

SICKNESS ABSENCE AND WELLBEING POLICY

| | | POLICY | | |
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| Reference | HR/ 1004 | | | |
| Approving Body | Joint Staff Partnership Forum | | | |
| Date Approved | 20 th May 2024 | | | |
| For publication to external SFH website | Positive confirmation received from the approving body that the content does not risk the safety of patients or the public: | | | |
| | YES | NO | N/A | |
| | X | | | |
| Issue Date | May 2024 | | | |
| Version | 6.0 | | | |
| Summary of Changes from Previous Version | <ul style="list-style-type: none"> - “HR” renamed to “People” wherever appropriate - Reinforced “empathetic” approach - Reference to Appendix 3 removed (there is no appendix 3) - Inclusion of levels of authority (previously missing) - Softened “return to work interview” to “return to work <i>discussion</i>” - Removed reference to Covid ISRA - Inclusion of Intermediary notification - Updated related policies & procedures section to include useful documents | | | |
| Supersedes | Version 5.0 | | | |
| Document Category | Human Resources | | | |
| Consultation Undertaken | Joint Staff Partnership Forum – Policy Sub Group Joint Staff Partnership Forum | | | |
| Date of Completion of Equality Impact Assessment | December 2021 | | | |
| Date of Environmental Impact Assessment (if applicable) | N/A | | | |
| Legal and/or Accreditation Implications | <ul style="list-style-type: none"> • ACAS Code of Practice • Equality Act 2010 • Employment Rights Act 1996 • Employment Relations Act 1999 • Employment Act 2002 | | | |

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| | <ul style="list-style-type: none"> • Trade Union and Labour Relations (Consolidation) Act 1992 • Trade Union Act 2016 • Management of Health and Safety at Work Regulations 1999 • Health and Safety at Work etc Act 1974 • Working Time Regulations 1998 |
| Target Audience | This policy applies equally to all employees |
| Review Date | May 2026 |
| Sponsor (Position) | Director of People |
| Author (Position & Name) | People Partner Team |
| Lead Division/ Directorate | Corporate |
| Lead Specialty/ Service/ Department | People Directorate |
| Position of Person able to provide Further Guidance/Information | Divisional People Lead/Deputy Divisional People Lead |
| Associated Documents/ Information | Date Associated Documents/ Information was reviewed |
| Sickness Absence Management Policy - Supplementary Guidance for Managers | January 2024 |

Template control

June 2020

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1.0 INTRODUCTION

- 1.1 This policy is designed to make sure that the Trust manages sickness absence fairly, consistently and in an empathetic, sensitive way, to enable colleagues to maintain an acceptable level of attendance to reduce the impact on service delivery. This policy & procedure will ensure that mechanisms are in place to report and monitor all sickness absence and to support colleagues to improve their health and wellbeing in order to return to work.
- 1.2 A toolkit and comprehensive guidance documents are available on the People Partner pages of the Trust intranet. This policy should be read in conjunction with the guidance document. Further information can also be requested from the People Partner team.
- 1.3 The policy also makes provision for disability leave which is recognised as a separate absence type from sickness absence.

2.0 POLICY STATEMENT

- 2.1 This policy and procedure is applicable to all employees of Sherwood Forest Hospitals Trust. Some specific provisions for Medical staff are included at Appendix 1.
- 2.2 Throughout this policy & procedure the Trust assumes that ill health is genuine unless there is evidence to the contrary, the reason for taking action will therefore relate to the capability of an employee to undertake their duties and fulfil their contract of employment and will not be because of their illness. Capability is defined in Section 98 (3)(a) of the Employment Rights Act 1996 as “capability, in relation to an employee, means their (cap)ability assessed by reference to skill, aptitude, health or any other physical or mental quality.”
- 2.3 This policy and procedure is based on the core principles of ensuring an environment where employee health and wellbeing are a priority, in line with the Trust’s Health and Wellbeing agenda. It encourages managers and employees to clearly identify and understand the causes of sickness absence and initiate timely, appropriate and responsive interventions which facilitate a return to work at the earliest opportunity.
- 2.4 In its application all employees are to be treated in a fair, consistent and compassionate manner in line with an empathetic person centred approach and will be given the opportunity to improve their attendance informally in the first instance through support and attendance targets before proceeding to the formal procedures. Ultimately, the needs of the service and the provision of patient care will prevail.
- 2.5 It is not the Policy of the Trust to require employees to attend for work when being unfit to do so.
- 2.6 This policy and procedure clearly sets out an employee’s responsibilities in relation to sickness absence. Failure to adhere to the requirements of this policy and procedure may result in consideration of action in accordance with the Trust’s Disciplinary Policy & Procedure and in certain circumstances a referral to the Counter Fraud Service.

- 2.7 The Trust acknowledges the significant role of representatives of trade unions and professional organisations who work in close partnership with managers to facilitate and support employees to take personal responsibility for their attendance at work.
- 2.8 Where an employee has a pattern of frequent short term sickness absence for which no underlying health cause can be established, then the Trust will strike a reasonable balance between the need for service provision and the genuine needs of the employee to take occasional short periods of time off because of sickness taking into account the Trust's absence targets.
- 2.9 Where an employee has long-term absence where there is an underlying health cause the Trust will strike a reasonable balance between the need for service provision to continue in the employee's absence and the genuine needs of the employee; taking into account all available and relevant facts and including the likely date of return to work.
- 2.10 Where a return to work in the foreseeable future is not likely and/or where there is no realistic date for a return to work the Trust will consider available options and this will include termination of employment on the grounds of ill health capability. Any employee who is dismissed on the grounds of capability (or ill health) will have the right of appeal against that decision as detailed within this procedure.
- 2.11 The scheme of delegation in terms of the authority of managers within this process is in accordance with the levels of authority outlined in appendix 2.
- 2.12 The Trust is committed to ensuring reasonable measures are taken to remove any identified disadvantage for disabled employees and to support and retain disabled employees in employment. A person has a disability for the purposes of the Equality Act 2010 if they have a physical or mental impairment which has, or is likely to have, a substantial and long term adverse effect on their ability to carry out normal day to day activities.

3.0 DISCRETION

- 3.1 The policy provides for the employee's manager, advised by a People representative (HR), to exercise discretion in determining the application of the policy according to an employee's individual circumstances. This does not mean that the employee's manager can decide not to apply the policy, but it does mean that judgement can be exercised within the various stages of the policy.
- 3.2 Discretion is the application of judgement. It is not possible to set out prescriptively in a policy document how discretion should be applied across the Trust as each case will be considered on its own merits. Factors that will be taken into consideration may include the employee's overall attendance pattern, the impact on the employee's health or attendance of any current treatments, investigations or Occupational Health assessments, and the extent to which allowing further time within the process is judged likely to make a material difference to the employee's ability to attend work.

