



**Coventry and
Warwickshire**
Integrated Care Board

Absence Management Policy

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1 INTRODUCTION

- 1.1 NHS Coventry and Warwickshire Integrated Care Board (the ICB) is committed to commissioning high quality health services within the local communities the ICB represents. The good health and wellbeing of the workforce is central to the successful achievement of that overall aim.
- 1.2 It is acknowledged that occasionally ICB employees may be absent from work through either mental or physical ill health. Whilst a supportive approach is encouraged it is also recognised that excessive sickness absence has a considerable impact on the employee, their colleagues, service users and the overall business of the ICB, and must therefore be reviewed and managed in a fair and consistent manner. The overall purpose of this policy is to set out the ICB's approach to the management of absence and attendance within the workplace. The policy will also set out guidance to staff and managers about their responsibilities in relation to absence management.
- 1.3 This policy will apply to all ICB employees regardless of their length of service, including Very Senior Managers and Medical & Dental Staff, and has been drafted in accordance with the NHS Terms and Conditions of Service Handbook and legislative guidance. The policy also applies to individuals covered by a letter of authority, honorary contract or Work Experience agreement who undertake duties on behalf of the ICB and where the policy explicitly applies within their document of engagement.
- 1.4 The policy does not apply to agency staff or workers engaged on contracts for service. Issues with agency workers should be raised with the relevant agency; where cessation of a contractor's engagement due to poor attendance is to be considered, managers should refer to the terms of the individual's engagement.

2 PRINCIPLES

- 2.1 This procedure enables managers to address sickness absence issues, both short and long-term, in a fair, consistent, and equitable manner. It is recognised that all cases must be dealt with on an individual basis because of differing circumstances; however this procedure outlines underpinning principles to be observed whenever this policy is applied.
- 2.2 Data will be held and destroyed in accordance with the provisions of the Data Protection Act 2018 and General Data Protection Regulations.
- 2.3 Managers will be fully trained in policies and procedures relating to absence. All new staff will be made aware of this policy during their induction.
- 2.4 Every ICB employee has a contractual responsibility to attend work on a regular basis, however from time to time it is understood that there may be genuine reasons which may prevent an individual from doing so, either for a short or long-term period. Long-term sickness is defined as being absence for a period of over 28 days/4 weeks.
- 2.5 Short-term absenteeism refers to a series of illnesses, often unconnected, which result in frequent, short periods of absence. As part of managing cases of short-term absence, the appropriateness of referral to the ICB's Occupational Health Provider will be discussed between the individual, their line manager and a HR representative.

- 2.6 It is also acknowledged that occasions arise when people are away from work on a long-term basis as a result of chronic or acute ill health. Although cases of long-term absence will be dealt with on an individual basis, this policy outlines certain principles that will always be observed, including the involvement of Occupational Health in each such case.
- 2.7 In dealing with any sickness absence cases managers must be mindful of obligations that they and the ICB may have under the Equality Act 2010. In identifying whether or not an employee is covered by the Act advice must be sought from Occupational Health and relevant medical professionals as appropriate.
- 2.8 Advice should be taken from Human Resources at all formal stages of this procedure to ensure the consistent application of this Policy.
- 2.9 Employees may be accompanied by a Trade Union representative or work colleague in all formal discussions with managers about their absence.

3 RESPONSIBILITIES

Manager responsibilities

- 3.1 The ultimate responsibility for managing attendance rests with the line manager. The manager can source additional advice and support from Occupational Health, Human Resources, Staff Side Representatives and any other support mechanisms. The key responsibilities for managers include:
- Ensure that they are familiar with the Absence Management Policy and Wellness Assessment and Action Plan (see Appendix 4) and their obligations in relation to the management of this policy.
 - Monitoring of absence and attendance
 - To keep in touch with the employee on a regular basis throughout any period of absence.
 - Dealing with any actions in a timely manner when dealing with absence at work, balancing the needs of the individual with those of the service.
 - Maintaining accurate records and documentation of all absences and the reasons, including the timely completion of the sickness absence and return to work and investigating any themed causes of absence, where appropriate.
 - Monitoring and managing the whole record of attendance of staff they have responsibility for; investigating the reasons behind individual, overall trends and patterns of absence which could include timekeeping and where possible, take measures to alleviate them, (e.g. environmental factors, working relationships, stress or organisational issues).
 - Hold return to work interviews after each individual episode of sickness
 - Taking advice through the use of the Occupational Health Service, as appropriate.
 - Maintain confidentiality at all times
 - Attend any ICB training provided on the application of this policy and any updates.
 - Identify a 'nominated deputy' for staff to report sickness absence to during periods of annual leave/out of the office/non-working time and communicate this to staff.
 - Manage absence fairly and equitably, taking into account the provisions of the Equality Act 2010 throughout.

Employee Responsibilities

3.2 Employees are expected to:

- Ensure regular timely, consistent attendance in accordance with their contract of employment;
- Maintain an awareness and compliance with the ICB's Absence Management Policy;
- Follow the notification procedures for the department and ensure that any absence due to sickness is supported by the relevant and timely certification;
- Advise of an expected return to work date to aid departmental planning;
- Unless under exceptional circumstances, individuals must personally notify their line manager (or nominated departmental absence contact person) about their absence from work and must keep in touch on a regular basis throughout any period of absence;
- Attend medical and Occupational Health Appointments, and as appropriate co-operate with the line manager and/or Occupational Health through undertaking any agreed programme to improve health and wellbeing and to facilitate an early return to work;
- Avoid as far as possible any activity that may hinder recovery or delay a return to work;
- In order to protect employees and work colleagues, immediately inform their line manager (or nominated departmental absence contact person) if there is a belief that the absence is work-related; for example as a result of stress, an accident at work or have been in contact with an infectious disease;
- Not attend the work place if they are unwell or unfit for work, if in doing so it would affect their health and/or the health of others with whom they come into contact in the course of their work;
- After each episode of absence related to sickness, regardless of length, to seek a return to work interview with the line manager (or nominated departmental absence contact person) at the earliest opportunity upon their return;
- Comply with Health & Safety Legislation or recommendations, including job specific training, and co-operate with any workplace assessments arranged to support the employee in maintaining their attendance;
- Attend meetings with the line manager as required during the application of this policy.

Human Resources Responsibilities

3.3 All managers, staff and staff representatives should seek advice from Human Resources (HR) on all matters relating to attendance management. HR can offer first line advice and are trained to support operational matters relating to attendance management. They can also provide assistance with ongoing case management. The HR Team must be consulted prior to any steps being taken to terminate an individual's employment. Key responsibilities for HR include:

- Ensuring the Absence Management Policy is kept up to date, in accordance with any developments in legislation;
- Providing training to managers with ongoing coaching and advice to managers and staff with respect to the application of this policy and related procedures to encourage maximum attendance;
- Advising managers at all stages within the formal procedures;
- A member of HR may be asked to attend any meeting under this policy. However, where there is a possibility that an outcome may involve terminating an individual's employment, HR attendance is a requirement under this policy.

Occupational Health Responsibilities

3.4 Occupational Health is a specialist health advisory service, which offers impartial and confidential support to both staff and managers, and signposts to staff counselling services and other support available locally. Key Occupational Health responsibilities include:

- Providing confidential and impartial advice and support to staff in relation to the employee occupational health;
- Providing a manager with a report about a referred employee's fitness to perform the duties of their post. This should include the short and long term prognosis of the condition which may be affecting the employee's ability to undertake their current duties;
- Providing advice with regard to return to work arrangements including where appropriate, phased returns;
- Assisting the ICB in managing sickness absence levels and promoting health & wellbeing;
- Advising managers and staff in relation to any suitable alternatives or any adjustments of work that may be required to facilitate the employees return to work or ability to carry out their duties;
- Supporting an employee's application for early retirement due to ill health, where appropriate;
- Following all legislation concerning access to medical records and records on behalf of the ICB.

