

The Newcastle upon Tyne Hospitals NHS Foundation Trust

Employment Policies and Procedures

**Employee Wellbeing Policy
Incorporating Attendance Management Procedure**

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1 Introduction

- 1.1 This policy is to enable the Trust to manage its obligations to assist employees to maintain their physical and mental health and wellbeing.
- 1.2 The Trust is committed to providing a working environment where employees are fully motivated to contribute to the delivery of the highest quality healthcare and achieve job satisfaction.
- 1.3 All employees are expected to attend work on the days they are required for duty and to perform their duties to the highest possible standard. The Trust recognises that employees may need to take time off work due to ill health, or receive appropriate health-related support and assistance to enable them to fulfil their role effectively.
- 1.4 All employees are encouraged to maintain an active and healthy lifestyle and managers have a key role in supporting and improving the health and wellbeing of staff.

2 Scope

- 2.1 This policy applies to all employees.
- 2.2 Injuries at work must be reported at the earliest opportunity in accordance with the 'Management and Reporting of Accidents and Incidents' Policy.
- 2.3 Needlestick injuries must be reported to the Occupational Health Service immediately in accordance with the 'Needlestick Injuries and Blood Borne Virus Exposure: Code of Practice'.
- 2.4 Staff with an infection should be dealt with in accordance with 'Control of Infection in Healthcare Workers' Policy to prevent or minimise the risk they pose to patients and other employees.
- 2.5 Time off to attend doctor, dentist, hospital or screening appointments are covered under the 'Special Leave' Policy. Alternatively, where it is considered that the appointment is related to a medical condition which may be considered a

disability under the Equality Act 2010, or is in relation to gender reassignment, managers should consider whether the time should be granted as a *reasonable adjustment* under the provisions of this policy –Absence Management Procedure, Section14.

- 2.6 Employees whose health and wellbeing is affected by alcohol, drugs or other substances should be dealt with in accordance with the [Policy Regarding Alcohol, Drugs & Other Substances Which Could Affect Performance at Work](#).
- 2.7 Cosmetic surgery should be arranged as annual leave, or unpaid authorised absence unless the Trust is provided with written evidence from a medical practitioner that the procedure is required for medical reasons.
- 2.8 An employee who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. In such circumstances the Trust will advance to an employee a sum not exceeding the amount of sick pay payable, providing the employee repays the full amount to the Trust, when damages are received. Managers are required to record third party liability in ESR and Employees are required to disclose this information to their Manager.

3 Aim

- 3.1 The aim of this policy is to ensure employees maintain their physical and mental health and wellbeing, and those that do not meet requirements in relation to their attendance at work are supported to improve and, if/where necessary, formal action is taken – see Attendance Management Procedure, page 12.
- 3.2 The Trust is committed to encouraging and promoting the adoption of a proactive approach to prevent and minimise the health and wellbeing risks associated with lifestyle choices, including: smoking; poor diet; lack of exercise; alcohol consumption; and the use of drugs and other substances.
- 3.3 The Trust recognises that a wide range of factors can influence an employee's absence levels including: motivation; personal commitments; demands external to the workplace; workload; and working conditions. Therefore, the Trust will take whatever steps are reasonably practicable and use available information about employee absence to help inform decisions on what action to take to maximise attendance at work. This will include:
 - a) regular review and action of reports on sickness absence, accidents and incidents;
 - b) return to work interviews following absence;
 - c) acting on the outcome of risk assessments/ 'work place assessments' and Health & Safety Audits;
 - d) acting on the findings of the annual Staff Attitude Survey;
 - e) continuation of the 'Benefits Everyone initiative and investment in fitness facilities
 - f) working with the Occupational Health Service that also incorporates staff support services such as Physiotherapy, signposting to Smoking Cessation support, Counselling and Psychology to provide an integrated employee

- wellbeing service to support good attendance at work
- g) developing health education programmes and promotion initiatives to raise awareness of health and lifestyle impacting on mental health and wellbeing and the concept of a healthy lifestyle. A number of programmes are available from the Occupational Health Service.

4 Duties, Roles and Responsibilities

4.1 General

- a) The Executive Team is accountable to the Trust Board for ensuring Trust-wide compliance with policy.
- b) Clinical Directors, Directorate Managers and Heads of Service are responsible to the Executive Team for ensuring policy implementation.
- c) Line Managers are responsible for ensuring policy implementation and compliance in their area(s).
- d) Individual employees are responsible for complying with policy.

4.2 Specific Responsibilities

4.2.1 Managers

- a) Managers are expected to implement measures to minimise risks to the health and wellbeing of employees and understand how they can support the creation of an appropriate working environment by ensuring:
 - i. a good match between individuals recruited to perform a job and the requirements of that job;
 - ii. the working environment is assessed to remain appropriate and fit for purpose;
 - iii. employees receive appropriate training, supervision and support at work, and work is allocated appropriately between team members;
 - iv. they are available to enable employees to approach them with concerns about their job and how to resolve these;
 - v. employees receive feedback on their performance;
 - vi. employees are kept updated with developments at work and share an understanding of how this may impact on their jobs and workloads;
 - vii. employees have an appropriate level of authority and control over their work
 - viii. assessment is made whether to consider attendance and related job performance in accordance with the Capability Procedure (for non-medical staff) or the Capability Procedure to address concerns regarding competence of medical and dental staff
 - ix. to actively encourage an active lifestyle, healthy eating and physical activity using the widest definition of the terms in accordance with Trust policy and Professional Leadership Behaviours
 - x. employees receive appropriate information regarding smoking cessation support by Trust services and facilities

4.2.2 Employees

- a) Employees are responsible for managing their own health and wellbeing. This will be evident through adopting positive health behaviours (e.g. in relation to diet, alcohol consumption or smoking) to ensure they are fit to meet the requirements of their role, and informing the Trust if they believe their work or the working environment is becoming difficult to manage. It is important to emphasise that it is only by sharing such information that the organisation can identify steps to support and supervise. Any health related information disclosed through discussions with managers or the HR Department is treated in confidence. Health information disclosed to the Occupational Health Service will be treated as medical information in accordance with the Medical Records Act 1988.
- b) Employees are expected to adopt a responsible approach to minimising the risk of infection to patients, themselves, colleagues and visitors.
Employees must do this by:
 - i. being familiar with, and adhering to Trust policies and guidance on infection prevention and control
 - ii. attending Trust Induction Programme(s) and statutory education programmes in infection prevention and control
 - iii. including infection prevention and control as an integral part of their continuous personal/professional development
 - iv. taking personal responsibility so far as is reasonably practicable, in helping ensure that effective prevention and control of health care associated infections is embedded into everyday practice and applied consistently by them and their colleagues
- c) Some potentially infectious conditions could put others at risk and the nature of the work of some employees could result in it being necessary to either refrain from attending work, or accept that they will need to work in an alternative environment for a period of time until they are symptom free. In such circumstances, employees will be required to liaise with their line manager to agree the appropriate course of action. Managers must consider the implications of infection control policies, procedures and general health and safety when looking to retain an employee at work or return an employee to work after being absent with an infectious condition. Advice must be obtained from Infection Control or the Occupational Health Service as necessary.
- d) On some occasions where employees become chronic carriers of MRSA it may be necessary for them to be redeployed to lower risk areas of the Trust. In such cases, refer to the [MRSA policy](#).
- e) Employees will be encouraged to participate in communication activities and support the Trust in identifying and making improvements to the working environment. Employees are given the opportunity to participate in audits and surveys to provide such feedback to the Trust.
- f) Employees are responsible for ensuring that whilst they are absent from work due to ill health they do not undertake anything that could unnecessarily exacerbate, or prolong their ill health/absence. Employees should contact their manager for advice before undertaking something that may unnecessarily exacerbate, or prolong their ill health/absence.
- g) Employees are encouraged to maintain an active and healthy lifestyle.
- h) Employees are encouraged to consider participation in initiatives to

protect them and their patients, including the flu vaccination programme

4.2.3 Human Resources Department (HR)

The HR Department is expected to develop appropriate policies and procedures to facilitate the wellbeing of employees, enable line managers to support their employees, and liaise as appropriate with relevant professionals to support employees to attend work and maintain good physical and mental health.

4.2.4 Education and Training Department (E&T)

- a) The E&T Department will identify and facilitate the provision of appropriate programmes to support this aim, and will support the delivery of appropriate training needs identified from discussions with employees in relation to their job demands. This may be through the appraisal process. Discussions related to individual training needs will support employees ensure they have the necessary skills to perform their job, provide feedback on performance and create an opportunity through which to raise concerns.
- b) Managers are required to attend appropriate training provided by the Trust to enable them to meet their responsibilities in regard to employee wellbeing.

4.2.5 Occupational Health Service (OHS)

The role of the OHS is to:

- a) support the Trust in promoting, maintaining and improving the physical and mental wellbeing of employees
- b) provide opinion about fitness for work and the appropriateness of any agreed phased return to work
- c) support the development of rehabilitation plans to facilitate the successful return to work of employees after absence due to ill-health
- d) provide advice and support to employees to promote their health and wellbeing
- e) assist employees to remain at work, or return to work after experiencing health problems
- f) provide advice and assistance to employees who seek advice/self-refer in connection with work

5 Definitions

- 5.1 Fit note – A fit note will usually be provided and signed by the employee's GP, however a medical certificate by a certified medical practitioner (for example, a specialist Consultant treating the employee) will also be accepted for verifying absence.

If an employee has been referred to the Fit for Work service and consents to

sharing their return to work plan with the Trust, this plan may also be accepted as a fit note. The Fit for Work service Return to Work plan will supersede the information in an existing and current GP fit note (for example, if a fit note states the employee will be fit to return in four weeks, and the return to work plan states the employee will be fit to return in two weeks, it will be expected that the employee returns in two weeks. The employee will be required to obtain a new fit note if they are not fit to return in two weeks).

- 5.2 Self Certification Notifications – This is available on the intranet and is to be completed by all staff on the first day of returning to work after an absence.

6 Prevention of Work-Related Disorders

This section of the policy outlines health and safety guidance for managers in relation to minimising/preventing the major causes of work-related absences. It is also recommended managers refer to the relevant health and safety policy.

6.1 Prevention of Injury

a) Training

Managers must ensure that all employees receive relevant health and safety training prior to commencement of any procedure or protocol which may cause them harm or injury, this includes the use of medical devices or equipment. Employees must be informed of any hazards within the department and receive local induction/orientation on commencement. This must include any mandatory training, such as fire, CPR and manual handling.

Managers should also ensure that when an employee is returning to work following an incident that suitable refresher training is given.

b) Avoiding Injury

Where an employee is complaining of muscular pain, or is known to have an existing condition/injury that may be work-related, they must not undertake any task that could exacerbate the condition. Employees will be encouraged to inform their manager so that if the condition persists, the employee concerned can be referred to the OHS to enable early assessment and provision of treatment as necessary.

Needlestick injuries must be reported to the OHS in accordance with the 'Needlestick Injuries and Blood Borne Virus Exposure: Code of Practice' and staff should be released from duty as soon as practicable to attend OHS.

