

Attendance Management Policy and Procedure

Version 18

Document Summary

The purpose of this document is to provide guidance to employees and managers on Attendance management regarding and to give information to staff and managers on the application of the Attendance Management Process

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Important Note:

The Intranet version of this document is the only version that is maintained.

Any printed copies should therefore be viewed as “uncontrolled” and, as such, may not necessarily contain the latest updates and amendments.

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1 SCOPE

The aim of this policy is to both engender and support a culture of 100% attendance amongst staff within the Trust and to lay down the support and action that will be taken where an individual's level of attendance falls significantly short of that which is required in this regard.

This policy applies to all employees of the Trust (including those of the Lead Employer), from here on in known as staff.

2 INTRODUCTION

The Trust is committed to creating a culture in which equality and human rights are actively promoted and in which everyone is valued as an individual. Recognising the importance of this positive approach will enable the organisation to operate effectively, provide support to employees and ensure that all staff are treated in a fair and consistent way. The Trust expects 100% attendance and that its management and staff will strive to achieve this objective. The Trust is committed to providing a healthy working environment to support this.

This policy does not deal with misconduct issues which are dealt with under the Trust's [Disciplinary Policy and Procedure \(Ref 4\)](#) or work related capability issues which are non attendance management related which are dealt with under the Trust's [Capability Policy and Procedure \(Ref 3\)](#).

Sick pay entitlement is in accordance with Section 14 of the NHS Terms and Conditions Handbook (Non-medical staff). Schedule 18 paragraph 18 to 24 Terms and Conditions of Service – Consultants (2003). Paragraph 225 – 244 Hospital, Medical & Dental Staff, Doctors in Public Health & Community Health Services (England & Wales) Terms and Conditions of Service. Schedule 17 paragraph 16 to 33, Terms and Conditions of Service for Associate Specialist (2008) and Terms and Conditions of Service for Speciality Doctors (2008).

This policy should be read in conjunction with the Attendance Management Policy - Managers Toolkit.

3 STATEMENT OF INTENT

This policy lays down how the Trust will encourage and support high levels of attendance amongst its staff while prescribing the action to be taken when levels of performance drop below that which is required. This policy covers:

- ✓ The responsibilities of those involved in the attendance processes
- ✓ The management of short term sickness absence where there is no significant underlying medical cause. The meetings with employees are set out as stages in the process.
- ✓ The management of short or intermittent sickness absence where there is a significant underlying medical cause. The meetings with employees are set out in levels of the process to distinguish them from the meetings above.
- ✓ The management of long term sickness absence

All employees and managers within the Trust are required to adhere to all these elements of the policy as this policy is applicable to all staff including medical and dental.

4 DEFINITIONS

Statutory Sick Pay (SSP) – employees are entitled to Statutory Sick Pay (SSP) if they are on sick absence for at least four days in a row (including weekends and bank holidays and rest days) and have average weekly earnings of at least £102 a week. It is paid by the employer and can be paid for up to 28 weeks.

Statement of Fitness to Work ('Fit Note') – this is normally provided by the employee's medical practitioner (e.g. G.P.) as evidence of why they cannot work due to an illness or injury after the 7th day of sickness. This is advice to the patient and therefore is not binding on the employer. The employee's doctor can also advise that they 'may be fit for work' (NB not 'fit for work') or provide information on functional effects of the condition and/or any treatment planned and possible ways to aid a return to work. The Statement can be issued for no longer than 3 months at a time.

Right to be accompanied – employees have a statutory right to be accompanied where they are required or invited by their employer to attend certain disciplinary or grievance meetings (including formal meetings under this policy and procedure). The chosen companion may be a fellow worker, a trade union representative, or an official employed by a trade union. The companion should be allowed to address the hearing to put and sum up the worker's case, respond on behalf of the worker to any views expressed at the meeting and confer with the worker during the hearing. The companion does not, however, have the right to answer questions on the worker's behalf, address the hearing if the worker does not wish it or prevent the employer from explaining their case.

Electronic Staff Record (ESR) – the Trust's combined electronic HR and Payroll system which includes each employee's sickness absence record since 2006.

5 DUTIES ACCOUNTABILITIES AND RESPONSIBILITIES

5.1 The Chief Executive

The ultimate responsibility in the area of performance and legislative adherence lies with the Chief Executive.

5.2 Board of Directors

The Board of Directors are responsible for ensuring that the policy is being adhered to both collectively and by the management and staff in their area of responsibility. The Director of Human Resources has Board level responsibility for ensuring that this policy applies to all levels within the organisation and that the policy is followed fairly and consistently. In addition they must ensure that the requisite training and development is provided for managers, that staff with genuine long term health issues are supported as much as is reasonable and practical and that shortfalls in attendance are addressed in a rigorous but fair,

equitable and reasonable manner. The monitoring of the impact of the policy will be delegated to the HR Council and the auditing to the HR management team however the HR Director and HR Council will highlight any areas of significant shortfall identified to the Governance Board (a sub committee of the Board).

5.3 Director of Human Resources

The Director of Human Resources has a responsibility to ensure all legislation in this area is adhered to at all times. Specific responsibility for areas such as auditing and monitoring may be delegated by the Director of HR to particular individuals within the function but the final responsibility remains with the Director. The senior management team in HR are responsible for escalating any areas of concern following monitoring to the HR Director who, where necessary, will highlight to the Board.

5.4 Managers (this includes those Medical Staff responsible for the management of absence for the Medical workforce and Doctors in Training).

Managers and Supervisors must:

- ✓ Strive to ensure that the Trust meets and improves upon its sickness absence targets by taking the appropriate action within this policy. All managers are expected to ensure that their absence targets are met. Short term sickness absence (less than 28 calendar days) should be no more than 1.5%. NB Managers can monitor staff attendance by periodically running a report through ESR management Self Service or where appropriate by requesting assistance from the HR Department
- ✓ Take direct responsibility for managing sickness absence and are key to the successful operation of this Policy. To ensure that this is done in a consistent and equitable way they must follow the Attendance Management Policy – Managers toolkit which has been produced to guide line managers on the application of this policy.
- ✓ Ensure that all employees in their area/areas are familiar with this policy and the absence reporting procedure and that these are explained to all new employees as part of their local induction.
- ✓ Maintain accurate record keeping for absence management.
- ✓ Retain any employee medical fit notes and Trust self-certificates on the employee's personal file (and no longer need to send these to the Payroll Department).
- ✓ Understand that repeated failure to implement the policy and undertake return to work interviews may result in disciplinary action being taken against the manager.
- ✓ Perform risk assessments where appropriate to support the wellbeing of their staff and facilitating the employee's timely and safe return to work. Actions taken from completion of risk assessments will be in keeping with service needs to ensure service delivery.

For the purposes of this policy the term 'manager' will be applied to whoever is designated as such for the purposes of this policy in each department. This will

be made clear to both the designated individuals and employees in each department. For the Medical & Dental Workforce please refer to the Appendices for the scheme of delegation and line manager structure (Appendices 5 - 9).

5.5 Staff

Employees of the Trust are expected to meet the obligations of their contract of employment regarding attendance at work and compliance with Trust policies and procedures. Employees should also understand the impact of their non-attendance on their colleagues and on service delivery.

In line with this employees must:

- Take reasonable steps to maintain a good standard of general health and comply with the Trust [Health and Safety Policy \(Ref 7\)](#), in order to minimise absence from work. This includes informing their Line Manager of any situations that could lead to sickness absence so that proactive advice and assistance may be offered.
- Maintain contact with their line manager, be available for discussions and must attend Health, Work & Well Being appointments during any period of absence when referred. For their own benefit and that of the Trust, employees must endeavour to make themselves available to attend such meetings. Therefore failure to attend a pre arranged meeting with their line manager, a Health, Work & Well Being Advisor or HR without any notification or without a good reason will result in sick pay being withdrawn. In such circumstances sick pay will only be reinstated at the discretion of a HR Manager. Such a reinstatement will only be backdated to the date of withdrawal if reasons satisfactory to the Trust (both for non attendance and if applicable non notification) are provided. In other cases sick pay will be reinstated once the requirement to attend a revised appointment date is adhered to but in the case of multiple non attendance pay other than SSP will be stopped until the employee returns to work.
- Provide accurate and timely information and certification for the purpose of medical assessment and fitness to work.
- Recognise that they don't have to be fully fit or well to attend work as often minor ailments can be worked through and in many cases work is a good therapy for recovery.
- Only report sickness absence for genuine personal sickness and not for any other reason. The Trust has policies for other types of leave including special leave and carer's leave and these must be used where appropriate and agreed by the line manager. Inappropriate reporting of sickness may result in disciplinary action being taken
- Employees should be aware that if off sick, and their right to claim statutory sick pay ends, they will be contacted by Payroll to advise of this and apply to the Government for further payments. To do this, employees will need to ensure they have copies of their fit notes from their managers

5.6 Human Resources Staff and Management

The Absence Support Team within the HR Department consists of an Administrator and Assistant who provide support to managers in line the Trust's Attendance Management Policy.

HR Business Partners and HR Advisors must:

- Ensure that managers are provided with appropriate advice and guidance on this policy, including training and coaching as required.
- Provide support and advise line managers on particular absence issues and non compliance of this policy as necessary.
- Be present in an advisory capacity at all formal meetings from Stage 2/Level 2 onwards and at all (except the first) welfare meetings.
- Take responsibility for the monitoring of both overall sickness rates including any trends that may be identified and individual cases with the objective of minimising lost time due to sickness absence.
- Provide regular reports to line managers to highlight absence rates and performance indicators.
- In long term sickness cases ensure the notification of half and no pay sickness entitlements are sent to employees.
- Conduct absence reviews with managers to assist them in achieving their absence targets.
- Review the workings of this policy when shortfalls are identified in the reviews of the KPIs.

5.7 HEALTH, WORK AND WELLBEING SERVICE

The Health, Work & Wellbeing Service will:

- Provide support to both employees (including by self referral) and their Line Managers by offering professional advice in managing not only both short and long term sickness but also in assisting employees and line managers to prevent potential sickness absence and in returning the employee to work as soon as practical following sickness absence.
- The HWWB Service will provide a confidential report to management including an anticipated return to work date to the employee, the line manager and HR Advisor where possible. If the employee wishes to see the report before it is sent to management then they will be given 5 days to respond on any factual inaccuracies before the report is sent to the line manager and HR Advisor (unless the employee withdraws consent).
- Advise managers on whether an employee's medical condition is likely to be covered by the disability legislation under the [Equality Act \(Ref 1\)](#) (see 6.9 regarding short term absence and 6.14 and 6.15 regarding long term absence).
- HWWB Department are not responsible for reporting under RIDDOR [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) \(Ref 2\)](#) but will advise on this where possible.
- Advise managers on whether employee's medical condition is a disability under the [Equality Act \(Ref 1\)](#) (see 6.9 regarding short term absence and 6.14 and 6.15 regarding long term absence).
- Advise the line manager and HR of any non-attendance at a pre-arranged consultation and of any reasons given.

