
Author(s):	Director of Workforce
Further Information:	<p>Divisional Workforce team HR pages of the Intranet</p>
This Document replaces:	Sickness Absence Management Procedure v13.0

Lead Director: Chief People Officer

Issue Date:

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Introduction

1. Oxford University Hospitals NHS Foundation Trust (“the Trust”) is committed to promoting an environment which supports the health and wellbeing of its employees. High levels of attendance are crucial to the achievement and success of the Trust’s objectives. However, it recognised that some sickness absence is inevitable and the Trust is committed to supporting employees who are sick and unable to attend work. High levels of absence, both episodes and days lost, have a detrimental effect on the employee, colleagues, and the level and quality of service the Trust provides.

Scope

2. This procedure applies to all employees of Oxford University Hospitals NHS Foundation Trust on substantive or fixed term contracts, including medical and dental employees, and Retention of Employment (RoE) employees.
3. For medical and dental staff, please also refer to the Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners Procedure.

Aims

4. The aim of this procedure is to:
 - 4.1. support the health and wellbeing of all employees;
 - 4.2. prevent avoidable absence due to ill-health (for example by following appropriate infection prevention and control measures, undertaking and adhering to relevant health and safety risk assessments, and making reasonable adjustments);
 - 4.3. reduce the duration and impact of absence due to ill-health on service provision, wherever possible, through early intervention in sickness absence issues;
 - 4.4. provide routes to rehabilitation and facilitate a return to work for staff absent from work due to sickness;
 - 4.5. ensure a robust, consistent and fair approach to managing sickness absence across the Trust; and
 - 4.6. maintain a high level of attendance and reduce levels of sickness absence.

Definitions

5. The terms in use in this document are defined as follows:
 - 5.1. **RoE employees** refers to Retention of Employment employees who work for non-NHS organisations but who retain the NHS terms and conditions of service.
 - 5.2. **COHWB** refers to Centre for Occupational Health and Wellbeing.
 - 5.3. **Fit Note** refers to a Statement of Fitness for Work or overseas medical certificate containing the same information as is required on a UK Statement of Fitness for Work. In the UK a fit note can [be issued by an eligible healthcare professional](#). Fit notes are required to be submitted to cover any period of absence from day eight onwards.
 - 5.4. **RIDDOR** stands for The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 and refers to the duty placed on the employer under RIDDOR which requires the reporting of some work related accidents, diseases and dangerous occurrences.
 - 5.5. **Disability (as defined by the Equality Act 2010)** refers to a physical or mental impairment that has a ‘substantial’ and ‘long term’ adverse effect on an employee’s ability to carry out normal day to day activities.
 - 5.6. **Frequent Absence** refers to three spells / episodes of absence for medical reasons in any six month rolling period (‘3 in 6’) and/or a pattern of absence.

- 5.7. The [Employee Assistance Programme \(EAP\)](#) is a free of charge, confidential service available to all employees. The EAP can provide advice, information and a solution focussed counselling service 24 hours a day, including, where appropriate, access to a short course of face-to-face counselling sessions.
- 5.8. **Long Term Sickness** absence for medical reasons of four weeks (28 calendar days) or longer.
- 5.9. **Underlying Health Condition** is a condition that may, depending on the facts, amount to a disability under the Equality Act 2010. Each case will be assessed on an individual basis.
- 5.10. **'3 in 6' trigger** is three episodes of absence occurring in a rolling six month period (i.e. a trigger occurs when the employee starts an absence that is the third spell of absence occurring in the 6 month period prior to the date the absence starts. This is often abbreviated to a "3 in 6" trigger). Further information is available in the toolkit.
- 5.11. A **disability passport** is a document that is agreed by both a line manager and employee that details an employees' impairment(s) and how they will be supported in the workplace with regard to that impairment(s). For further guidance regarding disability passports please refer to the [Disability Passport Procedure](#).
- 5.12. The **Staff Support Service** is open to all Trust employees (including RoE staff) who are experiencing difficulties due to challenges or events that have happened at work (e.g. work-related anxiety, depression, or traumatic experiences). It is also open to staff who are not currently working due to their mental health if they would benefit from psychological support, with their return to work being the primary focus of their therapy sessions.

Responsibilities

6. The **Chief People Officer** has responsibility for updates and implementation of this procedure.
7. The **Divisional Director** (or equivalent Director of corporate areas) will ensure that sickness absence is managed consistently and appropriately within their area.
8. **Line Managers** are expected to:
 - 8.1. Be proactive in supporting employee wellbeing to prevent sickness absence where possible.
 - 8.2. Seek advice from the Divisional Workforce Team regarding application of the procedure.
 - 8.3. Discuss with the employee their individual support and wellbeing needs and ensure the employee is aware of the support available to them, for example the Employee Assistance Programme and the Trust's Staff Support Service. If a pattern of attendance is beginning to emerge, consider with the employee if temporary adjustments or flexible working options may be appropriate.
 - 8.4. Ensure employees are informed of reporting procedures for any sickness absence, including local department reporting requirements; and certification requirements at their local induction.
 - 8.5. In areas of the Trust where the services of the Trust's absence management system are not utilised (e.g. for RoE employees), record and monitor the sickness absence of employees.
 - 8.6. Make contact with employees, including RoE staff, who are off sick by the eighth calendar day of continuous absence if contact has not happened prior to this and maintain regular contact with the employee for the duration of their sickness absence.
 - 8.7. Ensure that a Statement of Fitness for Work covers the whole period of an episode of absence from the eighth day to the end and instruct Payroll to withhold pay where the

Statement of Fitness for Work is not present (see Statement of Fitness for Work section for further information).

- 8.8. Conduct return to work interviews in line with the KPI's (see Toolkit) and support employees returning to work.
 - 8.9. In areas of the Trust where eRostering is utilised, review sickness absences have been entered correctly on the eRoster, identify any service need any service need as a result of the absence and escalate service gaps as agreed locally.
 - 8.10. Ensure notes are taken at all formal meetings held under this procedure. A typed copy of these notes will be circulated to all parties in the case of an appeal.
 - 8.11. Ensure all documentation relating to an employee's absence is confidentially stored for the duration of their employment and archiving requirements are adhered to (after employment ceases).
 - 8.12. Refer employees to the COHWB if there are concerns that their health may be affecting their ability to work or has caused significant sickness absence.
 - 8.13. Where the absence relates to a disability or an underlying health condition seek advice from the COHWB and the relevant Divisional Workforce team and follow the advice, if applicable.
 - 8.14. Where reasonable adjustments are recommended consider the recommendations and implement as appropriate (keeping a record of all discussions and decisions in relation to reasonable adjustments).
 - 8.15. Where there are concerns that absences may be related to alcohol or substance misuse, obtain further guidance from the relevant Trust procedure. (Alcohol and Drug Misuse Guidelines).
 - 8.16. Take action where there is a duty of notification under RIDDOR.
9. The **Centre for Occupational Health and Wellbeing (COHWB)** are responsible for:
- 9.1. Advising regarding sources of support for employees who have difficulty returning or remaining in work because of health issues.
 - 9.2. Providing specialist occupational health advice to managers (including medical redeployment and medical suspension/exclusion where appropriate), managing employees with health-related attendance issues and supporting the Divisional Workforce team with advice. They may refer cases involving work-related mental health illness or conditions to the Staff Support Service to provide further support to the employee.
 - 9.3. Providing expert, proactive and impartial occupational health advice to managers that enables them to make suitable decisions with regard to staff returning to work or with respect to the work environment. This includes advice regarding temporary restrictions and permanent adjustments that may enable an employee to return or remain at work.
 - 9.4. Attending case conferences with managers, employees and the Divisional Workforce team.
10. **Individual Employees** are responsible for:
- 10.1. Attending work when well enough to carry out their duties safely and to an acceptable standard.
 - 10.2. Reporting any change in their health, which may affect their ability to undertake their duties effectively and safely.
 - 10.3. Reporting absence in line with local reporting procedures.

- 10.4. Maintaining regular contact with their line manager (or nominated deputy), ensuring they provide regular updates on the duration of their sickness absence and responding to enquiries from their line manager (or nominated deputy).
- 10.5. Submitting any Statement of Fitness for Work in a timely manner, i.e. to be received by the manager no later than one calendar week from the date it is due (unless an alternative timeframe (maximum two weeks) has been agreed with the manager).
- 10.6. Taking personal responsibility for their own health and wellbeing, including not jeopardising their ability to undertake their substantive job role or to work safely by working excessive additional hours either through overtime, or the bank or secondary employment.
- 10.7. Obtaining appropriate medical treatment and/or support or assistance if ill or suffering from a condition that may affect their work performance or make them unable to work. Discussing with the line manager (or nominated deputy) any barriers to achieving this.
- 10.8. Attending COHWB appointments and meetings with managers as requested.
- 10.9. Informing COHWB or their line manager if there is an underlying condition which they wish to be taken into account when applying the absence procedure.
- 10.10. Ensuring that they request support from their representative at the earliest opportunity.
11. The **Workforce Directorate (including Divisional Workforce Teams)** are responsible for providing consistent, legally sound advice and guidance on the application of this procedure, taking into account different national terms and conditions of service.
12. **Trade Union Representatives** are responsible for:
 - 12.1. Giving advice and support to the individual, to ensure that they fully understand their position.
 - 12.2. Ascertaining the issues of a case from the employee's point of view, with or on behalf of the employee as appropriate.
13. The **People and Communications Committee** is responsible for monitoring absence rates for the Trust and reviewing actions on behalf of the **Trust Management Executive** and **Trust Board**, raising concerns where appropriate.

