

Attendance Management Toolkit



This toolkit is designed to support the effective Attendance Management in line with the Attendance Management Policy.

Contents

SECTION ONE: FORMS AND DOCUMENTATION	2
1.1 Absence Reporting Form	2
1.2 Self Certification	3
1.3 Welcome Back to Work Discussion Form	5
1.4 Reasons for Sickness Absence (Health Roster)	7
1.5 Absence Recording Sheet	8
1.6 Short Term Absence Checklist	10
1.7 Long Term Absence Checklist	11
1.8 Unauthorised Absence Checklist	12
1.9 Informal Counselling Guidelines	13
1.10 Initial Attendance Review Meeting Guidelines	15
1.11 Second Attendance Review Meeting Guidelines	17
1.12 Wellbeing Action Plan	19
1.13 Record of Wellbeing Meeting	21
1.14 Sick Leave and Holiday Form	24
1.15 Phased Return Plan Document	25
SECTION TWO: 'HOW TO' GUIDES FOR MANAGERS	30
2.1 How to Manage Short Term Sickness Absence	30
2.2 How to Get the Best Out of Your Occupational Health Referral	31
2.3 How to Conduct an Informal Counselling Review	33
2.4 How to Conduct an Initial Attendance Review Meeting	34
2.5 How to Conduct a Second Attendance Review Meeting	35
2.6 How to Support an Employee's Sickness Absence During Pregnancy	36
2.7 How to Apply for Extension to Sick Pay	41
SECTION THREE: TEMPLATE LETTERS	43
3.1 Invite to Wellbeing Meeting	43
3.2 Invite to Informal Counselling Meeting	45
3.3 Outcome of Informal Counselling Meeting	47
3.4 Invite to Initial Attendance Review Meeting	49
3.5 Outcome of Initial Attendance Review Meeting	51
3.6 Invite to Second Attendance Review Meeting	53
3.7 Outcome to Second Attendance Review Meeting	55
3.8 Invite to Final Formal Attendance Review	57
3.9 Invite to Final Formal Attendance Review - Capability	60
3.10 Unauthorised Absence letter - day 2	62
3.11 Unauthorised Absence letter - after deadline	64
SECTION FOUR: USEFUL INFORMATION	66
4.1 Injury Allowance	66
4.2 Access to Work	68
4.3 HSE Stress Questionnaire	68
4.4 Resilience Hub	68
4.5 Long Covid	69
4.6 Useful Contact Numbers	70

SECTION ONE: FORMS AND DOCUMENTATION

1.1 ABSENCE REPORTING FORM

ABSENCE REPORTING FORM – CONFIDENTIAL

(To be held on individual's personal file)

This form is to be completed in all instances.

Notify the person in charge of the ward/department of the absence if the call is taken by a blepholder outside of the area. This form must be sent to the relevant line manager/nominated deputy. **The line manager is to ensure that all absence reported is recorded accurately on the individual's sickness absence record.**

All matters relating to the health status of an employee must be dealt with in strict confidence.

ASK THE EMPLOYEE:

Date and time of call:	Name of the caller:
Name of employee:	Area of work:
Line Manager:	Start time of duty:
Reason for absence:	
How long is the employee expected to be absent for:	
Agreed next date of contact:	
Is an immediate referral to Occupational Health needed? (please circle)	
YES	NO
Is the absence due to a work place injury? (please circle)	
YES	NO
Is the absence due to a road traffic accident? (please circle)	
YES	NO

Form completed by:

Job title:

Self Certification of Sickness Absence

This section of the form **MUST** be completed and signed by the member of staff following every episode of sickness absence and countersigned by their line manager or their deputy.

Name of employee:	
Job Title:	Department:
First date of sickness:	Last date of sickness:
First date of absence from work:	Date of return to work:
Reason for absence:	
Name of person absence reported to, including date & time:	

In relation to the payment of Occupational Sick Pay, this form will cover if you are off sick for periods of one to seven CALENDAR DAYS including days off. If your sickness continues beyond the **SEVENTH** calendar day you should also obtain a medical certificate from your DOCTOR and submit it to your Line Manager or Nominated Deputy immediately.

PLEASE COMPLETE THE FOLLOWING: (Delete as appropriate)

[illegible]

Was your injury due to a road traffic accident or another accident involving a third party?

YES/NO

If yes, please give details below:

It is important, in the interest of both the Trust and yourself that you clearly indicate if your absence is due to an accident involving a third party for the following reasons:-

- a) The Trust will make salary/wage payments as usual while you are absent. However under the terms and conditions of your employment, these payments will be classed as an “advance”. These payments will be made provided you sign an undertaking to **REPAY** such “advances” should you be successful in claiming damages from the third party. The Payroll Services Department will forward all relevant documentation to assist you with the above procedure.
- b) As a result of repaying the “advances” this period of absence will not be used in any future calculations of your Occupational Sick Pay entitlement.

Other employment

Please confirm if you have conducted any other form of employment during your period of sickness absence. YES/NO

If yes, please give further details (i.e. nature of employment, dates worked etc.)

Employee declaration

I declare that the information I have given on this form is factually correct and complete. I understand that if I knowingly provide false information this may result in disciplinary action, and/or withdrawal of occupational sick pay, and I may be liable for prosecution and civil recovery proceedings.

Employee Signature:

Date:

Manager declaration

I declare that the information I have given on this form is a true and correct account of the employee's declaration of sickness. I understand that if I knowingly provide false or misleading information this could result in disciplinary action and/or I may be liable for prosecution and civil recovery proceedings.

Manager Signature:

Date:

Welcome Back to Work Discussion

This section of the form **MUST** be completed and signed by the member of staff following **every** episode of sickness absence and countersigned by their line manager or their deputy.

Name of employee:	
Job Title:	Department:
Return to work date:	Welcome back discussion date:
Was the welcome back to work discussion undertaken within 48 hours of return?	If no, what was the reason for the delay:
Yes/No	
Number of working days lost due to sickness:	Number of working hours lost due to sickness:
Number of calendar days lost due to sickness:	If this absence exceeds 7 calendar days, has a medical certificate been provided?
	YES/NO
Reason for absence:	

Welcome Back Discussion:

<u>W</u>elcome back <i>Setting an atmosphere that is friendly, open and understanding regarding employee and their wellbeing Ensure relevant documentation was provided to cover absence</i>
<u>A</u>bsence discussion <i>To fully understand the employee is fit to return to work, understand the reason and cause of for absence, looking at their attendance record and highlight any reoccurrences in absence. Discussion around GP or health care profession guidance and outline any support can be provided. This may include referral to Occupational Health, EAP. Any recommendation will be considered in light of service delivery and further advice may be sought from Occupational Health and HR.</i>

Responsibility to attend work

To remind the employee of any previous absences and expectations going forward.

Move on

To support the employee with any work that can be picked up, discussion work that has been completed and introduce the employee back to work.

Discuss the employee's sickness absence record to date (the past rolling 12 months)

Number of occasions over the last rolling 12 months:	
Number of working days over the last rolling 12 months:	

At what stage is the employee currently at within the attendance management process:

- | | |
|--------------------------------|--------------------------|
| Informal Counselling Review | <input type="checkbox"/> |
| Initial Attendance Review | <input type="checkbox"/> |
| Second Attendance Review | <input type="checkbox"/> |
| Final Formal Attendance Review | <input type="checkbox"/> |

Is there any further action required in respect to the Trust's attendance management policy? e.g. referral to next stage. YES/NO

- | | |
|--------------------------------|--------------------------|
| Informal Counselling Review | <input type="checkbox"/> |
| Initial Attendance Review | <input type="checkbox"/> |
| Second Attendance Review | <input type="checkbox"/> |
| Final Formal Attendance Review | <input type="checkbox"/> |

I certify that I have been unable to work during the period detailed on this form due to sickness as stated and confirm the content of discussion as above.

Employee declaration

I declare that the information I have given on this form is factually correct and complete.

Employee Signature:		Date:	
----------------------------	--	--------------	--

Manager declaration

I declare that the information I have given on this form is a true and correct account of the employee's declaration of sickness.

Manager Signature:		Date:	
---------------------------	--	--------------	--

Reasons for Sickness Absence

Full Name
Anxiety/Stress/Depression/Other Psych (Personal)
Anxiety/Stress/Depression/Other Psych (Work)
Asthma
Back Pain Work Related
Back Problems
Benign and Malignant Tumours, Cancers
Blood Disorders
Burns, Poisoning, Frostbite, Hypothermia
Cardiovascular
Chest & Respiratory Problems
Cold, Cough, Flu - Influenza
COVID-19
Dental and Oral Problems
Diarrhoea
Ear, Nose, Throat (ENT)
Endocrine/Glandular Problems
Eye Problems
Gastrointestinal Problems
Genitourinary & Gynaecological Disorders
Headache/Migraine
Heart, Cardiac & Circulatory Problems
Hypertension Do not use
Industrial Injury
Infectious Diseases
Other Infectious Disease
Injury, Fracture
Mental Health Disorder
Nervous System Disorders
Other Back Pain
Other Known Causes - Not Elsewhere Classified
Other Musculoskeletal Problems
Pregnancy Related Disorders
Road Traffic Accident
Sick due to Violence at Work
Skin Disorders
Substance Abuse
Surgery/Post Op
Uncertified sickness
Unknown causes / Not specified
Vomiting

NAME						WEEKLY HOURS WORKED			
POST						ANNUAL LEAVE (INC. BHOL)			
DEPARTMENT						AVAILABLE HOURS			
DIVISION									
SHIFT PATTERN: (TOTAL HOURS)	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY		

[illegible]

[illegible]

Referrals to Occupational Health / Hospital/ GP/ Therapy /Other

	Special Leave(Bereavement/Carers/Compassionate/Public duties)
--	--

[illegible]

Short Term Sickness Absence Checklist

Staff members name:

Department:

Line manager:

Action	By whom	Date actioned	Comments
Self Certificate completed <i>Retain on personnel file</i>			
Record all communication during absence, <i>Retain on personal file (including e-mail correspondence)</i>			
Welcome back to work discussion form completed <i>Retain on personal file</i>			
Update Health Roster accordingly with start and end date of absence including welcome back to work discussion date			
Referral to Occupational Health discussed with employee and form sent if required.			
Has the absence breached Trust target in rolling 12 months: 9 days or 4 episodes (Pro rata for part time staff) Refer to flow chart for short term absence procedure on how to proceed.			
If a sickness review meeting is being held, refer to appropriate invite letters and outcome letters on oneHR. <i>Ensure copies of letters are retained on personal files.</i>			
Engage Human Resources if required.			