Managers must ensure that an employee who is intending to turn to work following an injury or a work-related disorder is fully fit to do so. This should include:

- i. discussion with the employee before their return;
- ii. a review of their duties and responsibilities (including work station and working environment);
- iii. consideration of any reasonable adjustments;
- iv. whether a risk assessment is necessary;
- v. consultation with the OHS and referral for assessment/opinion as necessary

c) Reporting and Monitoring Incidents

If an employee sustains an injury whilst at work an incident form must be completed outlining the details and the action taken. If the employee is able to continue work, they may do so. However, tasks that would exacerbate an injury or condition must be avoided for the remainder of that period of duty. Tasks may recommence when the employee feels able to and the manager is satisfied that it is safe to do so.

An injury/incident at work resulting in absence of more than three days must be reported to the Health & Safety Executive (see 'Management and Reporting of Accidents and Incidents' Policy) and the employee should be referred to the OHS for assessment.

If an employee is incapacitated following an incident they must be referred for immediate medical attention (e.g. Minor Injuries Unit or Emergency Department).

Managers must review incidents/accidents in their area(s) on a regular basis to determine whether any particular pattern is emerging, or if there is an increase in any particular type of incident/accident. After review they must then decide what action, if any, is necessary. A Trust Health and Safety Advisor should be contacted for further advice and guidance.

d) Risk Assessment

Managers must carry out a risk assessment of an employee's job, including a stress risk assessment (in relation to work-related stress), if they suspect the employee may be at risk of injury. A Trust Health and Safety Advisor should be contacted for further guidance and the risk assessment should be shared with the OHS if a referral is made.

6.2 Stress Related Ill-Health

All allegations of workplace stress will be investigated and where necessary appropriate action taken to prevent a recurrence. Managers should refer to the 'Management of Stress' Policy.

Stress prevention training is available to employees. The programme includes guidance on prevention and management of stress, identifying stressful behaviour including signs and symptoms, assertiveness techniques and the benefits of exercise. Training can be booked via the E&T Department.

Where an employee is absent due to reasons related to stress/anxiety, the manager should meet with them prior to a return to work to:

- a) discuss the situation
- b) try and establish the root cause (whether work or non-work related)
- c) identify steps/actions to enable a return to work
- d) complete a stress risk assessment
- e) consider a referral to the OHS (a copy of the completed risk assessment should be shared)

On return to work, a return to work interview should be held and a regular review process established between the employee and the line manager to monitor and support. The frequency of review should be determined by the needs of the employee, the expectation being that it will take place at least monthly for a minimum of three months. The review should be documented in writing by the manager and agreed with the employee as an accurate record – both parties should sign and date each review and record it in the personal file held by the HR Department.

7 Health Promotion and Employee Wellbeing Activities

7.1 The Trust provides a range of health promotion initiatives designed to raise awareness of health and lifestyle issues affecting health and wellbeing. Managers and employees are expected to participate as appropriate and the programmes include:

- bullying and harassment
- alcohol and substance abuse
- managing violence and aggression at work
- healthy eating campaigns in conjunction with catering facilities

Other measures to support employees to maintain health and wellbeing include: [Special Leave](#) arrangements and [Flexible Working](#) opportunities. The Trust also wishes to encourage employees to make use of the facilities that are available and promote the adoption of healthier lifestyles. The fitness centre at Freeman Hospital is available 24 hours a day, 7 days a week. For membership, contact Improving Working Lives, HR Department, Regent Point.

In addition, the Trust:

- a) provides a number of services via the OHS, including physiotherapy sessions, stop smoking sessions, change 4 life
- b) promotes stop smoking
- c) promotes active travel through providing advice, support and facilities for cycling and walking to and from work, including promotion of bike loan and hire schemes and Cycle to Work Schemes
- d) promotes a Travel scheme to enable Trust staff to purchase annual season tickets for travel on public transport.
- e) supports the promotion of the use of stairs as a healthy option where safe

- and appropriate to do so (in relation to staff's health status)
- f) provides opportunities for staff to undertake activity through the Fitness Centres at the Freeman Hospital and the RVI and links to public and private providers through the Staff Social Club and Staff Benefits Team.
 - g) provides opportunities for staff to consume nutritionally balanced foods by ensuring healthier options are always available and promoted in all Trust provided outlets, and encourage other providers on Trust premises to provide equivalent levels of service;

The OHS is able to provide individual lifestyle advice, obesity, signposting to smoking cessation support, counselling and support and additional psychology support. Managers may request assistance from the OHS in the provision of advice where there are problems with team performance.

8 Counselling, Support and Guidance

The Trust provides a range of guidance and confidential support for employees:

- a) the Trust Chaplaincy Service is available to all staff and can provide counselling and personal support
- b) the OHS provides direct advice and guidance
- c) the OHS hosts a counselling service run by BACP (British Association for Counselling and Psychotherapy) accredited counsellors. This service can be accessed through referral to occupational health or via self-referral by contacting: Newcastle OHS on 0191 282188.

9 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not unlawfully discriminate against individuals or groups on any grounds. This policy has been properly assessed.

10 Monitoring Compliance with the Policy

Standard / Process / Issue	Monitoring and Audit			
	Method	By	Committee	Frequency
Monitoring will include reporting of information from ESR to identify; 1. Short-term sickness 2. Long term sickness	Reporting from ESR	Director of Human Resources	Trust Board via Performance Management Framework	Annually

11 Consultation and review of this policy

This policy has been reviewed in consultation with the Employment Policies and Procedures Consultative Group.

12 Implementation of the policy (including raising awareness)

A summary of the key changes will be notified to managers following implementation. Further advice and guidance will be available from the HR Department.

13 References

- Medical Records Act 1988 available at <http://www.legislation.gov.uk/ukpga/1988/28/contents>
- Employment Right Act 1996 available at <http://www.legislation.gov.uk/ukpga/1996/18/contents>
- Equality Act 2010 available at <http://www.legislation.gov.uk/ukpga/2010/15/contents>
- NHS Employer Injury Allowance guidance available at <http://www.nhsemployers.org/PAYANDCONTRACTS/NHS-INJURY-ALLOWANCE/Pages/NHSInjuryAllowance.aspx>

14 Additional documents

- [Capability Procedure](#)
- [Disciplinary Policy and Procedure](#)
- [Needlestick Injuries and Blood Borne Virus Exposure: Code of Practice](#)
- [Stress in the Workplace Risk Assessment – included in Management of Stress Policy](#)

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Attendance Management Procedure

1. Introduction

- 1.1 The Trust recognises the need to treat employees as individuals and expects managers when dealing with absence under this procedure to consider carefully the particular circumstances before deciding how best to provide support to employees and manage their attendance going forward. It is also to ensure absence is managed fairly and consistently with a view to reducing its impact and cost on the operation of the Trust.
- 1.2 The purpose of this procedure is:
- a) to promote attendance at work;
 - b) to provide a fair and reasonable framework for the management of sickness absence;
 - c) to provide clear guidance on unacceptable levels of absence and how they will be managed;
 - d) to ensure employees receive appropriate advice and support to help them achieve and sustain the necessary levels of attendance;
 - e) to minimise any adverse impact on employees when a colleague is absent through appropriate management arrangements
- 1.3 Where formal action against an employee is considered necessary because of their attendance, the level of action will depend on the circumstances. Action, at any level (including dismissal) can be taken at any stage of the Absence Management Procedure.

2. Role of the Line Manager

- 2.1 Line managers must ensure that all employees are aware of the following:
- a) the Trust's attendance standards
 - b) that they are expected to attend work on the days they are required for duty
 - c) the correct reporting procedures for notifying sickness absence i.e. by contacting the Line Manager via telephone and not other forms of communication e.g. text, email, social media, etc.

Specifically, managers should ensure that:

- a) they appropriately record absence into the Electronic Rostering and Absence system (ERA) for non-medical and dental staff or in to the Electronic Staff Record system (ESR) for medical and dental staff, on a timely basis and in accordance with the appropriate User Manual,
- b) disability-related absence is recorded as such in ESR, where the manager is aware of this
- c) where the employee receives damages from a third party ensure third party liability is recorded in ESR. *(NB Where damages are received from a third party the employee is required to repay to the Trust the full*

- amount of sickpay received).*
- d) a [self-certification](#)/fit note is received on the first day of return to work following an absence of a period of seven calendar days or less. If this is not received, consideration should be given to treating absence as unpaid and unauthorised absence. The manager must validate the fit note using the process outlined in appendix G
 - e) where the absence is more than seven consecutive calendar days, the employee has submitted a fit note by a certified medical practitioner within ten days of the first day of absence and subsequent fit notes are submitted within three days of the expiry of the last one
 - f) they regularly review employee sickness absence levels within their areas
 - g) discussions take place with employees about their level of absence [following any period of absence from work](#)
 - h) employees receive appropriate support and assistance to help them attend work to achieve an acceptable level of attendance
 - i) consideration is given to the job the employee performs and whether this is a factor in their level of attendance
 - j) employees are informed of the impact their absence has on the patients/service and/or their colleagues
 - k) where there is cause for concern, employees are subject to formal review. where appropriate, formal action is taken against employees who fail to achieve an acceptable level of attendance
 - l) an employee receives their payslip(s). (Under Section 8 of the Employment Rights Act 1996) an employee has the right to be given a payslip by their employer at or before the time payment is made). If the employee is absent the manager should ensure the payslip is forwarded to the employee's home address within a reasonable timescale.
 - m) explore with the employee if there is an underlying medical condition and refer to Occupational Health for advice, as necessary
 - n) establish from Occupational Health whether the absence is due to a condition that is likely to be considered as a disability under the provisions of the Equality Act (2010) and seek their advice on what reasonable adjustments to the workplace (if any) should be considered
 - o) they are able to make effective use of the Occupational Health Service including referral (following initial verbal contact) as soon as it is apparent the employee will remain absent for 28 calendar days or more and immediate referral for the following:
 - i. musculo-skeletal injury,
 - ii. stress/anxiety/depression,
 - iii. work related accident involving absence on three or more days,
 - iv. infectious or communicable disease,
 - v. prior history of long term sickness absence
 - p) fit notes are reviewed to ensure any changes in the reason for absence are identified and management plans amended as appropriate.
 - q) regular contact is maintained with staff who are absent by agreeing at the conclusion of the last contact when the next one will be. All discussions with staff should be recorded in a file note for future reference. To facilitate a consistent approach and assist managers to

collect relevant information at key stages of an employee's absence, please see respective forms available on the Intranet: ['Notification of Absence' form](#); and ['Absence Review' form](#).