Procedure for Employees Unable to Work due to Medical Reasons

Notification of Sickness Absences

14. All sickness absence must be reported following local reporting procedures. Employees are required, to register their absence and the reason(s) for it using the Trust's absence management system in the first instance and, where local agreements apply, also their line manager (or nominated deputy).
15. The employee must contact [Goodshape](#), the Trust's current absence management system provider either via the app or by calling as soon as they are aware they will be unfit to work, ideally this will be one full shift or working day in the first instance, or no later than one hour before the employee is due to commence work.
16. The line manager, or designated manager will then receive a notification of the absence via an email notification.
17. Sending text messages, emails or asking somebody else to call is not acceptable unless there are extenuating circumstances.
18. Unless an alternative is agreed with the line manager, employees are required to update managers daily in the case of short term sickness. In the case of long term sickness absence, the manager and employee should mutually agree how regularly updates will be provided and via what method.
19. Employees who do not normally report their absence via the Trust's absence management system e.g. RoE staff, are required to follow the local processes so their absence can be recorded.

Becoming Unwell at Work

20. Should an employee need to leave work because they become unwell, they must inform their line manager or nominated deputy. If the absence will be greater than 50% of their rostered shift for that day, the employee's manager must ensure the absence is recorded correctly (see Toolkit for guidance on recording part shifts lost due to sickness absence).
21. A part day sickness absence which is less than 50% of the rostered working shift will not count towards a trigger (unless a pattern is identified) under the Frequent Absence Procedure. However, the manager should still add a note to the employee's record in the absence management system, setting out details of the part day sickness absence.

Statement of Fitness for Work (also referred to as Fit Note)

22. Absences eight calendar days or longer require a fit note/Statement of Fitness for Work. A Statement of Fitness for Work can be [issued by an eligible healthcare professional](#). If a fit note is issued from an overseas medical professional, the fit note will need to include the same information as a UK fit note and be translated into English.
23. Fit notes must be received by the manager within one week of the date they are due (unless an alternative timeframe (maximum two weeks) has been agreed with the manager). Failure to provide fit notes within the timeframe required may result in pay being withheld for the period they are not made available. Employees may not always be paid retrospectively for these periods where the fit note was not in place. Advice from the relevant Divisional Workforce team may be sought in these circumstances.
24. Fit notes should be retained on the departmental file for the employee and uploaded to their GoodShape record.

Returning to Work

25. Once the employee knows they are fit to return to work they should notify the Trust via the absence management system regardless of whether this is a working day or not.
26. Employees within the Trust who do not use the Trust's absence management system e.g. RoE staff, should contact the designated manager directly.

27. Line managers are required to conduct a return to work interview for all staff using the online return to work form. This should be conducted within seven days of the employee returning from their absence.

Supporting Information

Occupational Health Referrals

28. The Centre for Occupational Health and Wellbeing (COHWB) has a specific role to play in advising managers and staff around issues of sickness absence.
29. Line managers have a specific responsibility to refer employees to the COHWB:
 - 29.1. in advance of planned surgical intervention as and when the employee informs the line manager of planned sickness absence from work;
 - 29.2. in cases of stress (after completion of a stress risk assessment) and musculoskeletal ailments, e.g. back pain, or where the majority of sickness episodes are for the same reason;
 - 29.3. as soon as the line manager is made aware that the episode of sickness absence is likely to exceed 28 consecutive days;
 - 29.4. when an employee receives a new diagnosis of a health condition that may affect them at work; and
 - 29.5. at each stage of formal long term absence management and when managing short term absences.
30. It is reasonable for Line Managers to require an employee to attend Occupational Health appointments and engage with any meetings about their sickness absence.
31. If an employee refuses or fails to attend two scheduled Occupational Health appointments and cannot provide a satisfactory reason for non-attendance, then the employee should be informed that further non-attendance to Occupational Health appointments may result in action being taken against them under the Conduct and Expected Behaviours Procedure.
32. If an employee refuses or fails to attend Occupational Health appointments, or withholds consent to share the outcome, the Line Manager will continue the absence management process without Occupational Health input and base their decisions on the information available to them which will not include current Occupational Health/medical advice. Any refusal will be noted as part of the process.
33. The advice received from the COHWB after the employee has attended will, in most cases result in one of the following outcomes:
 - 33.1. return to work;
 - 33.2. phased return/adjustments to duties and/or hours of work;
 - 33.3. medical redeployment;
 - 33.4. termination of contract (at the final stage review); or
 - 33.5. ill-health retirement.
34. The role of the COHWB is explained further in the Toolkit.

Sick Pay Entitlements

35. For employees who are eligible, the Trust will pay contractual sick pay as a supplement to statutory sick pay in line with [the NHS Terms and Conditions of Service Handbook](#) (commonly referred to as Agenda for Change) or the relevant [Medical and Dental Terms and Conditions](#), as appropriate. See the Toolkit for further information.

Sickness Absences During Annual Leave

36. If sickness occurs whilst the employee is on annual leave it may be possible to reclaim the affected portion of annual leave. This will only be permitted if the employee has notified GoodShape (for employees covered by GoodShape) and/or their manager, in line with local absence reporting procedures, at the start of the period of sickness absence and a fit note (or equivalent certificate, if the employee was abroad) is provided stating the employee is unable to work to cover the full period of sickness (see Toolkit).
37. Employees will not be entitled to an additional day off if sick on a bank holiday. See eRoster guidance for further information about adjusting annual leave entitlements.
38. An overseas medical certificate will only be accepted if it provides the following minimum information:
 - 38.1. the name, address and medical qualifications of the doctor;
 - 38.2. the diagnosis;
 - 38.3. the date of examination; and
 - 38.4. the doctor's opinion of the employee's capacity for any type of work.
 - 38.5. An overseas medical certificate must not exceed four weeks duration. After this time, a UK GP fit note would be required to certificate the absence.
39. The Trust reserves the right to make contact with the overseas doctor to clarify any information that is provided. Payment may be withheld if the above minimum information is not provided. If fraud is suspected, this will be reported to the Local Counter Fraud/Anti-Crime Specialist.
40. Employees must obtain prior permission for annual leave and/or planned sickness absence from their manager for elective operations or treatment.

Change of Circumstances (including taking Annual Leave whilst off sick)

41. The employee must notify the Trust of any change of circumstances or changes to contact details throughout the period of absence to maintain effective communication, this includes if the employee chooses to stay elsewhere, for example with their family, during their sickness absence.
42. Where an employee wishes to request annual leave, they must do so in writing to their manager (either via email or the eRoster). Where an employee has previously authorised annual leave which coincides with their sick leave, it will be assumed they will be taking their annual leave unless they advise their manager otherwise. All periods of annual leave must be recorded on the eRoster or following local annual leave reporting systems.
43. The employee should continue to be available for any appointments with the COHWB and/or the line manager outside of any authorised annual leave.

Accrued Annual Leave During Long Term Sickness Absence

44. Employees will continue to accrue annual leave (excluding public holidays) during periods of long term sickness absence and can take this by agreement with their manager.
 - 44.1. If an employee's sickness absence crosses over the Trust's holiday year, which runs from 1st April to 31st March for all employees except doctors in training (whose leave runs from their individual increment date), they are entitled to carry over any accrued Working Time Directive annual leave entitlement (20 days, pro rata for part time staff) which the employee has not been able to take due to their sickness absence, less any annual leave already taken. In all cases, the carry forward period is a maximum of 18 months after the end of the leave year in which the holiday accrued.
 - 44.2. The manager is entitled to request the employee takes all outstanding Working Time Directive annual leave entitlement that has been carried over before the employee

returns to work. Outstanding statutory annual leave may also be used to facilitate an agreed phased return.

45. Employees are encouraged to speak to their manager with regards to taking periods of annual leave while on long term sickness absence.
 - 45.1. Line Managers should end the sickness absence to process payment of full pay during the agreed annual leave period, and subsequently reinstate the sickness absence the day after the annual leave ends through completion of a change form. The period of sickness absence should be maintained as a continuous record of sickness absence, i.e. on the absence management system or the manual record (for employees who do not use the absence management system)
 - 45.2. Further advice should be sought from the Divisional Workforce team where required.