Long Term Sickness Absence Checklist

Staff members name:

Department:

Line manager:

Sickness start date:

Action	By whom	Date actioned	Comments
Keep in touch arrangements agreed Record all communication during absence <i>Retain on personal file</i>			
Wellbeing meetings held every 4 weeks <i>Retain on personal file</i>			
Fit notes submitted Ensure the sick notes run concurrently			
Referral to Occupational Health discussed with employee and form sent if required			
Check with Payroll regarding sick pay entitlement and inform employee when necessary			
Engage HR at 12 weeks (or earlier if absence reason is work related stress)			
Self Certificate completed <i>Retain on personnel file</i>			
Welcome back to work discussion form completed <i>Retain on personal file</i>			
Update Health Roster accordingly with start and end date of absence including welcome back to work discussion date			
Has the absence breached Trust target in rolling 12 months: 9 days or 4 episodes (Pro rata for part time staff) Refer to flow chart for short term absence procedure on how to proceed.			
If a sickness review meeting is being held, refer to appropriate invite letters and outcome letters on oneHR. <i>Ensure copies of letters are retained on personal files.</i>			

Unauthorised Absence Checklist

Staff members name:

Department:

Line manager:

Action	By whom	Date actioned	Comments
Day 1 – Make contact via telephone (if no answer leave a voicemail requesting a call back) or email.			
If no contact has been received, contact the employee via email, requesting they make contact with you via telephone			
If no contact has been received, make contact with the employee's next of kin			
Contact Payroll to with hold pay until further notice.			
Day 2 – If the employee remains absent without making any contact, make contact via telephone (if no answer leave a voicemail requesting a call back) or email.			
Contact Workforce Advisory Service to discuss the circumstances (discuss whether to contact the Police or Safeguarding)			
Write to the employee detailing their absence and attempts made to contact them <i>Template letters available on oneHR.</i>			
After deadline – If contact still hasn't been made by the employee the manager will send the employee a letter inviting them to attend a disciplinary hearing. <i>Template letters available on oneHR.</i>			
If employee makes contact/submits sick notes, ensure Payroll are notified to re-commence pay.			

Management Guidelines for Informal Counselling Review Meeting

Meeting Preparation:

Do you have the following details prior to the Informal Counselling Review meeting:

- Details of absence for the last 12 months ☐
- Copy of the welcome back to work discussion ☐
- Copy of the previous sickness review meeting outcome letter(s) ☐
- Any recent Occupational Health referrals ☐
- Copy of previous Wellbeing Action Plan ☐

Who is in attendance

Employee:

Manager:

Support:

(Are they a colleague, union rep)

Informal Counselling review guide:

- Introductions made including explanation of the purpose of the meeting
(Explain why we are here and what the aim of the meeting is and the impact of sickness absence)
- Please be advised any formal recording of any meeting is not permitted without express permission of all present, and you do not have express permission.**
- Discuss sickness history in detail
(Check sickness record is accurate on the letter – look at trends or links to long term conditions)
- Complete Wellbeing Action Plan
- Have any specialist referrals been made or any other support implemented for any of the episodes of absence?
- What impact did they have? Did the employee benefit from them?
- Are the absences linked?
- Does the member of staff have a long term condition?
- Are they protected by the Equality Act?
- Does the member of staff also work bench/additional hours – could this be impacting? Does this need to be reviewed?
- Will the member of staff benefit from any specialist referrals following this absence?
- Is there anything further **you** could do to improve or maintain your attendance?

Reminder: Take an adjournment to consider all the mitigation and facts presented.

Outcome:

- Explain what the outcome is:
 - No further action ☐
 - Set 12 month monitoring period ☐

Date monitoring is **from**..... **to**.....

Any other actions agreed (E.g. OH referral, adjustments to shift pattern, or other actions details on Wellbeing Action Plan)

-
-
-

- Explain they will receive the outcome letter in writing and a copy will remain on file
- Explain if they have any further absence, what the next steps could be

Notes/details from discussion:

(Include here any details of the conversations regarding sickness history, support receiving, further support to be implemented etc.)

This is an accurate record of the discussion that has taken place

Employee Signature:		Date:	
Manager Signature:		Date:	

Management Guidelines for Initial Attendance Review Meeting

Meeting Preparation:

Do you have the following details prior to the Initial Attendance Review meeting:

- Details of absence for the last 12 months ☐
- Copy of the welcome back to work discussion ☐
- Copy of the previous sickness review meeting outcome letter(s) ☐
- Any recent Occupational Health referrals ☐
- Copy of previous Wellbeing Action Plan ☐

Who is in attendance

Employee:

Manager:

Support:

(Are they a colleague, union rep)

Initial Attendance review guide:

- Introductions made including explanation of the purpose of the meeting
(Explain why we are here and what the aim of the meeting is and the impact of sickness absence)
Please be advised any formal recording of any meeting is not permitted without express permission of all present, and you do not have express permission.
- Discuss sickness history in detail
(Check sickness record is accurate on the letter – look at trends or links to long term conditions)
- Review, replace or amend Wellbeing Action Plan
- Have any specialist referrals been made or any other support implemented for any of the episodes of absence?
- What impact did they have? Did the employee benefit from them?
- Are the absences linked?
- Does the member of staff have a long term condition?
- Are they protected by the Equality Act?
- Does the member of staff also work bench/additional hours – could this be impacting? Does this need to be reviewed?
- Will the member of staff benefit from any specialist referrals following this absence?
- Is there anything further **you** could do to improve or maintain your attendance?
- Is there anything further **we** could do to improve or maintain your attendance?

Reminder: Take an adjournment to consider all the mitigation and facts presented.

Outcome:

- Explain what the outcome is:
 - No further action and continue to monitor ☐
 - Continue on Informal Counselling – reset monitoring period for 12 months ☐
 - Place on Initial Attendance review – monitoring period for 12 months ☐

Date monitoring is **from**..... **to**.....

Any other actions agreed (*E.g. OH referral, adjustments to shift pattern, or other actions details on Wellbeing Action Plan*)

-
-
-

- Explain they will receive the outcome letter in writing and a copy will remain on file
- Explain if they have any further absence, what the next steps could be

Notes/details from discussion:

(Include here any details of the conversations regarding sickness history, support receiving, further support to be implemented etc.)

This is an accurate record of the discussion that has taken place

Employee Signature:		Date:	
Manager Signature:		Date:	

Management Guidelines for Second Attendance Review Meeting

Meeting Preparation:

Do you have the following details prior to the Second Attendance Review meeting:

- Details of absence for the last 12 months ☐
- Copy of the welcome back to work discussion ☐
- Copy of the previous sickness review meeting outcome letter(s) ☐
- Any recent Occupational Health referrals ☐
- Copy of previous Wellbeing Action Plan ☐

Who is in attendance

Employee:

Manager:

Support:

(Are they a colleague, union rep)

Second Attendance review guide:

- Introductions made including explanation of the purpose of the meeting
(Explain why we are here and what the aim of the meeting is and the impact of sickness absence)
Please be advised any formal recording of any meeting is not permitted without express permission of all present, and you do not have express permission.
- Discuss sickness history in detail
(Check sickness record is accurate on the letter – look at trends or links to long term conditions)
- Review, replace or amend Wellbeing Action Plan
- Have any specialist referrals been made or any other support implemented for any of the episodes of absence?
- What impact did they have? Did the employee benefit from them?
- Are the absences linked?
- Does the member of staff have a long term condition?
- Are they protected by the Equality Act?
- Does the member of staff also work bench/additional hours – could this be impacting? Does this need to be reviewed?
- Will the member of staff benefit from any specialist referrals following this absence?
- Is there anything further **you** could do to improve or maintain your attendance?
- Is there anything further **we** could do to improve or maintain your attendance?

Reminder: Take an adjournment to consider all the mitigation and facts presented.

Outcome:

- Explain what the outcome is:
 - No further action and continue to monitor ☐
 - Continue on Initial Attendance review – reset monitoring period for 12 months ☐
 - Place on Second Attendance review – monitoring period for 12 months ☐

Date monitoring is **from**..... **to**.....

Any other actions agreed (E.g. OH referral, adjustments to shift pattern, or other actions details on Wellbeing Action Plan)

-
-
-

- Explain they will receive the outcome letter in writing and a copy will remain on file
- Explain if they have any further absence, what the next steps could be

Notes/details from discussion:

(Include here any details of the conversations regarding sickness history, support receiving, further support to be implemented etc.)

This is an accurate record of the discussion that has taken place

Employee Signature:		Date:	
Manager Signature:		Date:	

Wellbeing Action Plan

Staff members name:

Department:

Line manager:

Your health and mental wellbeing is important, the enclosed wellbeing wheel is intended to help you think about your wellbeing and outline the support available from the Trust. Please complete your Wellbeing Wheel and action plan below with your line manager.

Wellbeing Wheel area of focus	Action you will take	By when

Attendance Management Stage: Informal Counselling Initial Review meeting Second Review Meeting	
Date of completion	
Occupational Health referral completed (Y/N)	
Staff member's signature	



Your Wellbeing Wheel

Consider each section of the wellbeing meeting and the questions posed. Mark your answers on the line considering if this is something you current do **Always (A)**, **Often (O)**, **Sometimes (S)**, **Rarely (R)** or **Never (N)**.

With your answers marked on the lines, join the dots to form a wheel. The ideal position is having the biggest and most balanced wheel. There is an action plan to complete to help make changes and improve your health and wellbeing.