4 GENERAL POINTS

4.1 The ICB's procedure for managing absence **MUST** be followed. It is the responsibility of every employee to report any absence and only in exceptional cases should this be communicated by someone else on their behalf.

4.2 If an employee knowingly gives any false information, or makes false statements about their sickness, it may be treated as misconduct and may result in disciplinary action being taken. In cases of gross misconduct it could lead to dismissal (e.g. absent on sick leave and working elsewhere).

4.3 Any employee who unreasonably fails to comply with the ICB's Absence Management policy and procedure may have their occupational sick pay withheld. Any decision to withhold sick pay must be made in conjunction with Human Resources. Advice may also be sought from the ICB's Occupational Health Provider.

4.4 The ICB has the right to dismiss employees whilst they are receiving sick pay entitlement. Any decision to dismiss on capability grounds will be subject to medical and HR advice.

5 RIGHT TO BE ACCOMPANIED

5.1 Employees have the right to be accompanied at any stage of the formal procedure, by either an accredited TU Representative or work colleague.

5.2 In any formal meeting, the issues and circumstances relating to the sickness absence will be discussed and considered, together with any relevant documentation. The employee will be asked to respond and present any evidence of their own. Their

companion may make representations and ask questions, but should not normally answer questions on the employee's behalf. If necessary, the employee may confer privately with their companion at any time during the hearing.

- 5.3 In exceptional circumstances, and where this will benefit the organisation and the employee, the individual may be accompanied during the informal phases.
- 5.4 The employee may not insist on being accompanied by a companion whose presence would prejudice the hearing.
- 5.5 If an employee's companion is unavailable, it is the responsibility of the employee to suggest another date not more than 5 working days after the original date of the meeting/hearing.
- 5.6 Employees have no right under this procedure to be accompanied by anyone else (e.g. a spouse, partner, other family member, or legal representative) other than those persons previously referred to.

6 SCHEME OF DELEGATION

- 6.1 The following scheme of delegation will apply to the application of each stage of the Absence Management Policy. The table details the lowest grade of officer who will normally have delegated authority to take the specified action at each stage.

Exceptionally there may be circumstances where a deputy is given delegated authority to act in place of the designated officer. The designated officer shall consult with Human Resources and may arrange to be accompanied by another senior manager or representative.

Informal procedure	Line Manager or equivalent level manager from elsewhere within the ICB
Formal procedure	Line manager or the line manager's direct manager if agreed as appropriate following HR advice.
Appeal following application of formal procedure	Line Manager's manager or equivalent who has not previously been involved
Attendance Review Hearings	Chaired by a Director or equivalent plus one other manager and HR representative
Appeal against dismissal	Chaired by a Director not previously involved, plus one other manager and HR representative

7 REPORTING ABSENCE

- 7.1 Employees are required to personally notify their line manager, or a member of that team nominated by the line manager, of their absence from work on the first day of absence at the earliest opportunity prior to their agreed start time. It is recognised that in exceptional circumstances contact may need to be made by a third party in the first instance. In the absence of the line manager the nominated person must be informed. A telephone call

is considered the accepted means of reporting any absence. Mobile phone text messages, emails or leaving messages with other employees to pass on to the manager / nominated individual are not acceptable, unless in exceptional circumstances.

7.2 Local reporting procedures may be in place in a department. Should these exist, they should be documented and communicated to all staff concerned, and followed by the employee. However, in all cases when reporting absence, employees must give the following information:

- the reason for the absence (if known);
- the expected length of absence (if known);
- whether a visit will be made to their GP, and if so, the date of the appointment.

7.3 The manager must arrange for the sickness to be recorded on ESR (Electronic Staff Records system), with the sickness episode being 'opened' on the system. This should be undertaken within 3 working days of the absence being reported.

7.4 Where possible the manager should be advised by the employee of any outstanding work that may require urgent attention during the period of absence.

7.5. Regular contact (daily or otherwise as agreed by the line manager) with the line manager or person in charge is expected through all periods of absence from work.

7.6 Should the absence continue then the employee and the manager must decide upon the frequency of further/continued contact and the form that this will take. It is not sufficient to provide Statements of Fitness to Work (also known as a doctor's statement or a 'fit note') as a means of maintaining contact. It should be noted that failure to maintain contact as per the agreement with the line manager, may result in the payment of occupational sick pay being delayed or withheld. Any decision to take disciplinary action or to withhold or delay payment of occupational sick pay must be made in conjunction with a HR Representative

7.7 If an employee becomes unwell at work or while working at home or offsite, they should notify their line manager before leaving. If a line manager becomes concerned about the employee's fitness to continue working, this should be discussed with the individual at the earliest opportunity. In either circumstance, the exact length of the sickness period will be recorded on the ESR system in hours. For absence management purposes:-

- When the employee leaves work during the first half of their working day/shift, and the employee is absent for at least half of their normal working day, this will commence a sickness episode.
- When the employee leaves work during the second half of their working day/shift and the sickness is for less than half a day, it will not be recorded as a sickness episode in its own right in terms of contributing towards a 'trigger' under 16.2 of this policy. The hours of absence should nevertheless be recorded on ESR as sickness. If however, the individual does not return to work the next day, the whole period from when they went off sick whilst at work must be recorded on ESR and will initiate a sickness episode under this policy.
- Where such short periods of absence recur, paragraph 16.3 of this policy will apply, and such absence patterns will be considered in that context.

8 EVIDENCE OF INCAPACITY FOR WORK

- 8.1 For absences lasting seven calendar days or less, employees can “self-certificate” the absence in the completion of Appendix 3. This will subsequently be kept in a confidential file.
- 8.2 Such self-certification of sickness absence is permitted for a maximum of 7 continuous days. Please note on calculating length of sick leave for pay purposes, that Saturdays, Sundays, Public/Bank holidays, non-working days and rostered days off all count. However, non-work days do not count when calculating absence levels or setting targets under the formal stages of this policy for absence management purposes.
- 8.3 If an absence exceeds seven calendar days, a doctor's Statement of Fitness to Work (or copy) must be submitted to the line manager, no later than the tenth day of absence, covering the absence from the eighth day. However, if you are in hospital for 10 days or more the Statement of Fitness to Work will only be issued when you leave hospital as it should cover the estimated period of sickness not just the hospital stay. In these circumstances the Statement of Fitness to Work note should be provided within 3 days of leaving hospital “unless extenuating circumstances prevent this and a delay is agreed with the line manager. The Statement of Fitness to Work or copy is normally retained by the line manager.
- 8.4 If an absence continues beyond the period covered by the initial Statement of Fitness to Work, further Statements of Fitness to Work must be submitted to give continuous cover for the period of absence. On eventual return to work, employees must complete the ICB's Sickness Self-Certificate in respect of the first seven days or less not covered by a doctor's Statement of Fitness to Work .
- 8.5 Failure to submit consecutive Statements of Fitness to Work in a timely manner may be considered as a breach of the Absence Management policy and may invoke the Disciplinary Procedure.
- 8.6 If the doctor's Statement of Fitness to Work does not specify the period of absence covered, it will be taken as covering a period of seven calendar days only.
- 8.7 For reporting purposes, the return to work date following sickness absence must be recorded on ESR, so 'closing' the sickness episode for that individual.