Working During Sickness Absence

46. Working for another employer (including undertaking bank, NHSP or agency work) during periods of sickness absence is not allowed and will be investigated as potential fraud against the Trust under the Trust's Counter Fraud and Bribery Policy.
47. It is recognised that employees may hold a contract of employment with another employer (this includes being self-employed or holding multiple contracts of employment with the Trust), undertake voluntary work or study (both work related study and non-work related study). If the employee feels they are able to continue with this work or these activities whilst off sick, they must discuss this with their line manager in advance of continuing working or with their activities and seek advice from the Divisional Workforce team where necessary. Where an employee is wanting to undertake new activities, this should be agreed with their line manager to ensure it is supportive of their recovery and wellbeing.
48. Any person found to have worked (whether paid or unpaid) without written permission from the Trust during periods of sickness absence will be subject to the Trust's Counter Fraud and Bribery Policy and may be subject to disciplinary action, up to and including dismissal.
49. As part of this, appropriate steps will be taken to recover any sums incorrectly paid to the employee as a result of fraud, including action through the Civil or Criminal Courts.
50. Any concerns about staff working elsewhere whilst off sick from the Trust should be reported to the Trust's Local Counter Fraud Specialist / Anti-Crime Specialist.

Episodes of Diarrhoea and/or Vomiting

51. An employee suffering from Diarrhoea and/or Vomiting (D&V) must report their absence by means of the usual reporting arrangements for their department.
52. Diarrhoea is defined as four or more episodes of passing a loose stool that is either a stool loose enough to take the shape of a container used to sample it or as Bristol Stool Chart types 5-7 within a 24 hour period that is not attributed to any other cause such as food poisoning i.e. the symptoms are suspected of, or have been confirmed as having been caused by a pathogenic microorganism or agent e.g. norovirus, viral gastroenteritis that has the capability of causing infection.
53. Where the nature of the D&V infection *is* attributed to either a pathogenic microorganism or agent that has capability of causing infection (e.g. norovirus, viral gastroenteritis), the employee must remain absent from work for a 48 hour period after expiry of symptoms in accordance with the Trust's Infection Prevention and Control Guidelines. Staff who are working from home can resume their duties when they feel well enough and are not required to remain absent for 48 hours.
54. In instances where the D&V symptoms have caused an absence on a rostered working day, the Frequent Absence process will apply where the absence contributes to a trigger.

55. In instances where *only* the 48 hour symptom free time has caused an absence on a rostered working day, the Frequent Absence process will not apply, the manager will need to ensure it is accurately recorded on the eRoster, guides are available in the Toolkit.

Medical Suspension/Exclusion

56. If, in the opinion of the manager and the COHWB, the employee's continued presence in the workplace would be to the detriment of themselves, colleagues or patients of the Trust because of a medical condition, the employee may be medically suspended/excluded normally for a period of no greater than two weeks, although this may need to be extended following receipt of further medical advice. Managers should seek advice from the Divisional Workforce team before taking this course of action. This period of suspension would be paid based on an employee's 'normal pay' which would be calculated on the basis of their average pay (basic pay plus enhancements) in the three months prior to the medical suspension/exclusion.

Referrals to Professional Regulatory Bodies

57. Where a serious concern arises that an employee's sickness absence or medical condition is affecting their fitness to practice, consideration should be given to referring the concern to the relevant professional regulatory body. In the event of a referral being proposed such a referral should be processed via the appropriate Chief Officer.

Responsibilities under RIDDOR (Work Related Absences)

58. RIDDOR stands for The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. An employer has duties under RIDDOR which requires the reporting of some work related accidents, diseases and dangerous occurrences. These include, death, major injury, reportable work related diseases and dangerous occurrences. Death and major injury and any absence of seven calendar days or more following a work related incident is reportable by the Trust to the Health and Safety Executive within 15 days of the injury.
59. Where an employee has an accident at work, or is absent due to a work related condition, line managers identify whether an incident is RIDDOR-reportable using the Trust's online Incident Report Form.
60. Work related stress is *not* reportable under RIDDOR and should not be recorded on the Trust's Incident Reporting System.
61. More information relating to this can be obtained from the [Health and Safety Executive](#) or Trust Health and Safety Department. Further information is available in the Toolkit.

Terminal Illness

62. Where an employee has been identified as having a terminal illness with a life expectancy of 12 months or less, the frequent absence process will cease for that individual and they will solely be supported through the Long Term Absence Procedure when they are unable to attend work.
63. The COHWB, the line manager and the Divisional Workforce team will help the employee decide what would be most helpful to them and their dependants. The line manager or nominated deputy will agree with the employee arrangements for maintaining contact.
64. Approaching the period that half pay/no pay commences, the manager will discuss with the employee their individual entitlement as it may be appropriate to facilitate and support the employee to retire on grounds of serious ill health or extend their sick pay. Please refer to the Divisional Workforce team for further guidance.

Surgery for Non-Medical Reasons

65. If employees wish to undertake any form of surgery or treatment for non-medical reasons, e.g. cosmetic surgery or cosmetic dentistry, this will not ordinarily be classified as sickness absence. Employees should request annual leave or in exceptional circumstances, unpaid

leave.

Pregnancy Related Illness

66. Where an illness resulting in sickness absence is attributed to pregnancy this will not count for the purposes of the frequent absence management trigger point.
67. A [Pregnancy Risk Assessment](#) must be undertaken regularly throughout the pregnancy.
68. A referral to the COHWB may be required for medical opinion and support.
69. If the employee is off work ill, or becomes ill, with a pregnancy related illness during the last 4 weeks before the Expected Week of Childbirth (EWC), maternity leave will normally commence at the beginning of the 4th week before the EWC or the beginning of the next week after the employee last worked, whichever is later. Please refer to the Maternity, Paternity, Adoption and Shared Parental Leave Procedure for further information.

Disability Related Sickness

70. Disability related sickness absence will be managed in accordance with the Equality Act 2010 and related Codes of Practice and guidance. Advice on specific cases *must* be sought from the COHWB in consultation with the Divisional Workforce team.
71. In some instances, following advice from the COHWB and Divisional Workforce team, adjustments may be made to the absence management trigger points for disability related sickness absence. The aim is to design and implement policies and procedures that meet the diverse needs of our service and workforce, ensuring that no one is treated less favourably, in accordance with the Equality Act 2010. Advice must be sought from the COHWB where an employee has stated they have a disability.
72. Employees with a disability may have an episode of sickness absence which is unrelated to their disability. Where sickness/absence is related to a disability, the Trust has a duty under the Equality Act 2010 to consider the scope for reasonable adjustments. Examples of reasonable adjustments include:
 - 72.1. adapted equipment;
 - 72.2. physical changes to the environment;
 - 72.3. changes to working hours, location, shift pattern; or
 - 72.4. time off for treatment or appointments which would normally be managed around current work commitments where possible.
73. Returning to work following a long term absence may include, for example, a phased return to work. The Guidance on Phased Returns is available in the managers toolkit.
74. Any request to change working arrangements (i.e. working hours/times) which may constitute a reasonable adjustment must be made by submitting a flexible working request in accordance with the Flexible Working Procedure.

Alcohol and Substance Misuse

75. Where it is identified that alcohol or substance misuse is the underlying cause of sickness absence or poor attendance; the procedures set out in this document will be followed.
76. Specific information and guidance is also provided in the Alcohol and Drug Misuse Guidelines.

Gender Reassignment

77. It is unlawful to treat an employee, who is absent from work because of gender reassignment, less favourably than someone absent from work through sickness or injury.

78. Employees are protected under the Equality Act 2010 if they are proposing to undergo, are undergoing or have undergone a process (or part of a process) for the purpose of reassigning their gender.
79. In order to support the employee, discussion should be held as far as possible in advance regarding what time will be required to undergo gender reassignment and what support can be offered during this time.
80. It is recognised that gender reassignment can be a long process and the Trust will ensure that the employee is treated no less favourably than those who are or would be absent due to other surgery or medical treatment.

Failure to Report Absence or Attend Work (Duty of Care Call)

81. When an employee does not attend work the line manager should immediately follow the steps below to check where they are and if they're safe. If having followed the steps below, the manager has not been able to contact either the employee or their emergency contact or next of kin, advice should be sought from the Divisional Workforce Team.
82. The line manager should first check if the employee has a planned absence. For example, if they're on holiday or have an appointment. If the employee should be at work, the line manager should:
 - 82.1. try contacting the employee using their work contact details;
 - 82.2. try contacting the employee using their personal contact details;
 - 82.3. get in touch with the employee's emergency contact, details can be obtained from the HR Records team.
83. When speaking to an emergency contact, managers should take care not to cause them unnecessary panic by speaking calmly, explaining why they are calling and asking open questions.