Psychological

Mental Health

Occupational
Health counselling
EAP
Mindfulness
courses
Wellness directory

Work/Life Balance

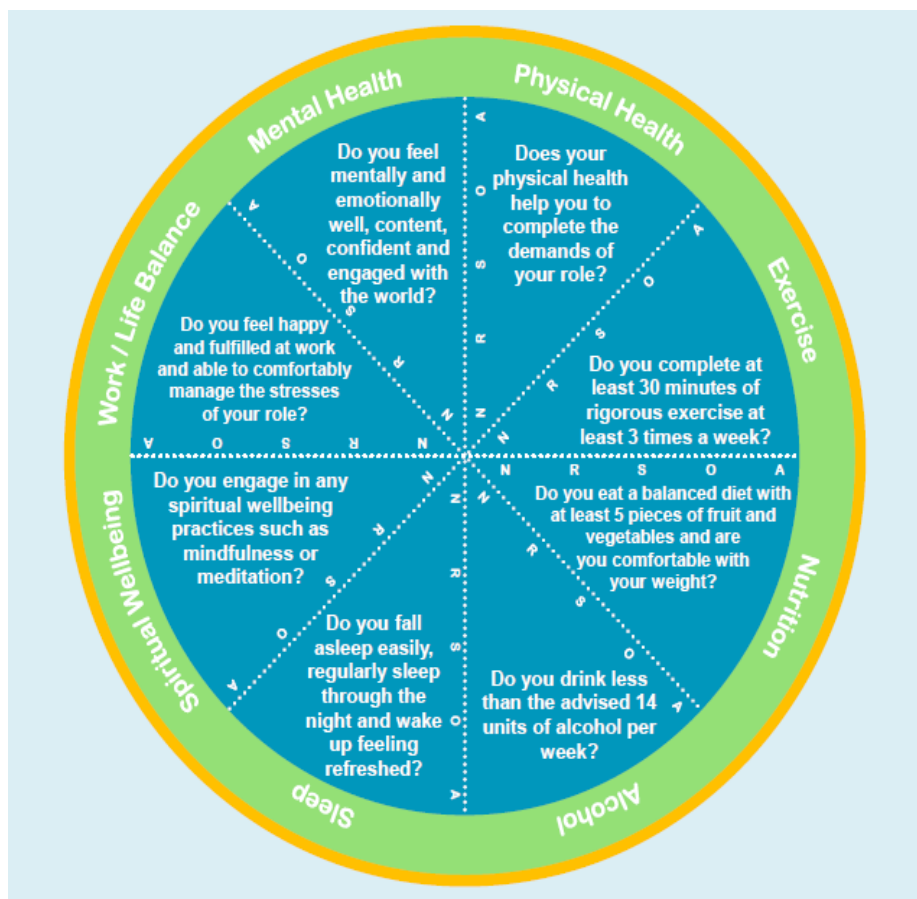
HSE stress at
work risk
assessment
Application for
Flexible Working

Spiritual Wellbeing

Occupational
Health
hypnotherapy
Meditation
Yoga

Sleep

Reading a
book/listening to
calm music
Avoid caffeine in
the afternoon



Physical

Physical Health

Regular health
checks
MSK
Occupational
Health
physiotherapy
Menopause
workshop

Exercise

Lunchtime walks
Discounted gym
membership
Fitness checks

Nutrition

No food after 8pm
Avoid high
fats/sugar food
Drink 6-8 glasses
of water daily

Alcohol

Low alcoholic
drinks
Support @
Horizon

Record of Wellbeing Meeting

To be completed by the Manager conducting the wellbeing meeting, in discussion with the employee. All sections **must** be completed and the record kept on the employee's personal file. A copy **must** be provided to the employee immediately after the meeting.

Section 1 - Personal Details		
Date, time and venue of meeting		
Name of employee		
Job Title of employee		
Name of Manager conducting meeting		
Name of HR Support		
Name of Support: <i>Union Rep, Colleague, Relative</i>		
Half Pay Date:	Nil Pay Date:	SSP:
First Date of Absence		
Reason for Absence <i>(as documented on medical certificate)</i>		
Has the employee kept all medical certification up to date? YES/NO		
When does the current medical certificate expire?		
Section 2 - Wellbeing Update		
How is the employee at present? <i>(Document any progress including improvements/deterioration)</i>		
What specialist input/advice is the employee receiving? <i>(GP/Consultant, outcome of recent/upcoming appointments)</i>		

Does the employee need help accessing appropriate support/ treatment?	
What is the employee doing to manage their own health & wellbeing to facilitate a return to work?	
Is the employee able to return to work in some capacity? <i>(within team, on a short term basis until health improves, regardless of how limited)</i>	
Is there anything preventing a return to work on the expiration of the current Medical certificate?	
Section 3 – Occupational Health	
Has Occupational Health input been sought?	YES NO* <i>(*If absent for 4 week+ please complete an OH referral if applicable)</i>
If yes, please document the date of the referral and the outcome/advice provided. <i>(Adjustments, phased return, redeployment etc.)</i>	
With the recommended adjustments in place could this facilitate a return to work in their current role? YES/NO	

Section 4 – Is the Employee able to Return to Work? (if not go to section 5)	
Is the employee planning to return to work on expiration of their current medical certificate? YES/NO	
If yes, confirm date of planned return to work including return to work details e.g. phased return	
Section 5 - Employee NOT fit to Return to Work	
What is the treatment plan/prognosis? (Next steps, treatment plan, timescales)	
Would a case conference with Occupational Health help? YES/NO	
If the episode has exceeded 6 months with no return to work identified in the near future, please document any discussion that has taken place regarding capability moving forward?	
Any other notes/comments/considerations/actions:	

This is an accurate record of the discussion that has taken place

Employee Signature:		Date:	
Manager Signature:		Date:	

Sick Leave and Holiday Entitlement Form

Employee name			
Assignment number			
Department			
<p>I wish to apply for annual leave whilst I am on sick leave.</p> <p>I understand that whilst I am reducing my annual leave entitlement my absence remains as one period of Sick Leave.</p> <p>If I am on full pay sick I will not receive any extra pay for my annual leave and my outstanding leave balance will simply reduce, however if I am on half pay or no pay sick then my pay will be increased to full pay for the period I wish to use my annual leave entitlement for.</p>			
I wish to book annual leave for the period:			
From:		To:	
Annual leave accrued:			
Annual to be paid:			
Employee Signature:		Date:	
Manager Signature:		Date:	

Copy of form sent to Payroll
 Copy of form sent to e-rostering
 Copy retained on personal file

Caring • Safe • Respectful



Phased Return to Work Plan

Employee Name:		Manager Name:	
Department:		Division:	
<u>Week 1</u> ____% of full time hours <i>Add detail of days and hours</i>		<u>Duties/Tasks</u> • • • • • • • •	
<u>Are any further adjustments required?</u> 			
<u>Notes/Comments:</u> 			
<u>Review of week 1:</u> <i>Add details of review discussion following this week of the phased return e.g. how did the week go, how are they feeling etc.</i> 			
Employee Signature:		Date:	
Manager Signature:		Date:	

<u>Week 2</u> ____% of full time hours <i>Add detail of days and hours</i>		<u>Duties/Tasks</u> • • • • • • •	
<u>Are any further adjustments required?</u> 			
<u>Notes/Comments:</u> 			
<u>Review of week 2:</u> <i>Add details of review discussion following this week of the phased return e.g. how did the week go, how are they feeling etc.</i> 			
Employee Signature:		Date:	
Manager Signature:		Date:	

<u>Week 3</u> ____% of full time hours <i>Add detail of days and hours</i>		<u>Duties/Tasks</u> • • • • • • •	
<u>Are any further adjustments required?</u> 			
<u>Notes/Comments:</u> 			
<u>Review of week 3:</u> <i>Add details of review discussion following this week of the phased return e.g. how did the week go, how are they feeling etc.</i>			
Employee Signature:		Date:	
Manager Signature:		Date:	

<p><u>Week 4</u></p> <p>____% of full time hours Add detail of days and hours</p>	<p><u>Duties/Tasks</u></p> <ul style="list-style-type: none"> • • • • • • • 		
<p><u>Are any further adjustments required?</u></p>			
<p><u>Notes/Comments:</u></p>			
<p><u>Review of week 4:</u> Add details of review discussion following this week of the phased return e.g. how did the week go, how are they feeling etc.</p>			
<p>Employee Signature:</p>		<p>Date:</p>	
<p>Manager Signature:</p>		<p>Date:</p>	

Review of Phased Return

Does the employee feel able to return to full time hours? Yes ☐ No ☐

Does the employee feel able to undertake full duties? Yes ☐ No ☐

Are there any further restrictions still in place? Yes ☐ No ☐

If yes, detail below:

.....

.....

.....

Does the employee need an extension to the phased return? Yes ☐ No ☐

If yes, add the detail below (include how this is being facilitated e.g. annual leave)

.....

.....

.....

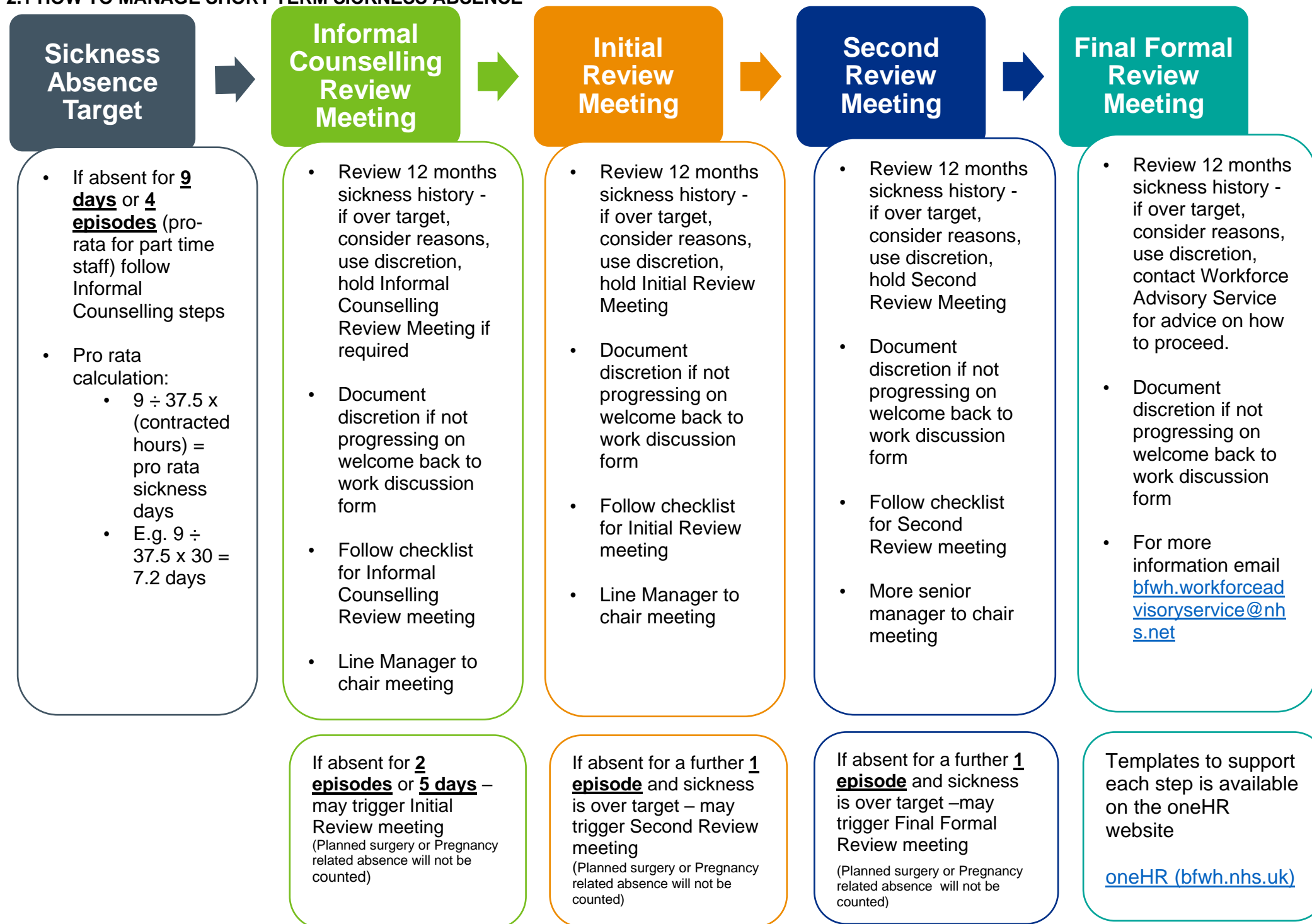
.....