9 STATEMENT OF FITNESS TO WORK (Fit Note)

- 9.1 The 'Statement of Fitness for Work' allows a GP to advise that an employee is either 'unfit for work' or 'may be fit for work'. The GP can also suggest ways of helping the employee get back to work – for example by recommending a phased return or modified / restricted duties. Any such recommendations should be discussed with the individual and line manager prior to commencement of work / shift at a return to work interview.
- 9.2 There may be circumstances where a GP's recommendation cannot be implemented and OH advice may be sought as to whether adjustments/ modifications can be accommodated in line with service needs.

- 9.3 Where an employee feels able to return to work before the date specified on the Statement of Fitness to Work, the manager should carry out a risk assessment to establish if it is appropriate to return to work. If the risk assessment deems it inappropriate or the manager is unsure, a referral to occupational health may be considered.
- 9.4 For further information on Statements of Fitness to Work, please visit: www.dwp.gov.uk/fitnote

10 SICK PAY ENTITLEMENTS

- 10.1 Statutory Sick Pay (SSP) is a provision that is paid to employees who are too ill to work and to anyone covered by a contract of employment. It is subject to government conditions; however it can be paid by the ICB for up to 28 weeks.
- 10.2. The ICB provides an Occupational Sick Pay (OSP) scheme which enhances an employee's sick pay.
- 10.3. An employee's entitlement to OSP is determined by their terms and conditions of employment. Full details for employee sick pay can be found on the NHS Employers Website. With the exception of Medical and Dental staff and Very Senior Managers, all employees of the ICB are covered by NHS Terms & Conditions of Service Handbook. In all cases however, for the purpose of calculating entitlement to sick pay, a previous period or periods of NHS service will be counted towards the employee's entitlement to sick leave with pay where there has been a break, or breaks, in service of 12 months or less.
- 10.4. Payment of OSP is subject to the correct notification and certification procedures being followed and the amount received will be dependent on length of service and the period of absence.
- 10.5. OSP may be withheld if an employee is deemed fit to return to work by Occupational Health, after seeking advice from Occupational Health (where appropriate). The ICB reserves the right to withhold payment of OSP where an employee has been in breach of the Attendance Management Policy or there is suspicion of abuse of this scheme under the ICB's' Disciplinary Policy and Procedure.
- 10.6. Where eligible, the ICB will pay OSP in accordance with length of service as follows:

Table 1

Length of Service	Period of Full Pay	Period of Half Pay
Up to 12 months service	One Month	Two Months
More than 1 year, less than 2 years' service	Two Months	Two Months
More than 2 years, less than 3 years' service	Four Months	Four Months
More than 3 years, less than 5 years' service	Five Months	Five Months

More than 5 years' service	Six Months	Six Months
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- 10.7 The period during which sick pay is paid and the rate of sick pay for any period of absence is calculated by deducting from the employee's entitlement, on the first day of absence, the aggregate periods of paid sickness during the 12 months immediately preceding that day.
- 10.8 On the fourth day of sickness absence employees may be entitled to Statutory Sick Pay (SSP) (subject to statutory conditions). However, any payment of OSP will offset any entitlement to Statutory Sick Pay for the same period. Further information on SSP entitlements can be located on the UK Government Website <https://www.gov.uk/statutory-sick-pay> Sick pay is calculated on the basis of what the individual would have received had he/she been at work based on the previous three months at work.
- 10.9 Employees covered by NHS Terms & Conditions of Service who have exhausted sick pay, entitlements should be reinstated at half-pay, after 12 months continuous sickness absence in the following circumstances:
- Staff with more than 5 years reckonable service – sick pay will be reinstated if exhausted before a final review meeting for long-term absence has taken place.
 - Staff with less than 5 years reckonable service – sick pay will be reinstated if sick pay is exhausted and a final review does not take place within 12 months of the start of their sickness absence.
 - Reinstatement of sick pay should continue until the final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence. Please note, this provision will not apply where a review is delayed due to reasons other than those caused by the ICB.
- 10.10 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. Employers will advance to an employee a sum not exceeding the amount of sick pay payable under this scheme, providing the employee repays the full amount of sickness allowance to the employer, when damages are received the absence shall not be taken into account for the purposes of the scale set out in Table 1.

11 SICKNESS DURING ANNUAL LEAVE

- 11.1 If an employee falls sick during a period of annual leave either in this country or overseas, and the period of incapacity seriously interrupts the period of leave (defined as four or more days of continuous illness) then they may count the absence as sick leave provided they;
- Notify their line manager either in writing or by telephone at the earliest opportunity, in line with ICB procedures and no later than the fourth continuous day of illness;
 - and
 - Provide a statement by a qualified medical practitioner; the statement should cover the period of the illness and the nature of the illness.
- 11.2 If an employee is absent on long-term sick leave and has pre-booked annual leave, but recover from their sickness enough to take their annual leave, they must obtain a

Statement of Fitness to Work' from their GP confirming they are fit to return to work (although they are taking their leave). Otherwise, it will be assumed that they remain unwell and they will continue to be recorded as absent through sickness. Any annual leave booked but not taken in these circumstances will be retained by the employee.

- 11.3 If the employee intends to spend more than one night away from their normal place of residency whether it be overseas or in the UK, whilst they are still unfit to return to work, the employee must provide a written statement from a medical practitioner advising that the holiday would be beneficial to their condition or recovery, and in no way would aggravate or cause detriment to the illness/injury. Where necessary, any cost of such letters will be borne by the employee. If necessary, the ICB may choose to obtain a medical opinion from the Occupational Health Provider.
- 11.4 If this 'holiday leave' is supported by a medical practitioner, this period of absence will continue to be recorded as sickness, and sick pay, occupational and/or statutory as appropriate, will continue during the period. If the employee is unable to return to work after the 'holiday leave' their sickness absence period will also then continue. Thus, the whole period from commencement of the sickness absence to the return to work date (if that is the outcome), will be counted as one continuous episode for absence management purposes under this policy.
- 11.5 In these circumstances, and as the 'holiday leave' has been supported by a medical practitioner, if annual leave had been pre-booked for this period, the annual leave will be deemed as not taken, and will be deferred to a later date to be taken after their return to work.
- 11.6 Where the request to continue with a pre-booked holiday is not supported by a medical practitioner, the employee will be expected to remain off sick and available for contact by the ICB.
- 11.7 Employees will continue to accrue annual leave during periods of paid sickness absence (but not during unpaid periods). However, employees will not be entitled to an additional day off if they are sick on a public holiday.

12 OCCUPATIONAL HEALTH SERVICES

- 12.1 Occupational Health (OH) can support both managers and staff where an individual's health is impacting their attendance or ability to perform their normal duties. Please see Occupational Health Guidance from the ICB OH provider for details on how to make a referral.
- 12.2 Best practice is to discuss any referral with the individual before a referral is made, including sharing a copy of the referral with the employee before it is sent to OH. If the referral content is disputed by the employee, the manager may agree adjustments, and/or seek advice from HR. The OH Service protects confidential medical information about individuals and will only provide non-clinical information to managers on specific areas of concern relating solely to an individual's ability to perform their role. They are able to provide both managers and individuals with advice to make decisions relating to work and employment arrangements.
- 12.3 In cases of long-term absence, managers are expected to refer such absences to OH. This must be via the Occupational Health portal; if a line manager requires access, please contact one of the HR advisors to the ICB.