- r) where stress is a factor in absence or becomes a factor at work a 'Stress in the Workplace Risk Assessment' must be undertaken. This should be shared with Occupational Health.
- s) Occupational Health is informed of all appropriate information including any completed 'Stress in the Workplace Risk Assessments' and whether the employee undertakes any secondary employment (that the Trust should be aware of any secondary employment and this includes the Trust Bank) so they can ascertain whether it is appropriate for them to continue to undertake such employment during the period of sickness absence from the Trust. This is subject to the Trust being aware of secondary employment.
- t) where an employee provides a fit note indicating with additional support the employee would be fit to return to work, ensure advice is sought from the Human Resources Department and the Occupational Health Department to ensure the appropriateness of any adjustments and determine whether or not a risk assessment and or a work based assessment is required.
- u) appropriate advice is obtained from Occupational Health throughout the process
- v) all those returning to work following sickness absence of two months or more (or a lesser period where this would be beneficial) should have an agreed [Return to Work Action Plan](#) in place.
- w) when an employee returns to work there must be arrangements in place for the employee to meet the manager on their first day back (or appropriate designated other) to ensure the employee returns to a well-supported, organised working environment, where necessary adjustments to the working environment have been undertaken and any additional equipment and or support is available. Ensure any appropriate work based assessments / risk assessments are carried out prior to an employee returning to work.
- x) ensure where a phased return has been agreed ensure regular review meetings take place. The frequency of such reviews should be determined by the needs of the employee but the expectation is that this will take place at least monthly. The review will be documented in writing by the line manager and agreed by the employee as an accurate reflection of the meeting.
- y) they inform HR urgently of any sickness absence lasting one month or more for an employee who holds a Certificate of Sponsorship so that HR can inform UKBA of this as per UKBA regulations

3. Employee Responsibility

A summary of all employees' responsibilities is available on the Intranet; ['What to do if you are off sick'](#)

3.1 Notification procedure:

- a) Employees must notify their manager **directly** (or the nominated person

in charge) of their sickness immediately, or without unreasonable delay normally **before** the start of shift so that appropriate arrangements can be made for cover. The employee must make contact via telephone, speak to their line manager, and not make contact via other forms of communication e.g. text, email, social media or via another colleague etc.

- b) When the absence is for a period of one to seven calendar days, employees must complete a Trust '[Self-Certification of Absence](#)' upon return to work, stating the reason for absence. It is the employee's responsibility to ensure this document is completed, and given to their Line Manager or nominate deputy. Failure to complete and provide this document may result in the absence being treated as unauthorised and therefore unpaid.
- c) Sickness of more than seven consecutive calendar days must be certified by a registered medical practitioner and be submitted within ten days of the first day of absence. Subsequent fit notes must be submitted within three days of the expiry of the last one.
- d) When notifying the Trust, the employee should give details of the nature of the absence, and likely date of return to work. If the absence is likely to be prolonged, an update should be provided on a weekly basis to the Trust, or to coincide with medical appointments.
- e) Failure to follow this procedure, including the production of self-certifications and fit notes may result in the withholding of pay and/or a deduction from pay for absence which is either not notified on time, or is not covered by the appropriate certification. Any decision to withhold pay will be the line managers' in conjunction with the Human Resources Department. Further, if an employee repeatedly notifies the Trust late, this may also result in disciplinary action.

3.2 Employee responsibility during sickness absence:

- a) Be generally available to meet with their manager during normal office hours, normally at their place of work, to discuss their condition;
- b) Keep their manager informed of any changes in their condition affecting their length of absence and/or return to work via telephone or an alternative method and frequency to be agreed;
- c) Take reasonable care to facilitate a return to work as soon as possible. This includes refraining from undertaking any other alternative employment unless appropriate and agreed with the Trust, and anything, as defined by the Trust, that could exacerbate or prolong the condition unless the express prior permission of the manager is given in writing;
- d) Give their manager written notice in advance if they are to be unavailable to meet for reasons associated with improving their health condition and/or prospects for returning to work e.g. admission to hospital;
- e) Request permission in writing from their manager if they intend to go on holiday or be away from their normal place of residence whilst absent due to sickness. Such a period of time can be taken as annual leave if the employee requests it (see section 8). The manager should contact the Human Resources Department to discuss prior to making a decision.

Before the manager confirms any decision advice from the Occupational Health Service should be sought;

- f) Notify their manager where absence is as a result of an accident and whether damages are receivable from a third party

4. Return to Work

4.1 All staff will be expected to return to their normal shift working arrangements (normal shift working does not include a phased return) following absence due to sickness, before being eligible to work bank/locum shifts, Waiting List Initiative shifts or overtime.

4.2 A phased return to work may be implemented, if appropriate, and agreed by the line manager with advice from Occupational Health. A phased return may be to adjusted duties or working arrangements and will be subject to:

- a) The employee being assessed by the Occupational Health Service in which it is agreed that a phased return is appropriate, of health benefit and would facilitate an earlier return to work.
- b) Normally a maximum paid period of 4 weeks, after which annual leave may be utilised or a temporary reduction in working hours implemented with agreement of Occupational Health. Please note any reduction in working hours will result in a reduction in paid working hours and annual leave entitlement will be adjusted, in accordance with the Annual Leave policy. A full discussion will be held with the manager and employee regarding any impact of a reduction in hours.
- c) Activity and working arrangements being clearly defined during the phased period
- d) Regular review meetings pre-arranged. The frequency of such reviews should be determined by the needs of the employee but the expectation is that this will take place at least monthly. The review will be documented in writing by the line manager and agreed by the employee as an accurate reflection of the meeting.
- e) When an employee returns to work following absence there must be arrangements in place for the employee to meet the manager on their first day back (or nominated deputy) to ensure the employee returns to a well-supported, organised working environment, where necessary adjustments to the working environment have been undertaken and any additional equipment and or support is available. The manager must also ensure an appropriate work-based assessment and/or risk assessment is carried out in conjunction with the employee prior to their return to work.
- f) all those returning to work following sickness absence of two months or more (or a lesser period where this would be beneficial) should have an agreed [Return to Work Action Plan](#) in place.

4.3 Return to work interview

4.3.1 Line managers must arrange a [discussion with employees on return to work](#) after **all** periods of sickness absence and complete a written

record. This discussion should normally take place within two working days of their return to work and be conducted on a one-to-one basis between the manager and the employee. The employee's absence record should be available for reference and may be subject to discussion. The manager must ensure the employee is aware of the Employee Wellbeing Policy and of how they can access this.

4.3.2 The purpose of the discussion is to:

- a) confirm the date(s) of absence, establish the reason(s) and determine whether future absence is likely to occur;
- b) discuss the employee's fitness for work and whether any action is required to enable them to undertake their duties safely and effectively;
- c) update the employee on any relevant work matters that may have occurred during their absence;
- d) review the employee's absence record and discuss any points, such as any patterns to the absence, the amount of days and occasions, and the time-frame over which the particular record has occurred
- e) confirm/ discuss any additional support that has been arranged
- f) identify what action (if any) is required by the employee and/or the manager in consequence of the interview. If formal action is deemed appropriate the employee will be informed separately.

4.3.3 A written record must be made of all [return to work discussions](#) and must be retained by the manager for future reference – a copy should be given to the employee if requested. The manager must also record in ESR the fact that a return to work meeting has taken place in accordance with the User Manual

4.4 Where an employee is absent for 12 months or more, arrangements must be made by the Line Manager/Supervisor to ensure Corporate and Local induction is completed by the employee within 4 weeks of their return to work.

5. Occupational Health

5.1 The Occupational Health Service is able to provide support to enable an employee to remain at work with an ill-health related condition or to return to work early following absence. The Trust reserves the right at any time to refer an employee to the Occupational Health Service for assessment, and will explain the reasons why to the employee. The employee does not need to be absent to be referred to the Occupational Health Service as this is intended to support them to remain at work wherever possible.

For guidance on referring to the Occupational Health Service please refer to the Guide to Occupational Health Advice and Referrals at Appendix B. Further information is available from the Occupational Health Service.

5.2 On receipt of reports from the Occupational Health Service, the line manager will determine how to proceed with the matter on an individual basis. The

Human Resources Department may also be asked to provide advice.

- 5.3 Occupational Health will liaise with the employees GP or Specialist as and when required.
- 5.4 Following receipt of the management referral Occupational Health and Wellbeing Service will undertake a consultation with the employee (telephone or face to face) and advise the manager (and HR) of their assessment and the measures which need to be considered/actioned to manage the absence, support the employee and facilitate a return to work or other outcome which may be appropriate (e.g. termination/retirement).

6. Record Keeping & Monitoring

- 6.1 Managers are accountable for maintaining records and recording all sickness absence from work on the ERA or ESR systems, as appropriate, and for ensuring that appropriate arrangements are in place on each ward/department to ensure this.
- 6.2 The Human Resources Department will use this data to:
 - a. notify Payroll for sick pay purposes
 - b. produce information for the purposes of monitoring and controlling levels of sickness absence
- 6.3 Managers will be expected to review the sickness absence of employees on a regular basis and develop appropriate action plans to support employees make an early return to work following absence.
- 6.4 All those returning to work following sickness absence of two months or more (or a lesser period where this would be beneficial) should have an agreed [Return to Work Action Plan](#) in place and an appropriate work-based assessment and/or risk assessment should be carried out in conjunction with the employee prior to their return.
- 6.5 If the absence is for an extended period of time the employee should be asked to attend a review with the Occupational Health service before being allowed to return to work. Further, the Trust reserves the right to maintain contact with the employee to review progress and will require the employee to attend reviews with their line manager to obtain an update on recovery and establish a likely return to work date.
- 6.6 Home visits will not be arranged unless there are exceptional circumstances which render the employee physically or mentally unable to attend the place of work.

7. Contractual Sick Pay

- 7.1 Employees are entitled to sick pay in accordance with the rules of the Trust's Contractual Sick Pay (CSP) scheme and the Statutory Sick Pay (SSP) scheme.

This is calculated by reference to a rolling 12 month calendar period.

- 7.2 Payment of CSP remains at the Trust's absolute discretion. The Trust may suspend or withhold payment in certain cases. In the event that payment is withheld, an employee can raise the matter through the Grievance Procedure if they wish.
- 7.3 Payments during sickness absence for staff employed under NHS Terms and Conditions of Service will be paid in accordance with those provisions .
- 7.4 Employees new to the NHS that are subject to a period of probation will not receive CSP for any period of sickness absence which occurs in the probationary period. Employees should refer to their Contract of Employment for further details.
- 7.5 An employee is expected to return to work from sickness absence at the earliest opportunity. Where Occupational Health assesses that an employee is fit – even if this is contrary to advice from a GP or specialist – the manager will determine a return to work date in consultation with the employee and he/she will be expected to return on that date. If the employee fails to return to work and they remain absent due to sickness, sick pay will not be paid.
- 7.6 Eligibility under the sick pay scheme ceases immediately when an employee leaves the service of the Trust.
- 7.7 An employee's employment can be terminated under this procedure at any time in the following circumstances:
 - a) when it is established that he/she is permanently unfit for employment, or
 - b) when it is established that he/she is unfit to return to their job (or an alternative) before the expiry of their CSP, or
 - c) when he/she has exhausted their CSP and is unable to return to work at that time
 - d) when it is mutually agreed between the employee and the manager
 - e) when the employee's level of attendance is deemed to be unacceptable in accordance with the terms identified within this policy
- 7.8 In cases resulting in the termination of employment, appropriate notice, or pay in lieu of notice will be paid in accordance with the terms of the employee's contract of employment. Where termination occurs prior to the expiry of CSP, the notice period will run concurrently with the remainder of any CSP. An employee is not entitled to exhaust CSP before their employment is terminated, or to receive payment in lieu of any unpaid CSP.
- 7.9 Employees who have salary sacrifice arrangements remain responsible for payments during periods of unpaid leave. Where an employee is approaching a reduced/no pay situation, they must contact the Staff Benefits team for advice and information on how to setup payments.