Further comments:

Employee Signature:		Date:	
Manager Signature:		Date:	

SECTION TWO: 'HOW TO' GUIDES FOR MANAGERS

2.1 HOW TO MANAGE SHORT TERM SICKNESS ABSENCE



What makes a good Occupational Health referral?

This guide has been produced to provide line managers advice on what is required when making a referral to Occupational Health.

To ensure that you get the information you require to progress a case, please follow all the steps below.

Reason for referral

It's important that the reason for referral is clearly explained so that the practitioner can understand why the colleague has been referred.

Background history

The more background you can provide the better response you should receive from OH. Remember to let OH know of any information that you have which you believe may be relevant, for example:

- Is the colleague's attendance pattern causing concern?
- Is the colleague able to carry out their job?
- Is there a rehabilitation plan in place that has not progressed as expected?
- Is the colleague on long term sickness absence?
- Does the colleague have any previous history of their current condition?
- Are there any personal issues?
- Does the colleague's condition impact on their social/domestic activities that you are aware of?
- Is the colleague expected to return to work at any point in the future?
- State why you are referring this colleague at this time;
- Say what advice/information you're hoping to obtain from referring the colleague;
- Provide the colleague's absence details;
- State whether the colleague is currently absent from work;
- State the diagnosis on their medical/self-certificate;
- Identify the first day of their absence; and
- State whether you have a confirmed return to work date or an indication from the colleague's GP as to how long they may be absent.
- Is it support/counselling you want for them, be specific and ensure you have asked them as this will be processed straight through for therapy.

From the regular contact that you have maintained as part of the absence strategy you should be able to provide a lot of information to Occupational Health before the individual is assessed. Things to consider include:

- Are there any perceived barriers to returning to work? For example, immobility, physical limitations, surgery, conflicts at work or with management?

- Is the colleague due to see their GP or a specialist in the future?
- Are you aware of any external support the colleague may be receiving, for example physiotherapy or counselling?

Adjustments or modifications

In some cases you may have brought a colleague back to work on adjusted duties but still require Occupational Health advice. So you should cover the following with any referral that you make:

- Has there been a local agreement on adjusting the colleagues work practice?
- If so was it successful? If not, what difficulties was the colleague experiencing?

Duties

It is also important that Occupational Health knows about the role the colleague is performing so that this can be taken into account if rehabilitation is required. You should either include a copy of the job description or include the following details:

- The role the colleague is contracted to do;
- Whether the colleague works full time or part time;
- Whether the colleague works shifts;
- Whether this role involves overtime;
- The type of work the colleague does - for example, clerical or administrative, security, sorting letters/packets, DSE user etc
- Whether you want to discuss the colleague's role with a practitioner before the appointment;
- Whether the colleague's role involves repetitive tasks;
- Whether the colleague's role involves driving;
- Whether the colleague's role involves walking or machinery.

Specific questions

Make sure that any question you want addressed is added to the referral form. To do this you should outline any other issues that you would like addressed, specific to this colleague and the current referral.

Occupational Health will provide advice on the following when requested:

- Any adjustments/modifications to the work role or work environment that you should consider and if the Equality Act 2010 is likely to apply; and
- A timescale for return to work (where possible) with a rehabilitation plan if appropriate.

They will also comment on future expectations with regards to the particular health condition.

Remember, the more information you provide, the better the quality of the reports that will be produced to enable you to manage your sickness absence.

How to Conduct an Informal Counselling Review Meeting

This meeting is to be held between the employee and line manager. The employee has the right to be accompanied by a work colleague or Trade Union Representative.

Step 1 – Preparation

- 1) Gather relevant information
- 2) Arrange an appropriate date, time and venue
- 3) Send invite letter with 7 days notice (template letter can be found on oneHR)

Step 2 – Meeting

- 1) Follow Informal Counselling Review meeting guidelines form (template can be found on oneHR)
- 2) Make notes during meeting
- 3) Employee and manager sign guidelines form

Step 3 – After the Meeting

- 1) Use the guideline notes to formulate the outcome letter (template letter can be found on oneHR)
- 2) Ensure outcome letter is sent within 7 days of the meeting being held
- 3) Keep copies of invite letter, guideline form and outcome letter on personal file

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How to Conduct an Initial Attendance Review Meeting

This meeting is to be held between the employee and line manager. The employee has the right to be accompanied by a work colleague or Trade Union Representative.

Step 1 – Preparation

- 4) Gather relevant information
- 5) Arrange an appropriate date, time and venue
- 6) Send invite letter with 7 days notice (template letter can be found on oneHR)

Step 2 – Meeting

- 4) Follow Initial Attendance Review meeting guidelines form (template can be found on oneHR)
- 5) Make notes during meeting
- 6) Employee and manager sign guidelines form

Step 3 – After the Meeting

- 4) Use the guideline notes to formulate the outcome letter (template letter can be found on oneHR)
- 5) Ensure outcome letter is sent within 7 days of the meeting being held
- 6) Keep copies of invite letter, guideline form and outcome letter on personal file

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How to Conduct a Second Attendance Review Meeting

This meeting is to be held between the employee and a more senior manager. The employee has the right to be accompanied by a work colleague or Trade Union Representative.

Step 1 – Preparation

- 7) Gather relevant information
- 8) Arrange an appropriate date, time and venue
- 9) Send invite letter with 7 days notice (template letter can be found on oneHR)

Step 2 – Meeting

- 7) Follow Second Attendance Review meeting guidelines form (template can be found on oneHR)
- 8) Make notes during meeting
- 9) Employee and manager sign guidelines form

Step 3 – After the Meeting

- 7) Use the guideline notes to formulate the outcome letter (template letter can be found on oneHR)
- 8) Ensure outcome letter is sent within 7 days of the meeting being held
- 9) Keep copies of invite letter, guideline form and outcome letter on personal file

Caring • Safe • Respectful



How to Support an Employee's Sickness Absence During Pregnancy

Introduction

Employers need to take particular care with the way in which they deal with an employee's sickness absence during her pregnancy. Protection from discrimination, detriment and dismissal for reasons related to pregnancy has long been a part of UK and European law. The law acknowledges that complications that may cause incapacity for work may occur during pregnancy, and provides special protection for employees in such circumstances.

These specific protections do not extend to sickness that is unrelated to the pregnancy. The employer must treat a pregnant employee who is sick for a reason unrelated to pregnancy consistently with other employees who are off sick for other reasons.

Statutory protection for pregnant employees

Section 18 of the Equality Act 2010 provides that an employer discriminates against an employee if, during "the protected period", it treats her unfavourably because of her pregnancy or because of illness suffered by her as a result of her pregnancy. The protected period begins when the pregnancy begins and ends when the additional maternity leave period ends or when the employee returns to work after her pregnancy, if that is earlier. There is no need for the employee to identify a male comparator to show that she has been treated unfavourably, and employers cannot defend a claim by referring to a male comparator who has been treated in the same way. For example, if an employer takes disciplinary action against an employee as a result of her high absence levels, where the absence was related to her pregnancy, the employee could claim pregnancy and maternity discrimination. The employer would not be able to defend such a claim on the ground that it treated all employees with comparable sickness absence levels in the same way.

An employer's actions will not amount to discrimination if it does not know that the employee is pregnant. However, according to the Equality Act 2010: Employment statutory code of practice, the employer will be deemed to have the requisite knowledge if it knows, believes or suspects that the employee is pregnant, "whether this is by formal notification or through the grapevine".

In addition to protection from discrimination, under reg.19 of the Maternity and Parental Leave etc Regulations 1999 (SI 1999/3312), an employee is entitled not to be subjected to any detriment by her employer because she is pregnant.

Where the employee is dismissed (including by the non-renewal of a fixed-term contract) and the reason or principal reason for the dismissal is connected with her pregnancy, the dismissal will be automatically unfair (s.99 of the Employment Rights Act 1996).

Employers should ensure that line managers are properly briefed about the protection from discrimination, detriment and dismissal afforded to pregnant employees. If a manager discriminates against an employee in the course of employment, the employer will be vicariously liable for the

discriminatory act. The employer will be able to raise a defence to such a claim if it can show that it took all reasonable steps to prevent the manager from committing the act.

Establishing the reason for the absence

The employer is entitled to ask an employee about the reason for his or her absence and to record this. While information about an employee's health is sensitive personal data under the Data Protection Act 1998, and must therefore be dealt with in line with the Act sickness absence will usually be a circumstance where it is necessary for the employer to obtain and record the data to meet its legal obligations.