4.0 DEFINITIONS/ ABBREVIATIONS

- 4.1 The Trust means Sherwood Forest Hospitals NHS Foundation Trust.
RIDDOR means Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.
ESR means Electronic Staff Record.
Short-term sickness is defined as absences of between 1 and 27 calendar days duration.
Long-term sickness is defined as absences of 28 days or more.
'Fit Note' refers to a Medical Certificate.

5.0 ROLES AND RESPONSIBILITIES

- 5.1 Employees should demonstrate a positive approach to attendance and be responsible for managing their own health and wellbeing.
- 5.2 If it is found that during a sickness period of absence an employee is acting in a manner inconsistent with the reason for the absence or not aiding their return to work, occupational sick pay may be withheld and where appropriate action taken in accordance with the Trust's Disciplinary Policy & Procedure and referred where appropriate to Counter Fraud Services.
- 5.3 If the employee holds more than one contract of employment with the Trust or undertakes work with an agency/other employer, any period of sickness should affect all work including voluntary work or self-employment.
- 5.4 The only exception to this would be where a medical practitioner determines that specific work could be carried out by the individual. In these circumstances confirmation from the medical practitioner would be required. This should be discussed with the line manager in the first instance with a view to determining whether adjustments can be made or alternative employment found within the Trust to accommodate the employee working at the Trust. This would not prevent the manager from requesting a second opinion from Occupational Health if appropriate.
- 5.5 On no account must employees work for another employer whilst on sick leave with the Trust unless the above evidence is provided and it is agreed with the manager. Failure to provide this evidence in advance of any work being undertaken may result in this being regarded as a fraudulent act and/or misconduct and could result in a referral to Counter Fraud Services and action in accordance with the Trust's Disciplinary Policy & Procedure.
- 5.6 Staff are reminded that they remain employed by the Trust whilst absent from work due to sickness and should make themselves readily available to attend meetings with their manager, where appropriate. In exceptional circumstances, if the Line Manager is not the preferred contact of the member of staff, then a nominated deputy line manager will work with them during their period of sickness absence.

- 5.7 All employees are required to comply with requests to attend the Occupational Health department for health assessment or support at any time following discussion with their manager.
- 5.8 Where an employee does not comply with the reporting and recording/ Fit Note procedure they will be regarded as being absent without leave and pay may be withheld. The circumstances of any non-compliance will be considered on an individual basis and if necessary, may be referred for consideration in accordance with the Trust's Disciplinary Policy & Procedure.

6.0 DOCUMENT (PROCEDURAL) REQUIREMENTS

6.1 REPORTING AND RECORDING OF SICKNESS

Sickness Reporting Arrangements

- 6.1.1 Employees who are ill and unable to come to work have a responsibility to inform their manager or designated deputy by telephone before they are due to commence work. Reporting of absence by text message, email or social media messaging will not normally be accepted. In exceptional circumstances only where the employee is physically and/or psychologically unable to do so themselves a member of their family/partner/spouse may telephone the manager on their behalf. Alternative forms of contact may be agreed on discretionary basis with the appropriate line manager.
- 6.1.2 When reporting their absence an employee must give an indication of the nature of their illness so that an accurate absence reason can be recorded and give an estimate of the duration of the absence and the anticipated return to work.
- 6.1.3 If the manager or designated deputy is unavailable for this initial contact, the employee must leave their telephone contact details in a message to the manager who should contact the employee at the earliest opportunity.
- 6.1.4 The employee must keep their manager informed regarding their progress on a regular basis as agreed and their anticipated date of return. The manager and the employee should jointly agree contact arrangements during the period of absence.
- 6.1.5 For absences that exceed one week/ longer-term absence the employee will be expected to update their line manager at least once a week by telephone, not text, email or social media. The manager should maintain a record of all contact with the employee and a template form for this purpose is contained in the toolkit on the Sickness Absence section of the intranet.
- 6.1.6 Employees must inform their manager on the day that they are fit to return to work, even if they are not rostered to work on that day. Staff will be recorded as on sick leave until they report that they are fit to return to work. This cannot be done retrospectively.

Fit Notes

- 6.1.7 Employee must provide a 'Fit Note' (medical certificate) to cover any absence which continues beyond 7 calendar days. The Fit Note must therefore begin on the 8th calendar day of absence. This is regardless of the employee's working pattern.
- 6.1.8 When determining the 8th day, all days including weekends, should be included for all groups of staff. Where an employee anticipates difficulty in timely submission of Fit Notes they must communicate this to their manager.
- 6.1.9 This should be submitted to the line manager in a timely manner and all subsequent Fit Notes provided at the expiry of the previous note.

Sickness Absence Records

- 6.1.10 For the purposes of local sickness absence recording, all hours of sickness absence will be recorded, even where the absence relates to part of a day, however sickness absence recorded on ESR and e-rostering must be completed days.
- 6.1.11 Accurate and timely recording of sickness absence on ESR/ Health Roster will ensure individual's pay is correct; pay can be adversely affected especially where employees have returned and this is not recorded on ESR/ Health Roster. Records of sickness absence will be recorded by managers on ESR/ Health Roster which enable identification of individual attendance patterns at an early stage, and also facilitates effective monitoring of absence.
- 6.1.12 Where sickness absence is as a result of an injury whilst at work, or illness acquired through work, before recording as such on ESR, this must be reviewed with the Divisional General Manager / Head of Service after taking advice from the People Partnering team where appropriate. If the period of sickness absence is recorded as work related NHS Injury Allowance may be payable. Further guidance on this can be found in the guidance document, available from the People Partnering team.
- 6.1.13 All documentation relating to sickness absence should be recorded on Health Roster / ESR and on the employee's personnel file.

Sickness and Annual Leave

- 6.1.14 Employees whose sickness begins whilst they are on a period of planned annual leave should report their sickness to their line manager following the reporting procedure detailed in section 6.1 on the first day of sickness absence. The usual self-certification and Fit Note requirements still apply. The employee will be classed as absent due to sickness from the date they report their absence to their manager.
- 6.1.15 If an employee has annual leave prebooked during a period of sickness absence and proceeds to go on holiday, the annual leave will continue to be deducted from their annual leave allowance. Employees must seek authorisation from their manager if they are to go on holiday when absent due to ill health. Leave will not be credited retrospectively if an employee has confirmed that they are proceeding with their holiday arrangements.

- 6.1.16 If the employee does not proceed to go on holiday, they must be covered by a Fit Note which should be submitted to the line manager in a timely manner, in order to receive any annual leave entitlement back. The employee should inform their line manager they will not be taking the prebooked annual leave.