5.8 Trade Union Representatives or Work Based Colleagues

The Trust recognises that employees may wish to seek advice and be represented by their trade union, professional body or a work based colleague. All staff have the right to be accompanied at all formal meetings by an accredited trade union representative or a workplace colleague. Where reference is made in the procedure to an accredited trade union representative this should also be taken to mean full-time official as appropriate. The trade union representatives must therefore:

- Familiarise themselves with this policy and procedure.
- Advise members in accordance with this policy and procedure.
- If necessary, assist an employee in preparing a response to any attendance concern if required, providing a clear explanation of their standpoint with supporting evidence wherever possible.
- Agree a reasonable amount of time off to fulfil their responsibility of employee representation.

5.9 Non-Clinical Risk Management Team

- Is responsible for ensuring any instances of occupational ill-health are reported to the Health and Safety Executive under the [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) \(Ref 2\)](#).

5.10 HR Council

The HR Council are responsible for monitoring the impact of the policy including any resulting equality issues on behalf of the Board. Any issues of significant concern must be escalated up to the Board.

6 MAIN POLICY INFORMATION – PROCESS AND PROCEDURE

6.1 Notification and Reporting Procedures

Failure to report sickness absence in line with Trust procedures may lead to absence being recorded as unauthorised, sick pay being withheld and disciplinary action being taken. Line Managers must ensure that all staff are aware of and comply with the following procedures detailed below.

6.1.1 Absences of up to Seven Calendar Days Duration

For absences of up to seven calendar days duration the following will apply:

- The employee will personally ring / report the sickness to their line managers (or nominated person) on or prior to the first full day of absence and before the shift is due to start (or within the first hour if this is not practically possible). Calls from other people, texts and emails are unacceptable except in very exceptional circumstances.
- Within this initial call the employee will provide details of the reason for absence and likely return date. Additionally the following should be confirmed:
 - Discuss any outstanding work issues and related action plan, if appropriate.
 - If appropriate, manager to assess as to whether the absence is 'RIDDOR reportable'.

- The employee will ring the line managers or nominated person, daily, unless agreed otherwise until their return to work (Medical Workforce only – if the illness is of a personal or confidential nature then they can contact the HR Director, Medical Director or Head of Work and Wellbeing as an alternative).
- If an employee has not contacted their line managers on their first day of absence to state that they are going to be absent from duty, the line managers must ring the employee one hour into the shift. Line managers must maintain accurate personal contact details of their staff to ensure they have this capability.
- The employee must advise their line managers of their fitness to return to work at the earliest opportunity. If this is immediately prior to a weekend, annual leave, days off or any other agreed leave, the employee's return will be immediately after this time. The employee must advise their line managers prior to the weekend or agreed leave; if not, these days will be included as sickness absence.
- Failure to adhere to the sickness absence reporting procedures without good reason will result in sick pay being withdrawn and disciplinary action being taken.
- If the sickness absence is likely to continue over seven calendar days, advise the line managers on or before the seventh day. If this falls at a weekend, call on or before the Friday morning prior to the weekend.
- On return to work the employee is responsible for completing and submitting a self-certificate which can be obtained from the HR section of the Trust intranet or their line manager. They must sign the declaration on the form (see 6.2) and the details of the return to work interview should be entered on the second page of the self-certification form by the line manager. In every case a copy of page 1 together with the second page containing the return to work interview details should be retained on the employee's personal file. The manager must also enter the date of return to work interview on ESR.
- Any absence not covered by a self-certification certificate or any failure to maintain contact, will, except in exceptional circumstances, result in salary payments being withheld or delayed and/ or disciplinary action being taken. This deduction will be backdated if payment has been made and it subsequently transpires that these procedures have not been followed. However before processing any documentation for salary withdrawal the line manager will enquire to ensure that the self-certification certificate has not been lost in the post.
- Employees whose sickness includes a Saturday, Sunday or bank holiday or other rest days will automatically be regarded as being sick on these days unless they have advised their line manager of their fitness and/ or resumed to work (this is regardless of whether they are scheduled to work on these days.)

6.1.2 Absences of over Seven Calendar Days Duration

For absences of over seven calendar days duration the following will apply:

- If sickness absence continues beyond seven calendar days (includes weekend days) to cover the first seven days of absence, the line manager will send a self-certification certificate (page one only) to the employee for completion and return. On its return, the completed form should be retained on the employee's personal file. Page 2 should not be sent to the employee or completed (see below).
- The employee must produce a Statement of Fitness for Work ('Fit Note') from their General Practitioner to cover the period following the first seven days of absence. This must be submitted as soon as possible following receipt (no later than 72 hours following the eighth day of absence).
- Where a Fit Note is extended, the employee must notify their Line Manager of the details prior to their previously expected date of return. Subsequent Fit Note certificates must be submitted within 24 hours of expiry of the previous Fit Note.
- Any absence not covered initially by self-certification and subsequently by a Fit Note or any failure to maintain contact, will except in exceptional circumstances result, in salary payments being withheld or delayed and/or disciplinary action being taken. This deduction will be backdated if payment has been made and it subsequently transpires that these procedures have not been followed.
- On return to work after more than seven calendar day's sickness absence, a second self-certificate must be completed in order that they may sign the declaration on the form (see 6.2) and the details of the return to work interview can be entered on the second page of the form by the line manager. Both pages of the form including the second page containing the return to work interview details should be retained on the employee's personal file. The manager must also enter the date of return to work interview on ESR.

6.2 Returning to Work

Employees wishing to return to work prior to the expiry of their Fit Note may be asked produce a further medical evidence to support this if their line manager believes this is necessary following consultation with the Health, Work & Wellbeing Service.

When an employee completes the self-certification certificate on return to work after a period of absence, they are required to declare whether or not they have undertaken any work, paid or unpaid, during their absence. Managers must ensure that this form is fully completed and signed on every occasion when an employee returns to work after absence and a return to work interview conducted. Failure to do so could result in disciplinary action being taken against both the employee and the manager. NB By entering the date of the return to work interview on ESR the manager is not only indicating that the interview has been completed but also that the employee has signed the declaration.

Where the employee has signed to the effect that they have worked during their sickness absence or they have evidence that the form has been deliberately falsely completed, the manager should obtain details and refer the matter to HR

for consideration. The HR Manager must consider whether to refer the matter to the Trust's Local Counter Fraud Specialist. NB. To avoid any misunderstanding, employees are advised to seek advice from HR before undertaking any work, whether paid or unpaid, during sickness absence.

6.3 Medical Suspension

There will be situations during which an employee will be unable to work within their substantive role due to the risk of infection. Each case will be reviewed by the Health, Work & Well Being Service and Infection Control Department and a case conference discussion will take place with the Manager and HR Manager to agree the appropriate approach. The Trust has guidance for both managers and staff to follow in this circumstance.

Temporary redeployment may be found for employees suspended on the grounds of the spread of infection and pay will be as per contract of employment. Should this not be practical the employee should be put on medical suspension on a strictly temporary basis until they are no longer a risk.

Suspension may also be appropriate when concerns are raised regarding an employee's health at work and there is a delay before they can attend an appointment with the Health, Work & Wellbeing Service.

Should any medical suspension last beyond 4 weeks duration, the employee's case should be handled under the Procedure for Long Term Absence (sections 6.10 – 6.18).

NB For the medical workforce please refer to the [Handling Concerns about the Conduct, Performance or Health of Medical Staff Policy \(Ref 5\)](#) and relevant policies for Doctors in Training, for the lead Employer workforce.

6.4 Sickness and Annual Leave

- When long term sickness absence bridges two annual leave years, staff are able to carry over an amount to ensure they have had the statutory amount of annual leave in a leave year. Bank Holidays falling during sick leave cannot be taken at a later stage.
- Where sickness occurs during periods of annual leave, the employee must personally contact their Line Manager on the first day of sickness to advise them of this and follow the Attendance Management Policy. Providing that the line manager is notified and the full absence is covered by a Statement of Fitness to Work (Fit note) the manager should give approval for the leave to be taken at a future date, subject to the demands of the service. If the staff member fails to follow the Policy then annual leave will remain and cannot be re- claimed later
- If an employee is sick immediately prior to pre-booked annual leave the employee must contact their manager to confirm that they are able to take their leave/holiday. This leave will be deducted from their annual entitlement as per

the Annual Leave Policy. Following any such period of leave, should the employee remain medically unable to return to work, this will be recorded as sickness absence but will be considered one episode of absence.

- Alternatively, the employee must inform their manager if they are still absent due to sickness and will not be taking their annual leave/pre-booked holiday and remaining absent from work and contactable for any meetings. They must cancel their annual leave/pre-booked holiday and provide a medical certificate which confirms their inability to take their pre-booked leave due to ill health and provide a confirmation notification which confirms the cancellation of a pre-booked holiday. If a medical certificate or confirmation notification is not provided it will be assumed that they have taken their leave as previously booked and authorised. This leave will be deducted from their annual entitlement in accordance with the Annual Leave Policy.
- A staff member would not be expected to go on holiday whilst on sick leave unless this is a part of recuperation recommended by a medical practitioner to aid their recovery. If this is the case the manager should be made aware in advance by the employee of the holiday being taken and prior to the holiday provide a statement/letter from the medical practitioner confirming this holiday will aid their recovery.
- Should activities whilst absent from work due to sickness be inconsistent with the employees stated reasons for absence, or something that worsens their illness or prolongs their absence, the Trust reserves the right to withhold occupational sick pay, and in some cases this may result in disciplinary action.
- If an individual has a 'Fit' Note specifying that a return to work could occur if certain adjustments can be made to their role, though the Trust confirms it is not possible to accommodate these, then, in such a situation when annual leave is taken this would be recorded as sickness absence. However, if the adjustments suggested can be accommodated by the Trust and the individual goes on annual leave then this would be recorded as annual leave.
- Also please refer to the Trust's Annual Leave Policy regarding taking annual leave during a period of sick leave.

6.5 Accidents and Damages

If an employee is absent as a result of a non work related accident and receives damages from a third party they will not be entitled to occupational sick pay. In such circumstances if sick pay has been received and damages are received the employee will be expected to return this net pay to the Trust.

Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession, or where contributable negligence is proved unless the employing authority agree otherwise

Notification procedures and payment of sick pay when injuries are connected with other insured employment will be for local determination

6.6 Additional Points

Where an employee reports for work and following more than half a shift falls sick which results in the need to be sent home, the employee's manager will record this on ESR as authorised leave (paid part day, under the employee's special increasing balance on ESR) and this period of absence may be considered as part of section 6.9 Procedure for Short Term Absence with No Underlying Medical Reason. This ensures a record of all such occasions to identify any patterns of absence, or misuse of the policy. Where an employee is sent home before completing half a shift this will be classed as sickness and will be recorded (for payroll purposes SSP has to be full day).