Pregnancy-related absence

It is particularly important for the employer to establish the reason for a pregnant employee's sickness absence because, if the sickness absence is pregnancy related, the employer will need to ensure that it complies with its duties towards pregnant employees, for example it should ensure that the absence does not result in disciplinary action. Also, if the employee is absent from work after the beginning of the fourth week before her expected week of childbirth (EWC), the employee's statutory maternity leave will be automatically triggered (see Automatic triggering of statutory maternity leave due to pregnancy-related illness).

The employer should ask about the reason for the employee's sickness sensitively.

Miscarriage

Where sickness absence is associated with an employee's miscarriage, this should be treated as pregnancy-related sickness. The employee will be covered by protection from pregnancy and maternity discrimination or sex discrimination in relation to the way that she is treated as a result of her miscarriage. If a miscarriage or stillbirth occurs after 24 weeks of pregnancy, the employee's statutory maternity leave will be triggered (see How to deal with an employee who has a miscarriage or stillbirth or whose baby dies after birth).

Sickness absence unrelated to pregnancy

If the reason for the sickness is unrelated to the employee's pregnancy, there should be no special pregnancy-related protection for the employer to consider and the employer should deal with the employee in line with its normal procedures. However, the distinction between absence that is unrelated to the employee's pregnancy and absence that is related to her pregnancy is not always clear cut. For example, stomach upsets may or may not be pregnancy related. Where there is some doubt, the employer would be prudent to treat the sickness as pregnancy related. Even where the illness is clearly not connected to the pregnancy, the employer should consider carefully any actions that it takes to ensure that they are fair and consistent and do not amount to pregnancy discrimination, detriment or unfair dismissal.

Measures to enable the employee to return to work

The employer should investigate whether or not any factors related to the employee's work are causing or contributing to her illness and should consider any measures that would enable the employee to return to work. For example, the employer could allow a pregnant employee to take

more breaks or adjust her working hours because of tiredness. This should be done with reference to any risk assessments that the employer has carried out in relation to the employee's work.

Regulation 16(1) of the Management of Health and Safety at Work Regulations 1999 (SI 1999/3242) provides that, where there are women of child-bearing age in an employer's workforce, and the work is of a kind that could involve a risk to the health and safety of a new or expectant mother (or her baby) from any processes, working conditions, or physical, biological or chemical agents, the employer's general risk assessment (which it is required to carry out under reg.3(1) of the Management of Health and Safety at

Work Regulations 1999), must include an assessment of this risk (see How to deal with the health and safety rights of new and expectant mothers).

Once an employee has notified the employer in writing that she is pregnant, the employer must also carry out an individual risk assessment for the employee, if the work is of a kind that could pose a risk to her health and safety or that of her baby. Where a risk is identified, the employer is required to: take measures to remove, reduce or control the risk; alter the employee's working conditions or hours of work; or offer the employee suitable alternative work. Ultimately, the employer must suspend the employee from work if this is necessary to avoid the risk.

Employers must keep the risk assessments under review, particularly where an employee goes off sick during her pregnancy. The risk assessments may be useful in identifying steps that would enable the employee to return to work, or the nature of the employee's illness may highlight a risk that was not previously identified.

Absence management procedures

Many employers have an attendance policy that entitles them to commence a disciplinary procedure after an employee has had a certain number of short-term absences. However, to avoid claims of discrimination, detriment and unfair dismissal, employers should disregard pregnancy-related absence for the purpose of attendance management, where a disciplinary procedure may arise as a result. This is the case even where there is a contractual term that entitles the employer to dismiss the employee after a certain number of weeks of continuous absence (*Brown v Rentokil* [1998] IRLR 445 ECJ). This should be reflected in any attendance policy and disciplinary policy.

While the employer should suspend some aspects of its attendance policy, to avoid discrimination, it should continue to apply other aspects of its absence management procedures, covering matters such as timely reporting of absence, the method of contact to be used and the evidence required, equally to pregnant employees as to other staff. Enforcing the absence management procedures is evidence of the employer's ongoing commitment to the involvement of the employee in the workplace. If the employer were not to enforce the procedures, this might indicate that the pregnant employee was in some way "written off". Applying absence management procedures could also aid the employer in identifying steps that it could take to avoid further absences and improve the employee's wellbeing during her pregnancy. The employer should ensure that it applies the procedures in a fair and non-discriminatory manner.

The employee's entitlement to pay during her sickness absence

Statutory sick pay

An employee who is off sick during her pregnancy, but who has not started the statutory maternity pay period, will be entitled to statutory sick pay (SSP), provided that she meets the qualifying requirements (see Employment law manual > Pay and benefits > Sick pay > Entitlement to statutory sick pay). This applies whether or not the sickness is pregnancy related.

SSP is payable where the employee has been sick for at least four days in a row and three "waiting days" (days on which the employee would usually be required to work) have passed.

During pregnancy in particular, there may be periods of intermittent sickness absence. The SSP rules provide that, if the gap between one period of incapacity for work and the next is less than eight weeks, they are treated as a single period of incapacity for work. This means that where the employee has satisfied the requirements as they relate to consecutive days off and waiting days in respect of one absence, then returns to work and goes off sick again (for a period of four or more days) within the eight-week period, SSP will be payable from the first day of the second absence.

Contractual sick pay

An employee who is absent due to pregnancy-related illness has no automatic right to full pay or pay for a longer period than other employees off sick for another reason. However, the employer should ensure that the employee receives no less sick pay, whether contractual or discretionary, than would otherwise be paid to employees off sick for another reason, for the period in question. In *P & O European Ferries (Dover) Ltd and another v Iverson* EAT/322/98, the Employment Appeal Tribunal held that an employee was unlawfully discriminated against when she did not receive full pay while suspended from working on board her employer's ship due to her pregnancy. This was deemed to be discriminatory because other employees suspended for any specified medical reason other than pregnancy would be paid in full under the employer's sick pay scheme.

In *North Western Health Board v McKenna* [2005] IRLR 895 ECJ, the European Court of Justice (ECJ) held that, just as a reduction in pay to a female worker who is absent on maternity leave does not constitute discrimination, so too a reduction in pay to a woman absent during her pregnancy due to a pregnancy-related illness does not amount to discrimination, provided that the employer treats the employee in the same way as it would a male employee who is absent on grounds of illness. However, the ECJ held that any reduction in pay must not be so low as to undermine the objective of protecting pregnant workers. Therefore, pregnant workers who have exhausted their entitlement to sick pay are entitled to a minimum level of pay while they are absent due to pregnancy-related illness. The minimum payment is not specified in legislation and there is a lack of case law around this, but it is likely that payment equivalent to SSP would be sufficient (as the Northern Ireland Court of Appeal held in *Gillespie and others v Northern Health and Social Services Board and others* (No.2) [1997] IRLR 410 NICA).

Automatic triggering of statutory maternity leave due to pregnancy-related illness

An employee's statutory maternity leave period will usually commence on her chosen start date, as notified to her employer. However, where the employee is absent from work wholly or partly because of pregnancy in the four-week period before her EWC, her maternity leave is automatically triggered and will start on the day following the first day of the employee's absence in this four-week period (reg.6(1) of the Maternity and Parental Leave etc Regulations 1999). If the employee is eligible for statutory maternity pay (SMP), this will also start automatically on the day after the first day of absence (reg.2(4) of the Statutory Maternity Pay (General) Regulations 1986 (SI 1986/1960)). If the employee is already off sick going into the fourth week before her EWC, SSP

and/or contractual sick pay will stop at this point, even if the employee is not entitled to SMP. See Worked examples > Automatic triggering of maternity leave due to pregnancy related illness.

Where the employee is absent from work for a pregnancy-related reason (or there is uncertainty as to whether or not the employee's absence is pregnancy related) in the weeks prior to the fourth week before her EWC, it is advisable for the employer to write to the employee setting out the legal position in relation to the automatic triggering of statutory maternity leave and pay and the automatic end of sick pay. The employer should also consider including information regarding the triggering of statutory maternity leave in its maternity policy.

Regulation 4(3) of the Maternity and Parental Leave etc Regulations 1999 states that, if an employee's absence begins during, or continues into, the four-week period before her EWC, she must notify the employer as soon as is reasonably practicable that she is absent from work wholly or partly because of pregnancy and of the date on which her absence for that reason began. The employer can require this notification to be in writing. The employer must respond to the employee's notification and inform her of the revised end date of her additional maternity leave period within 28 days of receiving such notification.

The employee will not be entitled to statutory maternity leave until she provides the employer with this notification. In practice, this is usually satisfied by the employee's notification under the employer's absence reporting procedures. However, this may not always be the case, for example where at the time the employee reported her absence, she was not sure that her illness was pregnancy related. In these circumstances, in addition to informing the employee of the potential triggering of her maternity leave, the employer should request that the employee notify it as soon as reasonably practicable if her absence is wholly or partly because of pregnancy and the date on which her absence for that reason began. If the employee is still uncertain whether or not her absence is pregnancy related, the employer should advise the employee to seek advice from her GP or from its own occupational health adviser (if it has one).

The employer and employee may not wish for the statutory maternity leave to start automatically before the employee's chosen date, for example if the employee has a mild pregnancy-related sickness but does not wish to start her statutory maternity leave as this would also bring forward her return to work at the end of the maternity leave period. The employer and employee can agree that the maternity leave period is not triggered in these circumstances (reg.21 of the Maternity and Parental Leave etc Regulations 1999). The employer should record the details of the agreement in writing to avoid uncertainty over the start and end dates of the agreed maternity leave period.

Statutory maternity pay calculation

An employee's entitlement to SMP, and the amount of SMP that is payable during the first six weeks of her statutory maternity leave, is calculated on the employee's normal weekly earnings for the eight-week period ending with the week immediately preceding the 14th week before the EWC. This means that if an employee is absent due to sickness during this eight-week period, and receiving less than her normal pay, her entitlement to SMP will be affected. Where the employee's normal weekly earnings dip below the lower earnings limit for national insurance contributions (see Statutory rates > National insurance) in this period, the employee will not qualify for SMP and will need to apply for maternity allowance from Jobcentre Plus. Where the employee is entitled to SMP, the SMP that she receives during the first six weeks of her maternity leave will be reduced, as this is calculated as 90% of her normal weekly earnings. Employers should highlight this in their maternity policy.