Sickness and Working from Home

- 6.1.17 Working from home must not be used as an alternative to absence via the Sickness Absence and Wellbeing Policy. If an employee is ill and unable to work they must inform their manager of this in accordance with the Sickness Absence and Wellbeing Policy. If an employee is working from home and becomes ill, usual provisions relating to reporting sickness absence and other reasons for not being able to report to work will apply.

Disability Related Sickness Absence

- 6.1.18 The Trust recognises that some disabled employees' conditions may result in some sickness absence. Employees should have discussed their situation with their manager including the issue of absence.
- 6.1.19 Accommodating this absence may then be undertaken as a reasonable adjustment. Disability related sickness absence will still be recorded and monitored in discussion with the employee including whether there are any other reasonable adjustments that can be made to support the employee's attendance.
- 6.1.20 Absence should be recorded and reported in accordance with the process described in this policy & procedure. If during a return to work the individual identifies that their particular absence is connected to their disability, then this may be recorded as disability related sickness absence on the return to work form.
- 6.1.21 Disability related sickness absence will not be excluded for consideration under the Trust's Stage 1 – Short-Term/ Frequent Absence process. Case by case decisions will be made, in relation to the circumstances of the situation and having regard to the sustainability of frequent absence and the impact on service delivery.

6.2 RETURN TO WORK DISCUSSION (RTWI)

- 6.2.1 The purpose of the Return to Work discussion (sometimes known as a return to work interview) is to ensure that a productive, informal meeting is held with the employee relating to their recent absence and their return to work. It may be appropriate to signpost to relevant support as part of this discussion. Further guidance in relation to areas that should be covered within the return to work discussion are contained within the Sickness Absence Management guidance document available on the Trust intranet.
- 6.2.2 A Return to Work discussion will be undertaken with employees by their line manager, or designated deputy, ideally within 48 hours of the day they return from any period of sickness absence (including part days), or if duty/work patterns do not coincide, this responsibility may be delegated appropriately.

Ideally this should be done face to face, although in circumstances where this is not possible; the Return to Work discussion may be undertaken via a telephone discussion or virtual meeting.

6.2.3 It remains, however, the responsibility of the line manager to ensure that the Return to Work discussion has been undertaken on their return to work and the discussion record filed on the employee's personnel file.

6.2.4 In some instances, a phased return to work may be appropriate. A template for use when devising a phased return to work can be found on the intranet.

A phased return may include a gradual build up of working hours, duties or a mixture of both and could include some home working, where appropriate.

6.2.5

6.3 OCCUPATIONAL HEALTH AND OTHER STAFF SUPPORT SERVICES

6.3.1 The Occupational Health Department is a confidential advisory service that has a dual role to provide advice and support to both managers and employees about health in the workplace and the possible effect of health conditions in relation to employment. Managers should refer employees to the service to ensure that they are able to obtain medical opinions regarding the health conditions of employees and the effect that these conditions may have upon the employee's ability to undertake roles and responsibilities. Employees are also able to refer themselves to Occupational Health if they wish.

6.3.2 Managers should also encourage employees to take advantage of other staff health and wellbeing services available across the Trust such as staff counselling services and the Employee Assistance Programme. Further information on the Trust's full health and wellbeing offer can be found on the People Partner section of the intranet or by contacting the People Partnering team, Trade Union representatives, or Occupational Health department.

Risk Assessments

6.3.3 The Management of Health and Safety at Work Regulations 1999 supplements the requirements of the Health and Safety at Work etc Act 1974 by extending the employers obligations to develop a general framework for safety management and enhance any control measures provided. The main provision of the regulations is the need for an employer to conduct risk assessments of his work activities and identify the action needed to control the health and safety risks in the workplace.

6.3.4 A risk assessment in the context of the Management of Health and Safety at Work Regulations 1999 is nothing more than a careful examination of what could cause harm in the work activity being carried out along with what measures need to be put in place by a reasonable employer to stop that harm occurring.

6.3.5 There are a number of risk assessment proformas available for use, which can be found on the intranet. The most relevant risk assessment documents, for the purposes of this policy, are:
Stress Risk Assessment

New and Expectant Mothers Risk Assessment
DASH Risk Assessment & Referral Form
VDU Workstation Risk Assessment Form
Manual Handling Risk Assessment Proforma

6.4 SHORT-TERM/ FREQUENT ABSENCE

Stage 1 – Short-Term/ Frequent Sickness Review Meeting

6.4.1 The line manager should arrange to meet with the employee where the employee has had either:

- a) 2 separate occasions of sickness absence in a rolling 6-month period, excluding pregnancy related illness.
- b) 1 occasion of 15 calendar days or more sickness absence.
- c) A target previously set as a result of either a) or b) above which is due for review.
- d) A pattern of sickness absence is forming relating to timing of absence in a rolling 36 month (maximum) period e.g. Absence on Mondays, School Holidays, Bank Holidays absence before/after annual leave, and/or a pattern is forming relating to reason for absence.

These can include the consideration of long-term and short-term sickness absence as a whole.

6.4.2 The meeting should be held within 14 calendar days of the end of the period of absence which triggers the meeting and the employee should be notified in writing of the date, time and purpose of the meeting at least 7 calendar days in advance. The employee must be provided with the opportunity to be accompanied and supported by an accredited representative of a recognised Trade Union or Professional Organisation or by a work colleague of their choice (provided there is no conflict of interest) not acting in a legal capacity.

6.4.3 The purpose of this meeting will be to:

- a) Discuss and review the position since the Return to Work discussion and to ensure that the employee is receiving appropriate support.
- b) Ensure the employee is aware of the Sickness Absence Management policy and that they have a responsibility for attending work regularly. If appropriate; advise the employee of the need for immediate and sustained improvement in their levels of attendance.
- c) Set an attendance target if appropriate to the circumstances of the individual and the service.
- d) Examine the working pattern and number of paid hours worked in excess of the employees contracted hours of duty. Where these are considered excessive it may be appropriate that no additional hours will be offered or worked until there has been a demonstrable improvement in the level of sickness absence. This will include work on the Trust's bank.

- e) Where there is an identified underlying medical issue stated, this should be confirmed by Occupational Health. If the condition is likely to prevent sustained attendance at work, reasonable adjustments should be considered and implemented where possible.

6.4.4 Targets will be set from the date of the meeting and ensure that the employee is aware that a failure to achieve the target or an increase in sickness absence levels could result in formal action being taken.

Attendance Targets

6.4.5 Once an attendance target has been issued this should be kept under review by the manager and employee during normal routine management supervision and 1:1 meetings, in between formal absence review meetings.

6.4.6 Where the employee has breached the attendance target consideration should be given to the following options:

- a) Extend the Stage 1 attendance target for further period (repeat point 6.4.2 – 6.4.4)
- b) Issue an Improvement Notice with a further target.
- c) Implement the Stage 2 – Sickness Capability Hearing process
- d) Take no further action in accordance with this policy but keep attendance under review. It is advised that this option is only used in specific circumstances and in consultation with a member of the People Partnering team.