Unless for a genuine medical reason as confirmed in a medical report, any absence taken for the purposes of cosmetic surgery can not be taken as time off as sickness absence and should be covered by annual or unpaid leave. This time off must be agreed in advance of any appointments being made with the individual's line manager.

Where an employee is working additional hours and/or bank shifts and their absence level continues at an unacceptable level, the employee may be prevented from undertaking this additional work for a minimum period of 4 weeks (unless there is an emergency need for their services). The rationale for this is that if the individual's health condition prevents them from maintaining regular attendance at work, additional work may exacerbate this problem.

The Absence Support Team will notify HWWB once an employee has been absent for 5 days with a stress related absence and HWWB (Counselling Service) will contact the employee.

For MSK related absences, the Absence Support Team will send a PhysioMed referral letter after 5 days of absence.

The Management Referral will only be required once an employee has been absent for 4 weeks.

An employee may inspect his or her own attendance records at any time upon a reasonable request.

The use of annual leave/lieu days to cover periods of sickness is not permitted but can be used to facilitate an early return to work.

In the situation where the GP advises that an individual may be fit to return to work but this opinion is not supported by the Health, Work and Wellbeing physician (or in the absence of the physician the Health, Work and Wellbeing Advisor), for example where there may be concerns regarding patient care, the individual will be placed on special leave until there is a full assessment by the Health, Work and Wellbeing Service. This may include discussions with the individual's GP and consideration of whether alternative or modified duties can

be provided. While this review takes place the individual will be placed on special leave with full pay (full pay will include appropriate enhancements). NB For clarification, if following this review the employee is to remain on sickness absence, this period of sickness absence is to be regarded as continuous for sick pay purposes.

In cases, where the Health, Work & Wellbeing Service believes that an individual is fit to return to work either to their normal duties or ones with modification/adjustments but is not supported by the G.P, the employee will be expected to return to work within 7 calendar days. In the meantime the employee can facilitate a meaningful discussion between their G.P. if they wish. If, after any discussions, the Health, Work and Wellbeing Service still believes the employee is fit to attend work, the employee will be advised by telephone that the original return to work date will need to be adhered to. This will be confirmed in writing. If the employee does not return to work on the date specified, sick pay will cease and a formal hearing will be arranged which the employee will be required to attend and a decision will be made as to the continuing employment of the employee. With the prior agreement on the management of a case by the Health, Work and Wellbeing Service, the Health, Work and Well Being Advisor will be empowered to deal with the ongoing management of each case.

If an employee has concerns about the decision made by the Trust's Health, Work and Wellbeing Service about their suitability for return to work within 5.6 in the above paragraph, these may be raised through the Trust's Grievance procedure.

6.7 Employees with more than one contract

It is possible for employees, who have distinct contracts with the Trust or with the Trust and a different employer / self-employed, to be incapable of working under one contract but capable of working under the other, dependent on the type of work.

If the employees other contract is with the Trust they will not receive Statutory Sick Pay (SSP) while off sick in only one of the jobs, but they will be entitled to occupational sick pay in accordance with their entitlement. However if one of the jobs is with a different employer or the individual is classified as self-employed they will be able to work for one employer whilst receiving SSP from the other.

If both of the posts are of a similar nature, the employee will not be able to work in either of the posts during period of sickness absence as this will be considered a fraudulent claim of sick pay entitlements, which will be dealt with under the Trust's Disciplinary Policy and Procedure.

If the employee wishes to work in one of their posts, they are required to inform their manager. Failure to do so may lead to disciplinary action being taken.

6.8 Return to Work Interview

It is central to this policy that it is the line manager's responsibility to discuss the employee's sickness absence on their return to work. The return to work

interview must be conducted within the first day of the return to work where possible regardless of length of absence. In the line manager's absence it is essential that deputising arrangements are in place. If appropriate the line manager may conduct a return to work interview over the telephone if it is not feasible to meet within the 7 days. The details of the return to work interview should be entered on the self-certification form and the date entered on ESR (see 6.1.1 and 6.1.2). NB No element of sections 6.8 or 6.9 of this policy should be carried out under the guise of a return to work interview.

6.9 MANAGING SHORT TERM ABSENCE WITH NO UNDERLYING MEDICAL REASON

This type of short term absence refers to situations when a person is absent from work on a frequent basis with a variety of minor ailments, where there is no single underlying medical reason connecting the sickness absences. NB If at any time during the procedure it is identified that a significant underlying medical condition is causing the employee's absences, the case should be transferred to 'Intermittent or Short Term Absence Medical Capability Process' (section 6.10).

Line managers and staff should be aware that such short-term sickness absence is a Contract of Employment issue and centres on whether the individual is fulfilling their contract of employment in regard to regular attendance at work.

Such short term absence is not a matter for the [Disciplinary Policy and Procedure \(Ref 4\)](#) and disciplinary action will only be taken in situations where an employee consistently fails to follow Trust Attendance Management procedures, or where there are grounds to suggest that sickness is not genuine.

Employment law recognises that an employer has the right to terminate the contract of employees who have shown themselves to be incapable of maintaining an adequate level of attendance. The law does not define the level and each case must be considered on its own merits.

This procedure may be appropriate in managing sickness absences where there are periods of both short and long term absence and guidance should be sought from the Human Resources Department on how to manage these situations. This procedure also covers intermittent absence when there is no underlying medical condition. (Intermittent absence caused by an underlying medical condition as confirmed by the HWWB service is covered under Section 6.9).

6.9.1 Procedure for Short Term Absence with No Underlying Medical Reason

It must be noted by the employee that once they have been placed on the Procedure they will be closely monitored throughout all stages for the next 12 months from the last stage undertaken.

NB. If employees with less than 9 months service with the Trust hit a trigger point they will immediately be dealt with under Stage 2 of this process after it has been confirmed that there are no underlying medical problems.

If a manager wishes to vary from this policy on compassionate or discretionary grounds, agreement must be sought from the HR Director or Deputy HR Director.

The term “warning” in this policy relates to attendance not misconduct. Such warnings will therefore be applied in accordance with the principles and procedures of this policy rather than the [Disciplinary Policy and Procedure \(Ref 4\)](#).

Copies of all correspondence at each stage of the procedure will be placed on the employee’s personal file.

Pregnancy related absences will not contribute towards the absence triggers at any stage of the procedure for Short Term Absence with No Underlying Medical Reason. For example, if a pregnant employee is off with flu then that is not pregnancy related, however morning sickness or any other conditions certified by a medical certificate as being pregnancy related should be excluded. If a pregnant employee is placed on a Stage, the time on Maternity leave will not be counted towards the period of 12 months and therefore any remaining time will be added on her return from maternity leave (ie the Stage is ‘paused’ for this time). The same applies for periods on Adoption, Shared Parental Leave or Employment Breaks.

In the unfortunate event that an employee’s absence has been necessitated by an accident or injury sustained at work, staff and managers must ensure that records of the incident are recorded via the Trust’s Datix incident reporting system at the time of the accident or sustained injury. In those circumstances this period of absence is a trigger under either, the procedure for Short Term Absence with No Underlying Medical Reason or the Intermittent or Short Term Absence Medical Capability Process, the reporting of the accident or sustained injury must be evidenced to the HR Manager and consideration will be given to discount this episode of sickness from triggering the procedure. Any accident or sustained injury that has not been recorded via the Trust’s Datix incident reporting system at the time cannot be retrospectively recorded and considered.

Following an employee’s return to work from sickness and a Stage/Level meeting is required, the Stage/Level meeting should take place in a timely manner ie. within **6** weeks of the RTW of the employee unless there are exceptional circumstances eg consecutive holidays of employee/manager or awaiting a HWWB appointment/report. The Stage/level date is counted from the meeting date.

6.9.2 Initial Consideration

Where an employee has met a 'trigger point', the manager reviewing the employee's absence will make a decision whether to take formal action ie progress the employee onto a Stage or Level, based on the information provided to them at the formal review meeting.

TRIGGERS: OVER A ROLLING YEAR

Triggers: (The same triggers apply where there is a 'live' stage/level warning currently applicable)
<ul style="list-style-type: none">• 3 instances in any rolling 12 month period
<ul style="list-style-type: none">• A total of 10 days or more spanning at least 2 occasions• This will be pro-rata'ed for staff who are part time or for full-time staff who work less than 5 days per week
<ul style="list-style-type: none">• 2 instances in 13 weeks
Although in exceptional circumstances or when a trend is identified managers may consider taking action earlier, when a trigger point is reached they must do so. The triggers which will be applicable for all staff are as above:
Note: If employees with less than 9 months service with the Trust hit a trigger point they will immediately be dealt with under Stage 2 of this process after it has been confirmed that there are no underlying medical problems

When an employee meets the "trigger point" or other criteria as above, the line manager will arrange to meet with them irrespective of whether they have received the HR reminder letter. (NB this meeting should be separate from the return to work interview). The line manager must first identify whether the absences are caused or are likely to have been caused by an underlying medical reason. N.B there is no requirement to complete a referral to the Health, Work & Well Being Service if the employee does not identify a significant underlying medical reason for their absence.

If the employee claims to have such a condition but wishes to keep this private they can ask for a referral to the Health, Work & Well Being Service for a confidential consultation. The Health, Work & Well Being Service will report back to the line manager with a copy to HR confirming whether a significant underlying medical cause for the absences exists.

If it does the employee's case should be handled under the 'Intermittent or Short Term Absence Medical Capability Process' (section 6.10). If not the manager must outline the stages of the procedure below and commence the formal action by informing the employee that they will be invited to a formal review meeting

6.9.3 Stage 1: Formal Review Meeting

The immediate line manager will write to the employee (including a copy of their absence record) and arrange a meeting. The HR Advisor must be informed that the stage 1 is to take place (there is no requirement for the HR Advisor to be present at the meeting). The employee must be advised of the option to be accompanied by a Trade Union representative or a colleague employed by the Trust.

Unless there are very significant mitigating circumstances affecting all the absence being considered which the immediate line manager, following agreement in an adjournment with their HR Manager (who should seek advice from the Deputy HR Director), feels prevent him/her from taking further action at this time, the employee will be informed of the next formal action which will be taken if their absence continues at an unacceptable level, for example, reaching a trigger point. It will be outlined that this will be reviewed for the next 12 months.

Refer to Section 6.9.7 regarding what happens at the end of the 52 week monitoring period.

6.9.4 Stage 2: Formal Review Meeting

If absence continues to be unsatisfactory at any time for example hits a trigger again within the 52 weeks of the stage 1, a HR Advisor must be advised that a Stage 2 meeting is due to take place. The line manager (normally a more senior manager than at stage 1 unless this was a departmental manager) will write to the employee (including a copy of their absence record) and arrange a meeting offering representation as appropriate (see above).