- 12.4 When referring, the following principles should be applied:-
- The OH Service can be consulted for advice when the likelihood of a return to work or cause of absence is not known.
 - A member of staff should be referred to OH at an early stage in the absence if it is considered that a referral may benefit the employee or the ICB. Where there is evidence or concern of work associated stress, psychological conditions or absence/injury sustained whilst at work, employees should be immediately referred at the earliest opportunity. Early access to these services will support both the individual and the service.
 - The OH Service is available to give both general and specific advice on the fitness of an employee for work, adjustments to the workplace where appropriate, and likely return dates.
 - An employee may also request an OHS referral, via their manager, for advice and support on the best way of seeking a return to work.
- 12.5 Where there is doubt regarding an employee's ability to return to work on a permanent basis, advice must be sought from the Occupational Health Service. Employees may be eligible for ill-health retirement benefits if they have two years continuous membership of the NHS Pension Scheme. In these circumstances, ill-health retirement should be discussed with the individual during the review meetings.
- 12.6 With the individual's consent, an Occupational Health practitioner may, if it is deemed appropriate, seek further information regarding an individual's ill-health condition from their GP, hospital specialist or other clinical specialist working with them to improve their ill-health, in order to provide advice and guidance to CSU.
- 12.7 It is a condition of employment that all staff members can be required to attend a medical assessment with Occupational Health, to ensure the appropriate support and assistance to improve attendance / ability to perform normal duties. Where an individual does not give consent for information to be released or attend OH meetings, the CSU will make decisions based on the current information available.
- 12.8 At any point, a manager may liaise with Occupational Health Services to gain advice upon the appropriateness of a referral. Early intervention and access to occupational therapies is essential in reducing absence levels within the ICB.
- 12.9 Trigger points (See section 14) do not need to be reached prior to any Occupational Health referral being arranged.

13 SPECIFIC TYPES OF ABSENCE

Maternity Related Absence

- 13.1 Should an employee be absent from work due to pregnancy related sickness, these absences should be clearly recorded on ESR as pregnancy related within the employee's attendance record. However, any absences of this nature will not be included in absence triggers (see section 14), but will continue to be monitored in accordance with the Absence Management Policy.
- 13.2 Where the pregnant employee experiences continued periods of pregnancy related sickness, reference should be made to the completed expectant mothers risk

assessment and amendments made as appropriate.

- 13.3 If an employee is off work sick, or becomes sick, with a pregnancy related illness during the last four weeks before the expected week of childbirth, maternity leave would normally commence at the beginning of the fourth week before the expected week of childbirth or the beginning of the week after the employee last worked, whichever is the later.
- 13.4 Absence prior to the last four weeks before the expected week of childbirth, should be treated in accordance with the normal Absence Management Policy provisions.
- However, odd days of pregnancy-related illness during this period may be disregarded if the employee wishes to continue working till the maternity leave start date previously notified to the employer.
- 13.5 An expectant mother's risk assessment should be completed at the earliest opportunity for any pregnant employee. For further details please refer to ICB's Maternity Policy.

Employees Undergoing Fertility Treatment

- 13.6 The ICB recognises the emotional pressure of undergoing IVF treatment and where possible wish to support any employee during the process. The ICB will allow the employee to use a reasonable number of days leave using annual leave or unpaid leave during the course of the treatment, or where possible to work flexibly in line with service needs. Any agreement will be made by the Line Manager.
- 13.7 Employees do not have a statutory right to take time off, paid or unpaid, for fertility treatment such as in vitro fertilisation (IVF). Fertility treatment is not a "deemed incapacity" for statutory sick pay purposes.
- 13.8 For the purpose of entitlement to employment rights, a woman undergoing IVF is deemed to be pregnant from the point of implantation of fertilised ova. An employee would therefore be entitled to time off for antenatal appointments from the point of implantation. This right applies to any appointments that are made on the advice of a registered medical practitioner, registered midwife or registered nurse. She will therefore be protected from pregnancy and maternity discrimination and will have the right to time off for antenatal care under the ICB Maternity Policy from this point. The employee must notify their Line Manager to advise them of any on-going appointments that they will be required to take due to the treatment.
- 13.9 At any stage during the process, if the employee becomes unwell due to the effects of the treatment, and are signed off from work by a doctor, their absence will be treated, whilst signed off, like any other sickness absence for any other reason.

Disability Related Absence and Reasonable Adjustments

- 13.10 If an employee is disabled or becomes disabled during their employment, then the ICB is legally required under the Equality Act 2010 to make reasonable adjustments to enable the employee to continue working. The Act broadened the provisions of the Disability Discrimination Act of 1995, for public sector employees.

- 13.11 The Equality Act 2010 s.6 defines disability as a physical or mental impairment that affects the person's ability to carry out normal day-to-day activities. It also asks whether or not the adverse effect is substantial and long term (for 12 months or more).
- 13.12 Under para.6 of sch.1 to the Equality Act 2010, people diagnosed with the progressive conditions of HIV infection, multiple sclerosis and cancer are deemed to be disabled whether or not the condition has yet begun to have any effect on their ability to carry out day-to-day activities.
- 13.13 Equality law recognises the need to bring about equality for disabled people and suggests that this may mean changing the way in which an individual's role is structured, the removal of physical barriers and / or providing extra support for the disabled employee. This is considered the duty to make 'reasonable adjustments'. Appendix 1 provides examples of readjustments as described in the document 'NHS Employers: Guidelines on prevention and management of sickness absence'.
- 13.14 Advice must be sought from Occupational Health (usually via a referral), as to what they suggest are 'reasonable adjustments'. However, it will be the line manager's decision as to whether those adjustments are also reasonable for the service. Any adjustments made must be discussed with the individual concerned.
- 13.15 When an employee has a disability and is required to attend regular appointments (i.e. regular physiotherapy/ attending on-going treatment) the individual should advise their Line Manager in advance of the appointments. The manager should consider reasonable adjustments to accommodate the disability related requirements including variation of working hours, flexible working hours or using a combination of unpaid and annual leave or paid time off to attend appointments. HR advice should be taken as necessary.
- 13.16 Absences related to a disability will count towards triggers; however, adjustments to attendance targets should be applied as under paragraph 16.6 below, where the individual's condition can reasonably be expected to prevent the employee from meeting the 'normal' targets as set out in paragraph 16.7. Occupational Health and HR advice should be obtained before any targets are adjusted.
- 13.17 The Equality Act 2010 also introduced the concept of positive discrimination, where a disabled member of staff can be treated differently in order to ensure they remain in work. For example, an internal disabled applicant who has been displaced from their current role may be considered favourably against an able bodied candidate.

Planned Surgery

- 13.18 Where planned surgery (including non-elective cosmetic surgery) occurs, the day of the operation will be classified as a paid medical appointment and not recorded as sickness. However, the recovery time from the day following the surgery will be recorded as sickness absence, and should be counted towards and monitored under the usual triggers (see section 14 and 16.2).
- 13.19 However, elective cosmetic surgery without medical referral will not be classified as sickness absence. In these circumstances, either annual leave (or unpaid leave through mutually agreed flexibility) should be agreed with the line manager prior to any individual undergoing surgery. Where it is unclear if such surgery is elective or non-elective, Occupational Health advice must be sought.

Gender Reassignment

- 13.20 Once an employee has decided they wish to undergo gender reassignment it is essential that a support network is set up as soon as possible. The line manager will need to discuss with the individual how they wish to handle the transition including absences from work.
- 13.21 An employee is protected under the Equality Act 2010 as 'transgender' once they have proposed to change their sex or have done so. The manager shall consider reasonable adjustments to accommodate the equality related requirements including variation of working hours, flexible working hours or using a combination of unpaid and annual leave or paid time off to attend appointments.

Substance Misuse

- 13.22 Where an employee's absence is as a result of a suspected or admitted substance misuse problem please refer to the ICB's Substance Misuse Policy.