8. Public and Contractual Holiday entitlement and Sickness Absence

- 8.1 Where an employee is sick on a Public Holiday, no compensatory holiday will be given – this applies regardless of whether annual leave entitlement is calculated ‘inclusive’ or ‘exclusive’ of Public Holidays.
- 8.2 An employee whose sickness absence includes approved annual leave can continue to take the annual leave as approved if they wish – see section 3.2 above.
- 8.3 An employee who is ill during a period of annual leave will only receive replacement holiday on their return to work if they fulfil the following conditions:
- a) The total period of incapacity must be fully certificated by a qualified medical practitioner where it exceeds seven days. Where the total period does not exceed seven days a [self-certificate](#) must be submitted upon their return to work
 - b) The employee must contact their Line Manager on their first day of sickness
 - c) On the first day back at work, the employee must submit a written request setting out how much of their holiday period was affected by sickness and the amount of leave that they wish to take at another time
 - d) If the employee is overseas when they fall ill or are injured, evidence must still be produced that they were ill, in the form of a medical certificate or proof of a claim on an insurance policy for medical treatment received at the overseas location.

Employees who fulfil all of these conditions will be granted the same number of days’ replacement annual leave as those requested as lost due to sickness or injury.

- 8.4 Employees who are ill or injured before the start of a period of planned annual leave and who would like their leave postponed must submit a written request to their manager, together with a supporting letter from their GP. The written request must be made prior to the date of annual leave.
- 8.5 Replacement annual leave should be taken in the same leave year in which it was accrued. The Trust may require employees to take all or part of their replacement annual leave on particular days and is not required to provide the employee with any minimum period of notice to do this, although it will aim to provide reasonable notice.
- 8.6 The Trust expects employees to utilise their entitlement within the leave year during which sickness absence occurs. This may result in the period of absence being a combination of authorised sickness absence (including unpaid) and holiday entitlement.
- 8.7 If it is not possible to take annual leave in the current leave year, due to long term sickness absence, carry over will be limited to the statutory entitlement of 20 days, in accordance with the European Working Time Directive. The first 20 days’ leave taken in an annual leave year is the employee’s statutory leave

entitlement (excluding any carried over from the previous leave year).

- 8.8 Employees wishing to take annual leave whilst on sick leave (effectively combining sick leave and annual leave for the period) may do so regardless of whether they are in full, half or nil pay; although this is limited to their statutory annual leave entitlement (i.e. a maximum of 28 days).

9 Absence to Receive Cosmetic Treatment

If an employee is absent from work in order to receive surgical treatment of a cosmetic nature (e.g. corrective eye laser surgery, liposuction, etc.), this will need to be arranged as annual leave or unpaid authorised absence unless the Trust is provided with written evidence that the procedure is for medical reasons.

10 Absence related to work-related incident or accident

- 10.1 Employees are expected to notify their manager that their absence is work-related at the first available opportunity. Employees who believe their absence to be work-related need to complete and submit the [claim form](#). The definition of work-related absence for the purposes of this policy is considered to be in line with the definition for NHS Injury Allowance (see Appendix C paragraph 2).
- 10.2 Claims must be assessed by the Directorate Manager/Head of Service to determine eligibility. The following should be considered:
- a) accident reports
 - b) Occupational Health Department notes and records
 - c) reports of any internal investigation connected with the claim
 - d) job description
 - e) sick leave records
 - f) a full statement of events explaining what injury or disease the applicant is claiming and the circumstances leading to the claim
 - g) appropriate medical advice
 - h) any further additional supporting and corroborating evidence
- 10.3 Where a claim is considered eligible, the Directorate Manager/Head of Service must complete and sign the relevant sections of the claim form and send it to the Senior HR Manager who will decide whether the payment of enhanced sick pay and/or Injury Allowance is appropriate.
- 10.4 Where it is deemed payable, the Human Resource Department will inform Payroll Services using the [pro-forma](#) on the Intranet.
- 10.5 A flow chart showing the process is at Appendix F.

11 Prolonged Absence

There may be instances when it will be apparent from the outset of a period of

absence that an employee will be absent for a considerable period of time e.g. planned surgery or serious illness. However, the line manager will be expected to maintain contact with the employee to support them, arrange referral to Occupational Health when appropriate, and formulate a [return to work plan](#).

12 Counselling Meeting

- 12.1 If an employee has three or more occasions of sickness absence in a 12 month rolling period (the 12 months preceding each occasion of absence), or where their overall level of attendance is a cause for concern, the line manager shall hold a counselling meeting at the earliest opportunity to review the attendance record, the reasons for absence and explore whether there is any underlying or on-going health condition. (The counselling meeting can be incorporated in to a return to work meeting or held separately at another time). The Employee Wellbeing Policy shall be brought to the employee's attention and where they can access a copy (i.e. via the intranet or Trust website).
- 12.2 Where there is no underlying, or on-going health condition the employee shall be informed: their level of attendance is not acceptable under this policy; and a further occasion of absence in the following 12 months will be subject to review and, if deemed unacceptable, will result in a formal warning.
- 12.3 Where it is established that there is an underlying health condition, the manager will make a referral to Occupational Health for advice on the potential impact on the employee's attendance; and what workplace adjustments (if any) should be considered. The employee will be informed that their attendance will be monitored over the next 12 months and further absence will be subject to review and, if deemed unacceptable, will result in a formal warning. All of the circumstances surrounding the absence, i.e. any underlying health condition and adjustments will be considered as part of the review and assessment.
- 12.4 The manager must record the counselling meeting on ESR.

13 Formal process relating to unacceptable attendance:

As consideration of formal action, up to and including dismissal, will take place during Formal Absence Review, the chairing manager must be appropriate, with regards to the Trust's levels of responsibility, as outlined in the Disciplinary policy, either by being at the appropriate level or by ensuring they have been given delegated authority.

13.1 Formal Absence Review – Consideration of a Formal Attendance Warning:

- 13.1.1 If the employee has had further absence within the 12 months since being counselled, or there is now a cause for concern about the employee's overall level of attendance (counselling is not a pre-requisite), they shall be invited to a Formal Absence Review – Consideration of a Formal Attendance Warning meeting to consider the question of whether formal action should be taken.

13.1.2 The meeting will normally take place within one month of the last return to work date. Any exceptions will be discussed with the HR Officer.

13.1.3 The levels of formal action available for consideration are:

- a) First Attendance Warning (normally issued after counselling if a further period of absence has occurred, which is deemed unacceptable). This will usually be active for a period of 12 months.
- b) Final Attendance Warning (normally issued after a first warning, if a further period of absence has occurred, which is deemed unacceptable). This will usually be active for a period of 24 months.

Notwithstanding the above, formal action at any level (including dismissal, see section 13.2) can be taken at any stage – see 1.3.

13.1.4 The manager will give the employee seven calendar days' notice, in writing, of the date, time and place of the meeting. To ensure there are no surprises and the employee has the opportunity to prepare accordingly, the letter should include:

- a) the purpose of the meeting
- b) the potential outcome
- c) who will be present
- d) the right to be accompanied by a work colleague or Trade Union Representative
- e) a copy of the absence record, relevant to the review
- f) a copy of the counselling letter (if issued) and any previous warning letters
- g) a copy of correspondence from Occupational Health
- h) a copy of return to work forms
- i) reference to where a copy of the Employee Wellbeing policy can be found

13.1.5 At the meeting the manager will:

- a) outline the reason for the review and agree the attendance record with the employee
- b) outline why the level of attendance is a cause for concern.
- c) give the employee the opportunity to comment on their attendance record and provide any mitigation
- d) discuss whether there is any underlying health condition (note that the steps taken in section 14 should ordinarily be applied prior to this meeting, if known about)
- e) explore areas of support and reasonable adjustment to facilitate a return to work and/or sustained attendance at work

13.1.6 The meeting will be adjourned to enable the manager to decide the question of whether formal action should be taken. The meeting will be reconvened and the decision given. This will be

confirmed in writing.

- 13.1.6.1 If a warning is issued, the letter will confirm to the employee that further absence in the next 12/24 months (appropriate to the level of formal attendance warning issued) will be subject to review and if deemed unacceptable, will result in further formal action, which could ultimately lead to the termination of their employment
- 13.1.6.2 Where formal action is taken, the employee will be informed in the outcome letter of their right to appeal
- 13.1.6.3 If formal action is not taken, the employee will be reminded of the standards of attendance expected and that their attendance will remain under review. If further absence in the future is deemed unacceptable, formal action will be taken, which ultimately could lead to the termination of their employment

13.2 Formal Absence Review – Consideration of Termination of Employment

13.2.1 If an employee has had a further period of absence after being issued with a final attendance warning, there is a cause for concern about the employee's overall level of attendance or the employee has been absent for a period of time which causes concern and there is no foreseeable, acceptable return to work date, they shall be invited to a Formal Absence Review – Consideration of Termination of Employment meeting to consider the question of whether formal action should be taken.

13.2.2 The meeting will normally take place within one month of the last return to work date. Any exceptions will be discussed with the HR Officer.

13.2.3 The levels of formal action available for consideration are:

- a) First Attendance Warning; this will usually be active for a period of 12 months.
- b) Final Attendance Warning; this will usually be active for a period of 24 months.
- c) Dismissal

13.2.4 If it is considered that a Consideration of termination of employment is appropriate, the manager will refer the absence management case to Human Resources to arrange the Review. A Chair and Secretary will be allocated; the manager chairing the final attendance review will not be the manager who has been managing the absence to this point. The Secretary will usually be a Human Resources representative.

13.2.5 The manager will give the employee seven calendar days' notice, in writing, of the date, time and place of the meeting. To ensure there are

no surprises and the employee has the opportunity to prepare accordingly, the letter should include:

- a) the purpose of the meeting
- b) the potential outcome
- c) who will be present
- d) the right to be accompanied by a work colleague or Trade Union Representative
- e) a copy of the absence record, relevant to the review
- f) a copy of the counselling letter (if issued) and any previous warning letters
- g) a copy of correspondence from Occupational Health
- h) a copy of return to work forms
- i) reference to where a copy of the Employee Wellbeing policy can be found
- j) a request that the employee provides their own statement and any evidence that they wish to give at the meeting, in advance and that this will be circulated to all parties

13.2.6 The procedure followed during the meeting will mirror that outlined in the Disciplinary Policy's Example Procedure for the Conduct of a Disciplinary Hearing.

13.2.7 The meeting will be adjourned to enable the manager to decide the question of whether formal action should be taken. The meeting will be reconvened and the decision given. This will be confirmed in writing.

13.2.7.1 If a warning is issued, the letter will confirm to the employee that further absence in the next 12/24 months (appropriate to the level of formal attendance warning issued) will be subject to review and if deemed unacceptable, will result in further formal action, which could ultimately lead to the termination of their employment

13.2.7.2 Where formal action is taken, the employee will be informed in the outcome letter of their right to appeal

13.2.7.3 If formal action is not taken, the employee will be reminded of the standards of attendance expected and that their attendance will remain under review. If further absence in the future is deemed unacceptable, formal action will be taken, which ultimately could lead to the termination of their employment

13.3 The employee shall have the right to be accompanied at every stage in the formal procedure by a representative of a recognised trade union or staff organisation, or a work colleague not appearing in a professional/legal capacity.