Unless there are sufficient very significant mitigating circumstances affecting all the absence being considered which the line manager, following agreement with their HR Manager (who should seek advice from the Deputy HR Director), believes requires him/her to hold the employee at Stage 1 of the procedure the employee will be informed that their level of attendance is unacceptable and will not be tolerated. The employee will be advised that they have been issued with a final warning for 12 months and unless their attendance improves i.e. doesn't hit another trigger point in the next 52 weeks their Contract of Employment will be terminated (this decision will be reviewed at any point within the next 52 weeks and retained on the personal file). A member of the HR team must be present at the meeting.

If the employee is firmly of the view that his/her absence record cannot be sufficiently improved or is unwilling to commit to doing so, then the Stage 2 should be suspended and reconvened at Stage 3 at a later date.

6.9.5 Stage 3: Dismissal

If the level of attendance does not improve i.e. hits a trigger again, a Stage 3 meeting will be arranged. The line manager (normally a more senior manager than at Stage 2 unless this was an Assistant Director), will invite the employee to the meeting (including a copy of their absence record) and it should be noted

that the employee may be represented by a trade union representative or a fellow employee employed by the Trust.

A representative from the HR Team **must** be present at the meeting.

During this meeting:

- The line manager must enquire whether any circumstances have changed since the last meeting, such as very significant mitigating factors which may warrant the individual not being dismissed
- Unless there are sufficient very significant mitigating circumstances affecting all the absence being considered which the line manager, following agreement with their HR Manager (who should seek advice from the Deputy HR Director), believes requires him/her to hold the employee at Stage 2 of the procedure then the employee must be advised that their attendance record is unsatisfactory and warrants the termination of the Contract of Employment (payment in lieu of notice will be given).

Following the meeting the line manager will send a letter confirming the decision and notifying the employee of their right to appeal to the Head of HR within 7 calendar days of the dismissal letter being sent, if the decision is to terminate the employee's contract of employment.

6.9.6 Stage 4: Appeal

This will be heard by the appropriate Senior Manager (who will be the next in line manager to the manager who took the decision at Stage 3) who will invite the employee to the meeting (including a copy of their absence record) in writing and it should be noted that the employee may be represented by a trade union representative or a fellow employee employed by the Trust. This will take place at the earliest opportunity. An HR Manager not previously involved in the case or the Head of HR will be in attendance.

The outcome will be to either uphold the management decision taken at Stage 3 or to reinstate the employee. This outcome of the appeal will be confirmed in writing and will be final.

6.9.7 What happens at the end of a 52 week monitoring period?

The individual's sickness record will be reviewed by the relevant Line Manager and HR Manager. Based on this information a decision will be made as to whether the individual is:

- Removed from the Short Term Absence Procedure (no underlying medical condition)
- Monitored at a lower level of the procedure
- Monitored at the current stage of the procedure for an extended period if improvement in attendance has deteriorated in the latter half of the monitoring period

If after the 52 weeks, the manager identifies the employee has had episodes of sickness without hitting a further trigger, the manager will review the individual's

absence history including trends, with their HR Representative and unless there are very significant mitigating circumstances, the employee will be advised that although they have not hit a trigger, their level of sickness has not improved and therefore remains unsatisfactory and they remain on Stage 1/2 for a further period of six months.

Any decision to extend the monitoring period will be confirmed in writing to the employee.

6.10 INTERMITTENT OR SHORT TERM ABSENCE MEDICAL CAPABILITY PROCESS

This process applies where:

- the employee has intermittent absences (normally absences of 4 weeks duration or longer which keep reoccurring over time) which are caused by an underlying medical condition as confirmed by the Work, Health and Well Being Service

and/or

- Under 6.9 above an employee has been ascertained as having an underlying medical condition which is causing an unacceptable level of attendance, or is in some way preventing the employee from undertaking his/her duties.

In this process “levels” are used instead of “stages” to distinguish between this process and Section 6.9.

Absences not caused by an underlying medical condition should be dealt through the process detailed in 6.9 above where appropriate unless the employee is already on the Medical Capability Process.

Once an employee commences on this process he/she will remain on it until such time as his/her attendance record reaches a satisfactory level for the period of time specified by the relevant manager even if the cause(s) of the sickness absences changes (including absences where there is no underlying cause).

Where the underlying medical reason changes significantly the employee will progress through the process as specified below unless the employee requests that they be treated as a special case. This request will be granted if the Health, Work & Well Being Service Advisor declares that all of the following criteria have been met:

- ✓ The original underlying medical condition(s) causing of the employee's absences must no longer be causing absence from work.
- ✓ The new underlying medical condition(s) causing of the employee's absences must be a new condition(s) and unrelated to the employee's original medical condition(s).
- ✓ It is very likely that the employee will subsequently be covered by the [Equality Act 2010 \(Ref 1\)](#) due to this medical condition.

If it is accepted that the employee is a special case and he/she has already had a Level 2 or Level 3 Attendance Management Review he/she will be placed on a new Level 2 Attendance Management Review. At this Review the Health, Work & Well Being Advisor will attend in addition to the attendees laid down below.

While accepting that dismissal is a potential outcome the main objective of the process is not to punish or discipline employees, but to assist them to attain and maintain a level of attendance that is acceptable to the Trust. It will enable both the Trust and the employee to understand the needs of the other party in order to reach that objective while maintaining a fair and equitable approach to all.

6.10.1 The Level 1 Attendance Management Review

Prior to this review, a 'management conference' must take place to ensure that all relevant information is available. This involves the immediate line manager and the HR representative. If the manager requires any information from HWWB prior to the Level 1 meeting they must email the HWWB Advisors to obtain this prior to setting up the Level 1 meeting.

(). Note;

At the management conference (this can be held at a separate time to the formal review meeting and can be over the telephone) information will be considered regarding the nature of the medical condition and consideration given to the current likelihood of improvement and adjustments only. In exceptional circumstances where the employee has a serious disability under the [Equality Act 2010 \(Ref 1\)](#) the attendees at the management conference may elect to make a reasonable adjustment in terms of the standards of attendance expected. Where the employee currently reaches this standard they can recommend to the Head of HR that the employee be removed from the process. If the Head of HR agrees the employee will be informed that a reasonable adjustment has been made and notified of the revised standard expected. This will be reviewed on an annual basis.

In all other cases the immediate line manager will send a letter to the employee giving notice of the Level 1 Review, The letter will confirm that the employee may have a trade union representative or a Trust colleague in attendance. The letter will include a copy of the absence record.

The review will be managed as follows:

- Present at the review will be the line manager, the employee and the employee's representative.
- The aim of the Level 1 review is to produce a resolution plan (this would take account of counselling, reasonable adjustments, support etc).
- The objective of the resolution plan is to ensure that the employee's attendance reaches the required levels.
- If it is proposed that an adjustment be considered which had not been considered at the 'management conference' then the review should be suspended while the reasonableness of this adjustment is fully considered. An HR representative must be involved in this process.

- The resolution plan drawn up will lay down the timescales to meet the required level of attendance, with a maximum limit of 6 months. The line manager will communicate to the employee that failure to meet the required target and maintain this level for a total of 12 months will result in his/her case being considered at level 2 of the process.

It is the line manager's responsibility to keep a record of the Level 1 review.

The line manager will send a letter confirming the decision and a copy of the resolution plan should the employee request this. If reasonable adjustments have been agreed an 'Equality Act, Reasonable Adjustment Checklist' must be completed.

6.10.2 The Level 2 Attendance Management Review

If there is an insignificant improvement from the time of the Level 1 review within the period set down (NB There is no requirement to wait until the end of the review period if insufficient progress is being shown – to be determined by the medical condition) at that review it will progress to a Level 2 Review. If the manager requires any further information from HWWB prior to the Level 2 meeting they must email the HWWB Advisors to obtain this prior to setting up the Level 2 meeting.

Prior to review, a further "management conference" must take place to ensure that all relevant information is available. This involves the line manager (normally a more senior manager than at Level 1 unless this was a departmental manager) and the HR Representative. (This can be held at a separate time to the formal review meeting and can be over the telephone). At the management conference information will be considered regarding the nature of the medical condition and the current likelihood of improvement.

The line manager will send a letter to the employee giving notice of the Level 2 Review. The letter will confirm that the employee may have a trade union representative, or Trust colleague in attendance. The letter will include a copy of the absence record and the rehabilitation plan from Level 1.

Present at the review will be the line manager, the HR Representative, the employee and the employee's representative. The review will consider the absence record of the employee since the Level 1 review and explore any reasonable adjustments suggested by either party (guidelines attached). The line manager will consider any fresh facts before adjourning to reach a decision. The line manager will then reconvene to inform the employee of the decision.

The options open to the line manager making the decision at the review will include:

- Making an adjustment to the working environment of the employee. In which case an 'Equality Act, Reasonable Adjustment Checklist' must be completed.

- Assisting the employee to receive additional treatment and/or utilise their current treatment more effectively to enable him/her to significantly improve their attendance.
- Setting a target for the employee to achieve within a set review period, which would be normally no more than 6 months.
- Communicating to the employee that failure to meet the required target and maintain this level for a total of 12 months will result in his/her case being considered at Level 3 of the process where a dismissal could be a potential outcome.

If the employee is firmly of the view that his/her absence record cannot be sufficiently improved or is unwilling to commit to doing so then the Level 2 Review should be suspended and reconvened at Level 3 at later date.

The HR Representative will keep a record of the content and outcome of the review.

The line manager will send a letter confirming the decision and the Action Plan. If reasonable adjustments have been agreed in line with the Equality Act 2010, then these must be fully documented.

6.10.3 The Level 3 Attendance Management Review

If there is an insignificant improvement from the time of the Level 2 review (NB there is no requirement to wait until the end of the review period if insufficient progress is being shown) or the previous Level 3 review within the period set down at that review it will progress to a Level 3 Review.

Prior to review, a further “management conference” must take place to ensure that all relevant information is available. (This can be held at a separate time to the formal review meeting and can be over the telephone) This involves the line manager (normally a more senior manager than at Level 2 unless this was an Assistant Director) and the HR Representative. At the management conference information from the Health, Work & Well Being Advisor will be reviewed regarding the nature of the medical condition (without divulging confidential medical information) and the current likelihood of improvement.

The line manager will send a letter giving the employee notice of the Level 3 review, providing for at least 7 days notice. The letter will confirm that the employee may have a trade union representative or Trust colleague in attendance. The letter will include a copy of the absence record and the Action plan from Level 2.

Present at the review will be the line manager, the HR Representative, the employee and his/her representative. The review will consider the absence record of the employee since the Level 2 review and explore any reasonable adjustments suggested by either party (guidelines attached). The line manager will consider any fresh facts before adjourning to reach a decision. The line manager will then reconvene to inform the employee of the decision.