Managing Frequent Absence

84. The aim of managing frequent absence is to address persistent and frequent levels of sickness absences, when circumstances lead employees to have high absence levels,
85. Historic patterns of absence (see Trigger section below) may be taken into account to apply the procedure at a more advanced stage than Stage One. Advice from the Divisional Workforce team must be obtained.
86. In cases where intermittent sickness absence is related to an underlying or serious health condition, referral to the COHWB for guidance on making reasonable adjustments, in line with the Equality Act 2010, must be made.
87. Every effort will be made to support employees during these stages of the procedure, if meetings that have been arranged with the required notice are stood down, they can be re-scheduled without needing to give the full notice period, if an employee fails to attend the rescheduled meeting after the Trust's attempts to engage, the meeting may be held in their absence. Further advice should be sought from the Divisional Workforce Team.

Triggers

88. An appropriate meeting should be held where an employee has reached the trigger points outlined below (refer to the Disability Related Sickness section for further guidance regarding disability related sickness absence):
 - 88.1. Three episodes of absence occurring in a rolling six month period (i.e. a trigger occurs when the employee starts an absence that is the third spell of absence occurring in the six month period prior to the date the absence starts. This is often abbreviated to a "3 in 6" trigger); and/or

- 88.2. A pattern of absence is identified, e.g. episodes of sickness absence occurring before/after annual leave, days off, public holidays or key work events; set days of the week/month or any other identifiable pattern (these examples are not exhaustive).
89. Where the employee comes under the GoodShape service, GoodShape will alert the line manager by email of the occurrence of the trigger, enabling the manager to take action under this procedure.
90. Once a trigger has been identified, a meeting will be held in line with the three stages outlined below. The aim of the meeting is to review the employee's current and historical sickness absence, and to establish what support or assistance is required to prevent further periods of absence. A series of examples of how an employee may progress through the stages of the frequent absence procedure depending on the actions taken, review dates set and timings of the "3 in 6" triggers is available in the Toolkit.

Stage One Frequent Absence Review Meeting

91. A Stage One Frequent Absence Review Meeting will be held when the trigger levels indicated above have been reached. These meetings are intended to support the effective management of sickness absence and therefore a meeting could take place at any time, subject to the facts of the individual case.
92. The purpose of the meeting is to review the absence history, reasons for absences and provide support to the employee. The meeting should be conducted sensitively in a supportive manner with a copy of the Sickness Absence Management Procedure made available to the employee at or, if possible, prior to the meeting. The meeting should normally take place at the same time as the return to work discussion.
93. HR and trade union representatives or workplace colleagues are not involved during Stage One meetings.
94. Outcomes of the Stage One Frequent Absence Review Meeting include:
- 94.1. Agreeing actions for improving attendance.
 - 94.2. Consideration of reasonable adjustments, as appropriate.
 - 94.3. Consideration for referral to the COHWB (see Occupational Health Referrals section above) if there is, or potentially could be, an underlying health condition. The manager to confirm in writing what support arrangements or adjustments have been agreed.
 - 94.4. The manager to determine whether, due to the pattern of absence medical certificates will be required for any future period of sickness absence. If the Trust requires a Fit Note prior to the eighth day of sickness absence, arrangements for paying for this should be discussed with the employee.
 - 94.5. Where appropriate and unless there is sufficient mitigation to do otherwise, a Record of Discussion should be given to the employee to inform them that they are at Stage One of the frequent absence process. A note will be placed on the employee's file for a period of six months.
 - 94.6. Confirmation will be given to the employee that the Record of Discussion will be reviewed in six months' time or sooner if additional absence occurs.
95. Where the employee uses the services of GoodShape, the manager should record any outcome and review date on the Absence Monitoring section of myGoodShape. Where the outcome of the meeting is to issue a Record of Discussion, should there be another "3 in 6" trigger and/or pattern of absence identified prior to the review date for the Record of Discussion, a Stage Two Formal Frequent Absence Review Meeting may occur.
96. Where the outcome of the meeting is not to issue a Record of Discussion, if there is a further "3 in 6" trigger and/or a pattern of absence identified, the process restarts at the Stage One Frequent Absence Review Meeting stage.

Stage Two Formal Frequent Absence Review Meeting

97. If a Record of Discussion was issued at the Stage One Frequent Absence Review Meeting and the employee has a further “3 in 6” trigger and/or a pattern of absence is identified before the review date on the Record of Discussion, a Stage Two Formal Frequent Absence Review Meeting may be arranged.
98. The purpose of this meeting is for the manager and employee to review the absences to date, discuss reasons for absence and any mitigation.
99. The manager should arrange to meet the employee at a mutually convenient place and time, subject to the impact of the medical condition of the employee. An HR representative will be required to be present at this meeting.
100. At this stage the employee has the right to be accompanied by a trade union representative or work colleague.
101. Employees must be provided with seven calendar days’ written notice of the meeting (or shorter notice if agreed with all parties), sent the documents to be discussed, e.g. a copy of the employee’s absence history, a copy of this procedure, and reminded of their right to be accompanied by a trade union representative or workplace colleague, who should be contacted at the earliest opportunity (see Toolkit).
102. Outcomes from the Stage Two Formal Frequent Absence Review Meeting (which may consider advice from the COHWB and Staff Support service if appropriate) may include:
 - 102.1. Agreeing actions for improving attendance.
 - 102.2. Consideration of reasonable adjustments, as appropriate.
 - 102.3. Consideration for referral to the COHWB (if not involved to date), requesting further information from the COHWB if appropriate, or a recommendation to the employee that they self-refer to the Staff Support Service if there is a possible work-related mental health illness or condition;
 - 102.4. The manager will confirm in writing to the employee the support arrangements or adjustments that have been agreed.
 - 102.5. Provision of mitigation where it may be appropriate which may be pregnancy related absence, disability, D&V with certification or atypical absence.
 - 102.6. Following this meeting having taken into account up to date advice from the COHWB along with all other information discussed, it may be appropriate to issue a first and final written warning to the employee regarding their absence which will remain on file for a period of six months.
 - 102.7. If the decision is made that there is sufficient mitigation not to issue a first and final written warning, an extension to the review date of the existing Record of Discussion may be appropriate.
 - 102.8. Confirmation that the absence level will be reviewed on expiry of the warning or sooner should further absence occur.
103. The outcome of the meeting should be recorded in writing and a copy sent to the employee outlining; the details of the meeting, discussions held, and any actions taken. Where a first and final written warning is issued, the letter will include confirmation that should another absence trigger prior to the review date for the first and final written warning, a Stage Three Final Formal Frequent Absence Review Meeting may occur, which may result in actions up to and including dismissal. This letter should also be copied to the HR Consultant (see Toolkit) and where appropriate, the trade union representative.
104. Where the employee uses the services of GoodShape, the manager should record any outcome and review date on the Absence Monitoring section of myGoodShape.
105. The employee may appeal the issuing of a warning (see Appeals section).

106. Where the outcome of the meeting is not to issue a written warning, should there be another absence trigger prior to the review date of the Record of Discussion, the process continues at Stage Two Formal Frequent Absence Review Meeting.

Stage Three Final Formal Frequent Absence Review Meeting

107. After careful consideration, a Stage Three Final Formal Frequent Absence Review meeting may be conducted where no significant improvement in sickness absence levels has been achieved, if any of the following circumstances occur, if the employee:
- 107.1. Has had a “3 in 6” trigger and/or a pattern of absence identified since the first and final written warning was issued and before the warning expiry date.
 - 107.2. Is considered likely to continue to have absences from work on a frequent regular basis and the service is unable to sustain this level of sickness absence.
108. The Stage Three Final Formal Frequent Absence Review Meeting will be chaired by a manager who has the authority to dismiss (see Appendix Two), who should arrange to meet the employee at a mutually convenient place and time, subject to the medical condition of the employee. At this stage the employee has the right to be accompanied by a trade union representative or workplace colleague.
109. Employees must be provided with 14 calendar days’ written notice of the meeting (or shorter notice if agreed with all parties), sent the evidence to be discussed with a copy of this procedure, and reminded of their right to be accompanied by a trade union representative or workplace colleague who should be contacted at the earliest opportunity.
110. An HR representative will be present at this meeting.
111. A statement of case including; a summary of the absence records, copies of relevant COHWB reports and details of previous meetings will be provided by the line manager at least seven calendar days before the meeting and presented by the line manager at the meeting. At this meeting the employee should be allowed to explain the absence record and make representations (see Toolkit).
112. Depending on the discussions at the meeting the Chair may:
- 112.1. Make recommendations (e.g. that the line manager conducts a further review specifying a monitoring time period and review dates).
 - 112.2. Consider actions short of dismissal, e.g. redeployment or extension of a previous warning review period.
 - 112.3. Make a decision to dismiss the employee.
113. Where the outcome of the meeting is to dismiss and the employee uses the GoodShape service, the manager should record the dismissal on the Absence Monitoring section of ‘my GoodShape’.
114. Where the outcome of the meeting is not to dismiss, should there be another “3 in 6” trigger and/or a pattern of absence identified prior to the review date of the final written warning, the process continues at Stage Three Final Formal Frequent Absence Review Meeting.