6.4.7 If there is a pattern of an individual repeatedly achieving Stage 1 targets and then triggering the Stage 1 process again consideration may be given to the options set out at Point 6.4.6. HR advice should be taken in these circumstances.

Improvement Notice

6.4.8 On occasions it may be more appropriate and fitting for managers to issue an Improvement Notice, which is an informal sanction, instead of referring an employee's absence directly to a Stage 2 – Sickness Capability Hearing.

6.4.9 Managers should meet with the employee concerned and discuss with them why the expected levels of attendance are not being met and the impact of this on the service. The aim of the meeting should be to clarify the improvement expected over an appropriate timescale. Any agreed support required in order to facilitate improved attendance should be identified and agreed. A further attendance target should also be issued at this stage.

- 6.4.10 This meeting should be followed up in writing with an Improvement Notice. An Improvement Notice will remain live on file for a minimum of 6 and a maximum of 9 months. If there are further concerns about an employee's attendance during the period of the Improvement Notice consideration will be given to moving to the Stage 2 – Sickness Capability Hearing process.
- 6.4.11 Should the Improvement Notice fail to address the concerns about attendance levels, it may be appropriate to follow the formal Stage 2 – Sickness Capability Hearing process.
- 6.4.12 Further guidance about the Improvement Notice process can be found in the Management of Sickness Absence Guidance.
- 6.4.13 Where there is continued concern about an employee's attendance at work (either due to an attendance target being breached or performance concerns due to health reasons) a Stage 2 - Sickness Capability Hearing should be arranged.

Stage 2 – Short-Term/ Frequent Sickness Capability Hearing

- 6.4.14 The sickness capability hearing will be held as soon as possible following the Return to Work discussion where the employee is informed that their attendance is being referred for consideration at a formal hearing. This should be arranged in a timely manner, as any unnecessary delay may have a negative impact on the individual's health and wellbeing. An intermediary letter should be sent following a verbal notification of a pending Stage 2.
- 6.4.15 The employee will be formally notified of the arrangements for the hearing in writing at least 7 calendar days prior to the hearing. A copy of a management report will be sent to the employee, chair and People representative in advance. The report should contain an overview of the employee's absence record and demonstrate the steps taken in order to support them to maintain a sustainable level of attendance at work.
- 6.4.16 The hearing will be chaired by the authorised senior manager (or designated deputy) who will be supported by a representative from the People Directorate.
- 6.4.17 The employee is entitled to be represented by an accredited representative of a recognised trade union or accompanied by a work colleague of their choice not acting in a professional capacity.
- 6.4.18 The sickness capability hearing will allow for an objective review of the facts of the case, including the employee's present and past sickness absence record (covering the last 3 years), consideration of medical advice, any mitigating circumstances and any other relevant information.
- 6.4.19 The format to be followed at a Sickness Capability hearing is outlined in the supplementary sickness absence and wellbeing guidance document in appendix 1.

6.4.20 The potential outcomes that the chair may consider are as follows:

Formal Written Warnings

- 6.4.21 A First Written Warning can be issued for a specified period of up to 12 months and a Final Written Warning can be issued for a specified period of up to 18 months.
- 6.4.22 If formal warning is issued this would usually be linked to a further attendance target and/or other adjustments to working arrangements which are felt would support improvement of the employee's levels of sickness absence.
- 6.4.23 Staff who meet a target set in a formal hearing will continue to have their attendance monitored for the period that the formal warning remains live. Once the initial target has been met any further periods of sickness absence will be considered in with regard to the employee's present and past attendance record, the outcome of which may result in a further attendance target being set in accordance with Stage 1 of the procedure.
- 6.4.24 Any further breach of sickness absence targets or concerns about attendance at work during the period that the warning is live should be referred for consideration at a further Sickness Capability hearing which may result in termination of the contract of employment or other action being taken.

Dismissal

- 6.4.25 Dismissal under the Sickness Absence Management Policy is the final sanction that can be imposed. It is usually applicable where there has been a previous formal warning in relation to attendance, however there may be situations where dismissal on the grounds of capability due to an inability to attend work on a regular basis may be the appropriate outcome.

Improvement Notice /Individualised Plan

- 6.4.26 In some circumstances it may be more appropriate to issue, or extend, an Improvement Notice as outlined in sections 6.4.8 – 6.4.10. This would usually be linked to a further attendance target and/or other adjustments to working arrangements which are felt would support improvement of the employee's levels of sickness absence.

Right of Appeal

- 6.4.27 There will be a right of appeal against any formal warnings or dismissal. The sanction will be put in place until the appeal has been heard. Employees must be informed of their right of appeal and advised of the procedure for lodging an appeal in writing in the letter confirming the outcome of the formal hearing.

The appeal will be managed in accordance with the Trust's Appeal Policy. There is no right of appeal against an Improvement Notice as this is considered an informal sanction.

6.5 LONGER TERM SICKNESS ABSENCE OR SHORT TERM ABSENCES WITH AN UNDERLYING HEALTH CONDITION

- 6.5.1 For the purposes of this policy long term sickness absence is determined as a period of 28 days or more.
- 6.5.2 Staff who are absent on a long term basis should be actively supported, managed and engaged with, regardless of the nature of the absence, by their line manager. The main aims are to maintain positive relationships, to support the staff member and facilitate their return to work as soon as possible.
- 6.5.3 Managers should consult the People Partner team for advice in cases of long term absence, repeated shorter periods of absence arising out of a single or underlying illness, or where there are any other concerns relating to absence.

Stage 1 – Sickness Review Meetings

- 6.5.4 The manager should have already discussed and jointly agreed a plan to maintain regular contact at the beginning of the period of sickness absence with the employee. For long term absence, where an employee is absent for 28 days or more the line manager should, if appropriate, arrange an informal Sickness Absence Review meeting with the employee. The purpose of the meeting is to give consideration to the appropriate course of action for the management of the employee's absence and to ensure that the employee is receiving any necessary support to enable a return to work or to sustain their attendance at work.
- 6.5.5 The manager should arrange to meet with the employee at a convenient location. This can be onsite, at an alternative location, or a home visit. It may also be appropriate, in some circumstances, to hold a virtual meeting or telephone discussion. The following should be considered:
 - a) The anticipated length of absence, including the likelihood of a return to work
 - b) Any updates including progress of treatment, where applicable
 - c) Up to date Occupational Health or other medical advice, or a management referral to Occupational Health if this has not yet happened
 - d) Consideration of any reasonable adjustments or supportive measures that might be made to working conditions or premises to accommodate a return to work. There may be circumstances where an individual's health condition/disability prevents them from undertaking their full duties within their job role but does not result in them having sickness absence. Where reasonable adjustments can be considered or made on a temporary or permanent basis these will be accommodated.