How to Apply for Extension to Sick Pay

Agenda for Change section 14.13 does allow Employers some discretion as follows:

- Where there is the expectation of return to work in the short term and an extension would materially support a return and/or assist recovery, particular consideration should be given to those staff without full sick pay entitlements
- In any other circumstance the employer deems reasonable

Considerations

In determining if there is an opportunity to provide additional provision, the Trust needs to set out some key principles and arrangements for approval to ensure that application and approval is fair, equitable and not subject to abuse.

Any extension beyond the normal sick pay arrangements will remain discretionary and will not be a contractual right. Contractual provisions are those explained within section 14 of Agenda for Change.

In considering additional support beyond the normal sick pay arrangements, it is essential that the Trust are able to do so fairly and equitably.

When should it be considered?

Extension to sick pay should be used where there is evidence that failure to do so may result in genuine hardship and where this could have a detrimental impact on the employee's ability to recover. There should be evidence that all normal financial avenues have been explored including the approved use of accrued annual leave and welfare benefits.

It should be evident to decision makers that extending sick pay provision would have a positive impact on the person's recovery and aid their ability to focus on ultimately a return to work.

Alternatively it could be used in those difficult situations where there is a terminal diagnosis and where it is more beneficial for the employee to die in service.

Application Process

Who could make a request for an extension to sick pay?

In order to ensure that this process is robust and auditable it is best if the employee is supported in making an application. Making an application may be made as a result of recognition by those supporting the employee that there are financial issues, or it could be made by the employee themselves when they find themselves in a difficult position from which they feel the Trust may be able to help.

In order to ensure there is sufficient information for an informed decision to be made, it is recognised that the following identified groups may be able to drive forward the necessary collation of documentation/evidence to make an application:

- HR colleagues actively involved in the support of the employee
- Line Managers actively involved in the support of the employee
- Occupational Health practitioners involved in the support of the employee
- Trade Union or work colleagues actively involved in the support of the employee
- Lead Cancer Nurse and end of life care actively involved in the support of the employee
- Pensions Manager
- The employee themselves

How to apply?

Requests should be made via letter or summary so that there is a clear audit trail and supporting evidence (where applicable/appropriate) must be provided.

Decision making

What would be taken into account in order to make a decision?

Whilst it is not possible to pre-empt every situation it is likely that extensions to sick pay would be considered in the following circumstances:

- Staff with a diagnosis of serious/life limiting/life threatening medical conditions such as Cancer, heart conditions, Stroke, HIV/AIDS and conditions that cause serious disability without necessarily being life threatening
- Conditions that fall under the Equality Act 2010
- Staff without full sick pay entitlement due to length of service
- Previous excellent attendance record (with absence in the previous 12 months only being related to the current condition)
- Where extension can be proven to aid recovery
- Where there is a gap between pay ending and pension starting
- Where there is a delay to treatment beyond the employees control but where such treatment would provide an opportunity for full recovery or return to stability such that the employee could return to work

Who would they apply to?

In the first instance requests should be made to the Deputy Director of Workforce or their nominated deputy, who can approve extension periods up to and including a period of 3 months, which can be at either full or half pay as agreed.

Where the Deputy Director does not support the request the matter can be referred to the Operational Director or Executive Director of HR for consideration.

Further extension requests

In exceptional circumstances extensions beyond 3 months would be considered but such applications would need to explain why the 3 months intervention had not been adequate to reach a resolution (that being either a return to work or retirement plan).

Requests should also include details of the length of a further extension. Such requests would go to the Operational Director or Executive Director of HR for consideration.

SECTION THREE: TEMPLATE LETTERS

3.1 INVITE TO WELLBEING MEETING



**Blackpool Teaching
Hospitals**
NHS Foundation Trust

<Department>
<Site Location>
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

Telephone: <Telephone Number>
<Firstname>.<Surname>@nhs.net

DATE

Private and Confidential

Name
Address
Address
Address

Dear **NAME**,

Invite to wellbeing meeting

As part of the Trust's initiative to look after the wellbeing of staff who are currently absent from work due to sickness, I am writing to invite you to attend a wellbeing meeting.

This meeting is to explore your absence and establish what the Trust can do to support you in preparation for your return to work.

This meeting will take place on:

Date:
Time:
Venue:

(If applicable) Also present at the meeting will be as HR Support.

As with all wellbeing meetings you are welcome to bring along a work colleague or a NHS recognised trade union representative to help support you, however this must be arranged by yourself.

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Further support is also available to you via the Occupational Health department via www.bfwh.nhs.uk/oneHR. Alternatively you can contact the Employee Assistance Programme, which is a free 24 hour personal support service for employees. The telephone number is **0800 028 0199** or www.healthassuredeap.com.

In the meantime, if you have any queries relating to this letter or if you are unable to attend, please do not hesitate to contact me.

Yours sincerely,

NAME
TITLE

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<Department>
<Site Location>
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

Telephone: <Telephone Number>
<Firstname>.<Surname>@nhs.net

DATE

Private and Confidential

Name
Address
Address
Address

Dear **NAME**,

Invite to Informal Counselling Review Meeting

Further to your Welcome Back to Work Discussion on **DATE**, in which you confirmed you felt well enough to return to work and we discussed what further support we could offer you to help you maintain your attendance.

I would therefore like to invite you to an Informal Counselling Review Meeting to further discuss your absences and ensure all relevant support has been implemented. Your wellbeing support action will be formulated and agreed with you.

The meeting is scheduled to take place on:

DATE:
TIME:
VENUE:

Over the last 12 months you have been absent on the following occasions:

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Dates from and to:	Number of working days lost:	Reason for absence:

At this meeting you may be accompanied by a work colleague or a representative of a nationally recognised NHS negotiating body trade union representative.

Further support is also available to you via the Occupational Health department via www.bfwh.nhs.uk/oneHR. Alternatively you can contact the Employee Assistance Programme, which is a free 24 hour personal support service for employees. The telephone number is **0800 028 0199** or www.healthassuredeap.com.

In the meantime, if you have any queries relating to this letter or if you are unable to attend the meeting, please do not hesitate to contact me.

Yours sincerely,

NAME
TITLE

cc. Personal File

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<Department>
<Site Location>
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

Telephone: <Telephone Number>
<Firstname>.<Surname>@nhs.net

DATE

Private and Confidential

Name
Address
Address
Address

Dear NAME,

Outcome of Informal Counselling Review Meeting

I am writing to confirm the outcome of our meeting on DATE when we discussed your sickness absence and explored what support could be offered to you to maintain your attendance in work.

As you are aware, we discussed that during the last 12 months, you have been absent from work due to sickness on the following occasions:

Dates from and to	Number of working days lost	Reason for absence

Add in the detail of the discussion from the meeting.

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The following was also agreed at the meeting:

- You are to make every effort in improving your sickness absence levels.
- Your sickness absence levels are within the Trust target of, no more than **9** working days (pro-rata for part time employees) lost and/or **4** or more episodes of sickness absence and/or an **identified pattern** of sickness within a rolling 12 month period.
- If you have 2 episodes or 5 days of further absence during the rolling 12 month period **(DATES TO BE ADDED – FROM THE DATE OF RETURN TO WORK FOR 12 MONTHS)**, your absence level will be reviewed and if this is in excess of the Trust target then you will move to the an Initial Formal Attendance Review meeting, in line with the Trust's Attendance Management Policy, where a potential outcome could result in being placed on an Initial Attendance review.
- Further support is available via Occupational Health and the Employee Assistance Programme.

Although we are not questioning the genuineness of your sickness absence, we must consistently manage all sickness absence. This level of sickness absence is not sustainable and has a significant detrimental impact on the department.

Should you have any concerns or questions regarding the content of this letter please do not hesitate to contact me.

Yours sincerely,

NAME
JOB TITLE

cc. personal file

Caring • Safe • Respectful

<Department>
<Site Location>
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

Telephone: <Telephone Number>
<Firstname>.<Surname>@nhs.net

DATE

Private and Confidential

Name
Address
Address
Address

Dear **NAME**,

Invite to Initial Attendance Review Meeting

Further to your Welcome Back to Work Discussion on **DATE**, in which you confirmed you felt well enough to return to work and we discussed what further support we could offer you to help you maintain your attendance.

I would therefore like to invite you to an Initial Review Meeting to further discuss your absences and ensure all relevant support has been implemented. Your wellbeing support action will be reviewed, replaced, amended or extended.

As you are aware the Trust monitor all sickness and you were placed on Informal Counselling on **DATE** and at this time your absence levels were **XX** days lost on **XX occasions**. It was agreed that your absence levels would be monitored from **DATE to DATE**.

Since then you have had a further **XXX** days on **XXX** occasions of absence which is concerning.

Over the last 12 months you have been absent on the following occasions:

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Dates from and to:	Number of working days lost:	Reason for absence:

The meeting is scheduled to take place on:

DATE:
TIME:
VENUE:

At this meeting you may be accompanied by a work colleague or a representative of a nationally recognised NHS negotiating body trade union official.

Further support is also available to you via the Occupational Health department via www.bfwh.nhs.uk/oneHR. Alternatively you can contact the Employee Assistance Programme, which is a free 24 hour personal support service for employees. The telephone number is **0800 028 0199** or www.healthassuredeap.com.

In the meantime, if you have any queries relating to this letter or if you are unable to attend the meeting, please do not hesitate to contact me

Yours sincerely,

NAME
TITLE

cc. Personal File

Caring • Safe • Respectful



<Department>
<Site Location>
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

Telephone: <Telephone Number>
<Firstname>.<Surname>@nhs.net

DATE

Private and Confidential

Name
Address
Address
Address

Dear **NAME**,

Outcome of Initial Attendance Review Meeting

I am writing to confirm the outcome of our meeting on **DATE** when we discussed your sickness absence and explored what support could be offered to you to maintain your attendance in work.

WHO WAS PRESENT?

As you are aware, we discussed that during the last 12 months, you have been absent from work due to sickness on the following occasions:

Dates from and to	Number of working days lost	Reason for absence

Add in the detail of the discussion from the meeting.

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The outcome of the meeting was (insert outcome agreed at meeting and monitoring period).