13.4 If formal action is taken, it shall be confirmed in writing and the employee shall have the right of appeal if they feel it was wrong or unjust. To exercise this right the employee should write to the Director of Human Resources within 14

calendar days of receipt of the outcome letter. The appeal letter must identify the reason for the appeal. The grounds could, for instance, include new evidence, undue severity or inconsistency of the penalty or procedural errors. The appeal procedure will mirror the Appeal Procedure, appended to the Disciplinary policy and procedure.

14 Formal process relating to unacceptable attendance – underlying health condition:

- 14.1 If an underlying, or on-going health condition is disclosed to the line manager, the employee shall normally be referred to Occupational Health.
- 14.2 The purpose of a referral to Occupational Health shall be to obtain relevant information about any health condition to enable the line manager to support the employee, manage their absence and manage the employee's on-going employment. Further, it will also be necessary to obtain advice about whether the employee's condition is likely to be regarded as a disability covered under the Equality Act 2010 (i.e. a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities).
- 14.3 Disability-related absence should be recorded in ESR as disability-related by the manager. This should be recorded in ESR after the sickness information has been transferred from ERA to ESR via the monthly update
- 14.4 If a condition is considered likely to be a disability, the line manager is required under the Equality Act to consider reasonable adjustments. These are any accommodations, modifications or provisions made in the workplace to allow a person with disability to work effectively. Reasonable adjustments can be made on a temporary or permanent basis depending on the situation. These could include:
 - a) allocating some of a person's duties to somebody else;
 - b) altering a person's working hours or training;
 - c) providing different equipment or adapting existing equipment to a person's needs;
 - d) providing supervision or other support.

The Human Resources Department will provide advice and support on what information should be requested and what consideration is necessary, which may include consultation from appropriate external agencies e.g. Access to Work. The cost of any reasonable adjustment made will not be passed on to the employee.

In these circumstances it would be appropriate to obtain the advice from Occupational Health prior to any meeting with the employee, in accordance with section 13, in order to have a meaningful discussion.

15 Not Fit To Return To Current Role

- 15.1 If the employee is not fit to return to their job the line manager shall meet with them in the presence of a representative from the HR Department to explore redeployment/suitable alternative employment. A skills audit form will be completed, to enable to HR representative to assess eligibility for vacancies. The employee will be added to the redeployment register and will remain on the register for a maximum period of eight weeks, after which, if suitable alternative employment has not been found, a formal review meeting will be held, in accordance with section 13.2. The Trust is not obliged to create a post for an employee to move in to.
- 15.2 If an employee falls within the scope of the Equality Act 2010, s/he will be given prior consideration for a post provided they meet the essential criteria of the person specification and any reasonable adjustments can be accommodated. If appointed, a Return to Work Action Plan shall be completed by the manager in conjunction with the employee before they start. This will ensure appropriate arrangements and support are in place for the new role. Pay and conditions will ordinarily be in line with those applicable to the new post.
- 15.3 If the employee does not fall within the scope of the Equality Act 2010, s/he will be required to apply for any alternative suitable jobs in line with normal recruitment practice. If appointed, pay and conditions will be in line with those applicable to the new post.
- 15.4 Redeployment/suitable alternative employment will be with a view to maintaining an employee's existing pay and conditions provided they are in line with those applicable to the post. If this is not possible, protection of existing pay and conditions will not apply. The Trust reserves absolute discretion to decide an employee's pay and conditions in the new post.
- 15.5 If an employee unreasonably refuses to consider and/or accept redeployment/suitable alternative employment, it may lead to the termination of their employment. Managers must seek advice from the Human Resources Department before any decision is contemplated.
- 15.6 In the event that redeployment/suitable alternative employment is not possible, the employee shall be dismissed from employment with notice on the grounds of incapacity due to ill health. The hearing will be dealt with in accordance with the Review Meeting to Consider Continuation of Employment, outlined in 13.2.

16 Substantial Absence of Employee during Existence of Formal Attendance Warnings

- 16.1 An employee with a live Attendance Warning who is absent from work (e.g. sickness, maternity, additional paternity leave, adoption leave, shared parental leave, career break, authorised/unauthorised absence, Jury Service, parental leave, leave for reservists) for a period of four weeks or more will have the equivalent length of absence during the live warning period added to the expiry

date of the warning.

- 16.2 This arrangement will not apply during periods of special leave (unless referred to above), annual leave, suspension (unless the allegation is later upheld, at which point the equivalent length of absence due to suspension would be added), study leave, or secondment/or training.

17. Ill Health Early Retirement

If the employee has satisfied the necessary qualifying conditions they may be eligible to apply to the NHS Pensions Agency for early retirement on the grounds of ill health. The decision to apply rests entirely with the employee. Acceptance or otherwise of the application is at the discretion of the Pensions Agency.

Fit for Work Service

The Fit for Work service is a Government funded initiative, designed to support people in work with health conditions and help with sickness absence. The scheme is based on the principle that the longer someone is off sick, the harder it is for them to get back to work.

In most circumstances, an individual's GP will make a referral to the fit for work service for [employees](#) who have been off sick or who are likely to be off sick for four weeks or more. The service will allocate an occupational health professional, who will aim to identify obstacles preventing the employee from returning to work and produce a Return to Work Plan tailored to the employee's needs.

Where an employee is referred to the Fit for Work service, they are requested to provide the contact details of their line manager to ensure Return to Work plans are effectively delivered to and utilised by the Trust. The Fit for Work service will use email addresses to correspond with the Trust and therefore employees must ensure they provide the correct and accurate email address of their line manager.

Fit for Work is designed to work alongside, not replace, the Trust's Occupational Health Service and therefore employees are encouraged to inform the Fit for Work service of any recommendations and/or adjustments currently in place within the Trust.

On receipt of the Return to Work plan, the manager may share this with Human Resources and/or the Occupational Health Service in order to seek appropriate advice and aid decision making.

The Return to Work plan is not a directive, and managers will review the recommendations within the context of the information available to them and the service requirements. Recommendations will be implemented as deemed appropriate, being mindful to reasonable adjustments when it is considered the provisions of the Equality Act 2010 apply.

Employees who do not consent to the Return to Work Plan to be shared with the Trust are advised that the manager will only be able to make decisions based on available information.

Guide to Occupational Health Advice and Referrals

Health problems, of whatever nature, may affect work performance. If a manager has any concerns about the effects of work on an employee's health, or the effects of a health problem on an employee's performance or attendance at work, referral to the Occupational Health Service (OHS) should be considered. As a result of referral, the OHS can provide advice to managers and assist employees with their health problems.

Early referral to Occupational Health is recommended for any staff member who has:

- a musculo-skeletal injury;
- mental health problems such as stress, anxiety and depression;
- a work related accident;
- an infectious/communicable disease;
- prior history of long term absence.

Evidence supports early intervention and managers should not wait until four weeks of absence have elapsed before making a referral.

Manager's Responsibilities:

- Consult with member of staff regarding referral to the OHS
- Ensure that the member of staff is made aware of the reasons for referral to the OHS
- Provide the OHS with relevant information and documentation
- Consult with member of staff regarding occupational health reports.

Employee's Responsibilities:

- To comply with their contractual obligation to make themselves available to attend the OHS when a reasonable request has been made.

OHS Responsibilities:

- To ensure that appointments are made within acceptable timescales.
- To ensure the timely provision of reports.
- To provide considered, unambiguous and practicable guidance for managers and employees.

Process

Managerial referrals to the OHS may initially be verbal but must be followed up in writing using the In-Service Referral Form (available on the Trust Intranet). It is essential that both the employee and the OHS know the reason for the referral. It is important that the occupational health professional is made aware of all relevant facts about a case to ensure that objective advice is given, based on a full understanding of the issues of concern to the referring manager.

The manager must record the date of the referral to the OHS on ESR, in the absence screen.

The OH Referral form is designed to help managers provide sufficient information and specify the type of advice they are seeking when making a referral. The referral form should be completed and copied to the member of staff and forwarded to the OHS for further action.

On receipt of a referral form, the OHS will determine the most appropriate referral route. This may include one or more of the following:

- Referral to an occupational health consultant physician
- Referral to an occupational health nurse
- Referral to an occupational health physiotherapist
- A request to the employee's treating physician or specialist for a medical report.

Reports

Advice given to the manager is concerned with matters of employment and fitness and may include:

- The identification of a health problem that may impact on an individual's work.
- The potential effects of the health problem on current and future performance or attendance.
- Adjustments to the work place or tasks that would assist in maintaining health and reducing the adverse effects of the health problem on attendance and performance.
- Whether the advised adjustments are temporary or permanent.
- Timescales for expected improvement.
- Opinion on the implications of the Equality Act 2010.
- The need for further investigation or medical report from treating doctor
- The potential for an individual to maintain a good attendance record, and if appropriate, suitability for Ill Health Retirement
- Proposals for case management or rehabilitation programmes where appropriate.
- Whether it is/is not appropriate for the employee to continue working for another employer whilst absent due to sickness with the Trust

It is good practice for the manager to obtain the employee's consent for referral. The OHS will confirm that the employee's consent has been obtained before the employee is seen. Employees who decline to be referred to Occupational Health must be advised that the manager will only be able to make decisions based on available information.

Managers need to be aware that employees may divulge information to an occupational health professional that they want to be kept in confidence. Such information will play a part in shaping the occupational health recommendations, but the information on which the advice is based will not be divulged to the manager. The only exception to this rule will be if the occupational health professional

considers that it is necessary to breach medical confidentiality, in line with the guidance provided by the General Medical Council and the Nursing and Midwifery Council.

Service Standards

The OH professionals are available for, and encourage, managers to contact them by telephone to seek guidance on making referrals.

Following referral an appointment will be arranged to see an Occupational Health Nurse or the Occupational Health Physician as required.

The OHS will attempt to contact the employee by phone to arrange an appointment. If this is unsuccessful a letter will be sent advising of an appointment date and time.

If the employee fails to arrive for an appointment the OHS will notify the Manager of this. The OHS will take no further action until the Manager has contacted the employee and confirmed they will attend a 2nd appointment.

A written report will be sent to the Manager. The employee will also receive a copy of the report, unless they personally decline to receive this.

The Newcastle upon Tyne Hospitals NHS Foundation Trust

NHS Injury Allowance

1. Introduction

1.1 Injury Allowance provides for NHS employees who, as a result of injury, illness or other health condition that is wholly or mainly attributable to their NHS duties, are on:

- authorised sickness absence with reduced or no pay, or
- a phased return to work with reduced or no pay.

It also makes provision for the protection of pay in certain circumstances.

1.2 Outlined below is a summary of the rules of the NHS Injury Allowance. Full details of the scheme is contained within Section 22 of the NHS Terms and Conditions of Service Handbook available at:

[NHS Employers - Terms and Conditions of Service Handbook](#)

1.3 Payment of the Injury Allowance does not constitute admission of negligence, or responsibility, or liability for the injury, disease or other health condition by the Trust.