Clinical Appointments/Absence from Duty Following Contact with a Notifiable Disease

- 13.23 Please refer to the Special Leave Policy for guidance where an employee needs to attend appointments with their GP, Dentist, Optician, or at a Hospital or clinic; or where an individual's absence is as a result of contact with a Notifiable Disease.

14 RETURN TO WORK DISCUSSIONS

- 14.1 Following any episode of absence due to sickness, a return to work interview should be held with the employee. This will normally be undertaken by the line manager; however, if the nature of the absence is particularly sensitive they may request an alternative manager to undertake the return to work meeting. The line manager must be informed of the outcome of the meeting, and in all instances, the category of absence should be recorded on ESR. At the meeting, the employee should be provided with a record of all absences from work, and the Employee Absence Statement (Appendix 3) must be completed to establish the following:-
- The reason for, and cause of absence
 - Anything the manager or ICB can do to help
 - Any underlying causes of absence (e.g. personal or domestic circumstances, relations with colleagues etc.)
 - That the employee is fit to return to work
 - How the absence has affected the individual's compliance with the attendance targets and whether or not a 'trigger point' has been reached (see Section 16 below).
- 14.2 If the employee's GP has advised that they 'may be fit for work' the return to work discussion can also be used to agree how their return to work might work best in practice. In some circumstances there may be a pre return to work discussion.
- 14.3 If a 'trigger point' has been reached, the line manager should confirm that a formal attendance review meeting will be arranged in accordance with Section 16 of the policy. Regardless of whether an alternative manager has undertaken the Return to Work

meeting, the management of a formal attendance review meeting must be undertaken by the individual's line manager.

- 14.4 All return to work discussions should be held as soon as reasonably practical upon the individual's return and conducted in a sensitive and empathetic manner to encourage open discussions.

15 PHASED RETURN TO WORK

- 15.1 A phased return to work is a temporary arrangement and is a graduated return to the full duties and responsibilities of an individual's role. The ICB will support staff in facilitating a phased return to work following a prolonged period of ill-health, where Occupational Health advise that a 'phased' return is likely to aid rehabilitation and a return to normal duties. An OH referral is required in order to seek this guidance.
- 15.2 Where a phased return to work is recommended by Occupational Health, or a medical practitioner, the employee will be able to return to work on a part-time basis whilst receiving their full pay. This will be for a maximum period of 4 weeks, thereafter the employee must either substitute their annual leave for days not worked or receive payment only for the hours worked.
- 15.3 From the first date of return, the employee's sickness on ESR should be ended, both to ensure full pay is paid, and to reflect the return to work of the employee.
- 15.4 Where an employee requests a phased return to work themselves, they must take annual leave for days not worked and will receive payment only for the hours worked or agree a plan for flexible working (the manager may agree revised working hours to enable the employee to fulfil their contracted hours over a longer period of time). This will only be agreed in exceptional circumstances by their line manager, and any outstanding leave must be taken at the end of the sickness period. Where possible any outstanding holidays should be used as part of any phased return to work plan.
- 15.5 If, during the phased-return, it becomes apparent that there are doubts about the employee continuing to progress to their contractual hours and duties, Occupational Health advice should be sought and the individual should be managed under Section 17 Long Term Absence.

16 SHORT TERM ABSENCE

- 16.1 To ensure consistency with the application of Absence Management Policy, trigger points are used to monitor short term sickness and long term sickness in order to prompt a conversation between the manager and employee as outlined below. Short term absences can occur frequently and are often unrelated and due to minor illness. Long term sickness, for the purpose of this policy is any absence of or exceeding 4 weeks.
- 16.2 The following trigger points will be used to monitor attendance levels:
- 4 occasions of absence within a 12 month rolling period or
 - 12 days of absence within a rolling 12 month period (not necessarily continuous but the aggregated total in that period. Only work days must be counted for this purpose)
 - A period of noticeable trends and patterns

- 16.3 Trends or patterns may include (but are not exclusive to) absences which show a clear seasonal variation, absence at similar (or the same) points each month/year, or trends related to recurrent health conditions.
- 16.4 Where an employee reaches a trigger, this will usually be highlighted to the individual at the return to work or an absence review meeting, depending on the circumstances.
- 16.5 A formal attendance monitoring meeting will be held with the individual in all cases. In the case of a stage 1 meeting, the employee can agree with the line manager to hold the meeting immediately at the return to work meeting, but in all cases the employee must be given the opportunity to arrange for a representative to accompany them.
- 16.6 During a formal attendance review meeting, all absences within the monitoring period and any identified patterns or trends will be discussed. The purpose of the meeting will be the provision of support and assistance to overcome any short-term issues, patterns or problems identified as contributing to the level of absence.
- 16.7 Prior to a Stage Meeting, and always prior to a formal Stage 2 or 3 Meeting, advice should be sought from Occupational Health, via a referral of the employee, as to whether:-
- The employee has a long term chronic condition which may be defined as a 'disability' under the EA 2010; and if so
 - The sickness episodes which have triggered a stage meeting have been caused by the 'disability'.
 - If not, whether the episodes under consideration are linked in any way, or are separate episodes of ill health.
- 16.8 The line manager may confirm an action plan of improvement to the individual (Please see Table 2 at the bottom of this section); which must be confirmed in writing following the meeting, and will confirm the 'improvement target'. Employees have the right to appeal against any absence improvement notification issued (see paragraph 24.1).
- 16.9 Individuals with disability related absence or long term condition (See Paragraph 13.11) which is likely to recur and impact on the individual's attendance as defined under the EA 2010, will be monitored under this section of the policy. However, once a disability/long term condition is confirmed by Occupational Health, the line manager will consider relaxing the triggers and improvement targets where there has been disability related absence in the review period, as confirmed from the referral. The decision should only be made once Occupational Health and HR advice have been obtained. The revised target must be confirmed to the individual in writing, and a Stage meeting will only take place if the revised target is breached. If a Stage meeting is necessary following further absence, and a warning issued, the Improvement Target may also be revised from the target indicated in Table 2 below, for the 6 month period following the meeting. Any revisions to triggers or improvement targets will be the decision of the line manager or Chief Officer managing the Stage meeting, subject to HR advice. All revisions will be recorded and monitored by HR for consistency.
- 16.10 Throughout the process at every stage advice can be sought from HR and/or OH, and the line manager may ask to be accompanied by an HR advisor. Employees are entitled to have a staff side representative or work place colleague to accompany them to any of the formal stages of this procedure if they wish.
- 16.11 Improvement notifications will remain 'live' on the employees file from the date of the

improvement target being issued for the duration of the review period.

- 16.12 If at any stage in this procedure the employee has achieved, at the end of the review period, better attendance than that set out in the Improvement notification, their attendance record will be considered 'clear' and they will revert to the initial stages of monitoring. No further action will be taken unless the trigger points are reached again.
- 16.13 Any improvement notification previously issued will remain on the employee's personal file but will be disregarded for any further action.
- 16.14 Taking account of the guidance above, the following sequential 'absence improvement notifications' and Improvement Targets at each stage, may be applied once trigger points have been reached where no adjustments are necessary:-

Table 2

Formal Stage	Potential Sanction/ Improvement Notification	Improvement Target
Stage 1 (formal)	1 st written warning	No more than 1 occasion <u>which must not exceed 3 working days (pro-rata)</u> of absence in the next 6 month period (or no further developed patterns). At the end of 6 months, if this target has been met, the employee will revert to the normal policy targets in para. 16.3.
Stage 2 (formal)	2 nd Written warning	No more than 1 occasion <u>which must not exceed 3 working days (pro-rata)</u> of absence in the next 6 month period (or no further developed patterns). At the end of 6 months, if this target has been met, the employee will revert to the normal policy targets in para. 16.3.
Stage 3 Attendance Review Meeting (formal)	Dismissal	Alternatively to dismissal, an improvement target may be set of no more than 2 occasions of absence in the next 12 months following the Stage 3 meeting (or no further developed patterns in that timescale).