- e) Consideration of signposting to other services and ongoing Wellbeing Conversations.
- f) Redeployment to suitable alternative employment on a temporary basis, where such employment can be identified. Occupational Health guidance should be sought to confirm that the individual is capable of undertaking the duties of the post. Pay protection arrangements would apply in accordance with the Trust's Policy for Protection of Pay and Conditions of Service.
- g) Further support that may be available to the employee both within and outside the organisation.
- h) Arrange further review meetings, if appropriate.
- i) A phased return to work plan which is a short term graduated/ phased return to normal duties/ hours.
- j) Confirm next steps.

Further information and guidance on phased return to work, reasonable adjustments and redeployment is available the guidance document or from the People Partnering team.

- 6.5.6 Line managers should document the review meetings and confirm the outcome of the meeting in writing to the employee.
- 6.5.7 Once a return to work is achieved the line manager should continue to monitor the employees' attendance and support the individual to sustain their attendance at work.
- 6.5.8 Where long term sickness interlinks with short term Stage 1 sickness monitoring/ target setting consideration should be given to the impact of the long term absence on the target that has been set. Further guidance is available the guidance document or from the People Partner team.

Occupational Health Referral

- 6.5.9 The line manager should make an Occupational Health referral, when they believe it is appropriate, but ordinarily no later than 28 days after the first day of sickness absence. The staff member must be informed of the reasons for the referral, which should be discussed fully with them by their manager and a copy of the referral provided to them.
- 6.5.10 The manager should review the Occupational Health report. The report will provide guidance on an employee's fitness to return to the workplace and/or whether they are fit to return to their substantive post. Specifically, the report should address the following issues:
 - Is the individual medically fit to fulfil the requirements of the post and will a return to their substantive role be possible and if so, by when?

- Is the individual medically fit to fulfil the requirements of the post and if so will a return to their substantive role be possible with adjustments?
- If the individual is medically unfit to fulfil the requirements of their substantive role, could they undertake a different role/redeployment?
- If the individual is medically unfit to fulfil their contractual obligations and adjustments and redeployment are not viable options.

III Health Retirement

- 6.5.11 An application by the individual for Ill Health Retirement, or Injury Allowance may be considered where appropriate and alongside the management of long term sickness absence, or in some cases where there is frequent short term absence related to an underlying health condition. It should be noted that a decision regarding eligibility for an ill health retirement pension is a matter for the NHS Pensions Agency and not a matter for the Trust.
- 6.5.12 A requirement of an application for Ill Health Retirement is that the employee is permanently incapable of undertaking the role in which they are employed. The Trust will therefore deem the submission of the application for Ill Health Retirement to be an acknowledgement by the employee of this position and will take the necessary steps to terminate employment.

Management of Continued Long Term Absences

- 6.5.13 Managers should seek advice from the People Partner team for cases of long term absence, where a return to work has either not been achieved or has not been sustained. The manager should continue to maintain supportive and sensitive contact.
- 6.5.14 The assessment of the employee's illness, particularly the Occupational Health advice, will provide an indication of the amount of time that should be given for an employee's health to improve, particularly in prolonged long term absences for any treatment and/or recuperation time needed to be taken into account.
- 6.5.15 In deciding the appropriate course of action for cases of long term absences which exceed four months; the manager will weigh up such factors in the context of the needs of the service. The manager may decide that the issue of an employee's capability in relation to their health should be referred for consideration at a sickness capability hearing.

Stage 2 – Long Term Sickness Capability Hearing

- 6.5.16 The sickness capability hearing will be held as soon as possible following the employee being informed that their Long Term Sickness is being referred for consideration at a formal hearing. This should be arranged in a timely manner; as any unnecessary delay may have a negative impact on the individual's health and wellbeing.

- 6.5.17 The sickness capability hearing will allow for an objective review of the facts of the case, including the employee's present and past sickness absence record, consideration of medical advice and any mitigating circumstances. This should involve the exploration of alternative employment, reasonable adjustments which can be made to facilitate a return, ill health retirement or ultimately dismissal on the grounds of capability arising from ill health.
- 6.5.18 The employee will be formally notified of the arrangements for the hearing and its purpose in writing at least 7 calendar days prior to the hearing. A copy of the report prepared by the manager will be forwarded to the employee with the letter notifying them of the arrangements for the hearing.
- 6.5.19 The hearing will be chaired by the authorised senior manager (or designated deputy) who will be supported by a representative from the People Directorate.
- 6.5.20 The employee is entitled to be represented by an accredited representative of a recognised trade union or accompanied by a work colleague of their choice not acting in a professional capacity.
- 6.5.21 The format to be followed at a Sickness Capability hearing is outlined in the supplementary sickness absence and wellbeing guidance document in Appendix 1.
- 6.5.22 On deciding the appropriate action, the chair will objectively and fairly consider:
- a) The management's case and collated evidence (e.g. the individual's absence record meeting records, return to work action plans, Occupational Health reports and written correspondence, current warnings)
 - b) Whether all return to work options were thoroughly considered including redeployment and reasonable adjustments
 - c) The effect that the absence is having on the operational efficiency, cost effectiveness of the department or service and patient care
 - d) Any relevant mitigating information from the staff member and their representative
 - e) That all reasonable efforts have been made to obtain appropriate and up to date medical evidence regarding the individual's ill health including reports from Occupational Health
 - f) That the individual has been consulted at all times and has been warned that a potential outcome of their ongoing absence may lead to dismissal
- 6.5.23 The potential outcomes that the chair may consider are as follows:

Formal Written Warning on Grounds of Capability due to Health

- 6.5.23 Warnings issued at this stage of the procedure are linked to an individual's capability to undertake the requirements of their role and therefore fulfill their contractual obligations due to ill health. They are **not** disciplinary sanctions.
- 6.5.24 If a formal warning is issued this would usually be linked to an updated return to work plan for the individual. As part of this there should be a clear agreement of how this will be managed, implemented, and monitored as well as how the individual will continue to be supported. The timescale for when this will be formally reviewed will be agreed, taking account of any Occupational Health advice and the actions/ treatment/ interventions required to happen such as a redeployment search, ill health retirement applications may necessitate longer review periods than cases where these options are not required.
- 6.5.25 If a return to work is not achieved within this timeframe, a further sickness capability hearing should be scheduled.
- 6.5.26 A first written warning can be issued for a specified period of up to 12 months and a final written warning can be issued for a specified period of up to 18 months.

Dismissal on Grounds of Capability due to Health

6.5.23 There are situations when:

- a staff member's absence appears to be of an indefinite duration and Occupational Health are unable to specify a return to work date; or
- no feasible return to work options exist within the service; or
- the individual is medically unfit and adjustments and redeployment are not viable options.