Confirmation of Outcome

115. Where the contract is terminated, the employee is entitled to receive payment at full pay, in compensation for the notice for which they would otherwise be entitled to under their contract of employment, or the statutory provision, whichever is the greater. However, if sick pay has been exhausted and the contractual notice period exceeds the statutory notice period by *at least one* week then no notice pay is due. They will receive payment for any outstanding annual leave that they are entitled to.
116. Following the Stage Three Final Formal Frequent Absence Review Meeting a letter confirming the outcome must be sent to the employee by the Chair of the meeting, normally within seven calendar days from the date of the meeting. Notes taken at the meeting should

also be sent to the employee. The outcome letter should deal with the following points and be copied to the HR representative and the trade union representative or workplace colleague, as appropriate:

116.1. The date of the meeting and a note of those who were present.

116.2. Where an employee has been dismissed, the letter must include:

116.2.1. the basis for the decision,

116.2.2. the employee's date of termination and the appropriate period of notice;
and

116.2.3. the right of appeal.

Appeal

117. Employees can appeal against any formal sanction. Please refer to the Appeals section for further information.

Managing Long Term Sickness Absences

118. The stages for managing long term sickness absence are followed for absences of 28 days of continuous absence or more.

119. If certification is provided indicating absence is likely to last 28 days, early referral to the COHWB is recommended.

120. The aim of this process is to provide a consistent basis for responding to cases of extended periods of sickness absence resulting from a serious or underlying health problem or are due to a disability as defined under the Equality Act 2010. It is intended to help deal with absences in a fair, reasonable and sensitive manner (see Toolkit).

121. Where the employee is absent for an extended period of time, every effort should be made to hold the Stage Three Final Formal Long Term Absence Review Meeting within 12 months of the start of the absence. There may be occasions when it is appropriate to move to a later stage in the process. However, before doing so, such cases must be discussed with the Divisional Workforce team and managed on a case by case basis taking into account up to date advice from the COHWB.

122. All long term sickness absence meetings should be recorded in writing and a copy of the record, e.g. outcome letter, sent to the employee outlining: the details of the meetings, the discussions held and any actions taken to be kept on file. This letter should also be copied to the Divisional Workforce team and representative (See Toolkit).

123. An HR representative may be present at the formal stages (Stage Two Formal and Stage Three Final Formal Long Term Absence Review Meetings) and the employee must be advised of their right to be accompanied by a trade union representative or workplace colleague. During the Stage One Long Term Absence Review Meeting, HR and a trade union representative or work colleague are not normally present. The manager should arrange to meet the employee at a mutually convenient place and time, subject to the impact of the medical condition of the employee.

124. Where the COHWB have advised that an employee will be unable to attend the long term absence review meeting for the foreseeable future, consideration will be given to continuing with the long term absence review meeting without the employee being present. In this situation advice must be sought from the Divisional Workforce Team and the employee given the opportunity for a representative to attend the meeting in their absence.

125. After investigation, consultation and consideration of other alternative posts and where there is no return to work in the foreseeable future, the Trust will have the option to terminate employment before the employee has reached the end of the contractual paid sickness absence period or is in receipt of their ill health retirement benefits.

126. Where an employee has repeated periods of long term sickness and has commenced a

phased return to work, a further episode of long term sickness absence related to their original absence within three months of their previous return will mean the return to work will be considered unsuccessful and management of the absence will continue from the last stage in the process that was undertaken. Where a new episode of long term sickness occurs that is unrelated to their original absence, the management of absence will commence from the first stage.

127. The manager and employee should mutually agree keeping in touch arrangements, including how regularly updates will be provided and via what method.
128. Every effort will be made to support employees during these stages of the procedure, if an employee fails to attend meetings after reasonable attempts to engage, the process will normally proceed to the next stage in the procedure. Advice should be sought from the Divisional Workforce Team.

Stage One Long Term Absence Review Meeting

129. When an employee has been continuously absent, for medical reasons, for 28 calendar days, the Stage One Long Term Absence Review Meeting should be held between the manager and the employee.
130. Prior to the meeting, the manager should consider all the relevant information and seek guidance from an HR representative, as required. Employees must be provided with seven calendar days' written notice of the meeting (or shorter notice if agreed with all parties) (see Toolkit).
131. A copy of the Sickness Absence Management Procedure should be made available to the employee prior to the meeting.
132. The manager should arrange to meet the employee at a mutually convenient place and time, subject to the impact of the medical condition of the employee.
133. The purpose of the meeting is for the manager to:
 - 133.1. Enquire as to the employee's wellbeing and take into account their individual circumstances in a sensitive and sympathetic manner.
 - 133.2. Ascertain the current health position of the employee.
 - 133.3. Ascertain the employee's ability to return to work and whether a return to work can be expected before the Stage Two Formal Long Term Absence Review Meeting is due to be held. If the employee is already back at work, the Stage One Long Term Absence Review Meeting should still take place but could be combined with the Return to Work discussion if appropriate.
 - 133.4. Ascertain any facts which may be related to the cause of the absence i.e. an underlying, ongoing health problem, personal or work related concerns which may be contributing to sickness absence.
 - 133.5. Identify any requirements for adjustments to the role or whether a phased return to work is appropriate.
 - 133.6. Discuss a referral to the COHWB if this has not already taken place and is appropriate.
 - 133.7. If appropriate, confirm the frequency and how to keep in contact so the employee can keep the manager informed of their progress.
 - 133.8. If appropriate make arrangements for keeping the employee up to date (receiving service and team updates etc.).
134. This meeting should be recorded in writing and a copy of the record, e.g. outcome letter, sent to the employee outlining; the detail of the meeting, the discussion held and any actions taken. This letter should also be copied to the HR Consultant.

135. Further meetings are intended to support the effective management of sickness absence. Meetings would normally take place a minimum of every 28 days, depending on the facts of the individual case; a review meeting can take place at any stage.

Stage Two Formal Long Term Absence Review Meeting

136. This meeting will normally be held after a minimum of 28 days following the Stage One Long Term Absence Review Meeting and where the employee has not returned to work (or if their return to work has been for less than three months and the further episode of long term sickness absence is related to their original absence). Employees must be provided with seven calendar days' written notice of the meeting (or shorter notice if agreed with all parties) and can be accompanied by a trade union representative or workplace colleague (see Toolkit).
137. The purpose of the meeting is to provide support to the employee and the meeting should be conducted sensitively. An HR representative should be present at this meeting.
138. Potential outcomes of the Stage Two Formal Long Term Absence Review Meeting may include one or more of the following:
- 138.1. Refer the employee to the COHWB and/or encourage the employee to self-refer to the Staff Support Service, if appropriate.
 - 138.2. With support from the COHWB, consider a phased return to work.
 - 138.3. Implement temporary or permanent adjustments to the workplace or to duties that can support a return to work.
139. This meeting should be recorded in writing and a copy of the record, e.g. outcome letter, sent to the employee outlining; the details of the meetings, the discussions held and any actions taken. The employee should be notified in this letter that continued sickness absence will result in progression to a Stage Three Final Formal Long Term Absence Meeting and may result in dismissal. This letter should also be copied to the HR Consultant and employee's representative (See Toolkit).

Stage Three Final Formal Long Term Absence Meeting

140. Before any decision to dismiss is made, all other options must have been meaningfully considered, including likely duration of continued sickness, in conjunction with up to date advice from the COHWB. These options include:
- 140.1. rehabilitation;
 - 140.2. phased return to work;
 - 140.3. return with adjustments to the role;
 - 140.4. redeployment with or without adjustments;
 - 140.5. retirement on the grounds of ill health.
141. A Stage Three Final Formal Long Term Absence Review Meeting will be arranged where no significant improvement has been achieved since the Stage Two Formal Long Term Absence Review Meeting and either there is no likely return to work date in the foreseeable future, e.g. within the next 12 weeks, or it is unlikely that there will be a significant improvement in attendance in the foreseeable future. This meeting must be chaired by a senior manager with the authority to dismiss (see Appendix Two).
142. Employees must be provided with 14 calendar days' written notice of the meeting (or shorter notice if agreed with all parties) and reminded of their right to be accompanied by a trade union representative or work colleague. An HR representative will be present at this meeting (See Toolkit).
143. A statement of case including: a summary of the absence records, copies of reports from the COHWB and details of all previous meetings will be provided by the line manager with the written notice of the meeting and presented by the line manager at the meeting. The

meeting provides the employee with the opportunity to explain their absence record and make representations (See Toolkit).

144. The chair may consider the following options:

144.1. Make recommendations (e.g. that the line manager conducts a further review specifying a monitoring time period and review dates, no longer than 28 calendar days following advice).