The options open to the line manager making the decision at the review will include:

Either:

Terminate the employment of the employee with notice, on the grounds of capability.

Or:

- Making any further adjustments to the working environment of the employee. In which case all aspects must be considered fully and documented
- Assisting the employee to receive additional treatment and/or utilise current treatment more effectively to enable him/her to significantly improve their attendance
- Setting a further target for the employee to achieve, within a set review period, this should be typically up to 3 to 6 months.
- Issuing a warning to the employee that failure to meet the required target will result in his/her case being considered at level 3 of the process which would almost certainly result in his/her dismissal

Options short of dismissal should be taken when all of the following is applicable:

- ◆ There has been some significant but nevertheless insufficient improvement since the Level 2 Review
- ◆ There is a medical opinion that an acceptable level of attendance is medically possible to attain.
- ◆ The employee shows a sufficiently high level of commitment to reach an acceptable level of attendance.
- ◆ There has been no previous Level 3 Review relating to the same medical condition in the previous 18 months.

The HR Representative will keep a record of the content of the review and the outcome.

The line manager will send a letter confirming the decision and notifying the employee of their right to appeal to the Head of HR within 7 calendar days of the dismissal letter being sent, if the decision is to terminate the employee's contract of employment.

The appeal at Level 4 will consist of a more Senior Manager and a different HR Representative together with the employee and his/her representative. The outcome will confirmed in writing by the manager and will be final.

6.10.4 What happens at the end of a 52 week monitoring period?

The individual's sickness record will be reviewed by the relevant Line Manager and HR Manager. Based on this information a decision will be made as to whether the individual is:

- Removed from the Intermittent or Short Term Medical Capability process
- Monitored at a lower level of the procedure
- Monitored at the current level of the procedure for an extended period if improvement in attendance has deteriorated in the latter half of the monitoring period

If after the 52 weeks, the manager identifies the employee has had episodes of sickness without hitting a further trigger, the manager will review the individual's absence history including trends, with their HR Representative and unless there are very significant mitigating circumstances, the employee will be advised that although they have not hit a trigger, their level of sickness has not improved and therefore remains unsatisfactory and they remain on Level 1/2 for a further period of six months.

Any decision to extend the monitoring period will be confirmed in writing to the employee.

6.11 Long Term Absence

This type of sickness absence relates to episodes of 4 weeks or more where there is no immediate prospect of a return to work.

The Health, Work & Well Being Service will provide sufficient information/advice to enable the line manager and HR to proactively manage each long term sickness case.

HR Advisor will proactively oversee each long term sick case with a view to working with the line manager and the Work Health & Well Being service, The HWWB service will where possible facilitate an early return to work, or a management decision relating to the employees employment. No long term sick case will be closed until the employee returns to their substantive duties or leaves the employment of the Trust.

Where an employee is absent long term due to a pregnancy related condition the manager is advised (following completion of the risk assessment) to discuss the matter with the Health, Work and Wellbeing Department with regards to necessary action to facilitate the employee's RTW.

6.12 Long Term Absence Procedure – Referral

With regard to referral of long term sickness absence cases to HR and the Health, Work & Well Being Service the following will apply:

- Whenever it becomes apparent that the employee is likely to be absent for more than 4 weeks the line manager must speak to the HR Advisor. Both parties will agree to refer the matter to the Health, Work & Well Being Service clarifying the action required, or agree that the matter should be dealt with in the short term without a requirement of medical advice e.g. routine surgery where complications are not expected, or when good progress is being made and a return to work date is planned.

- If a referral is to be made the line manager will after checking that the form has been fully completed will forward it electronically to the Health, Work & Well Being Service stating the action required and ensure HR have a copy.
- The Health, Work & Well Being Service may take one or more of the following actions:
 - ❖ Refer the case back to the HR Advisor as their input is not required at this point
 - ❖ Have a telephone or face to face consultation with the employee by the appropriate resource within the service, to gain more information about potential intervention that will speed up the return to work and provide management information.
 - ❖ Write to the employees GP/Specialist for further information about the condition
 - ❖ Refer the employee to other appropriate interventions, e.g. Physiotherapy, Counselling or the Employee Assistance Programme.
- If a return date cannot be anticipated the Health, Work & Well Being Service will advise the line manager and HR Advisor, to enable them to assess the impact of the absence on service provision and agree the next action to be taken.
- The HR Advisor will continue to review and monitor progress of each case to ensure that all necessary action is being taken.
- Joint decisions will be made taking into account the impact of the absence and whether it can be sustained within the department.
- When an employee is returning to work from a period of absence (i.e. planned operation) and a phased return would be beneficial then they must be referred to the Work, Health & Being Service to be assessed. A phased return will only be given where it is essential and taking into consideration 6.14 and 6.15 below. Annual leave should be used to aid any phased return subject to the requirements of the Working Time Regulations being met.

6.13 Long Term Absence Procedure – Welfare Meetings and Contact

With regard to the conducting of welfare meetings and the maintenance of contact with employees on long term sickness absence the following will apply:

- At the earliest possible expedient date and time for both the line manager and the employee a welfare meeting should be carried out (NB employees cannot refuse a date and time without good reason e.g. medical appointment). This will where possible involve the employee coming into the place of work, unless inappropriate e.g. work related stress cases and should be on a monthly basis. An HR representative will attend all (except the first) welfare meetings. See also Sections 5.5 and 5.6.
- The Welfare Meeting Report form should be completed by the line manager to ensure that all relevant issues are discussed and a copy of this should be held in the employee's personal file with a copy sent electronically to the HR Advisor (see Attendance Management Toolkit – A Guide for Managers).
- The HR Advisor will discuss with the line manager if any further action or advise is required, e.g. GP report

- This will provide an opportunity for the line manager to offer support, discuss progress, outline benefits entitlement and agree the level of future contact.
- In the interim period the line manager must maintain telephone contact with the employee on a regular basis, eg. every 2 weeks until the employees return, there is no requirement to complete a welfare form unless there is new information about the condition, a brief diary note is however be good practice.
- The line manager must identify if the employee wishes to receive team brief or News and Views and it is the line managers responsibility to organise this.

6.14 Return to Work

It is expected that in most cases the employee will return to work in their substantive role on their normal terms and conditions of work

Where changes have occurred in the role or working practices since the employee was last in work, a brief re-introduction/ mentorship plan will be agreed between the line manager and the employee. It will also be expected that employees will be back to the required performance in a period of not more than 2 weeks unless a reasonable adjustment has been agreed.

6.15 Short Term Rehabilitation/Reasonable Adjustment

In order to enable the employee to return to work earlier than would otherwise be the case, the line manager, HR Advisor or the Work Health & Well Being Advisor may prompt a case meeting to discuss with the other two parties if in their view a short term rehabilitation plan is required. At the meeting there will an agreement will also be reached as to who is the most appropriate person to discuss the options agreed with the employee. A meeting will be arranged to discuss the outline plan with the employee usually within the 7 next calendar days. The HR Advisor will monitor progress and ensure a return to full duties normally up to 4 weeks with a maximum of 6 weeks.

This could but does not have to include any of the following:

- Temporary reduced hours on graduated basis (where appropriate annual leave should be used to aid any phased return subject to the requirements of the Working Time Regulations being met).
- Temporary change of job or duties for a time limited period in order to facilitate an early and safe return
- Working different hours, or alternative shift patterns.
- Short term modification of duties
- Change of department

Line managers should consider using reasonable flexible solutions to enable the employee to return to as soon as is practicable.

In considering the reasonableness of any decision concerning any proposed adjustments the following should be into account:

- Will it accelerate the person return to work?
- The practicalities of the adjustment to service
- The cost to the Trust against the benefit derived
- The employees record relating to the likelihood of the employee going on sickness absence again in the near future, based on the nature of their condition and historical absence patterns. It is worth investing in an employee's early return to work if it is likely to be productive in the longer term.
- The likelihood of being able to back fill some or all of the role while the rehabilitation plan is being carried out in the interim. This is particularly an issue if the employee is returning to undertake part of their role.
- The impact on the service
- If a temporary change of job or duties is being considered the requirement for the work suggested as an adjustment and the benefit to the Trust.

6.16 Long Term Reasonable Adjustments

The definition of a long term/permanent reasonable adjustment is as above but for either period of time beyond 6 weeks on an interim or temporary basis or on a permanent basis.

The process and test of reasonableness will be described in 6.14 above, but the longer the period the test for what would be reasonable will be more strictly applied where there is a cost and/or implications for service provision.

Anything beyond 3 months, a contractual change will need to be considered.

Where this cannot be achieved and/ or the service or employee cannot withstand the adjustments, redeployment should be considered (see 6.18). This must be agreed by all parties involved (pay arrangements will be agreed as per terms and conditions).

6.17 Risk Assessment

Before a member of staff returns to work, where it is identified that there may need to be changes in working practices as a result of the employees condition, the line manager must arrange for an appropriate risk assessment to be undertaken. Following this an action plan should be produced and agreed between the employee and line manager. Further advice can be obtained from the Health and Safety Advisor/ Manual Handling Advisor.

6.18 Redeployment

- If Health, Work & Well Being Service advice that the employee is unfit to perform their current role but could possibly undertake an alternative role, the Trust will endeavour to find redeployment opportunities for them.
- If however, there is no immediate or imminent vacancy available consultation with the employee will commence about the termination of employment. At this point the employee will be placed on the redeployment

register for the remainder of the consultation period relating to their termination and their notice period.

- Regular review meetings will take place during this redeployment process.
- If a position is found this will be on a 4 week trial basis to be reviewed at the end of this period, (please refer to the policy).
- There is no onus on the Trust to create a post for any employee.

6.19 Termination of Employment on the Grounds of Ill-health

- Wherever practical a final review of an employee's case should be carried out within 12 months of them commencing sickness absence.
- There will be circumstances where an employee is unable to work or unable to sustain and or offer the prospect of offering a reasonable level of attendance due to ill health. Where there is no reasonable prospect of the employee returning to work within a reasonable timescale the employee's employment can be terminated before the employee's sick pay entitlement has ceased.
- In all cases the employee will be consulted and has the right to representation at the meetings. A HR Business Partner/Advisor will also be present at these meetings. This is a two stage process to ensure that all options have been considered as an alternative to ill health retirement or termination of contract. At the end of this consultation process which should normally be of one week duration, if termination of employment is to be confirmed by the manager, the period of notice will be as outlined in the employee's contract of employment.
- In exceptional circumstances, only at an employee's request and with a staff representative present (if in a staff organisation), there may be a single meeting when both consultation about and termination of employment occurs
- Staff must be aware that eligibility for retirement under the NHS Pension Scheme is not determined by the Trust but an outside body. The Human Resource Department will advise employees of the mechanisms for application but termination of employment will not be delayed pending such an application.