17 LONG TERM ABSENCE

- 17.1 Long term sickness is defined as a continuous period of absence of four weeks (28 calendar days) or more, often due to a single health problem e.g. an operation or a combination of health issues.
- 17.2 Long term sickness will normally count towards trigger points (with the exception of maternity related absence) and would, in all cases, instigate an absence review meeting. However, line managers may use their discretion whether or not to issue a sanction, dependant on individual circumstances. In all such cases, HR advice should be taken.
- 17.3 In order to manage Long term sickness effectively, it is essential that the employee and the line manager maintain regular contact and meet periodically during the period of absence. Such meetings may be in the workplace, but may alternatively be at the

employee's home or other mutually agreed venue. If required, an HR representative can accompany the line manager to any meeting. Employees may be accompanied by a Trade Union Representative or work colleague. All meetings should be recorded and notes or a confirmation letter sent to the employee after the meeting.

- 17.4 An Occupational Health referral must be undertaken in all Long term sickness cases. On receipt of an OH report the manager and the employee should meet and discuss any advice/recommendations set out in the report.
- 17.5 In some cases it may be necessary for the employee to be reviewed by OH at regular intervals throughout their period of absence for the manager to obtain continuing OH advice and guidance for the appropriate management of the case.
- 17.6 It is expected that the employee will return to work in their substantive role and on their normal terms and conditions of work. However, during the period of absence employees may wish to attend work but temporarily be unable to undertake their substantive role. Each employee will have different requirements so managers should ensure they are proactive and consider opportunities across the organisation e.g. office work away from a clinical area, office tasks that are not time bound in between periods of treatment. Occupational Health advice should be sought on all occasions before arrangements are finalised.
- 17.7 In certain circumstances OH will recommend a phased-return to work to aid rehabilitation after a period of absence (See section 15).
- 17.8 Should an employee fail to provide the appropriate absence notifications and/or attend absence review meetings and/or occupational health appointments the ICB's Disciplinary Policy may be invoked.
- 17.9 Where OH advice is that the employee is able to return to work there are a number of options that may be considered:-
- Employee Fit to Return - phased return
 - Fit to return to current role/duties – phased return
 - Fit to return to current role but unable to fulfil all of the duties – consider reasonable adjustments/phased return
 - Unfit to return to current role but is capable of other work – consider redeployment
 - Currently unable to return to work but assessed by OH as likely to return in the future
- 17.10 In the event that the OH advice is that the employee is unfit to return, and is unlikely to become fit to return before the individual moves into a 'no pay' position as their OHP entitlement will end, and all appropriate avenues have been explored such as reasonable adjustments to their current role and/or re-deployment, then it will be necessary to consider:-
- Retirement on Grounds of Medical Incapacity (See Section 18 below)
 - Termination of Employment (See Section 19 below)

18 ILL HEALTH RETIREMENT

- 18.1 Where the medical opinion indicates that an employee is permanently unfit for the duties

of their current role (Ill Health Retirement Tier 1), or for any form of employment whatsoever (Tier 2), the individual has the option of applying for early retirement on the grounds of ill health, in line with the provisions of the NHS Pension Scheme. This option is only available to employees who have at least two years continuous pensionable NHS employment.

- 18.2 If an application for ill-health retirement is made (by completing an AW33E form requested from Payroll via HR), this constitutes a mutual decision that the employee is unable to fulfil their contractual obligations due to their ill-health condition and therefore a termination date will be agreed between the individual and their line manager.
- 18.3 This option should be discussed with an individual in full at the appropriate time and as much information as possible will be provided to enable the employee to make an informed decision. For more information regarding this procedure please contact Human Resources.

19 TERMINATION OF EMPLOYMENT

Ongoing Medical Conditions

- 19.1 In some situations an employee may have ongoing health related problems which may impact upon their ability to perform the duties of their role. The employee may still be in work, or have long term or short term absence. This will be addressed by any or all of the following three steps:
1. **Occupational Health Referral** - Medical advice, support and guidance to help determine the best course of action for the individual
 2. **Reasonable Adjustments / redeployment** – Where the employees' health condition is classed as a disability under the provisions of the Equality Act 2010 the ICB will meet its legal obligations to make reasonable adjustments to the employee's current post or look to find suitable alternative employment for the employee.
 3. **Final Review Panel**- if the individual's substantive post is not suitable due to their ill health and the above stages have been unsuccessful in supporting the employee to resume full duties, a Final Review Hearing is the next stage (See 19.6 to 19.13 below)
- 19.2 Before any decision to terminate an employee on medical grounds the following must have been meaningfully considered:
- A return to work with or without adjustments
 - Redeployment with or without adjustments
- 19.3 Where an employee's pay reduces through redeployment because of ill-health or injury to a post at a lower Band, and they have the required membership of the NHS Pension Scheme, their membership at the higher rate of pension contributions may be protected.
- 19.4 If the decision is to dismiss the employee on the grounds of incapacity/incapability due to ill health, notice will be given in accordance with the employees' contractual entitlement.
- 19.5 The employee must be advised of their right to appeal the decision.

Dismissal On The Grounds Of Capability

- 19.6 Where all possible stages of this policy have been exhausted and there is no likelihood of the employee maintaining regular attendance at work it will be necessary to consider termination of the employees' contract on the grounds of capability/incapability due to ill-health.
- 19.7 An Attendance Review/Incapacity Review Hearing will be convened to consider and determine the employee's continued employment with the ICB.
- 19.8 The hearing panel will be convened in accordance with the Scheme of Delegation in Paragraph 6.1 of this policy, and will be chaired by a manager with the authority to dismiss, a second ICB manager, and supported by an HR Representative. The hearing will be attended by the line manager who will provide the evidence and case supporting dismissal, as well as the employee. The employee has the right to be accompanied at the hearing by a staff-side representative or by a workplace colleague.
- 19.9 Prior to this meeting the employee will receive a copy of the report, detailing the case history to date and considerations taken into account (e.g. Equality Act 2010 implications, suitable alternative employment, ill health retirement) together with all other relevant documents, made to the person authorised to dismiss.
- 19.10 During the hearing all the facts available should be given consideration including evidence that the manager has made all reasonable efforts to assist the employees' return to work or improve their attendance.
- 19.11 In all circumstances all reasonable efforts must be made to obtain the appropriate medical advice via the Occupational Health Service.
- 19.12 After hearing representations from the employee's line manager and the employee and/or their representative a decision will be taken with regard to the employee's continued employment with the ICB.
- 19.13 Following the meeting the employee will be given a letter confirming the reason for dismissal, the date of dismissal, their right to appeal, details of any payment of contractual notice and any other outstanding payments to which they are entitled e.g. annual leave.

20 NHS INJURY ALLOWANCE

- 20.1 Employees on sick leave, and receiving either reduced pay or no pay, as a result of an injury or illness that is wholly or mainly attributable to their NHS employment will be eligible to apply for NHS Injury Allowance. Applications should be made by the employee to their line manager who will make the decision on whether payment should be made, in conjunction with a HR representative. Further guidance may be sought from OHS or NHS Pensions.
- 20.2 Employees do not need to be members of the NHS Pension Scheme to apply for NHS Injury Allowance.
- 20.3 NHS Injury Allowance will stop when the individual returns to work or leaves their employment.