144.2. Suggests an application for retirement be submitted on the grounds of ill health (see Toolkit).

144.3. Make a decision to dismiss the employee on grounds of capability with an underlying health reason.

145. Termination of an employee's contract of employment, on grounds of capability with an underlying health reason, may occur prior to expiry of sick pay entitlement. This would be done in consultation advice from the Divisional Workforce team.

Confirmation of Outcome

146. Where the contract is terminated, the employee is entitled to receive payment at full pay, in compensation for the notice for which they would otherwise be entitled to under their contract of employment, or the statutory provision, whichever is the greater. However, if sick pay has been exhausted and the contractual notice period exceeds the statutory notice period by *at least one* week then no notice pay is due. They will receive payment for any outstanding annual leave that they are entitled to.

147. Following the Stage Three Final Formal Long Term Absence Review Meeting a letter confirming the outcome must be sent by the Chair of the meeting, normally within seven calendar days from the date of the meeting. Notes taken at the meeting should also be sent to the employee. The outcome letter should deal with the following points and be copied to the HR representative and the trade union representative or workplace colleague, as appropriate:

147.1. The date of the meeting and a note of those who were present.

147.2. Where an employee has been dismissed, the letter must include:

147.2.1. the basis for the decision,

147.2.2. the employee's date of termination and the appropriate period of notice;
and

147.2.3. the right of appeal.

Appeal

148. The employee will have the right of appeal against any decision to terminate their contract. Please refer to the Appeals section for further information.

Appeal Process

149. Employees have the right to appeal against any formal sanction or where their contract is terminated.

150. The employee may appeal in writing to the Director of Workforce, stating their full grounds of appeal (which must be one or more of the following: procedural correctness, conclusion in light of the information presented at the meeting, appropriateness of the penalty, extenuating circumstances, new evidence, some other substantial reason), within seven calendar days of the date on which the sanction or decision was sent or given to them.

151. An appeal meeting will be arranged, normally within 14 calendar days of receiving the written appeal. Where practicable, the appeal meeting will be conducted by a manager more senior than the one who chaired the original meeting and who has not been previously involved in the case.

152. The chair of the appeal meeting may ask anyone previously involved to be present. The employee has the right to be accompanied by a trade union representative or workplace colleague at the meeting.
153. The Trust will confirm the final decision in writing, normally within seven calendar days of the appeal meeting.
154. Once the final decision is made, this is the end of the process and there is no further right to appeal.

Training

155. There is no mandatory training associated with this procedure. To support managers, there are a number of tools and templates available in the absence management toolkit. Advice will be given to all line managers on the application of the procedure triggers. Local training can be provided if required, please speak to the Divisional Workforce team in the first instance.

Monitoring Compliance

156. Compliance with the document will be monitored in the following ways:

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring (job title)	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
Annual review of cases to ensure compliance with the Procedure	Audit of case files	Assistant Director of Workforce - Employee Relations	Annually	People and Communications Committee
Equality review of absence management cases	Data from the absence management system	Equality, Diversity and Inclusion Manager	Annually	People and Communications Committee

157. In addition to the monitoring arrangements described above, the Trust may undertake additional monitoring of this procedure as a response to the identification of any gaps or as a result of the identification of risks arising from the procedure prompted by incident review, external reviews, or other sources of information and advice. This monitoring could include:

- 157.1. Commissioned audits and reviews
- 157.2. Detailed data analysis
- 157.3. Other focused studies
- 157.4. Results of this monitoring will be reported to the nominated Committee.

Review

158. This procedure will be reviewed in three years, as set out in the Procedure for the Development and Implementation of Procedural Documents.
159. Until such time as the review is completed and the successor document approved by the relevant committee this policy will remain valid.

References

160. [ACAS website](#);
161. [Government website](#);
162. [CIPD website](#);
163. Section 14 Sickness absence England – [NHS Terms and Conditions of Service Handbook](#);

164. Annex 26: Managing sickness absences – developing local policies and procedures – [NHS Terms and Conditions of Service Handbook](#);
165. [Citizens Advice](#);
166. [Employee Assistance Programme](#);
167. [Health and Wellbeing Pages](#) on the Trust Intranet;
168. [OUH Staff Support Service](#);
169. [Public Sector Fraud Authority – GOV.UK](#)
170. [NHS Counter Fraud Authority](#)

Equality Analysis


171. As part of its development, this procedure and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, gender reassignment, marriage and civil partnership and pregnancy and maternity. The completed Equality Impact Assessment can be found in **Appendix 1**.

Document History

Date of revision	Version number	Reason for review or update
July 2013	1.0	Update and merging of ORH and NOC Procedure
March 2015	8.1	Update following audit by KPMG and feedback
October 2015	8.2	Reviewed trigger section following feedback from Staff Side
January 2016	8.3	Reviewed following further feedback
August 2017	10.1	Additional paragraph regarding phased return to work
October 2017	10.2	Clarification of when to progress to a stage 3 meeting if an employee is long term sick and that if sick during annual leave an employee should report their sickness via GoodShape (for areas covered by GoodShape). Update of job title of Director responsible for the Procedure.
November 2023	10.3	Updated the procedure as set out in the Procedure for the Development and Implementation of Procedural Documents
March 2022	13.0	Replacement of reference to FirstCare with GoodShape.
February 2024		Review of procedure, including stages, notice periods of formal meetings and authority to dismiss.

Appendix One: Equality Analysis Impact Assessment

1. Information about the policy, service or function

What is being assessed	Existing Policy / Procedure
Job title of staff member completing assessment	Director of Workforce
Name of policy / service / function:	Sickness Absence Management Procedure
Details about the policy / service / function	This procedure provides clear guidance to managers on improving attendance and supporting employees absent from work due to sickness. It provides triggers for managers and employees in relation to frequent episodes of sickness absence and a robust return to work interview that will be supportive to all staff returning to work following an episode of sickness absence. To manage long term sickness, there is a staged management approach with planned formal meetings, supported by the Centre for Occupational Health and Wellbeing.
Is this document compliant with the Web Content Accessibility Guidelines?	Yes
Review Date	Three years
Date assessment completed	April 2024
Signature of staff member completing assessment	Laura Bick
Signature of staff member approving assessment	

2. Screening Stage

Who benefits from this policy, service or function? Who is the target audience?

- Staff

Does the policy, service or function involve direct engagement with the target audience?

Yes - continue with full equality impact assessment

3. Research Stage

Notes:

- If there is a neutral impact for a particular group or characteristic, mention this in the 'Reasoning' column and refer to evidence where applicable.
- Where there may be more than one impact for a characteristic (e.g. both positive and negative impact), identify this in the relevant columns and explain why in the 'Reasoning' column.
- The Characteristics include a wide range of groupings and the breakdown within characteristics is not exhaustive, but is used to give an indication of groups that should be considered. Where applicable please detail in the 'Reasoning' column where specific groups within categories are affected, for example, under Race the impact may only be upon certain ethnic groups.

Impact Assessment

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Sex			X		The procedure applies to all employees regardless of their sex and gender. The Trust has a menopause wellbeing procedure that should be read in conjunction with this procedure to support staff.
Gender Re-assignment			X		The procedure applies to all employees regardless of their sex and gender. Employees undergoing gender reassignment may take more sickness absence than those who do not. Managers need to ensure they are aware of the possible impact and that discussions surrounding sickness absence are carried out in a sensitive manner that ensures the protection of this group's rights. The Trust has a menopause wellbeing procedure that should be read in conjunction with this procedure to support staff.
Race - Asian or Asian British; Black or Black British; Mixed Race; White British; White Other; and Other			X		Sickness absence occurs regardless of race and no employee should be treated differently as a result of their race or ethnicity.
Disability - disabled people and carers			X		Employees with disabilities may take more sickness absence than employees without a disability.

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
					Managers need to ensure they are aware of the possible impact and that discussions surrounding sickness absence are carried out in a sensitive manner that ensures the protection of this group's rights. Where a member of staff identifies they have a disability or long term medical condition, advice should be sought from the COHWB and consideration given to adjusting triggers as a reasonable adjustment.
Age			X		The procedure applies to all employees regardless of their age. The Trust has a Menopause Health and Wellbeing Policy that should be read in conjunction with this procedure to support staff.
Sexual Orientation			X		Sickness absence occurs regardless of sexual orientation and no employee should be treated differently as a result of their sexual orientation.
Religion or Belief			X		Sickness absence occurs regardless of religion or belief and no employee should be treated differently as a result of their beliefs.
Pregnancy and Maternity			X		Pregnant employees may take more sickness absence than non-pregnant employees as a result of their pregnancy. Managers need to ensure they are aware of the possible impact and that discussions surrounding sickness absence are carried out in a sensitive manner that ensures the protection of this group's rights. Maternity risk assessments support pregnant employees and the maternity leave procedure should be read in conjunction with this procedure.