In these situations, it is not necessary to have previously issued warnings before considering termination of an employee's contract on the grounds of ill health capability.

- 6.5.24 In these situations, and if the chair is satisfied that the process that has been followed has been fair and reasonable, then they may decide to dismiss the individual on the grounds of capability due to ill health.
- 6.5.25 The individual is entitled to a notice period, in accordance with their length of service, plus any outstanding annual leave. This will be at full pay.
- 6.5.26 Formal notice of the termination of employment should be confirmed both verbally and in writing. If appropriate the employee may be placed on the Suitable Alternative Employment Register for ill health redeployment for the duration of their notice period.

Right of Appeal

6.5.26 There will be a right of appeal against any formal warnings or dismissal. The sanction will be put in place until the appeal has been heard. Employees must be informed of their statutory right of appeal and advised of the procedure for lodging an appeal in writing in the letter confirming the outcome of the formal hearing. The appeal will be managed in accordance with the Trust's Appeal Policy.

7.0 DISABILITY LEAVE

7.1 The Trust is committed to ensuring reasonable measures are taken to remove any identified disadvantage for disabled employees and to support and retain disabled employees in employment.

7.2 Disability is defined by the Equality Act 2010 as individuals with a physical or mental impairment that has a 'substantial' and 'long-term' adverse effect on their ability to carry out normal day to day activities. Where necessary, the advice of Occupational Health will be sought to determine whether or not an employee is likely to be considered disabled for the purposes of the Equality Act 2010.

7.3 If the employee defines themselves as a disabled person under the terms of the Equality Act 2010 there is a duty to consider 'reasonable adjustments', where appropriate. Disability leave may be considered form of 'reasonable adjustment'. The employee's personal record on ESR should record the fact that they have a disability.

7.4 The Equality Act 2010 specifically identifies the provision of leave as a reasonable adjustment where a disabled person needs to be absent from work for "rehabilitation, assessment or treatment", for a fixed period(s) of time known in advance. This can be termed as disability leave.

7.5 The usually predictable and fixed nature of disability leave distinguishes it from disability related sickness absence, which is unpredictable and for unknown periods of time, although there may be occasions where disability leave has to be taken at short notice and/or is unpredictable, in which case flexibility should be applied.

7.6 Examples of disability leave may include (but are not limited to) leave for:

- Hospital, doctors, or complementary medicine practitioner's appointments (by accredited practitioners)
- Hospital treatment as an outpatient
- Counselling/therapeutic treatment
- Assessment for conditions
- Training, for example with a guide or hearing dog or in the use of specialist equipment
- Medical appointments or specialist check-ups including monitoring of related equipment or treatment
- To allow time for adjustments or adaptations to be made

- 7.7 A maximum of 5 days/ 37.5 hours, pro rata for part time workers, paid disability leave can be requested by employees in a leave year and should be monitored and recorded appropriately. It should be noted that this time can be taken in hours or in days, where appropriate and should include travel time taken.
- 7.8 Where possible, disability leave appointments should be made outside of working hours. The Trust, however, recognises that scheduling of appointments is sometimes outside of the individual's control and in these cases paid time off will normally be granted, if the needs of the service can be maintained. The manager/supervisor may reasonably request to see evidence of the appointment and it is expected employees will work with their line manager to consider how any impact on work can be mitigated with the expectation that regular attendance at work will continue.
- 7.9 Employees should use the disability leave application form to make all requests for disability leave. The completed form should be sent to the line manager for approval.
- 7.10 Disability leave is not classed as sickness absence and will not count against attendance targets that may have been issued.
- 7.11 If an employee does not believe they are disabled, or does not wish to be included under the definition, then disability leave will not apply.

8.0 INDIVIDUALS WITH TERMINAL ILLNESS

- 8.1 A terminal illness is a disease that cannot be cured or adequately treated and there is a reasonable expectation that the patient will die within a relatively short period of time. Usually, but not always, they are progressive diseases such as cancer or advanced heart disease.
- 8.2 Staff who had been diagnosed with a terminal illness will be supported in line with section 6 of this policy however a sensitive and individual approach will be required in and options in relation to employment may be discussed including but not restricted to, ill health retirement and death in service. Further support is available the guidance document or from the People Partner team.

9.0 COVID RELATED SICKNESS ABSENCE AND "LONG COVID"

- 9.1 Individuals who are absent from work due to COVID19, either short or long term, must be appropriately supported during their absence and upon a return to the workplace.
- 9.2 If a staff member becomes unwell and has received a positive PCR test for Coronavirus the reporting measures remain the same as those off with any other sickness absence reason. Employees who are ill and unable to come to work have a responsibility to inform their manager or designated deputy by telephone before they are due to commence work.

- 9.3 The employee must keep their manager informed regarding their progress on a regular basis and their anticipated date of return. The manager and the employee should jointly agree contact arrangements during the period of absence. The manager should maintain a record of all contact with the employee.

What is Long COVID?

- 9.4 Long COVID is a term used to describe the symptoms and effects of Coronavirus that last longer than four weeks beyond the initial diagnosis.

- 9.5 There is uncertainty around the prognosis of long COVID as each person can experience a range of different symptoms.

Supporting Staff who are Absent due to COVID/Long COVID

- 9.6 Line managers should maintain regular contact with staff who are absent either with COVID or long COVID by ensuring:

- Regular updates are obtained on the staff members health
- The staff member has the appropriate support by sign posting them to the Trust's Health & Wellbeing offer
- The staff member is aware of any government self-isolation guidance they need to follow
- Consider if a referral to Occupational Health is necessary
- Consider how a return to work could be facilitated including a possible phased return to work plan

Returning to Work Following COVID Related Sickness Absence

- 9.7 Staff may be anxious when returning to work having had sickness due to COVID/Long COVID and may require additional support. It may be appropriate to consider:

- A wellbeing conversation with staff about how they are feeling about returning to work and what support can be provided to them.
- Allowing staff to return on an extended phased to return to work plan if required, with regular reviews
- Making reasonable adjustments to the role which may include less physical work, a reduced case load and a combination of working from home if able to do so
- Allowing staff to temporarily or permanently to reduce their contracted hours to support them
- Redeployment

10.0 MONITORING COMPLIANCE AND EFFECTIVENESS

| Minimum requirement to be monitored | Responsible individual/ group/ committee | Process for monitoring e.g. audit | Frequency of monitoring | Responsible Individual or Committee/ Group for Review of Results |
|---|--|-----------------------------------|-------------------------|---|
| Regular reporting of absence figures to Trust Board | People Director | Absence figures | Monthly | Trust Board for review of results and monitoring action plan Divisional Leadership Team/ Corporate Director, including Divisional People Lead for developing action plan |
| Regular reporting of absence figures to Divisional Management Team meetings and at Performance Meetings | People Partner team | Absence Figures | Monthly | Divisional Leadership Team. Divisional Performance Meetings for review of results, developing and monitoring action plans |

11.0 TRAINING AND IMPLEMENTATION

- 11.1 The People Directorate is responsible for ensuring that the effective management of sickness absence is covered in the Trust induction and the local induction checklist.
- 11.2 In addition, all managers with people responsibilities will be expected to attend Empathetic Management of Sickness Absence & Wellbeing training to ensure they fully understand their responsibilities in the application of this policy.
- 11.3 The Deputy Director of People will be responsible for reviewing this policy and will ensure that anyone involved in implementing this policy will receive training to assist them with these duties.
- 11.4 The implementation of this policy and its effectiveness will be monitored on an ongoing basis by the Trust Board, JSPF and senior members of the People Directorate.