7. TRAINING

HR Business Managers and Advisors will provide training, coaching and mentoring as required for managers.

In specific cases when training issues are identified through a review of a case, an individual training needs analysis will be carried out by the manager's manager, supported by the HR Business Manager or Advisor as required. Any training needs identified will be included in the manager's personal development plan.

8. MONITORING AND COMPLIANCE

The HR Business Partners are responsible for the monitoring of compliance to ensure the effective use of the policy and enable action plans to be produced where there are trends or specific remedial steps are required e.g. where concerns are raised through the appeals procedures within this policy or from the trade unions that the processes are not being followed.

8.1 Key performance Indicators of the Policy

Describe Key Performance Indicators (KPIs)	Frequency of Review	Lead
Sickness Absence rates by Wards/Departments	Monthly	HRBPs
Number of Unauthorised absence cases	Monthly	HRBPs
Number of staff on Stages and Levels	Monthly	HRBPs
Number of staff dismissed at Stage/Level 3 and as a result of Incapacity (long term sickness)	Annual	Head of HR

8.2 Performance Management of the Policy

Aspect of compliance or effectiveness being monitored	Monitoring method	Individual responsible for the monitoring	Frequency of the monitoring activity	Group / committee which will receive the findings / monitoring report	Group / committee / individual responsible for ensuring that the actions are completed
Compliance of the Policy by Line Managers. There are no KPIs for this Policy	HR management will monitor the conduct of individual cases and review the outcomes of any relevant employment tribunal cases and any concerns highlighted by appeal managers or trade union representatives.	HR Business Partners	Annual	Workforce Council	Deputy Director of HR
Learning will occur:	Through core management training and via PDP for individual line managers on a case by case basis by Management Training on the Policy. .				

9. REFERENCES/BIBLIOGRAPHY

Equality Act 2010 Ref 1

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) Ref 2

10. RELATED POLICIES AND PROCEDURES

Capability Policy and Procedure Ref 3

Disciplinary Policy and Procedure Ref 4

Handling Concerns about the Conduct, Performance or Health of Medical Staff Policy Ref 5

Equality and Diversity Policy Ref 6

Health and Safety Policy Ref 7

APPENDIX 1

Equality Analysis

“St Helens and Knowsley Teaching Hospitals NHS Trust is committed to creating a culture that promotes equality and embraces diversity in all its functions as both an employer and a service provider. Our aim is to provide a safe environment, free from discrimination, and a place where all individuals are valued and are treated fairly. The Trust adheres to legal requirements and seeks to mainstream the principles of equality and diversity through all its policies, procedures and processes.

The Trust takes a zero tolerance approach to all forms of discrimination, harassment and victimisation and will make every effort to ensure that no patient or employee is disadvantaged, either directly or indirectly, on the basis that they possess any of the “protected characteristics” as defined by the [Equality Act 2010](#). The protected characteristics are as follows: - race; disability; sex; religion or belief; sexual orientation; gender reassignment; marriage and civil partnership; pregnancy and maternity; and age.

This policy will be implemented with due regard to these commitments.

All authors of policy documents must include a completed equality analysis Stage 1 screening. Policy authors must refer to the Trust [Equality and Diversity Policy 2011](#) and the equality analysis toolkit and associated guidance documents (Stage 1 and Stage 2) available on the intranet.

Equality Analysis for this Policy

<u>Equality Analysis Stage 1 Screening</u>		
1	Title of Policy:	Attendance Management Policy and Procedure
2	Policy Author(s):	HR Business Partner
3	Lead Executive:	Director of HR
4	Policy Sponsor	Deputy Director of HR
5	Target Audience	All management and staff
6	Document Purpose:	The purpose of this document is to provide guidance to employees and managers on Attendance management regarding and to give information to staff and managers on the application of the Attendance Management Process
7	Please state how the policy is relevant to the Trusts general equality duties to: <ul style="list-style-type: none">eliminate discriminationadvance equality of opportunity	This policy is designed to ensure that in process of ensuring maximum attendance staff are treated fairly, consistently and

	<ul style="list-style-type: none"> foster good relations 	reasonable manner																																																						
8	List key groups involved or to be involved in policy development (e.g. staff side reps, service users, partner agencies) and how these groups will be engaged	HR professionals, managers and staff side representatives																																																						
<p><i>NB Having read the guidance notes provided when assessing the questions below you must consider,</i></p> <ul style="list-style-type: none"> Be very conscious of any indirect or unintentional outcomes of a potentially discriminatory nature Will the policy create any problems or barriers to any protected group? Will any protected group be excluded because of the policy? Will the policy have a negative impact on community relations? <p>If in any doubt please consult with the Patient and Workforce Equality Lead</p>																																																								
9	Does the policy significantly affect one group less or more favourably than another on the basis of: answer 'Yes/No' (please add any qualification or explanation to your answer particularly if you answer yes)																																																							
		<table border="1"> <thead> <tr> <th></th><th>Yes/No</th><th>Comments/ Rationale</th></tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> Race/ethnicity </td><td>No</td><td></td></tr> <tr> <td> <ul style="list-style-type: none"> Disability (includes Learning Disability, physical or mental disability and sensory impairment) </td><td>No</td><td></td></tr> <tr> <td> <ul style="list-style-type: none"> Gender </td><td>No</td><td></td></tr> <tr> <td> <ul style="list-style-type: none"> Religion/belief (including non-belief) </td><td>No</td><td></td></tr> <tr> <td> <ul style="list-style-type: none"> Sexual orientation </td><td>No</td><td></td></tr> <tr> <td> <ul style="list-style-type: none"> Age </td><td>No</td><td></td></tr> <tr> <td> <ul style="list-style-type: none"> Gender reassignment </td><td>No</td><td></td></tr> <tr> <td> <ul style="list-style-type: none"> Pregnancy and Maternity </td><td>No</td><td></td></tr> <tr> <td> <ul style="list-style-type: none"> Marriage and Civil partnership </td><td>No</td><td></td></tr> <tr> <td> <ul style="list-style-type: none"> Carer status </td><td>No</td><td></td></tr> <tr> <td>10</td><td>Will the policy affect the Human Rights of any of the above protected groups?</td><td>No</td></tr> <tr> <td>11</td><td>If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?</td><td>N/A</td></tr> <tr> <td>12</td><td>If you have identified a negative impact on any of the above-protected groups, can the impact be avoided or reduced by taking different action?</td><td>N/A</td></tr> <tr> <td>13</td><td>How will the effect of the policy be reviewed after implementation?</td><td>Annually by HR management or sooner if concerns are highlighted by managers or trade union representatives.</td></tr> <tr> <td colspan="3"> <p>If you have entered yes in any of the above boxes you must contact the Patient and Workforce Equality Lead (0151 430 1042/ Annette.craghill@sthk.nhs.uk) to discuss the outcome and ascertain whether a Stage 2 Equality Analysis Assessment must be completed.</p> </td></tr> <tr> <td colspan="2">Name of manager completing assessment: (must one of the authors)</td><td>Diana Lewis</td></tr> <tr> <td colspan="2">Job Title of Manager completing assessment</td><td>HR Business Partner</td></tr> </tbody></table>		Yes/No	Comments/ Rationale	<ul style="list-style-type: none"> Race/ethnicity 	No		<ul style="list-style-type: none"> Disability (includes Learning Disability, physical or mental disability and sensory impairment) 	No		<ul style="list-style-type: none"> Gender 	No		<ul style="list-style-type: none"> Religion/belief (including non-belief) 	No		<ul style="list-style-type: none"> Sexual orientation 	No		<ul style="list-style-type: none"> Age 	No		<ul style="list-style-type: none"> Gender reassignment 	No		<ul style="list-style-type: none"> Pregnancy and Maternity 	No		<ul style="list-style-type: none"> Marriage and Civil partnership 	No		<ul style="list-style-type: none"> Carer status 	No		10	Will the policy affect the Human Rights of any of the above protected groups?	No	11	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?	N/A	12	If you have identified a negative impact on any of the above-protected groups, can the impact be avoided or reduced by taking different action?	N/A	13	How will the effect of the policy be reviewed after implementation?	Annually by HR management or sooner if concerns are highlighted by managers or trade union representatives.	<p>If you have entered yes in any of the above boxes you must contact the Patient and Workforce Equality Lead (0151 430 1042/ Annette.craghill@sthk.nhs.uk) to discuss the outcome and ascertain whether a Stage 2 Equality Analysis Assessment must be completed.</p>			Name of manager completing assessment: (must one of the authors)		Diana Lewis	Job Title of Manager completing assessment		HR Business Partner
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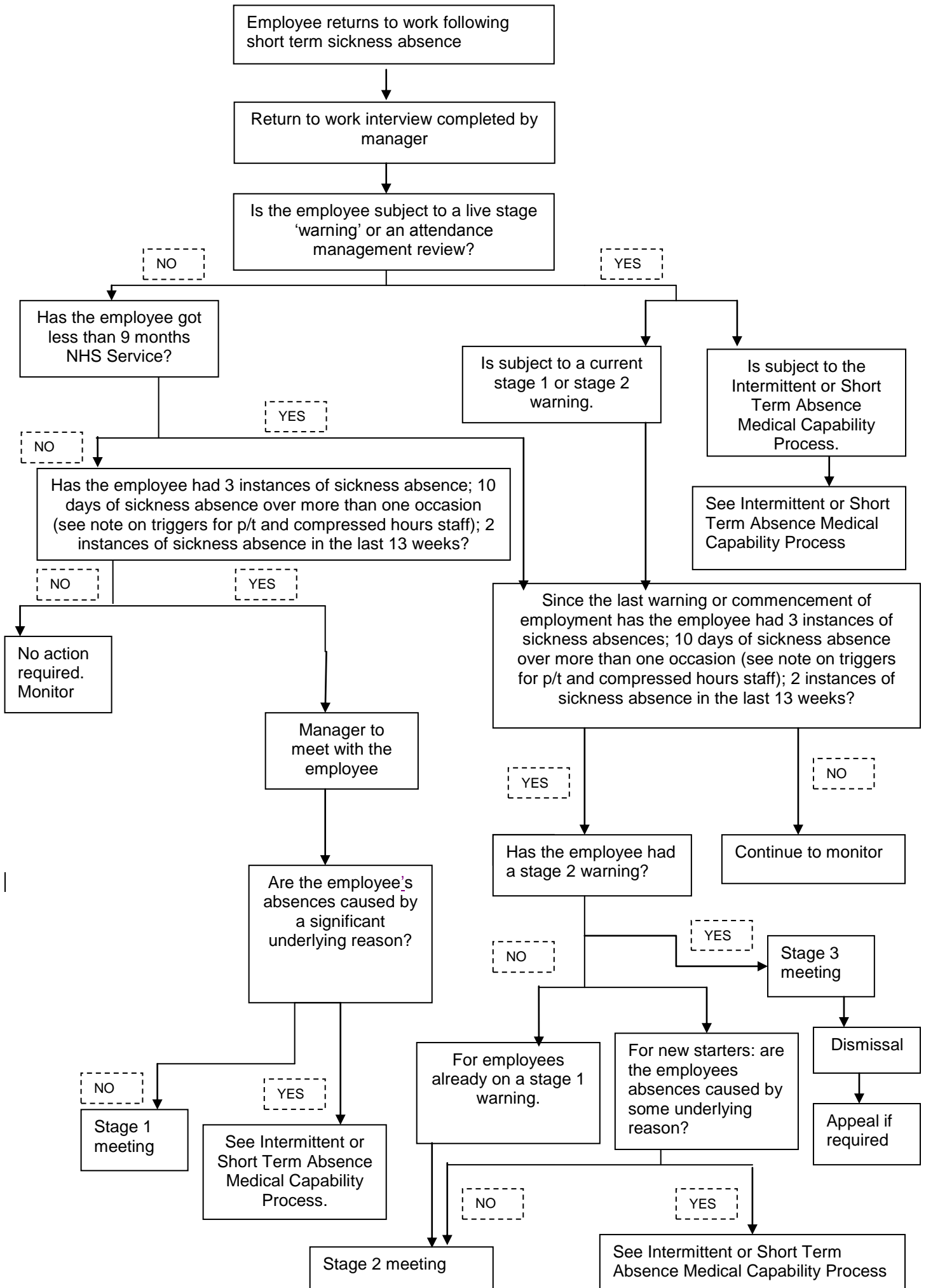
Date of Completion:	30th November 2015
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The Trust has a duty as a public body to publish all completed Equality Analysis Screening and Assessments. Please forward a copy of your completed proforma to Annette.craghill@sthk.nhs.uk