Characteristic	Positive Impact	Negative Impact	Neutral Impact	Not enough information	Reasoning
Marriage or Civil Partnership			X		Sickness absence occurs regardless of marriage or civil partnership status and no employee should be treated differently as a result of their marriage status.
Other Groups / Characteristics - for example, homeless people, sex workers, rural isolation.				X	Information is not captured for these groups however, the managers need to ensure they are aware of the possible impact and have sensitive discussions before deciding next steps

Sources of information

[Office for National Statistics – Sickness absence rates for disability status, UK 2014 to 2017](#)

Consultation with protected groups

List any protected groups you will target during the consultation process, and give a summary of those consultations

Group	Summary of consultation

Consultation with others

The draft Procedure was circulated to staff side colleagues, management teams and HR colleagues as part of the consultation process. A copy of the draft Procedure was also available on the Trust intranet which any member of staff could read and comment on.

4. Summary stage

Outcome Measures

List the key benefits that are intended to be achieved through implementation of this policy, service or function and state whether or not you are assured that these will be equitably and fairly achieved for all protected groups. If not, state actions that will be taken to ensure this.

The Trust will support the health and wellbeing of all employees; prevent avoidable absence due to ill-health; reduce the duration and impact of absence due to ill-health on service provision, wherever possible, through early intervention in sickness absence issues; provide routes to rehabilitation and facilitate a return to work for those on long term sickness absence; ensure consistency of approach to managing absence across the Trust; ensure that fair and effective arrangements exist for dealing confidentially with sickness absence issues; deal sympathetically with problems of sickness absence and underlying conditions and maintain a high level of attendance and reduce levels of sickness absence.

Mitigations are in place for staff groups that may have higher levels of sickness absence (for example staff undergoing procedures for gender reassignment, disabled staff, and pregnant staff) to ensure that they are not unfairly and disproportionately impacted by this procedure.

Positive Impact

List any positive impacts that this policy, service or function may have on protected groups as well as any actions to be taken that would increase positive impact.

The procedure should have a neutral impact and whilst the stages within the procedure have been changed, advice from Occupational Health, amendments to triggers and risk assessments are all part of the process for ensuring the Trust supports the health and wellbeing of all employees and facilitates a return to work.

Unjustifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with actions that will be taken to rectify or mitigate them.

None

Justifiable Adverse Effects

List any identified unjustifiable adverse effects on protected groups along with justifications and any actions that will be taken to mitigate them.

None

Equality Impact Assessment Action Plan

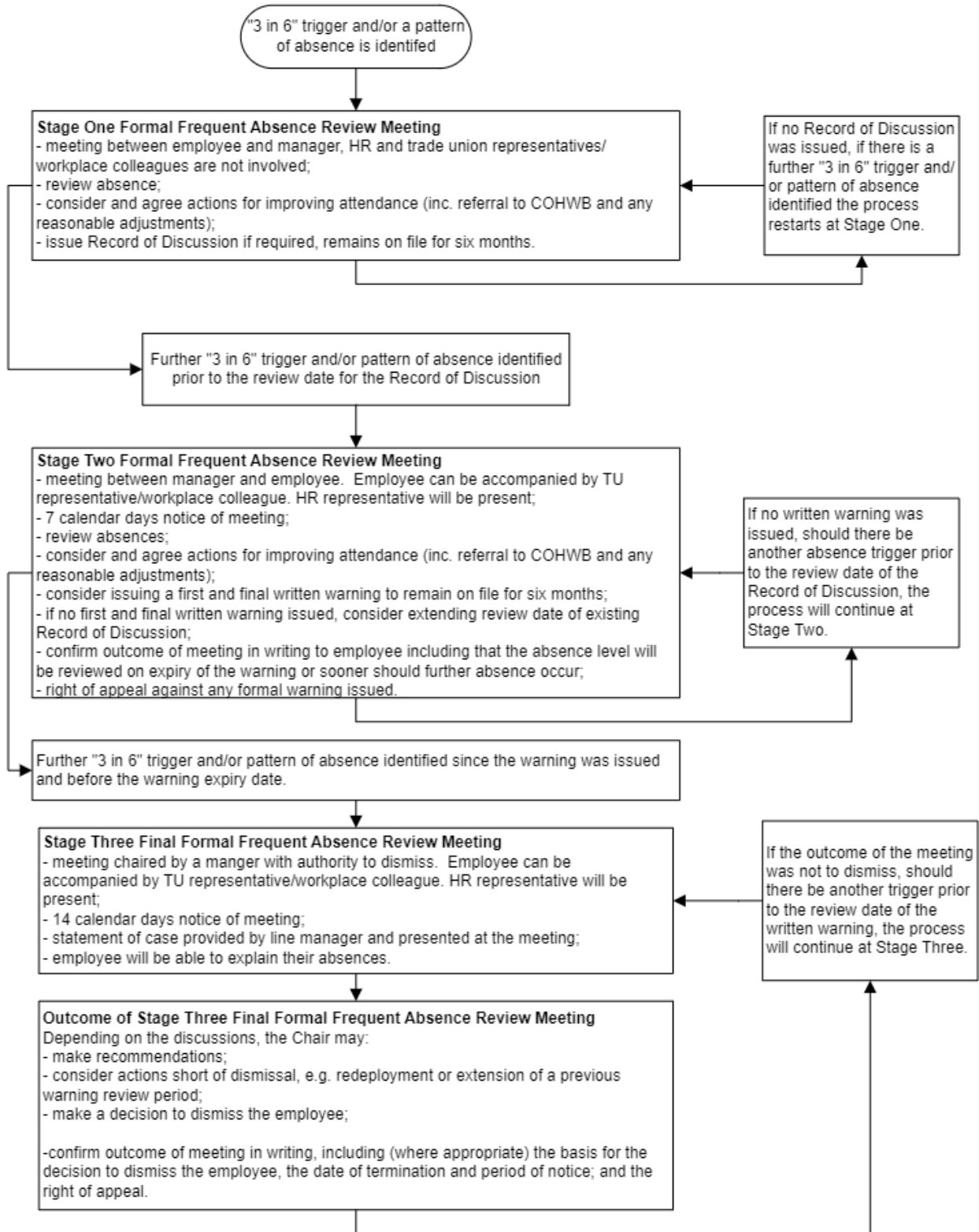
Complete this action plan template with actions identified during the Research and Summary Stages

Identified risk	Recommended actions	Lead	Resource implications	Review date	Completion date
Disabled employees	Individual cases referred to Occupational Health for advice on possible adjustments and consideration for the application of these by management	Occupational Health Manager	None	Ongoing	Ongoing
Pregnant employees	Completion of a new and expectant mothers risk assessment to minimise instances of absences where possible.	Manager	None	Ongoing	Ongoing
Employees undergoing gender reassignment	Absence triggers for any absences related to this are appropriately considered.	Manager	None	Ongoing	Ongoing