21 EMAIL MANAGEMENT DURING ABSENCE

- 21.1 Line managers should consider that if an NHSmail account password is not changed within 90 days the account will be disabled, after a further 90 days the account is deleted. Therefore email accounts for staff on long-term absence need to be managed to ensure they are not deleted as part of this automated inactive account deletion process. The line manager should contact IT prior to the first 90 to ask them to ensure the email account is not disabled.

22 DATA PROTECTION

- 22.1 In applying this policy, the ICB will have due regard for the Data Protection Act 2018 and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected, and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues”.

23 EQUALITY STATEMENT

- 23.1 In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

24 MONITORING

- 24.1 The policy and procedure will be reviewed periodically by Human Resources in conjunction with ICB Governing Body. Where review is necessary due to legislative change, this will happen immediately.

25 APPEALS

- 25.1 Employees may appeal against any decision made under this procedure by writing to the appropriate Manager, giving the reasons for appeal, within 10 working days of any action being taken.
- 25.2 Where there is an appeal against a dismissal, employees should address their appeal to the Chief Officer who confirmed the decision to dismiss, outlining the reason for the appeal with 10 days of receipt of the letter.

Appendix 1: NHS Employers: Guidelines on prevention and management of sickness absence

<http://www.nhsemployers.org/tchandbook/part-3-terms-and-conditions-of-service/section-14-sickness-absence-for-england-and-wales>

Reasonable adjustment

Discrimination against a disabled person occurs where an employer fails to comply with a duty to make reasonable adjustments imposed on them in relation to that disabled person. The duty to make reasonable adjustments is a cornerstone of the Equality Act and requires employers to take positive steps to ensure that disabled people can access and progress in employment. What is considered reasonable will depend on:

- whether taking any particular steps would be effective in preventing substantial disadvantage
- the practicability of the step
- the type and size of the employer
- the financial and other costs of making the adjustment, compared to the extent of the employer's resources and disruption caused
- the availability to the employer of financial or other assistance (such as advice through Access to Work¹⁴) to help make the adjustment.

Sickness absence policies and the Equality Act

These policies should not be discriminatory in design. The EHRC says that: "It will often be appropriate to manage disability absence, pregnancy and gender reassignment-related absences differently from other types of absence", and that "recording the reasons for absence should assist that process". It also advises that although "employers are not automatically obliged to disregard all disability-related sickness absences, they must disregard some or all of the absences by way of an adjustment if this is reasonable", and that "if an employer takes action against a disabled worker for disability-related sickness absence, this may amount to discrimination arising from disability".¹⁷

Examples of reasonable adjustments include:

- adjustments to premises
- allocating some of the disabled person's duties to another worker
- transferring the disabled worker to fill an existing vacancy
- altering the disabled worker's hours of work or training
- assigning the disabled worker to a different place of work or training or arranging working from home
- allowing the disabled worker to be absent during working or training hours for rehabilitation, assessment or treatment
- acquiring or modifying equipment

- allowing a period of disability leave
- modifying capability/sickness absence or grievance procedures for a disabled worker
- adjusting redundancy selection criteria for a disabled worker.

Just because an employer has taken one step does not mean they don't have to consider other steps, and it will often be necessary to consider a combination of steps.

Appendix 2: Guidance Notes for Conducting the Return to Work Interview

For every period of absence, a return to work interview should be conducted. The meeting is to enable the member of staff to share concerns about their illness and general state of health in relation to their job. It is essential in monitoring absence accurately and in reinforcing the message that the ICB cares about members of staff and their sickness absence. The degree of formality and length of the interview will depend on the circumstances.

If the member of staff is rarely on sick leave the meeting will be brief, however, should the member of staff be returning to work after a succession of frequent intermittent absences or after a long term absence, the interview should be much more structured.

The purpose of the return to work interview is to:-

See how the member of staff is
Establish the cause of absence

Where appropriate, discuss any further action

Should the Statement of Fitness to Work' state that the member of staff is fit for work taking into account certain advice, this should be discussed and reviewed with the member of staff and it may be necessary for a referral to Occupational Health for an opinion on the advice provided by the NHS Doctor, in which case consult your HR Adviser.

However you should be prepared to discuss any suggestions made by the GP and whether or not they are feasible or can be accommodated for the work that is undertaken.

If the member of staff's absence does not exceed the trigger points, then the interview can be terminated and signed off at the bottom of Page 2.

The questions to be asked on Page 2 are for guidance only and do not have to be asked in the exact format as they are written, however it is important that the questions in some format are asked and a response received.

Wellness Assessment and Action Plan

For Employees and Managers



This document has been designed to incorporate guidance from the Health and Safety Executive (HSE) on the six areas of work design which can affect stress levels and research carried out by Mary Ellen Copeland PhD (Founder of Copeland Center for Wellness and Recovery) on managing your own mental wellbeing.

The HSE have identified six work areas that if not properly managed can cause ill health in the workplace. These areas are:

1. **Demands** – Working environment, amount of work, job design and demands.
2. **Control** – The amount of input people have into the work they carry out.
3. **Support** – Policies in place to support employees, how and when feedback is given, and what additional support is available.
4. **Relationships** – How the organisation and individuals promote positive behaviours at work.
5. **Role** – Understanding of role and responsibilities.
6. **Change** – How the organisation manages change to support employees through the process

PART 1 - Carrying out a stress risk assessment

The risk assessment form part of a supportive process to assist managers and employees to identify hazards, explore why an employee may be affected, evaluate risks and frequency, record findings and proposed actions. Support is available through your Trade Union representative, HR Advisor and Occupational Health especially where there may be a medical reason for an increased likelihood of stress.

Section 1 - Employees are invited to use this form to help identify and manage the feelings of stress impacting on their mental health and discuss the areas address the concerns, although these are not exhaustive.

Section 2 – Where the employee has indicated there are concerns, a discussion should take place with the employee and manager recording the concerns raised and where possible a SMART action plan agreed.

PART 2 – As appropriate, carrying out a personal health and wellbeing assessment

The personal health and wellbeing assessment can help employees to actively support their own mental health, by reflecting on the causes of stress and poor mental health, and by taking ownership of practical steps to help address these triggers. The process can also help managers to engage in dialogue with employees, understand their needs and experiences and ultimately better support their mental health. The assessment helps to develop an awareness of our working style, stress triggers and responses, and enables the employee to communicate these to their manager. The information in this form will be held confidentially and regularly reviewed by you and your manager together.

Employees only need to provide information that you are comfortable sharing and that relates to your role and workplace.

This form helps the employee and manager to agree, together, how to practically provide support in the role and address any health needs and tailor solutions to support the employee in the workplace.

The action plan should cover:

- Actions and behaviours that support the employee's mental wellbeing
- What are the things they need to do to maintain good health and wellbeing
- Symptoms, early warning signs and triggers for poor mental health or stress
- Coping strategies employees already use and what makes these effective
- How employees have previously managed to work through challenging situations
- Potential impact of poor mental health or a mental health problem on their performance
- What support the employee needs from their line manager and wider team
- What is the employee like when they are feeling well and excelling at work
- Positive steps for the individual to take if they are experiencing stress or poor mental health
- An agreed time to review the support measures to see if they're working

PART 1 - Carrying out a Stress Risk Assessment

Section 1 – Employee Assessment

Employee's Name/Signature: _____ Date assessment carried out: _____

Demands and work environment - This covers issues such as workload, work patterns and the work environment.

Questions

No

Maybe

Yes

D1. Do you feel you have the right amount of work to do?

D2. Is your work boring, monotonous or unchallenging?

D3. Are you subject to work demands from different groups that are hard to combine?

D4. Do you have to neglect tasks, as you have too much to do?

D5. Do you feel under time pressures?