The Patient and Workforce Equality Lead will conduct an audit on all completed Screening and Assessments every six months.

MANAGING SHORT TERM ABSENCE PROCEDURE NO UNDERLYING MEDICAL REASON

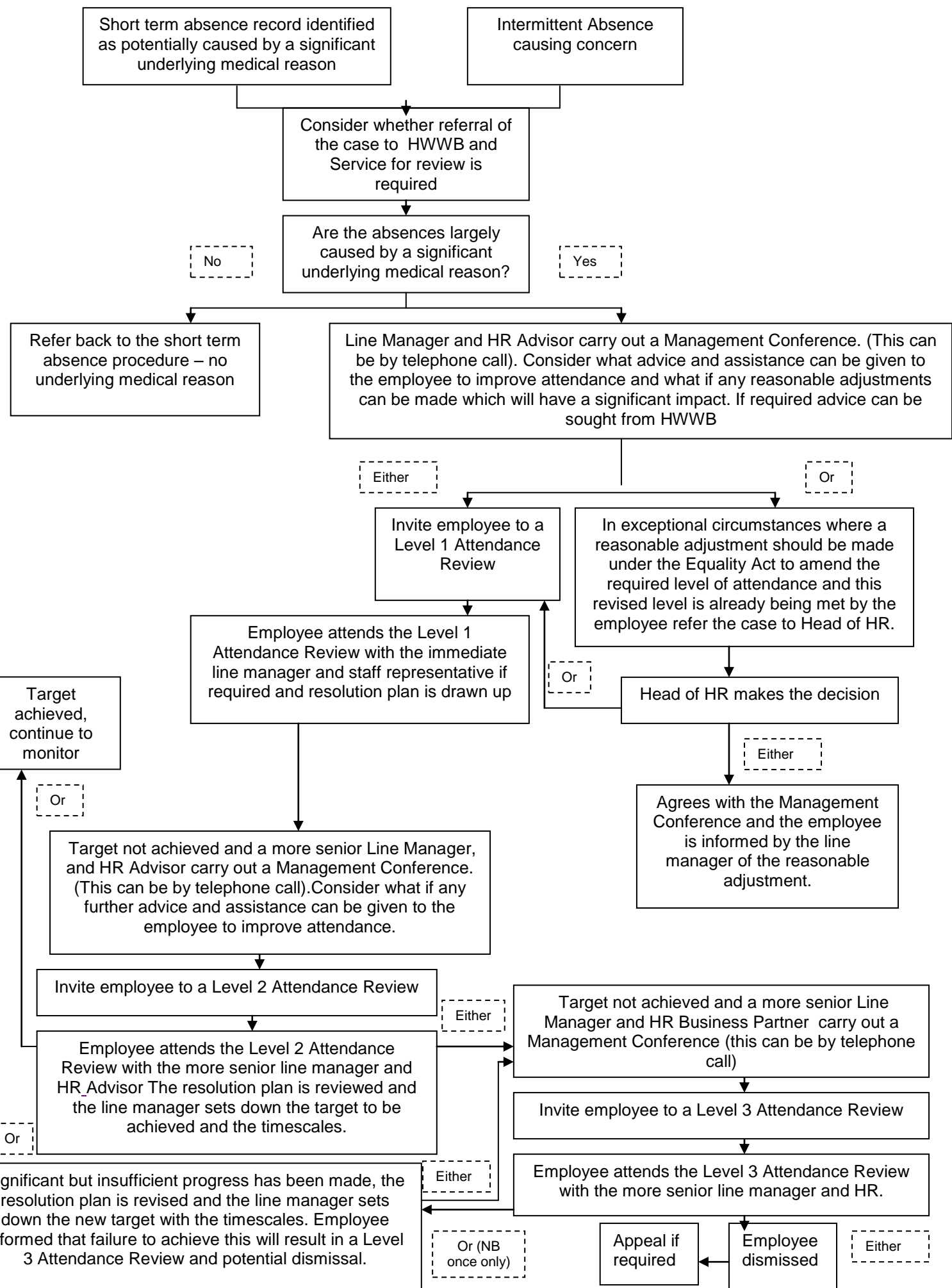
APPENDIX 2



Intermittent or Short Term Absence Medical Capability Process

APPENDIX 3

MANAGING SHORT TERM ABSENCE PROCEDURE UNDERLYING MEDICAL REASON



Attendance Management Policy – Monitoring & Compliance Arrangements

APPENDIX 4

Minimum Requirements to be monitored	Process for monitoring	Responsible individual/group/ committee	Frequency	Responsible individual/ group/ committee for:	
				Review of results & development of action plan	Monitoring of action plan & implementation
a. duties	Policy content checked as part of regular policy review process. Responsibility of HR Management & Advisory Team to maintain awareness of changes which take effect within this period	HR Advisors HR Policy Group	Every 3 years, unless legislative changes requires changes during this time	HR Policy Group	HR Council
b. process for maintaining contact with absent employees	Analysis of monthly sickness return from line managers	HR Managers	Every 6 months	HR Management Meeting	HR Council
c. planning & facilitating return to work plans	Samples of Return to Work Forms	HR Managers	Every 6 months	HR Management Meeting	HR Council
d. planning & undertaking workplace controls or adjustments	Analysis of monthly sickness return from line managers, Occupational Health Reports and Return to work plans	HR Managers	Every 6 months	HR Management Meeting	HR Council
e. process for analysing sickness absence data	Monthly sickness 'trigger' reports & monthly care group reports	HR Managers	Every 6 Months	HR Management Meeting & Care Group Meeting	HR Council Operations Meeting
f. arrangements for the organisational overview of sickness absence	HR Performance Report, including % data, organisational trends etc	Workforce Planning Lead	Monthly	HR Council	Trust Board

HR Processes

HR Advisors are sent a weekly sickness 'trigger' report from the Workforce Planning Team. The HR Advisors analyse the information and email managers within their divisions to ensure action is taken. Follow up action is then monitored on a weekly basis by the HR Advisors

HR Performance Reports including sickness absence are sent to the HR Council on a monthly basis. Any deficiencies identified by the HR Council will be actioned by the HR Team.

Audit requirements

On a 6 monthly basis the HR Managers will produce a random list of the names of 20% of all formal sickness absence cases across their allocated care group. The audit will identify, any action was carried out by the manager and will be verified by checking letters and emails from HR Advisors. A note of any action taken will be recorded. The results of these audits will be discussed at the HR Management meetings and formal actions raised at HR Council

Medical Workforce Line Manager Structure:

The table below clearly illustrates the line management structure for the different grades, this includes Trust Medical and Dental staff and Junior Doctors employed by the Single Lead Employer at StHK and details the HR support in ensuring and advising that the Policy is adhered to and the escalation process to be followed as required for more complex cases.

Grade	Line Manager	HR Support	Escalation Process
Medical Director	Chief Executive	Deputy Director of HR	Director of HR
Deputy/Associate Medical Director	Medical Director	Head of HR	Medical Director
Clinical Director	Medical Director/Deputy	HR Business Partner	Medical Director
Consultant/Associate Specialist	Clinical Director	HR Advisor	Clinical Director or Deputy Medical Director
SAS Doctors to include Staff Grades/Clinical Fellows and Trust Grades	Consultant to whom Doctor attached.	HR Advisor	Clinical Director or Deputy Medical Director
Training Grade Doctors (Including Public Health - (Lead Employer Trainees)	Clinical Supervisor	Lead Employer HR Advisor (to advise Post Graduate Dean)	Clinical Director or Divisional Clinical Manager
Training Grade Doctors (GP's –in General Practice (Lead Employer Trainees)	A Partner in the GP Practice (not the trainer)	Lead Employer HR Advisor (to advise Post graduate Dean)	A Partner in the General Practice who has not previously been involved in the process
Foundation Trainees	Clinical Supervisor	Medical HR Manager	Director of PGME

APPENDIX 6.1

Management of Short Term Sickness Absence Clinical Directors/Consultants & SAS Doctors		
Activity	Responsibility	Actions
Notification of Absence by the Doctor to the Directorate Medical Secretary/Admin Support	Personal Medical Secretary/Admin Support	Alert relevant personnel in the Directorate to the absence in case of cover arrangements or cancellation of clinical activity.
Open Absence on ESR	Personal Medical Secretary/Admin Support	Open Absence on ESR first day of absence unless at weekend
Absence identified underlying medical condition – Refer to Work, Health & Wellbeing for Review as appropriate (see appendix 2 of Policy) for full process.	Line Manager	HR Advisor for advice.
Close Absence on ESR	Personal Medical Secretary/Admin Support	Date to be recorded on ESR by the Personal Medical Secretary/Admin Support
Return to Work Interview conducted	Line Manager.	Date to be recorded on ESR by the Personal Medical Secretary/Admin Support
Issue of Stages (see Appendix 1)	Line Manager (see table).	HR Advisor for advice.