The following was also agreed at the meeting:

- You are to make every effort in improving your sickness absence levels.
- Your sickness absence levels are within the Trust target of, no more than **9** working days (pro-rate for part time employees) lost and/or **4** or more episodes of sickness absence and/or an **identified pattern** of sickness within a rolling 12 month period.
- If you have a further absence during the rolling 12 month period (**DATES TO BE ADDED – FROM THE DATE OF RETURN TO WORK FOR 12 MONTHS**), your absence level will be reviewed and if this is in excess of the Trust target then you will move to the Second Attendance Review of the Trust's Attendance Management Policy, where a potential outcome could result in being placed on a Second Attendance review.
- Further support is available via Occupational Health and the Employee Assistance Programme.

Although we are not questioning the genuineness of your sickness absence, we must consistently manage all sickness absence. This level of sickness absence is not sustainable and has a significant detrimental impact on the department.

Should you have any concerns or questions regarding the content of this letter please do not hesitate to contact me.

Yours sincerely,

NAME
JOB TITLE

cc. personal file

Caring • Safe • Respectful

<Department>
<Site Location>
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

Telephone: <Telephone Number>
<Firstname>.<Surname>@nhs.net

DATE

Private and Confidential

Name
Address
Address
Address

Dear NAME,

Invite to Second Attendance Review Meeting

Further to your Welcome Back to Work Discussion on DATE, in which you confirmed you felt well enough to return to work and we discussed what further support we could offer you to help you maintain your attendance.

I would therefore like to invite you to a Second Review Meeting to further discuss your absences and ensure all relevant support has been implemented. Your wellbeing support action will be reviewed, replaced, amended or extended.

As you are aware the Trust monitor all sickness and you were placed on Informal Counselling on DATE and at this time your absence levels were XX days lost on XX occasions. It was agreed that your absence levels would be monitored from DATE to DATE.

You were then placed on Initial Attendance Review on DATE and at this time your absence levels were XXX days lost on XXX occasions. It was agreed that your absence levels would be monitored from DATE to DATE.

Since then you have had a further XXX days on XXX occasions of absence which is concerning.

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Over the last 12 months you have been absent on the following occasions:

Dates from and to:	Number of working days lost:	Reason for absence:

The meeting is scheduled to take place on:

DATE:
TIME:
VENUE:

The meeting will be chaired by **XXXX**.

At this meeting you may be accompanied by a work colleague or a representative of a nationally recognised NHS negotiating body trade union official.

Further support is also available to you via the Occupational Health department via www.bfwh.nhs.uk/oneHR. Alternatively you can contact the Employee Assistance Programme, which is a free 24 hour personal support service for employees. The telephone number is **0800 028 0199** or www.healthassuredeap.com.

In the meantime, if you have any queries relating to this letter or if you are unable to attend the meeting, please do not hesitate to contact me.

Yours sincerely,

NAME
TITLE

cc. Personal File

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Lancashire
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DATE

Private and Confidential

Name
Address
Address
Address

Dear **NAME**,

Outcome of Second Attendance Review Meeting

I am writing to confirm the outcome of our meeting on **DATE** when we discussed your sickness absence and explored what support could be offered to you to maintain your attendance in work.

WHO WAS PRESENT?

As you are aware, we discussed that during the last 12 months, you have been absent from work due to sickness on the following occasions:

Dates from and to	Number of working days lost	Reason for absence

Add in the detail of the discussion from the meeting.

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The outcome of the meeting was (insert outcome agreed at meeting and monitoring period).

The following was agreed at the meeting:

- You are to make every effort in improving your sickness absence levels.
- Your sickness absence levels are within the Trust target of, no more than **9** working days (pro-rata for part time employees) lost and/or **4** or more episodes of sickness absence and/or an **identified pattern** of sickness within a rolling 12 month period.
- If you have a further absence during the rolling 12 month period (**DATES TO BE ADDED – FROM THE DATE OF RETURN TO WORK FOR 12 MONTHS**), your absence level will be reviewed and if this is in excess of the Trust target then you will move to a Final Formal Attendance Review hearing in line with the Trust's Attendance Management Policy, where your continued employment with the Trust will be considered and the outcome could be dismissal.
- Further support is available via Occupational Health and the Employee Assistance Programme.

Although we are not questioning the genuineness of your sickness absence, we must consistently manage all sickness absence. This level of sickness absence is not sustainable and has a significant detrimental impact on the department.

Should you have any concerns or questions regarding the content of this letter please do not hesitate to contact me.

Yours sincerely,

NAME
JOB TITLE

cc. personal file

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<Site Location>
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

Telephone: <Telephone Number>
<Firstname>.<Surname>@nhs.net

DATE

Private and Confidential

Name
Address
Address
Address

Dear NAME,

Invite to Final Formal Attendance Review Hearing

Further to your Welcome Back to Work Discussion on DATE, in which you confirmed you felt well enough to return to work, we discussed what further support we could offer you to help you maintain your attendance. I informed you that in line with the Attendance Management policy, your absence levels are concerning and you have progressed to a Final Formal Review Hearing.

I am therefore writing to invite you to a Final Formal Review Meeting to further discuss your absences and ensure all relevant support has been implemented.

As you are aware the Trust monitor all sickness and you were placed on Informal Counselling on DATE and at this time your absence levels were XX days lost on XX occasions. It was agreed that your absence levels would be monitored from DATE to DATE.

You were then placed on Initial Attendance Review on DATE and at this time your absence levels were XXX days lost on XXX occasions. It was agreed that your absence levels would be monitored from DATE to DATE.

You were then placed on Second Attendance Review on DATE and at this time your absence levels were XXX days lost on XXX occasions. It was agreed that your absence levels would be monitored from DATE to DATE.

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Since then you have had a further **XXX** days on **XXX** occasions of absence which is concerning.

Over the last 12 months you have been absent on the following occasions:

Dates from and to:	Number of working days lost:	Reason for absence:

The meeting is scheduled to take place on:

DATE:

TIME:

VENUE:

A copy of the management statement of case, inclusive of all supporting evidence will be sent to you in due course, along with a copy of the Trust's Attendance Management Policy for your reference.

Or

A copy of the management statement of case, inclusive of all supporting evidence is enclosed. Please ensure you bring this with you to the hearing.

You will be given the opportunity to discuss anything which may have affected your attendance at work. In line with the Trust Attendance Management policy, a potential outcome of this meeting could be up to and including **dismissal**.

At this meeting you may be accompanied by a work colleague or a representative of a nationally recognised NHS negotiating body trade union official. I also want to remind you of the availability of our Freedom to Speak up Guardian who can be contacted by emailing bfwh.ftsug@nhs.net or via switchboard.

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Further support is also available to you via the Occupational Health department via www.bfwh.nhs.uk/oneHR. Alternatively you can contact the Employee Assistance Programme, which is a free 24 hour personal support service for employees. The telephone number is **0800 028 0199** or www.healthassuredeap.com.

In the meantime, if you have any queries relating to this letter or if you are unable to attend the meeting, please do not hesitate to contact me.

Yours sincerely,

NAME
TITLE

cc. Personal File

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3.9 INVITE TO FINAL FORMAL ATTENDANCE REVIEW HEARING (CAPABILITY)



**Blackpool Teaching
Hospitals**
NHS Foundation Trust

<Department>
<Site Location>
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR
Telephone: <Telephone Number>
<Firstname>.<Surname>@nhs.net

DATE

Private and Confidential

Name
Address
Address
Address

Dear NAME,

Invite to Final Formal Attendance Review Hearing - Capability

Further to your wellbeing meeting held on DATE, we discussed your continued sickness absence and I advised you that as there has been no identified return to work date, a Final Formal Review Hearing will be arranged.

I am writing to advise you this meeting will take place on:

DATE: XXX
TIME: XXX
VENUE: XXX

Over the last 12 months you have been absent on the following occasions:

Dates from and to:	Number of working days lost:	Reason for absence:

In attendance at the hearing will be xxxxx (Chair) and XXX, HR Manager as HR Support.
I will present the management statement of case supported by XXX.

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The purpose of the meeting is to review your absence levels under the Trust's Attendance Management Policy and you will be given the opportunity to discuss anything which may have affected your attendance at work. In following this policy, the meeting may result in **dismissal**.

A copy of the management statement of case, inclusive of all supporting evidence will be sent to you in due course, along with a copy of the Trust's Attendance Management Policy for your reference.

Or

A copy of the management statement of case, inclusive of all supporting evidence is enclosed. Please ensure you bring this with you to the hearing.

At this meeting you may be accompanied by a work colleague or a representative of a nationally recognised NHS negotiating body trade union official.

Further support is also available to you via the Occupational Health department via www.bfwh.nhs.uk/oneHR. Alternatively you can contact the Employee Assistance Programme, which is a free 24 hour personal support service for employees. The telephone number is **0800 020 0199** or www.healthassuredeap.com.

Yours sincerely,

NAME
JOB TITLE

Cc Personal file
HR

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<Department>
<Site Location>
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

Telephone: <Telephone Number>
<Firstname>.<Surname>@nhs.net

DATE

Private and Confidential

Name
Address
Address
Address

Dear NAME,

Unauthorised absence – day two

Following a number of attempts to contact you, I am now concerned for your wellbeing due to the fact that no contact has been made with the Department since DATE. I attempted to contact you as follows:

Add list of attempted contact on Day 1
Add any details regarding this including and conversations undertaken.

I have also attempted to make further contact with you again today as detailed below:

Add list of attempted contact on Day 2
Add any details regarding this including and conversations undertaken.

In accordance with the Trust's Attendance Management Policy, you are required to stay in regular contact whilst you are absent from work and to notify the Trust of any changes regarding your absence, including medical certificates, anticipated length of absence and possible return to work dates.

It is important that you comply with the Attendance Management Policy as failure to do so may result in forfeiting your eligibility to Occupational and/or Statutory Sick Pay. To date, no satisfactory reason for your unauthorised absence from work has been received and because of this, the payroll department has been notified of your continued unauthorised absence from work from DATE and your pay has now been withheld.

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Therefore, it is important that you make contact with myself via **TELEPHONE NUMBER** by no later than **DATE (WHICH IS 3 DAYS AFTER THE DATE OF THIS LETTER)** to discuss your current situation and any potential support that may be put in place for you. It is possible that the Trust may be able to offer you support to assist you in returning to work, and I would like to explore those options with you.

Further support is also available to you via the Occupational Health department via www.bfwh.nhs.uk/oneHR. Alternatively you can contact the Employee Assistance Programme, which is a free 24 hour personal support service for employees. The telephone number is **0800 028 0199** or www.healthassuredeap.com.