2. Eligibility

2.1 The injury, disease, or other health condition must have been sustained or contracted in the discharge of the employee's duties of employment or an injury that is not sustained on duty, but is connected with or arising from the employee's employment.

2.2 The attribution of injury, illness or other health condition will be determined by the Trust who will seek appropriate medical advice from the Occupational Health and Wellbeing Service. In all cases, the Trust will use the civil burden of proof – “on the balance of probability” (more likely than not) to determine the outcome. Where an employee disagrees with the decision then they may appeal the decision through the Trust’s grievance procedures.

2.3 Employees claiming injury allowance are required to provide all relevant information, including medical evidence, that is in their possession or that can reasonably be obtained, to enable the Trust to determine the claim.

2.4 Payment of injury allowance is not dependent on length of service.

2.5 The following circumstances will not qualify for consideration of injury allowance:

- injury whilst on a normal journey travelling to and from work, except where the journey is part of their contractual NHS duties;
- sickness absence as a result of disputes relating to employment matters, conduct or job applications (The allowance will not automatically be withheld from an employee who is off sick as a result of a complaint that is being investigated, but payment will depend on the facts of the case itself – see further guidance referenced below).;
- injury, disease or other health condition due to or seriously aggravated by the employee's own negligence or misconduct.
- Where there is no reduction in pay below 85%

3. Scale of Injury Allowance

- 3.1 Injury allowance will be paid to eligible employees as a top-up to their sick pay or earnings, when on phased return on reduced pay. This calculation will include any contributory state benefits received by the employee to 85 per cent of pay.
- 3.2 The injury allowance payment is subject to National Insurance Contributions and income tax, but is not subject to deduction for the purposes of making contributions to an individual's NHS pension. Employees are advised to contact a Pensions Officer in Payroll if they require any further information in this regard.
- 3.3 Contributory state benefits received for loss of earnings will be offset at the rate at which they are actually received by the employee. All other benefits or payments received should be ignored.
- 3.4 Eligible employees are required to claim any contributory state benefits they may be entitled to and to declare receipt of such benefit(s) to the Trust. Employees must ensure timely notification of such benefit(s) so as to ensure that overpayments of injury allowance are not made. The Trust will require repayment when an overpayment is made in accordance with the Trust's Overpayment Procedure.

4. Payment Period

- 4.1 The allowance will be restricted to a period of up to 12 months per episode. During this period, the absence will be subject to usual absence management procedures as defined in the Employee Wellbeing Policy. Eligibility for the payment should be reviewed by the Directorate in conjunction with HR at regular intervals.
- 4.2 There is no right to exhaust the full 12 month allowance.
- 4.3 Payment of the Injury Allowance will cease if the employment contracts ends regardless of the reason for termination.

5. Using injury allowance to support return to work

- 5.1 Eligible employees who make a phased return to work can receive the injury allowance as a pay top-up to 85 per cent of pay as defined in paragraph 7.2 of the Employee Wellbeing Policy if their pay is reduced during a period of agreed rehabilitation, subject to the timescales set out in paragraph 4.1 above. Examples of this may include a phased return of longer than 4 weeks which results in a reduction of pay for example due to a temporary reduction in working hours.

6. Pay Protection

- 6.1 Opportunities for redeployment will normally start with posts at an employee's existing band/level of responsibility. Posts at other bands/level of responsibility may also be explored. A post at a lower band/level of responsibility will not include pay protection.

7. Transitional Arrangements

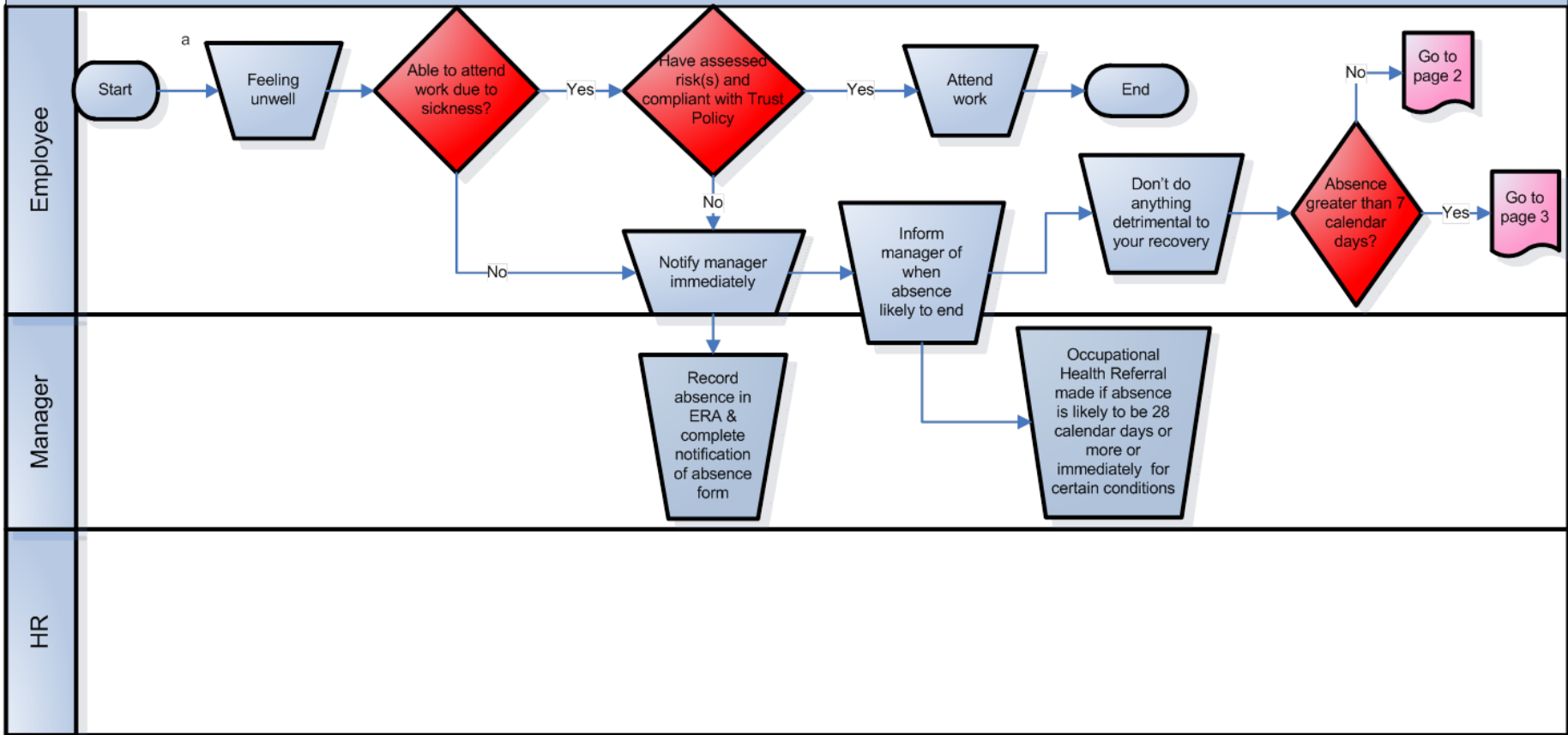
- 7.1 Access to the former NHS Injury Benefit Scheme will continue to be available under transitional arrangements until 30 March 2038. During the period 31 March 2013 to 30 March 2018 eligible employees will be able to apply for Temporary Injury Allowance and/or Permanent Injury Benefit for injury or diseases occurring on or before 30 March 2013.

- 7.2 Full details of the transitional arrangements can be found at:
[NHS Employers - Injury Allowance](#)

8. Further guidance

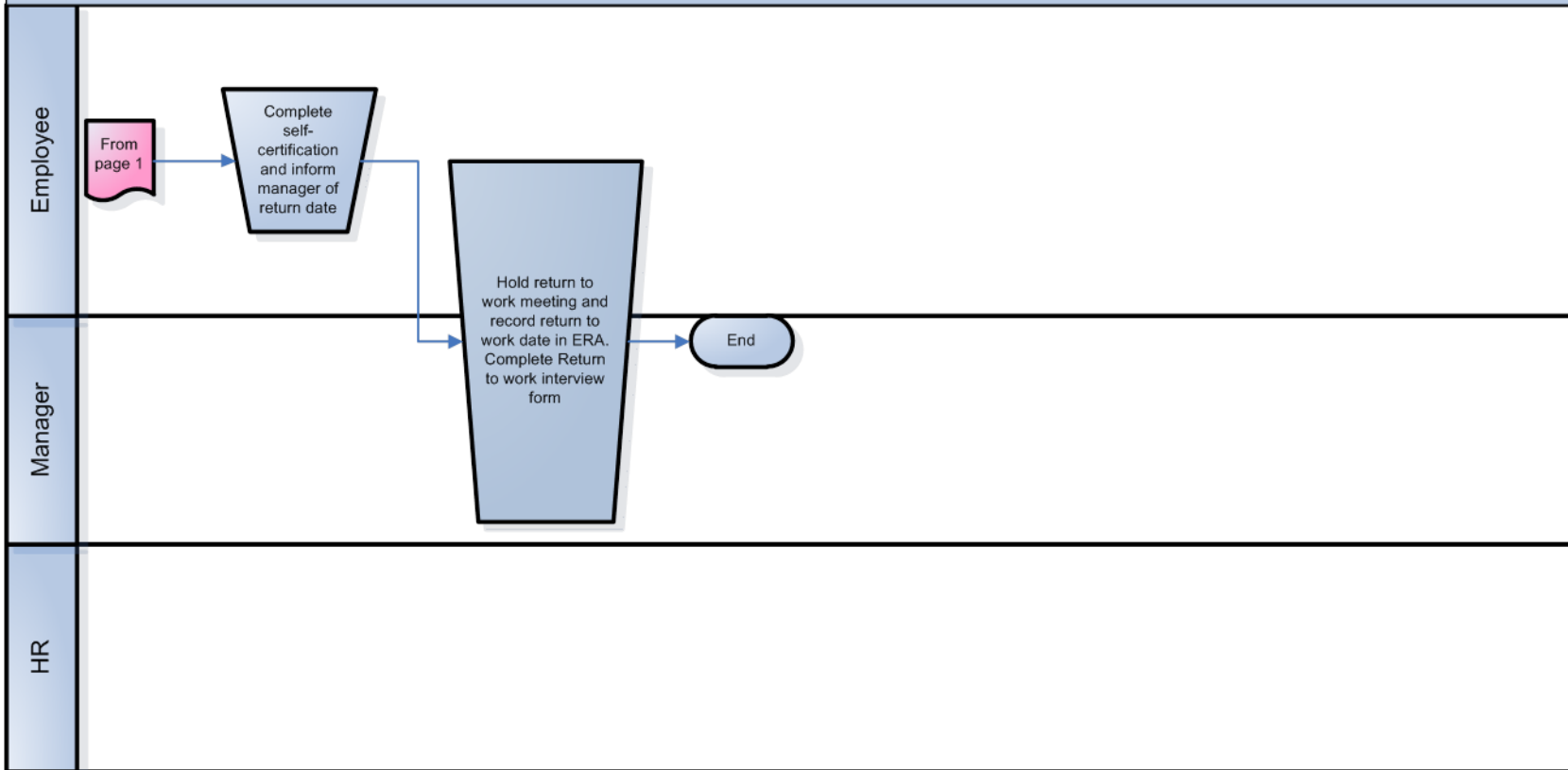
- 8.1 Further guidance on the Injury Allowance, including a detailed guide for managers and staff can be found at:
[NHS Employers - Injury Allowance](#)