APPENDIX 6.2

Management of Long Term Sickness Absence Clinical Director/Consultants & SAS Doctors		
Activity	Responsibility	Actions
Notification of Absence by the Doctor to the Directorate Medical Secretary/Admin Support	Personal Medical Secretary/Admin Support	Alert relevant personnel in the Directorate to the absence in case of cover arrangements or cancellation of clinical activity. Contact Staffing Solutions Locum Recruitment section as necessary.
Open Absence on ESR	Personal Medical Secretary/Admin Support	
Referral to HR and Health, Work & Well Being Service if absence is likely to be for longer than 2 weeks (see policy)	Line Manager	HR Advisor/Medical HR Manager for advice
Maintaining contact/welfare visit	Line Manager.	Support of HR Advisor/Medical HR Manager
Phased return to work/short term rehab/risk assessment (see policy)	Line Manager.	Support of HR Advisor/Medical HR Manager
Close Absence on ESR	Personal Medical Secretary/Admin Support	Close absence on ESR on first day of return to work and Contact Staffing Solutions Locum Recruitment section if locum in place.

APPENDIX 7.1

Management of Short Term Sickness Absence Foundation Trainees (FY1 & FY2)		
Activity	Responsibility	Actions
Notification of Absence by the Doctor to the Directorate Medical Secretary/Admin Support	Personal Medical Secretary/Admin Support	Alert relevant personnel in the Directorate and contact Staffing Solutions Locum Recruitment section of any cover requirements.
Open Absence on ESR	Personal Medical Secretary/Admin Support	
Absence identified underlying medical condition – Refer to Health, Work & Well Being for Review as appropriate (see appendix 2 of Policy) for full process.	Supervising Consultant	Medical HR Manager/Inform Director of PGME re training implications
Close Absence on ESR	Supervising Consultant	Contact Staffing Solutions Locum Recruitment section if locum in place.
Return to Work Interview conducted	Supervising Consultant	Medical HR Manager/Inform Director of PGME re training implications
Issue of Stages (see Appendix 1)	Supervising Consultant	Medical HR Manager/Inform Director of PGME re training implications

APPENDIX 7.2

Management of Long Term Sickness Absence Foundation Trainees (FY1 & FY2)		
Activity	Responsibility	Actions
Notification of Absence by the Doctor to the Directorate Medical Secretary/Admin Support	Personal Medical Secretary/Admin Support	Alert relevant personnel in the Directorate to the absence in case of cover arrangements. Contact Staffing Solutions Locum Recruitment section as necessary.
Open Absence on ESR	Personal Medical Secretary/Admin Support	
Referral to HR and Health, Work & Well Being Service if absence is likely to be for longer than 2 weeks (see policy)	Supervising Consultant	Medical HR Manager/Inform Director of PGME re training implications
Maintaining contact/welfare visit	Supervising Consultant	Support of Medical HR Manager/Director of PGME re training implications
Phased return to work/short term rehab/risk assessment (see policy)	Supervising Consultant	Support of Medical HR Manager/Director of PGME re training & rehabilitation
Close Absence on ESR	Personal Medical Secretary/Admin Support	Contact Staffing Solutions Locum Recruitment section if locum in place.

Management of Short Term Sickness Absence Training Grade Doctors (Includes Public Health trainees)		
Activity	Responsibility	Actions
Notification of Absence by the Doctor to the Directorate Medical Secretary/Admin Support	Medical Secretary/Admin Support (host) to either /or	Alert relevant personnel in the Host Trust of absence and contact Staffing Solutions/ Locum Recruitment section of any cover requirements. And Alert LE Administration
Open Absence on ESR	Medical Secretary/Admin Support (host) – StHK Lead Employer ESR /or	Host trust Admin to open absence on StHk LE ESR, or if not on Manager self service (MSS with StHK) to complete absence report form and send to StHk LE administration
Absence identified underlying medical condition – Refer to Health, Work & Well Being Service at StHK Lead Employer for Review as appropriate (see appendix 2 of Policy) for full process.	Supervising Consultant (host)	Lead HR Advisor for advice – Liaise with Head of LR LE re referral of case to Deanery DID's or further support re HWWB
Close Absence on ESR	Medical Secretary/Admin Support (host) to either /or	Alert relevant personnel in host trust that junior doctor is returning to work. And Host trust Admin to close absence on StHk LE ESR, or if not on Manager self service (MSS with StHK) to complete absence report form and send to StHk LE administration
Return to Work Interview conducted	Supervising Consultant (host) Date to be recorded on StHK LE:ESR by the Medical Secretary/Admin Support	LE HR Advisor to update absence tracker to confirm return to work has taken place and any appropriate action re triggers on Attendance Management policy
Issue of Stages/Levels 1 and 2 (see Appendices 1 & 2)	Supervising Consultant (host) Manager (see table).	LE HR Advisor for advice and training in STHK Attendance Management policy
Issue of Stage/Level 3 (see Appendices 1 & 2)	LE Medical Director or nominated deputy	LE HR Advisor for advice in line with STHK Attendance Management policy
Conduct of Stage/Level 4 Appeal to LE HRD (see Appendices 1 & 2)	LE Medical Director (or nominated deputy) or alternative Executive Director if Medical Director involved at Stage/level 3	LE HR Business Partner for advice in line with STHK Attendance Management policy

Management of Long Term Sickness Absence Training Grade Doctors (Including Public Health trainees)		
Activity	Responsibility	Actions
Notification of Absence by the Doctor to the Directorate Medical Secretary/Admin Support	Medical Secretary/Admin Support in host Trust to either /or	Alert relevant personnel in the Host Trust of absence and contact Staffing Solutions/ Locum Recruitment section of any cover requirements. And Alert LE Administration
Open Absence on ESR	Medical Secretary/Admin Support Medical Staffing (host) – ESR system	Host trust Admin to open absence on StHK LE ESR, or if not on Manager self service (MSS with StHK) to complete absence report form and send to StHk LE administration
Referral to HR and Health, Work & Well Being Service if absence is likely to be for longer than 2 weeks (see policy)	Supervising Consultant (host)	Lead HR Advisor for advice – Liaise with Head of LR LE re referral of case to Deanery DID's, or further support re HWWB
Maintaining contact/welfare visit	Supervising Consultant (host)	Support of LE HR Advisor and escalation to Head of HR LE for complex cases and those who require monitoring or input regarding educational implications of absence by DIDs panel at the Deanery
Phased return to work/short term rehab/risk assessment (see policy)	Supervising Consultant (host) in consultation with Educational Consultant	Support of HR Advisor and Training Programme Directors (TPD's) at the deanery regarding any educational implications.
Close Absence on ESR	Medical Secretary/Admin Support (host) – StHK Lead Employer ESR system either /or	Host trust Admin to close absence on StHK LE ESR, or if not on Manager self service (MSS with StHK) to complete absence report form and send to StHK LE administration
Where long term absence results in a potential termination of employment due to ill health	LE Medical Director or nominated deputy	LE HR Advisor for advice in line with STHK Attendance Management policy
If employment terminated due to ill health, Appeal to LE HRD	LE Medical Director (or nominated deputy) or alternative Executive Director if Medical Director involved at Stage/level 3	LE HR Business Partner for advice in line with StHK Attendance Management policy

APPENDIX 9.1

Management of Short Term Sickness Absence Training Grade Doctors (GP's in General Practice)		
Activity	Responsibility	Actions
Notification of Absence by the Doctor to the Practice Manager	Practice Manager (host)	Practice Manager to complete absence notification form and send the LE Administration StHK
Open Absence on ESR	StHK LE Administration, or Practice Manager (host) if has access to ESR MSS	Open absence on LE ESR
Absence identified underlying medical condition – Refer to Health, Work & Well Being Service at StHK Lead Employer for Review as appropriate (see appendix 2 of Policy) for full process.	Practice Manager (host) under advise of Partner in General Practice, (not responsible for training)	Lead Employer HR Advisor coordinates the HWWB referral to HWWB at StHK service. Referral of case to Deanery DID's or further support re HWWB as advised by head of HR LE
Close Absence on ESR	LE Administration, or Practice Manager (host) if has access to ESR MSS	Practice Manger to advise LE Administration the GP has returned to work and to close absence on StHK ESR.
Return to Work Interview conducted	Partner in General Practice, (host), not responsible for training. Date to be recorded on StHK LE:ESR by the LE Admin	Partner to notify LE HR Advisor to update absence tracker to confirm return to work has taken place and any appropriate action re triggers on Attendance Management policy
Issue of Stages/Levels (see Appendix 1)	Partner in General Practice, (host), not previously involved in case or training	LE HR Advisor for advice and training in StHK Attendance Management policy
Issue of Stage/Level 3 (see Appendices 1 & 2)	LE Medical Director or nominated deputy	LE HR Advisor for advice in line with STHK Attendance Management policy
Conduct of Stage/Level 4 Appeal to LE HRD (see Appendices 1 & 2)	LE Medical Director (or nominated deputy) or alternative Executive Director if Medical Director involved at Stage/level 3	LE HR Business Partner for advice in line with StHK Attendance Management policy

APPENDIX 9.2

Management of Long Term Sickness Absence Training Grade Doctors (GP's in General Practice)		
Activity	Responsibility	Actions
Notification of Absence by the Practice Manager	Practice Manager (host)	Practice Manager to complete absence notification form and send the LE Administration StHK
Open Absence on ESR	LE Administration, or Practice Manager (host) if has access to ESR MSS	LE Administration open on StHK
Referral to HR and Health, Work & Well Being Service if absence is likely to be for longer than 2 weeks (see policy)	Practice Manager (host) on the advise of the Partner in the General Practice (not responsible for training)	Lead HR Advisor for advice and coordination of referral to HWWB – Liaise with Head of LR LE re referral of case to Deanery DID's, or further support re HWWB
Maintaining contact/welfare visit	Practice Manager (host) on the advise of the Partner in the General Practice (not responsible for training)	Support of LE HR Advisor and escalation to Head of HR LE for complex cases and those who require monitoring, or input regarding educational implications of absence by DID's panel at the Deanery
Phased return to work/short term rehab/risk assessment (see policy)	Practice Manager (host) on the advise of the Partner in the General Practice in liaison with the GP Trainer	Support of LE HR Advisor and GP Training Programme Directors (TPD's) at the deanery regarding any educational implications.
Close Absence on ESR	LE Administration on the advise of the Practice Manager, or Practice if has access to ESR MSS	StHK LE administration close absence on LE ESR
Where long term absence results in a potential termination of employment due to ill health	LE Medical Director or nominated deputy	LE HR Advisor for advice in line with STHK Attendance Management policy
If employment terminated due to ill health, Appeal to LE HRD	LE Medical Director (or nominated deputy) or alternative Executive Director if Medical Director involved at Stage/level 3	LE HR Business Partner for advice in line with StHK Attendance Management policy