I have enclosed a copy of the Trust's Attendance Management policy, for your information.

Yours sincerely,

NAME
JOB TITLE

cc. personal file
enc. Trust's Attendance Management Policy

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<Department>
<Site Location>
Blackpool Victoria Hospital
Whinney Heys Road
Blackpool
Lancashire
FY3 8NR

Telephone: <Telephone Number>
<Firstname>.<Surname>@nhs.net

DATE

Private and Confidential

Name
Address
Address
Address

Dear NAME,

Unauthorised absence – after the deadline

Further to my letter dated (date) asking you to contact me by (date and time) as a matter of urgency, this deadline has now passed, and I am concerned for your wellbeing due to the fact that no contact has been made with the Department since DATE.

I attempted to contact you on

Add list of attempted contacts including dates, times, methods of communications, voicemails left, next of kin etc.

Add any details regarding this including and conversations undertaken.

As previously advised, with effect from (DATE) your absence is being recorded as unauthorised unpaid leave as we have not received appropriate medical certification or an acceptable reason for your absence.

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Therefore, it is required that you make contact with myself via **TELEPHONE NUMBER** when you receive this letter. Continued failure to make contact or provide appropriate medical certification will result in the consideration of disciplinary action in accordance with the Trust's Disciplinary Policy (copy enclosed).

Yours sincerely,

NAME
JOB TITLE

cc. personal file
enc. Trust's Attendance Management Policy

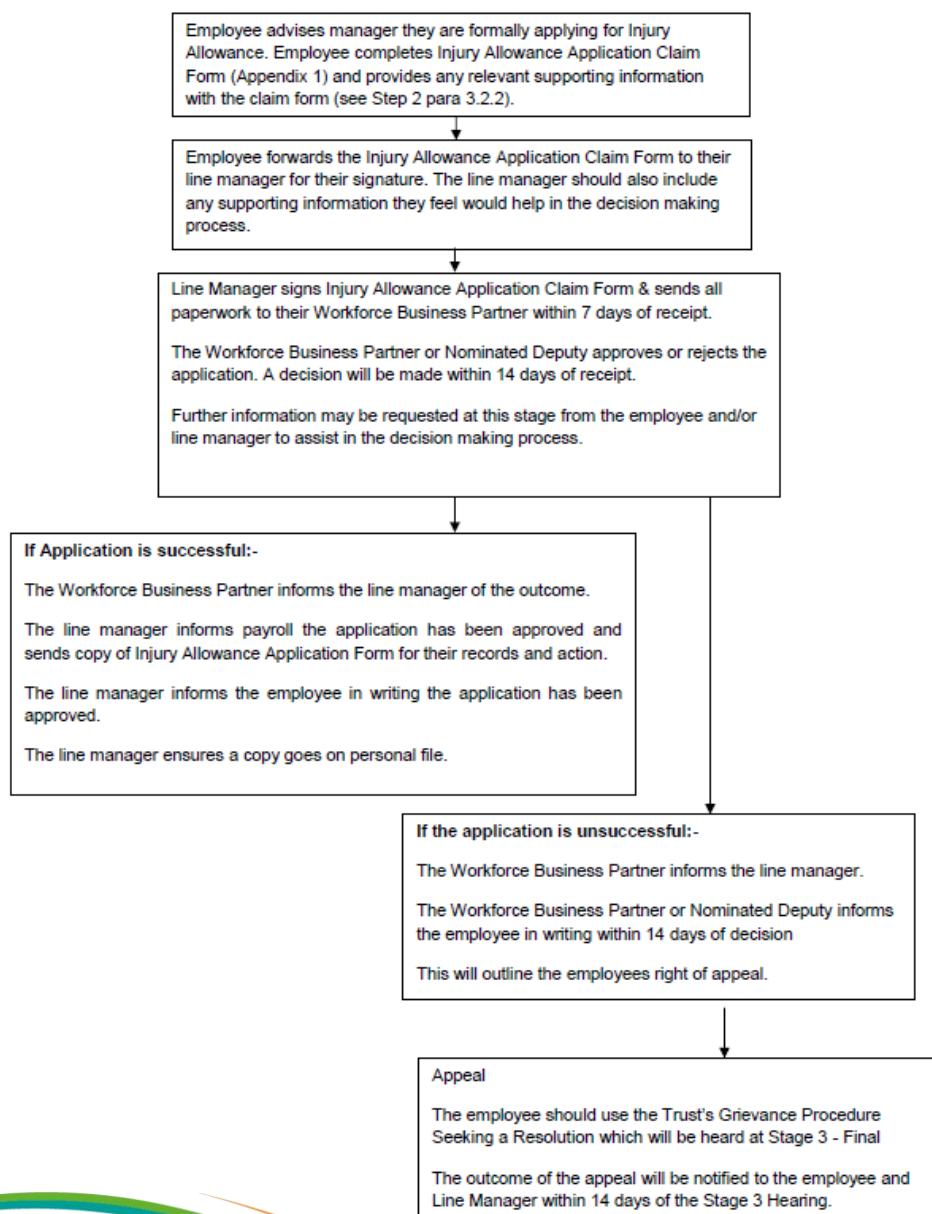
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Injury Allowance

Injury Allowance is payable when an employee is on authorised sickness absence or on a phased return to work with reduced pay or no pay due to an injury, disease or other health condition that is wholly or mainly attributable to their NHS employment.

Template application form and full policy can be found on oneHR. [Injury Allowance | oneHR \(bfnh.nhs.uk\)](#)

Injury Allowance Flowchart



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INJURY ALLOWANCE APPLICATION CLAIM FORM

NAME	DATE OF BIRTH
ADDRESS	
DIVISION	SERVICE
JOB TITLE	BAND
SUMMARY OF ABSENCE FROM LINE MANAGER & HR ADVISOR INCLUDING DATES	
OCCUPATIONAL HEALTH LETTERS ATTACHED	YES* / NO*
INCIDENT REPORT ATTACHED	YES* / NO*
DETAILS OF SICK PAY ENTITLEMENT	
ANY OTHER RELEVANT INFORMATION <i>Use a separate sheet if required</i>	
<p>Declaration of Employee - <i>I declare that I understand and will abide by the terms of the Injury Allowance Procedure. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and/or civil recovery proceedings. I consent to the disclosure of information from this form and any associated documentation, to the Local Counter Fraud Specialist and/or NHS Protect, for the purpose of verification and the investigation, prevention, detection and prosecution of fraud.</i></p> <p>SIGNATURE OF EMPLOYEE.....</p> <p>DATE.....</p> <p>SIGNATURE OF LINE MANAGER.....</p> <p>PRINT NAME</p> <p>DATE.....</p> <p>SIGNATURE OF WORKFORCE BUSINESS PARTNER or NOMINATED DEPUTY.....APPROVED*/REJECTED*</p> <p>PRINT NAME.....</p> <p>DATE</p>	

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4.2 ACCESS TO WORK

Access to work

It is the responsibility of the employee to contact Access to Work for support such as financial assistant for equipment or adapting the premises to meet the individuals needs.

To be eligible for assistance from Access to Work, the disability or health condition has to last or be likely to last 12 months or more.

[Access to Work: get support if you have a disability or health condition: What Access to Work is - GOV.UK \(www.gov.uk\)](https://www.gov.uk/access-to-work)

[Access to Work: factsheet for customers - GOV.UK \(www.gov.uk\)](https://www.gov.uk/access-to-work)

4.3 HSE QUESTIONNAIRE

HSE Questionnaire

Employees who are off work with stress, the Health and Safety Executive have developed a Return to Work Questionnaire. This questionnaire is beneficial for the employee who feels stressed or anxious and also the manager who can work with the employee to reduce or alleviate those feelings.

A copy of the questionnaire is available on oneHR.
[return-to-work-stress-questionnaire.pdf \(bfwh.nhs.uk\)](https://www.bfwh.nhs.uk/return-to-work-stress-questionnaire.pdf)

4.4 LONG COVID

Long Covid

What is Long COVID?

Long COVID is a term to describe the effects of COVID-19 that continue for weeks or months beyond the initial illness. NICE defines Long COVID as signs and symptoms that continue or develop after acute COVID-19. It includes both ongoing symptomatic COVID-19 from 4 to 12 weeks and post-COVID-19 syndrome lasting for more than 12 weeks. The World Health Organization (WHO) defines Long COVID as “symptoms that last for at least two months and cannot be explained by an alternative diagnosis”, occurring in individuals with a history of probable or confirmed SARS CoV-2 infection, usually three months from the onset.

For more information access to NHS guidelines on the link below:

[C1672 Guidelines-for-supporting-our-NHS-people-affected-by-Long-COVID July-2022.pdf \(england.nhs.uk\)](https://www.england.nhs.uk/c1672-guidelines-for-supporting-our-nhs-people-affected-by-long-covid-july-2022.pdf)

4.6 USEFUL CONTACT NUMBERS

Useful Contact Numbers

Human Resources: To provide support and advice to both employees and managers on all aspects of sickness absence.	01253 951600 (option 4) bfwh.workforceadvisoryservice@nhs.net
Occupational Health:	01253 957950 bfwh.occupational.health@nhs.net
Employee Assistance Programme (EAP): Provide confidential free of charge service to all staff. Covering professional, personal and family issues.	03303 800658
LSC Wellbeing Website: Online resources for wellbeing support	login - LSC Well Services Username: BTHWELL
Access to Work: Access to Work can help you get or stay in work if you have a physical or mental health condition or disability.	Access to Work: get support if you have a disability or health condition: What Access to Work is - GOV.UK (www.gov.uk) Telephone: 0800 121 7479 Textphone: 0800 121 7579
Citizens Advice Bureau: Brings you the self-help information you need to solve your problems.	Citizens Advice Adviceline (England): 0800 144 8848
NHS Pensions: Provides advice on ill health retirement and injury benefits.	www.nhsbsa.nhs.uk
Payroll:	Payroll oneHR (bfwh.nhs.uk)
Unions:	RCN 0345 772 6100 rcn.org.uk Internal RCN Rep – Maggy Heaton 01253 955198 Maggy.Heaton@rcnreps.org.uk Unison 0800 0857 857 Internal Unison Rep – Tony Gilbert 07931434976 unisonblackpoolhealth@gmail.com Unite Contact Us - Unite The Union Internal Unite Rep – Barry Casey 01253 956114

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