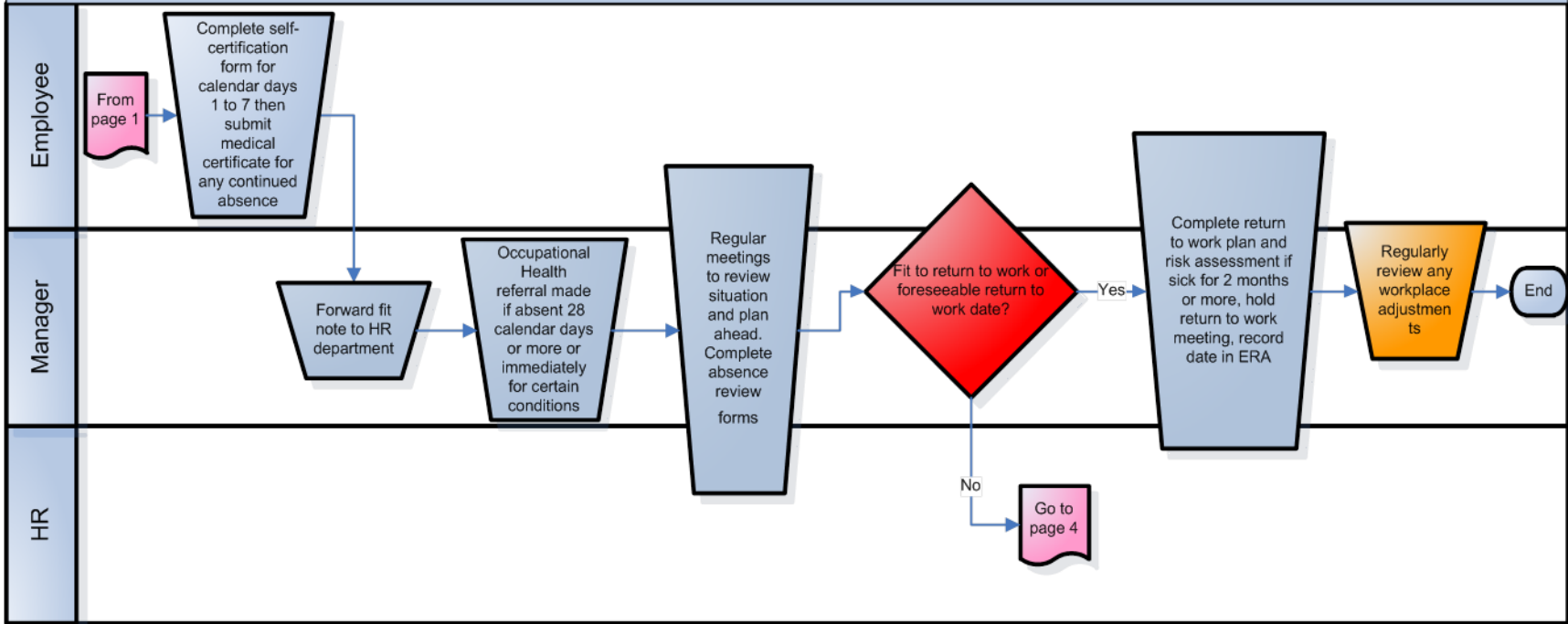
Page 1 - Wellbeing - incorporating Attendance Management Procedure – What to do if you/your employee is off sick

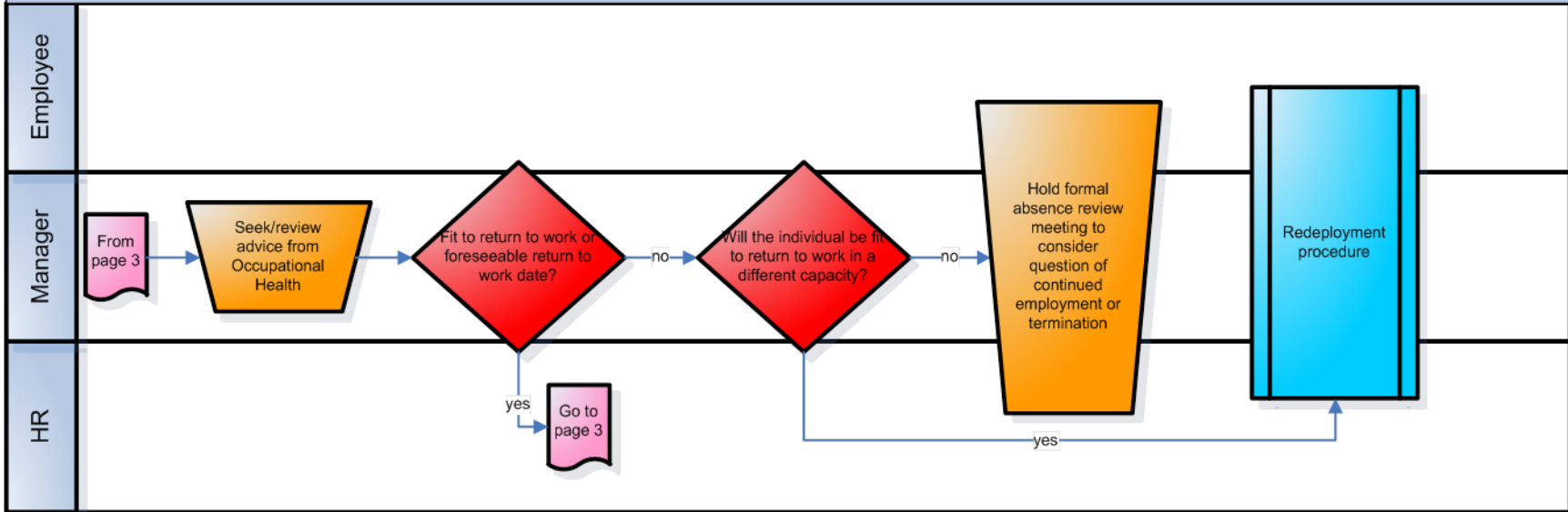


Footnotes:

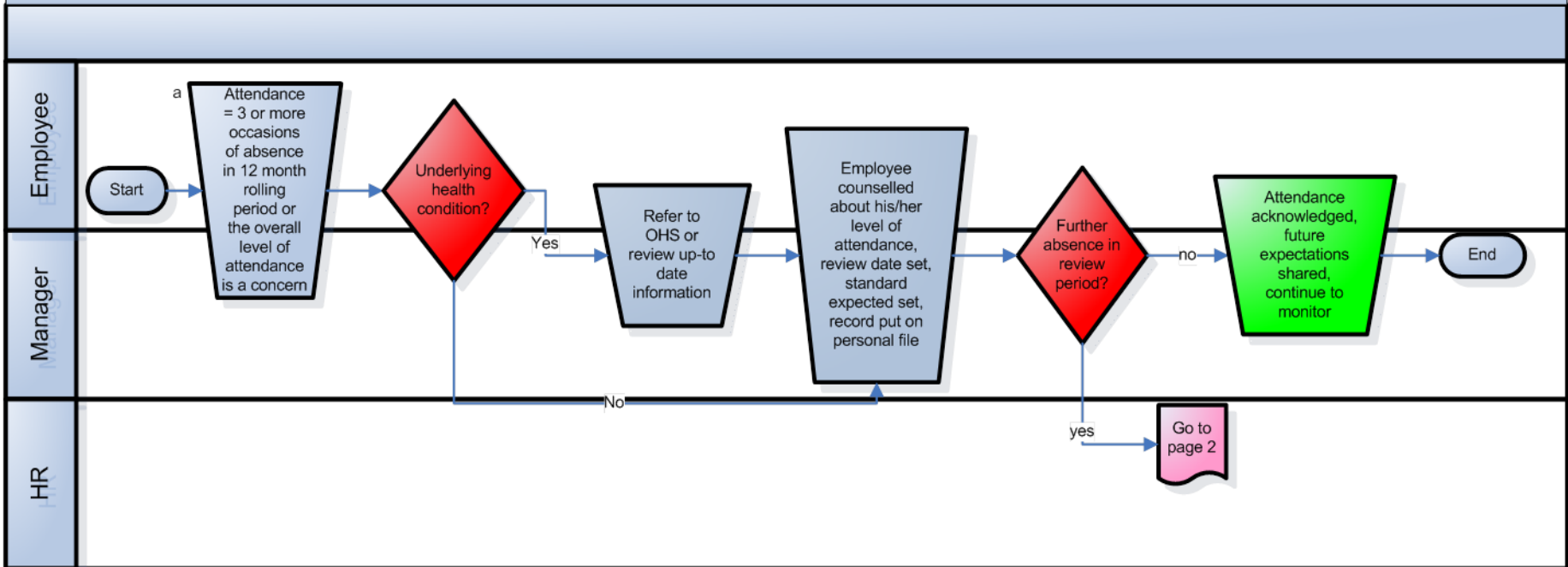
a Inform manager and resolve whether any adjustments to duties +/- or shift is necessary