12.0 IMPACT ASSESSMENTS

- 12.1 This document has been subject to an Equality Impact Assessment, see completed form at Appendix 4.

13.0 EVIDENCE BASE AND RELATED DOCUMENTS

13.1 Evidence Base:

- ACAS Code of Practice
- CIPD
- Dying to Work Charter
- Employment Act 2002
- Employment Relations Act 1999
- Employment Rights Act 1996
- Equality Act 2010
- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- NICE Guidelines Quality standard [QS202]
- Trade Union Act 2016
- Trade Union and Labour Relations (Consolidation) Act 1992
- Working Time Regulations 1998

13.2 Related Policies & Documents:

Policy

- Appeal Policy
- Capability Policy
- Dignity at Work Policy
- Domestic Abuse Policy
- Disciplinary Policy
- Employees Suffering from Alcohol or Drug Misuse Policy
- Equality & Diversity Policy
- Leave Policy
- Pay and Conditions of Service Protection Policy
- Return to Work Policy

Guidance

- Annual Leave Guidance
- Bereavement Leave and other Special Leave Guidance
- Capability Process Guidance
- Career Break Guidance
- Carers' leave Guidance
- Creating a Mentally Healthy Workplace
- Disability leave
- Employee Wellbeing Support
- Flexible Working Guidance
- Ill Health Retirement Guidance
- Injury Allowance Guidance
- Managers Guide to referring to OH Services
- Menopause at Work Guidance
- Mental Health Information document
- Occupational Health Leaflet
- Reasonable Adjustments Guidance
- Redeployment Guidance Remote Working Guidance
- Return to Work Covid-19 Toolkit

- Sickness Absence & Wellbeing supplementary guidance
- Suitable Alternative Employment Register
- Supporting Colleagues through Infertility & Baby Loss
- Supporting Colleagues with a Terminal Diagnosis
- TOIL Guidance

Support Documents

- Attendance Map
- Document Matrix
- Clinical Psychology Referral Criteria
- VIVUP Employee Assistance Programme
- Staff discussion form
- Staff Networks Information
- Carers' Passport
- NHS Health Passport
- Support for those experiencing domestic abuse
- Mental Health Employee Support information
- Absence Management for those with disabilities or Long Term Health conditions
- Stage 2 Checklist for Managers
- Stage 2 Employee Information Leaflet

Sickness Absence Management for Medical Staff**a) Notification of Sickness**

It is the responsibility of the doctor to contact the Rota Co-ordinator and their Head of Service/Service Director. Junior Doctors and Clinical Fellows are also required to contact their Clinical/Educational Supervisor that they are working with currently. For specialties that do not have rota coordinators which include Anaesthetics, Radiology, Histopathology and Sexual Health, other arrangements are in place regarding the notification of sickness and the doctor will be informed of these arrangements at their induction. All other steps detailed below remain the same.

If it is an out of hours shift, the doctor is expected to contact the Duty Nurse Manager via the switchboard between 5pm and 8pm and the Night Team Leader through switchboard between the hours of 8pm and 8am. The Duty Nurse Manager/Night Team Leader will complete the Trust contact form whilst the junior doctor is on the phone. In the case of Anaesthetics, the consultant on call should be contacted if it is outside of normal working hours.

The Duty Nurse Manager/Night Team Leader will then contact other relevant clinical and operational teams to ensure the appropriate cross-cover of clinical duties in the first instance.

The Duty Nurse Manager/Night Team Leader will agree further contact arrangements with the doctor. The Duty Nurse Manager/Night Team Leader will ensure the Rota Co-ordinator is aware of the sickness. All conversation details will be recorded on the contact form.

Absences of up to 1 week (7 calendar days) are self-certified and absences of 8 calendar days or more will require a medical certificate ('FIT' note).

Where the doctor has been absent from work due to sickness for a period of more than a week they are expected to contact their Head of Service/Service Director or nominated deputy to advise them of progress with their health and any anticipated date of return. The Head of Service/Service Director or nominated deputy will talk to the doctor about any support they may require to enable them with their return to work.

When the doctor has returned to work, the Rota Co-ordinator will send a copy of the Return to Work form to the doctor and the Head of Service/Service Director for completion, this form is returned to the Rota Co-ordinator for them to send on to HR for Junior Doctors and Clinical Fellows and the Division for Consultants, Associate Specialists and Specialty Doctors. As per this Policy and Procedure, return to work discussions should take place within 48 hours of the doctor returning to work. Prior to the meeting the Head of Service/Service Director or nominated deputy does need to be aware if a sickness absence trigger has been reached.

If a trigger has been reached, this will be indicated on the return to work form, the doctor should be notified of this at the return to work meeting and informed of the next steps.

b) Sickness Absence Triggers

Sickness absence triggers would include the following:

- 2 separate occasions of sickness absence in a rolling 6-month period excluding pregnancy related illness
- 1 occasion of 15 calendar days or more sickness absence
- A target previously set as a result of the first two points above which is due for review
- A pattern of sickness absence is forming relating to timing of absence in a rolling 36 month (maximum) period e.g. Absence on Mondays, School Holidays, Bank Holidays absence before/after annual leave, and/or a pattern is forming relating to reason for absence.

Where a trigger has been met, following the return to work meeting another meeting should be arranged within 14 calendar days at the end of the period of absence which triggers the meeting. The doctor should be invited to a stage 1 meeting and notified in writing of the date, time and purpose of the meeting at least 7 calendar days in advance. The doctor must be provided with the opportunity to be accompanied and supported by an accredited representative of a recognised Trade Union or Professional Organisation or by a work colleague of their choice, provided there is no conflict of interest.

c) Request for Adjusted Duties/ Return to Work with adjusted duties

If a doctor has not been absent but has made a request to undertake adjusted duties or has been absent from work due to sickness absence and they are wanting to return to work but have concerns about returning to their full duties, the doctor and Head of Service/Service Director or nominated deputy e.g. Educational/Clinical Supervisor in the case of a Junior Doctor or Clinical Fellow, should meet to discuss these concerns and agree a way forward ensuring the Sickness Absence and Wellbeing Policy and procedure is followed. It is the responsibility of the Service Director/Head of Service to arrange this meeting and it is expected that a member of the HR team would be present to provide advice and guidance.