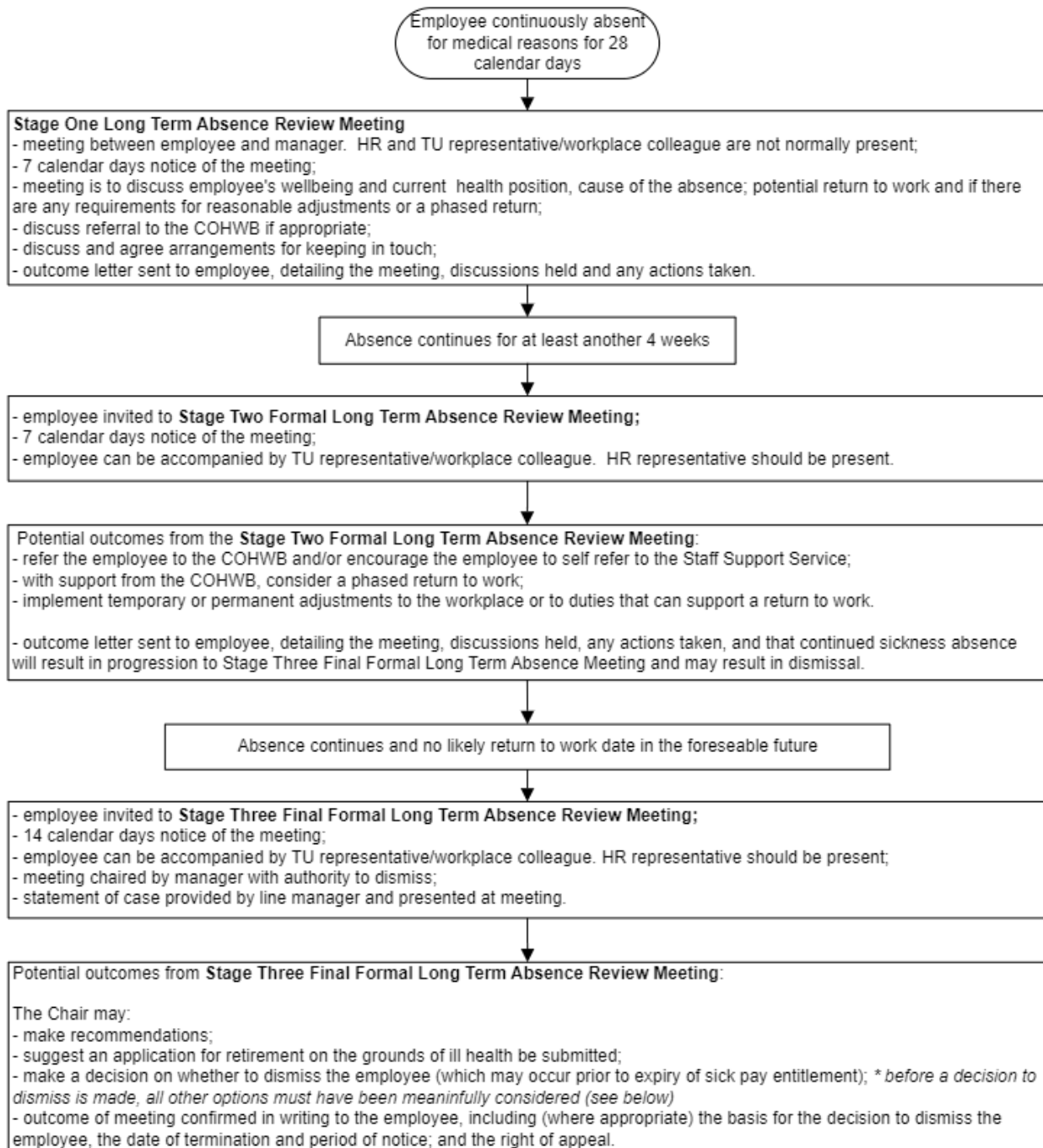
Appendix Two: Authority to Dismiss

1. The Trust views a decision to dismiss an employee as being exceptional. In cases where the meeting outcome may potentially result in dismissal, the role of the Chair will be restricted to those with the authority to act as dismissing officer. These are as follows:
 - 1.1. Chief Executive Officer
 - 1.2. Chief Officers
 - 1.3. Directors
 - 1.4. Deputy Directors
 - 1.5. Divisional Directors of Nursing
 - 1.6. Divisional Directors of Operations
2. If a meeting might be postponed as a result of a dismissing officer not being available to attend the meeting, the dismissing officer may ask a manager with an appropriate level of seniority to chair the meeting. Should the Chair decide that dismissal is the appropriate action, this decision must be ratified by the dismissing officer.
3. The dismissing officer should not normally be the employee's immediate manager.

Appendix Three: Managing Frequent Absence Process



Appendix Four: Managing Long Term Sickness Absence Process



Note

Before any decision to dismiss: all other options must have been meaningfully considered, including the likely duration of continued sickness, in conjunction with up to date advice from the COHWB. These options include:

- rehabilitation;
- phased return to work;
- return with adjustments to the role;
- redeployment with or without adjustments;
- retirement on the grounds of ill health.

HR Policy Communication Plan

HR policy title:	Sickness Absence Management Procedure
Lead author:	Laura Bick, Director of Workforce
Senior lead:	Laura Bick, Director of Workforce

Aim

- To ensure Divisional Workforce Teams and Medical Staffing are aware of the updates made to the procedure and the changes from the previous iteration.
- To ensure all staff (including managers) are aware of changes that have been made to a procedure following its review and consultation and that there are amendments to the number of stages, the notice periods for some formal meetings, advice around monitoring patterns of absence, updates to roles and responsibilities and guidance on referring to Occupational Health.
- To ensure that staff and managers are aware when this procedure will apply upon its launch and that anyone progressing through the absence stages in the previous procedure will continue to be managed against that version, until any record of discussion or warnings have expired or the process has been concluded.

Key message(s) to be communicated:

A full review of the procedure has been undertaken, with the following key changes made:

- The number of stages when managing both frequent absence and long term sickness absence has been reduced from four to three.
- Changes to the notice periods for some formal meetings (now seven calendar days as opposed to 14 calendar days for all meetings apart from the Stage Two Final Frequent Absence Review Meeting and the Stage Two Long Term Absence Review Meeting as dismissal is a possible outcome from both of these meetings).
- An update to who is able to issue a Statement of Fitness for Work/Fit Note and that they should be received by the employee's line manager within one week of the date they are due.
- If a pattern of absence is identified (for example episodes of sickness absence occurring before/after annual leave, days off, public holidays or key work events or on set days of the week/month) this can be taken into consideration when managing frequent absence.
- Updated guidance on referring an employee to the Centre for Occupational Health and Wellbeing, along with updates to the responsibilities of line managers and individual employees.
- The roles which are identified as having authority to dismiss have been updated to reflect the Trust's current structure and other employee relations procedures such as the Conduct and Expected Behaviour Procedure (including Sexual Misconduct).
- An appeals section is included in the procedure (as opposed to referring to a separate Appeals Procedure).
- The Handling Concerns Relating to Conduct, Capability or Ill Health of Medical and Dental Practitioners should also be referred to in the case of ill health of a doctor.

Support required from the Media and Communications Team

The media and communications team will need to announce the launch of this procedure via the Staff Bulletin and/or NOW@OUH or other targeted, Trust wide communications.

Other communication options to consider

N/A

The dates set out below are based on the policy being approved at the Trust Board currently scheduled for 11 September 2024. Should this change, the communication plan will be revised to reflect the new dates.

Date	Action	Method	Responsibility
w/c 16 September 24	Update the HR Policies and Procedures folder on the intranet with the new version of the policy	Upload to HR Policies and Procedures folder on intranet (removing previous version where necessary)	HR Manager – Policies and Procedures
w/c 16 September 24	Archive the superseded policy/procedure	Move master copy from 'Current Policies' folder to 'Superseded Policies and Procedures' folder	HR Manager – Policies and Procedures
w/c 16 September 24	Update toolkit (where necessary).	Upload new/updated documents to the relevant toolkit in the HR Document Library on the intranet and remove previous version(s)	HR Manager – Policies and Procedures
w/c 16 September 24	Include update regarding the policy in Now@OUH and the Staff Bulletin.	Draft the information, upload to Now@OUH and email a short summary to the Media and Communications Team (cc to HR Manager – Policies and Procedures) for inclusion in the Staff Bulletin.	Lead author
w/c 16 September 24	Advise the Divisional Heads of Workforce, AHSN Head of Corporate Affairs and People and Staff Side Chair, Staff Side Secretary and LNC Chair via email (cc to HR Consultants, HR Advisors and Assistant Directors of Workforce) that the policy has been approved and any key changes that have been made to the policy.	Via email (including link to policy on the intranet)	HR Manager – Policies and Procedures
w/c 16 September 24	Advise the Trust PFI Team of the updated/new policy including any updates made to the Toolkit.	Via email to the PFI Data Assistant (including link to policy on the intranet)	HR Manager – Policies and Procedures

Date	Action	Method	Responsibility
w/c 16 September 24	Briefing session to Divisional Workforce Teams on the updated procedure and next steps for Divisions	MS Teams meeting	Lead author
w/c 16 September 24	Upskill HR Advisors to support Stage Two Formal Absence Review Meetings	Deliver training via MS Teams	Lead author
w/c 23 September 24 onwards	Ensure HR Consultants and HR Advisors are clear of how the policy is being implemented within the division and wider organisation, including any local processes as appropriate.	Discussion with Divisional HR Team	Divisional Heads of Workforce
w/c 23 September 24 onwards	Advise managers within their division(s) that the policy has been approved (including link to policy on the intranet) and any key changes that have been made to the policy. Ensure managers are aware they are responsible for cascading the information to their teams.	NOTSSCaN – email to divisional managers Corporate – email to divisional managers MRC – present slide deck at divisional meetings. SuWOn – cascade via HR Consultants at divisional meetings. CSS – present slide deck at divisional meetings.	Divisional Heads of Workforce and AHSN Head of Corporate Affairs and People
w/c 23 September 24 onwards	Ensure the divisional management team are aware of the updated policy (including any key changes made) and any responsibilities they have under the policy.	Discuss policy at divisional management team meeting.	Divisional Heads of Workforce and AHSN Head of Corporate Affairs and People
w/c 23 September 24 onwards	Cascade information about the new policy throughout division and ensure managers are aware they are responsible for cascading the information to their teams.	Each division to arrange and deliver Q&A session with directorates and managers on the updated procedure and key changes.	HR Consultants

Date	Action	Method	Responsibility
w/c 30 September 24 onwards	Cascade information about the updated/new policy/procedure to staff within their team/department.	Via team meetings, one to ones and other department communication channels	Department managers, OSMs, Matrons, Service Unit Leads, Ward Managers etc.