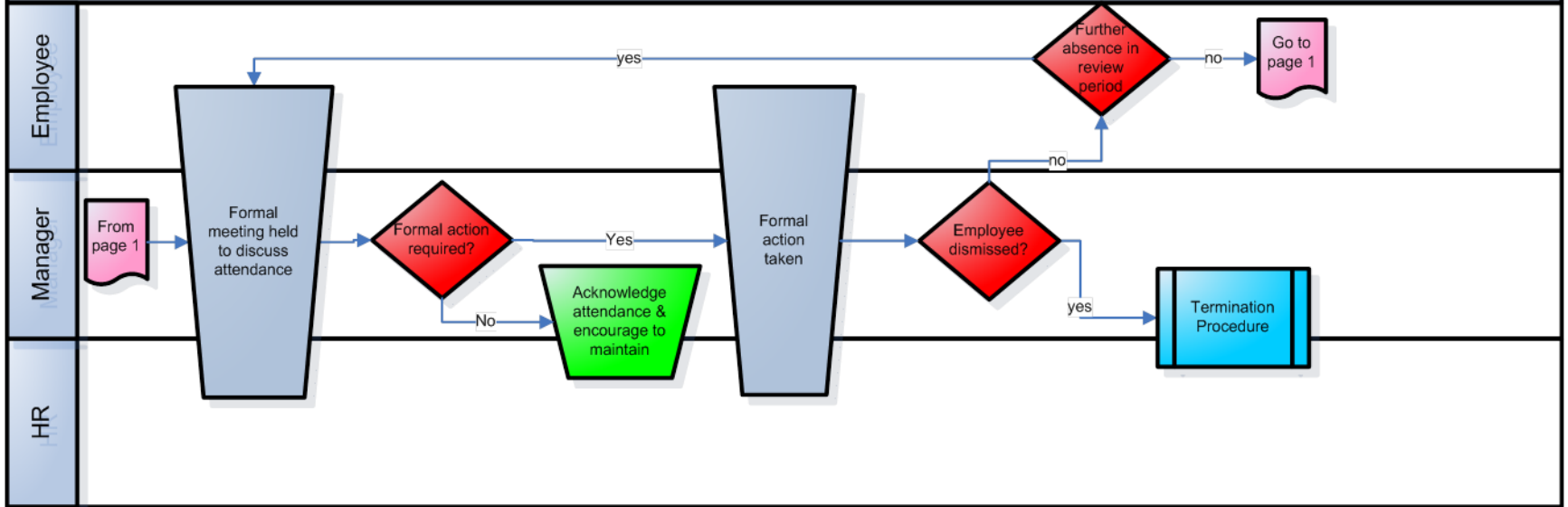


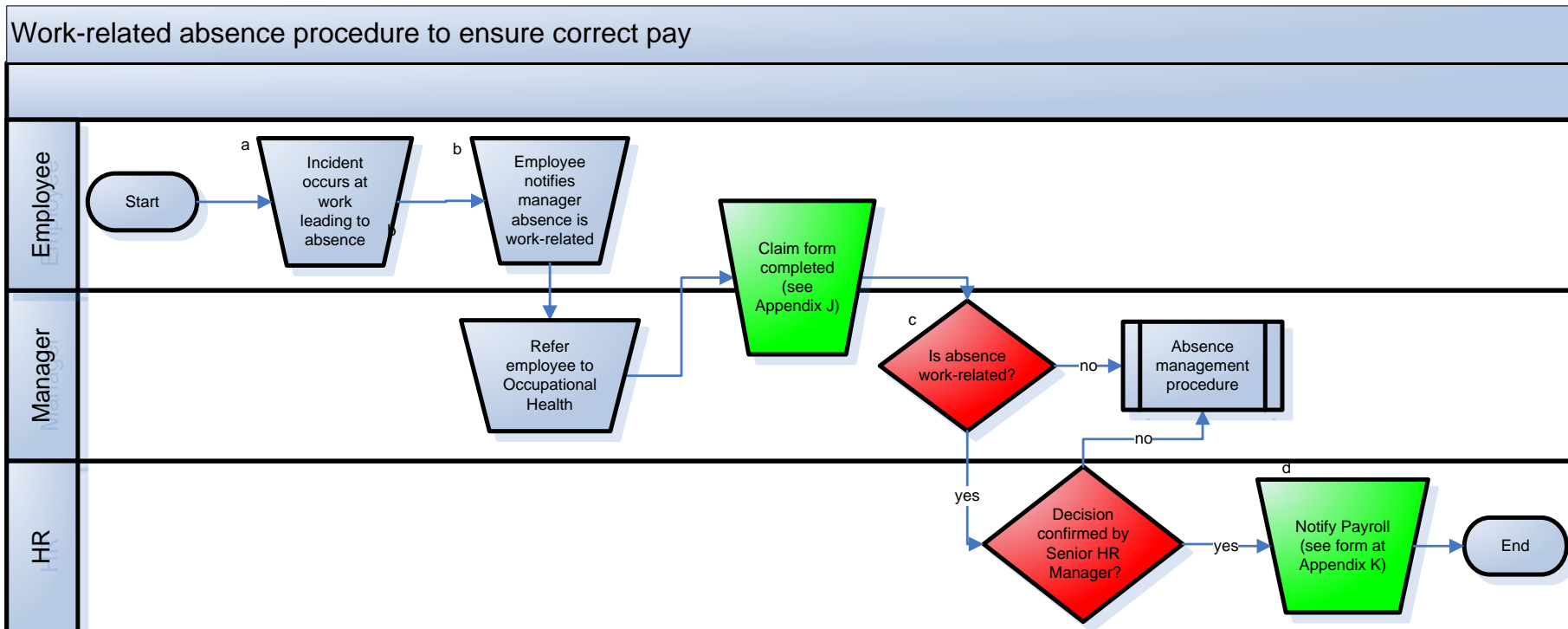
Page 1 – Attendance Management Procedure



Footnotes:

a Concerns about the overall level of attendance may be triggered, for example, where the total number of days absent is a concern/unacceptable regardless of the following: the number of occasions; whether the employee has been counselled; or whether the absence(s) occurred over a period of more than 12 months





Footnotes:

- a The injury, disease or other health condition must have been sustained or contracted in the discharge of the employee's duties of employment or an injury that is not sustained on duty, but connected with or arising from the employee's employment.
- b Employees are expected to notify their line manager that their absence is work-related at the first available opportunity. It is anticipated that, in most circumstances accident reporting procedures should be followed, this is either in addition to notifying the manager or done in conjunction with the manager.
- c The Directorate Manager/Head of Service should consider the claim in conjunction with the evidence listed at paragraph 10.2 of the Absence Management Procedure in order for them to make a fully informed decision.
- d This is in order for payment to be made in respect of enhanced occupational sick pay and/or NHS Injury Allowance,

Line Manager's guide to validating a fit note

Care must be taken when examining fit notes and Return to Work plans to ensure that they are genuine and unaltered from their original state.

Key information to look for on a fit note:

- The patient details and employee details are the same (name, date of birth, address)
- The fit note is signed and issued by a certified medical practitioner (legible name). If the fit note is issued by a locum, they too must be identifiable as signing and issuing the fit note and not the name of certified medical practitioner for whom they are providing cover
- The fit note must include the name and address of the Practice
- The fit note must have correct spelling and use of appropriate terminology
- Computer generated fit notes:
 - Should be signed in ink by the certified medical practitioner.
 - Should show a 2D barcode and serial number (verifiable with the Practice at their discretion)
 - Duplicates are available from the practice should they be requested by the patient
 - Any hand written alterations should be examined closely and advice sought from HR or Fraud Team
- Hand written fit notes:
 - Should be signed in ink by the certified medical practitioner
 - The name and address of the Practice may be stamped or handwritten, but in all cases should be legible
 - Any alterations should be examined closely and advice sought from HR or Fraud Team.

Once the fit note has been verified, the manager should:

- Scan the fit note* and check the scanned image to ensure image quality and that there are no pages missing
- Email the scanned image to 'Filing.HumanResources@nuth.nhs.uk' with the subject heading following the naming convention of the employee's full name and payroll number
- An automatic reply will be sent from the Filing.HumanResources@nuth.nhs.uk' account to the manager confirming receipt of the scanned image
- The manager may then delete the email from their sent items
- Return the original fit note to the employee

The HR department will receive the fit note from the central email inbox and index this to the electronic personal file

**or self-certificate*

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:**
2. **Name of policy / strategy / service:**
3. **Name and designation of Author:**
4. **Names & designations of those involved in the impact analysis screening process:**
5. **Is this a:** Policy Strategy Service
Is this: New Revised
Who is affected Employees Service Users Wider Community
6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** *(These can be cut and pasted from your policy)*
7. **Does this policy, strategy, or service have any equality implications?** Yes No
- If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**

8. Summary of evidence related to protected characteristics

Protected Characteristic	Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups	Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address <i>(by whom, completion date and review date)</i>	Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? <i>(by whom, completion date and review date)</i>
Race / Ethnic origin (including gypsies and travellers)	The policy is clear that it does not discriminate on the grounds of race/ethnic origin, sex, religion and belief, sexual orientation, age, disability, gender reassignment, marriage and civil partnership and maternity and pregnancy.	Local data demonstrates that White staff are more likely (by 20%) to be absent due to sickness than BAME staff and more likely (50%) to be managed formally for their absence. This data highlights differences in absence rates rather than how the procedure is applied, however this will be monitored if figures increase to give cause for concern.	
Sex (male/ female)	As above	National data shows that women appear to have a higher risk than men of experiencing work related stress, depression or anxiety. Local workforce data suggests the relative likelihood of females being of sick with Anxiety/stress/depression/other psychiatric illnesses is 1.53 times greater than males. The Trust has a Management of Stress policy which is maintained by a dedicated Stress at Work group; this ensures that stress is appropriately managed for all employees, regardless of race/ethnic origin, sex, religion and belief, sexual orientation, age, disability, gender reassignment, marriage and civil partnership and maternity and pregnancy.	
Religion and Belief	As above	Local data demonstrates that those of Muslim faith are half as likely to be absent due to sickness than those of other faiths. There is no significant difference between faiths for those who are formally managed.	
Sexual orientation including lesbian, gay and bisexual people	As above	Local data demonstrates no significant difference between heterosexual staff or LGB staff for the level of sickness absence for formal management	
Age	As above The Trust has provision for early ill health retirement and flexible retirement to support employees who may need to revise their working arrangements.	Local data shows the only age group which differs for levels of sickness absence is the 61-75 age bracket, where this group is 20-30% less likely to be absent than other age groups. There are no significant differences between staff groups for formal management, other than between the 16-30 and 61-75 age bracket, where 16.30s are 20% more likely to be managed formally. This will be monitored.	
Disability – learning difficulties, physical	The policy is clear that it does not discriminate on the grounds of disability.	Analysis of levels of sickness absence or formal action taken under the employee wellbeing policy does not show any	

<p>disability, sensory impairment and mental health. Consider the needs of carers in this section</p>	<p>Where it is considered that a doctor/hospital appointment is related to a condition which may be considered a disability, as defined by the Equality Act 2010, managers should consider any reasonable adjustment in accordance with the Special leave policy</p> <p>An employee who wishes to take annual leave in relation to absence attributable to pre-planned surgery, may be allowed to do so provided the leave is approved in accordance with normal procedure.</p> <p>The Trust has provision for early ill health retirement to support employees who are permanently incapable of performing their current role, or regular employment.</p> <p>The policy is clear that consideration will always be made to explore reasonable adjustments to support an employee who has a disability. The Redeployment policy is clear that if redeployment is being considered and an employee is disabled, they will be given prior consideration.</p>	<p>significant difference between staff who have declared they have a disability or do not have a disability.</p>	
<p>Gender Re-assignment</p>	<p>The policy is clear that it does not discriminate on the grounds of gender re-assignment.</p> <p>Where it is considered that a doctor/hospital appointment is related to gender re-assignment, managers should consider any reasonable adjustment in accordance with the Special leave policy</p> <p>An employee who wishes to take annual leave in relation to absence attributable to pre-planned surgery, may be allowed to do so provided the leave is approved in accordance with normal procedure.</p>	<p>No</p>	
<p>Marriage and Civil Partnership</p>	<p>The policy is clear that it does not discriminate on the grounds of marriage and civil partnership.</p>	<p>No</p>	
<p>Maternity / Pregnancy</p>	<p>The policy is clear that it does not discriminate on the grounds of maternity/pregnancy.</p>	<p>Analysis of formal action taken under the employee wellbeing policy does not show any formal action because of</p>	

	The Trust has a number of policies to support pregnant employees and employees, employees on maternity leave and breastfeeding employees. These policies ensure that risk assessments are undertaken to ensure the safety of the employee and these will be reviewed, should the employee have pregnancy related absences.	absence related to pregnancy.	
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9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes No

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name:

Natalie Cowan

Date of completion:

2015 10 20

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)