The purpose of the meeting is to:

- Identify the best way for the Trust to support the doctor going forward
- Ensure the doctor has Occupational Health support and/or has been formally signposted to Occupational Health if appropriate
- Ensure that the doctor has access to the full range of support available

- Ensure that any adjustments that are agreed are documented, relevant parties made aware including the appropriate business unit and the adjustments are kept under regular review as detailed in this Policy and Procedure;
- Ensure that key clinical services the doctor might be part of, can be safely maintained through any changes necessary and ensure that the Educational Supervisor, Clinical Supervisor, rota coordinator and relevant Training Programme Director in the case of a junior doctor, are aware of any adjusted duties agreed and that the implications on training are discussed

All parties involved in the meeting should be encouraged to explore available options in terms of support for the doctor. In addition to signposting to on and off-site resources, changes to the duties of the doctor may be considered. These could include reduced on-call, shortened working hours, 'doubling-up' or buddy-system on-call cover, fixed shifts, part-booked clinics, enhanced in-theatre or on-unit supervision, daytime weekend working only. Any agreement should be reached utilising the Trust's Reasonable Adjustment Guidance.

Any adjustment to duties would be reviewed on a regular basis and the review date would be agreed at the above meeting.

d) Sickness Absence and Implications for Training for Junior Doctors

The GMC has determined that 20 days is the maximum permitted absence within each 12-month period of the Foundation Programme.

Where a doctor's absence goes above 20 days (when a doctor would normally be at work), this will trigger a review of whether they need to have an extra period of training.

For specialty trainees, within each period of 12 months, if a trainee has been absent for a total of 14 days or more when a trainee would normally be at work, this will trigger a review of whether the trainee needs to have their CCT date extended.

Therefore, at this point, periods of absence must be highlighted to the Head of School and the Training Programme Director and it would be the Head of Service/Service Directors responsibility to discuss this with the TPD/HoS following discussion with the trainee.

e) Further information

Further information regarding the management of sickness absence can be found in this Policy and Procedure for the Trust and the HEEM Procedure for dealing with sick leave and unauthorised absence of trainee doctors.

There is also additional support available for Junior Doctors from the East Midlands Deanery. Within this there is the Professional Support Unit which is available; they offer coaching, counselling, CBT and support around educational needs.

The individual doctor can self-refer in confidence or their educational supervisor can refer them.

Levels of Authority

| Attendance Target | Improvement Notice | First Written Warning | Final Written Warning | Dismissal |
|--|--|---|---|---|
| Line manager Designated Deputy Head of Service Educational Supervisor | Line manager Designated Deputy Head of Service Educational Supervisor | Head of Department/Head of Nursing Deputy Divisional General Manager Matron or equivalent level | Head of Department/Head of Nursing Deputy Divisional General Manager Matron or equivalent level | Head of Department/Head of Nursing Deputy Divisional General Manager Matron or equivalent level |

EQUALITY IMPACT ASSESSMENT FORM (EQIA)

| | | | |
|--|---|--|--|
| Name of service/policy/procedure being reviewed: Sickness Absence Management Policy and Procedure | | | |
| New or existing service/policy/procedure: Existing Policy | | | |
| Date of Assessment: 19 September 2018; reviewed December 2021 | | | |
| For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas) | | | |
| Protected Characteristic | a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider? | b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening? | c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality |
| The area of policy or its implementation being assessed: | | | |
| Race and Ethnicity | The policy when applied correctly gives no potential for disadvantage as triggers are determined by episodes of absence, or length of absence, so remove the potential to discriminate. | Standardised approach to attendance management for all employees. | N/A |
| Gender | The policy when applied correctly and consistently does not disadvantage either gender | Standardised approach to attendance management for all employees. | N/A |
| Age | The policy when applied correctly gives no potential for disadvantage as triggers are determined by episodes of absence, or | Standardised approach to attendance management for all employees. | N/A |

| | | | |
|--------------------------------|--|---|-----|
| | length of absence, so remove the potential to discriminate. | | |
| Religion / Belief | The policy when applied correctly gives no potential for disadvantage as triggers are determined by episodes of absence, or length of absence, so remove the potential to discriminate. | Standardised approach to attendance management for all employees. | N/A |
| Disability | Managers' judgement is required for individual cases. Disability related ill health requires management review before formal processes are initiated. Difficulty presents itself when illness may not be directly the same as the disability but may be as a result; potential to be disadvantaging individuals. | Patterns of absence within Procedure ensures disability -related sickness is dealt with in a non - discriminatory manner. | N/A |
| Sexuality | The policy when applied correctly gives no potential for disadvantage as triggers are determined by episodes of absence, or length of absence, so remove the potential to discriminate. | Standardised approach to attendance management for all employees. | N/A |
| Pregnancy and Maternity | Pregnant employees are at a higher risk of having non - attendance due to ill health during pregnancy and are therefore more likely to trigger this Policy during their pregnancy than non -pregnant employees. Often, there are limited adjustments than can be made to reduce this issue. | Pregnancy related absences do not count towards absence targets. | N/A |

| | | | |
|---|---|---|-----|
| Gender Reassignment | The policy when applied correctly gives no potential for disadvantage as triggers are determined by episodes of absence, or length of absence, so remove the potential to discriminate. | Standardised approach to attendance management for all employees | N/A |
| Marriage and Civil Partnership | The policy when applied correctly gives no potential for disadvantage as triggers are determined by episodes of absence, or length of absence, so remove the potential to discriminate. | Standardised approach to attendance management for all employees. | N/A |
| Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation) | The policy when applied correctly gives no potential for disadvantage as triggers are determined by episodes of absence, or length of absence, so remove the potential to discriminate. Lower socio-economic status is linked to poorer health, but these employees will have access to the support mechanisms the Trust offers through its Health and Wellbeing programme. | Standardised approach to attendance management for all employees. | N/A |
| What consultation with protected characteristic groups including patient groups have you carried out? | | | |
| None | | | |
| What data or information did you use in support of this EqIA? | | | |
| Trust statistics | | | |
| As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? | | | |
| No | | | |

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ([click here](#)), please indicate the perceived level of impact:

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretary for inclusion at the next EDI cabinet

Name of Responsible Person undertaking this assessment: HRBP Team

Signature:
HRBP Team

Date:
December 2021