D6. Do you have to work fast in order to complete your work?

D7. Do you take the breaks you are entitled to at work?

D8. Do you have to work long hours to complete your work?

D9. Are there any problems with your work environment?

D10. Do you require any additional training to undertake your role?

Control- This section looks at how much say you have in the way you do your work

Questions	No	Maybe	Yes
C1. Do you have any say in how you plan your and undertake your work/day to day duties?			
C2. Are you included in decision-making in the team?			
C3. Can you set your own work speed?			
C4. Could you use your skills to greater effect at work?			
Support - This covers how encouraged you feel by your manager, colleagues and the CSU			
Questions	No	Maybe	Yes
S1. Does your line manager support you to do your job?			
S2. If your work gets difficult, are your colleagues and/or manager able to help and support you to do your job?			
S3. Do you feel supported in using your skills?			
S4. Are there any parts of your job that you find especially difficult?			
S5. Do you feel you have a healthy work-life balance?			
Relationships - This covers how strong and positive working relationships ensure effective communication			
Questions	No	Maybe	Yes
RE1. Is your team good at communicating?			
RE2. Are you subject to personal harassment in the form of unkind words or behaviour?			
RE3. Are relationships strained?			
RE4. Is there friction and anger between colleagues?			

RE5. Are you experiencing bullying or harassment at work?			
- This covers whether your role is clear and that you do not have conflicting duties			
Questions	No	Maybe	Yes
RO1. Are you clear about your roles and responsibilities at work?			
RO2. Do you feel that there is any ambiguity or confusion (role conflict) in your job?			
RO3. Do you know the goals and objectives of your department?			
RO4. Do you know how to go about getting your job done?			
<u>Change</u> - This relates to how organisational change is managed and communicated			
Questions	No	Maybe	Yes
CH1. Are you consulted/updated about changes at work that affect you?			
CH2. Are you clear about how changes will affect you in practice?			
CH3. Is there adequate consultation about workplace issues and changes?			
<u>Other</u> - This relates to any other issue that is causing concern. Please list			
Questions	No	Maybe	Yes
Q1. Are there any other issues/stressors that need to be considered e.g. domestic issues?			
Q2.			
Q3.			
Q4.			

Section 2 Employee / Manager - Discussion and action plan

Date assessment carried out: _____

Employees Name: _____ Managers Name: _____

DEMANDS

POSSIBLE ACTIONS:

- Offer support in prioritizing tasks and cut out unnecessary work and bureaucracy
- Try to give warning of urgent jobs
- Assist in the scheduling of work to ensure adequate and appropriate resources
- Ensure job demands are matched in terms of quantity, complexity and intensity to employees skills and abilities
- Meet regularly to review workloads
- Avoid encouraging employees to work long hours, take work home with them
- Take regular planned periods of annual leave
- Rotate boring or repetitive jobs where practical and increase variety of tasks e.g. through projects or support to other colleagues
- Provide training as required
- Ensure performance management and learning plans are implemented
- Ensure any changes to roles are supported by the relevant training
- Undertake health and safety risk assessments, risk assessments / refer to occupational health as necessary
- Consider how to improve the work environment

	The issue discussed	SMART Actions	Action/ Person responsible	Review Date
D1				
D2				
D3				
D4				
D5				
D6				
D7				
D8				
D9				
D10				

CONTROL**POSSIBLE ACTIONS:**

- Allow autonomy within the role, where practical
- Encourage delegation and empowerment of others
- Encourage employee and team training to support delegation

	The issue discussed	SMART Actions	Action/ Person responsible	Review Date
C1				
C2				
C3				
C4				

SUPPORT

- Explain how to raise concerns and call on support
- Explain the role of a mentor
- Encourage enhance team working and support
- Be approachable and receptive to feedback

	The issue discussed	SMART Actions	Action/ Person responsible	Review Date
S1				
S2				
S3				
S4				
S5				

RELATIONSHIPS

- Encourage team working
- Encourage team members to give open and honest feedback to each other
- Demonstrate and encourage appreciation of others and difference
- Promote an atmosphere of mutual respect.
- Ensure all employees are aware that inappropriate behaviour at work will not be tolerated
- Relate to HR policy
- Seek support from HR

	The issue discussed	SMART Actions	Action/ Person responsible	Review Date
RE1				
RE2				
RE3				
RE4				
RE5				

ROLE**POSSIBLE ACTIONS:-**

- Agree duties and responsibilities, ensuring excessive or unreasonable demands are not made
- Clarify goals and objectives for the employee and their department, ensuring no ambiguity
- Provide regular and clear feedback on performance

	The issue discussed	SMART Actions	Action/ Person responsible	Review Date
RO1				
RO2				
RO3				
RO4				

CHANGE**POSSIBLE ACTIONS:**

- Ensure clear and appropriate communication on proposed changes
- Ensure employees understands the reason for change and the likely timescales
- Ensure adequate consultation, whenever possible, and provide opportunists for comment and input
- Give support to employees during the change process.

	The issue discussed	SMART Actions	Action/ Person responsible	Review Date
CH1				
CH2				
CH3				

OTHER**POSSIBLE ACTIONS:**

- Support employees where possible
- Advise the employee of the benefits of the Employee Assistance Programme (EAP)

	The issue discussed	SMART Actions	Action/ Person responsible	Review Date
O1				
O2				
O3				
O4				

PART 2 – Mental Wellness Assessment

Date assessment carried out: _____

Review date: _____

Employees Name/Signature: _____

Managers Name/Signature: _____

Personal Health and Wellbeing - This covers personal stressors and how these are currently managed with at work	SMART ACTIONS / Lead person and review dates.
<p>What helps you to stay mentally healthy at work? (e.g taking breaks, being involved in a team, office environment)</p>	
<p>Are there situations at work that can trigger poor mental health for you? (e.g lone working, organisational change, tight deadlines)</p>	
<p>What can your manager do to help you to stay mentally healthy at work? (e.g 1:1's, flexible working, regular feedback)</p>	
<p>How might stress/poor mental health impact of your work? (e.g difficulty concentrating, hard to prioritise, headaches/migraines)</p>	
<p>Are there any early warning signs that we may be aware of when you are experiencing poor mental health?</p>	

<p>(e.g withdrawal from the team, changes to routine)</p>	
<p>What support could we put in place to help support you to manage your symptoms or minimise triggers?</p> <p>(e.g guidance of prioritising workload, extra 1:1 support, mentor)</p>	
<p>If we notice early warning signs that you are feeling stresses or unwell what should we do?</p> <p>(e.g talk to me discreetly, contacting a nominated person)</p>	
<p>What steps can you take if you start to feel unwell at work?</p> <p>(e.g. breaks away from your desk, asking for support, coping mechanisms used outside of work)</p>	

Equality Impact Assessment

Directorate Team Name of lead person

Piece of work being assessed

Aims of this piece of work

Date of EIA Other partners/stakeholders involved

Who will be affected by this piece of work?

Single Equality Scheme Strand	Baseline data and research on the population that this piece of work will affect. What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. Include consultation with service users wherever possible	Is there likely to be a differential impact? Yes, no, unknown
Gender		No
Race		No
Disability		No
Religion/ belief		No
Sexual orientation		No
Age		No
Social deprivation		No
Carers		No
Human rights		No

No anticipated detrimental impact on any equality group. The policy adheres to both statutory entitlements and AFC terms and conditions. It makes all reasonable provision to ensure equity of access to all staff. It is acknowledged that the greater percentage of employees are female and therefore this staff group may inevitably be more impacted upon by the policy. However, there are no statements, conditions or requirements that disadvantage any particular group of people with a protected characteristic.