



Health, Wellbeing & Attendance Policy

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Policy context

The health and wellbeing of everyone that work for the Trust is of high priority and has a direct impact on the care provided to service users.

Wellbeing, sickness and illness related matters will be managed fairly, effectively and consistently for everyone. The policy will identify support and intervention to aid attendance and support for those unable to work due to illness whilst also providing a transparent management process for all for all.

Policy requirement (see Section 2)

The purpose of this policy is to provide a clear and robust framework and guidance for consistent wellbeing support and absence management across the Trust that is in line with all legal requirements and best practice approaches.

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1: Introduction

Rationale (why):

To support all people and those that line manage in working together to identify options to help maintain positive wellbeing and attendance at work.

For people with long term conditions and/or disabilities, to have sustainable plans that help in their longer-term recovery or where necessary, a mutually agreed and acceptable level of functionality, through reasonable adjustments, to perform their contractual/agreed duties.

Scope (when, where and who):

This policy applies to everyone working within the Trust substantively or on a fixed term contract including the medical workforce.

Principles (beliefs):

Everyone working within the Trust has a responsibility to familiarise themselves with the requirements of this policy. The Trust is committed to the health, safety and wellbeing of all individuals.

It is acknowledged that there are times when people are unwell and therefore unable to attend work. The Trust does not advocate that people attend work when they are not fit to do so. The Trust is committed to supporting people in their recovery and a successful return to work.

The Trust will endeavour to support individuals by raising awareness of the benefits of optimum health and wellbeing, including the prevention of ill health and promotion of recovery from sickness and absence from work.

Our values of compassion, inclusion and commitment describe our core ethics and principles. They guide our culture and are underpinned by our everyday behaviours.



2: The Policy

The purpose of this policy is to provide a clear and robust framework and guidance for consistent wellbeing support and absence management across the Trust that is in line with all legal requirements and best practice approaches.

3: The Procedure

3.1 Reporting a Period of Absence

The Trust recognises that people will experience periods of short-term or long-term illnesses. To have the right and timely support, everyone must report their absence to their line manager or a nominated deputy at their earliest opportunity.

For those working in clinical roles this should be no later than 2 hours prior to the start of their shift. It is recognised that there may be reasons why this may not be possible, and this will be considered on an individual basis.

If people cannot speak directly to either their manager or deputy, they must leave a contact number for their manager to get in touch at the most appropriate time.

When calling to report an absence due to sickness, people should provide the following information:

- the reason for absence (including if the absence is related to a workplace issue/incident)
- likely date of return
- arrangements for maintaining contact with their line manager and next appropriate time to speak
- contact number (manager to check and update ESR records if required).

Where the notification procedure is not followed, the absence may be deemed as unauthorised absence and may result in withdrawal of pay and/or formal disciplinary action.

3.2 Record Keeping

Managers will be responsible for maintaining records of attendance for each member of their team using the ESR System.

It is imperative that accurate absence records are kept which should include:

- dates of absence and the reason(s) for absence including any known medical diagnosis
- copies of return to work forms, Fit Notes are retained for the personal file
- Occupational Health reports
- Any other information associated with the management of an individual's absence from work, inclusive of telephone contact records, review meetings

relating to long term sickness absence and any paperwork relating to progressing through any levels of this policy

3.3 Recording Part Days of Absence

If an individual returns from sickness absence and then subsequently goes home unwell again on the same day, then this will be counted as a continuation of their previous absence.

If an individual attends work and becomes unwell during the course of the day, then they should report this to their line manager. If they need to go home, the remainder of the day is not counted as sick leave. Should they report as being unfit for work the following day, this will be counted as their first day of absence.

The manager should keep a record of part day absences on the return to work form and inform the individual this will be monitored for any patterns. The Manager must seek advice from the People Team if someone within their team repeatedly presents as unfit for work or becomes unfit during the shift/working hours.

3.4 Self-certification and Fit Note Requirements

| Length of Absence | Type of Certification | When to Submit/Notify | Who to Submit to/Notify |
|-------------------------------|--|--|---|
| Seven calendar days or less | Self-certification form (See Sickness Absence Toolkit). | Recording of absence should be made on first day of absence and completed upon return to work. | Immediate line manager (or nominated deputy). |
| More than seven calendar days | Electronic or hard copy Medical or GP certificate/ statement of fitness for work for the period of time beyond the first seven days. | As soon as reasonably possible and no later than three days (allowing for postage) from the date on which any previous certificate expires. N.B Fit notes can be sent via email | Immediate line manager (or nominated deputy). |

3.5 Sick Pay Entitlement

During periods of absence due to illness, people will be entitled to receive the following in terms of sick pay, in accordance with Agenda for Change Terms and Conditions. Sick pay is calculated on basis of a rolling 12 month period.

| Length of Service | Full Pay | Half Pay (once full pay has been exhausted) |
|-------------------|----------|---|
| Up to 1 year | 1 month | 2 months |
| Up to 2 years | 2 months | 2 months |

| | | |
|---------------|----------|----------|
| Up to 3 years | 4 months | 4 months |
| Up to 5 years | 5 months | 5 months |
| Over 5 years | 6 months | 6 months |

In the event of employment coming to an end, entitlement to sick pay will cease from the last day of employment.

3.6 Sickness Absence Triggers

The following periods of sickness absence in a rolling 12 month period will trigger the formal stages of the sickness absence procedure as set out below.

- one episode of 8 or more calendar days in any rolling twelve-month period (including long-term sickness)
- an accumulated total of 8 calendar days, across multiple absences, in any rolling twelve-month period
- 3 individual episodes of sickness absence in any rolling twelve-month period
- where there is a pattern of absence, for example sickness surrounding weekends, annual leave, bank holidays, particular shift patterns, etc. This may be over a longer reporting period, i.e., more than 12 months.

For episodes of long-term sickness, the formal process outline in the policy will start when a person has been absent due to sickness for four consecutive weeks (28 calendar days).

The Trust is committed to supporting colleagues with long term health conditions/ disabilities in line with the Equality Act 2010. In exceptional circumstances or, where an individual has or develops a disability, reasonable extension of the triggers for review can be considered in line with this policy and advice from the People Team and Occupational Health.

3.7 Return to Work Meeting

Return to Work (RTW) meetings are an essential part of the support process offered to anyone that has experience an episode of ill health. The meeting offers an opportunity for individuals and line managers to discuss health updates relating to an illness, update people on changes at work and explore ways in which people be supported to maintain attendance at work.

A RTW meeting should be held following every period of sickness absence (short-term and long-term). This should be held no later than 7 calendar days after the individuals have returned to work or, where this is not possible due to service demands, as soon as reasonably practicable.

The meeting should cover the following areas (if applicable);

- Any reasonable adjustments required

- Sign posting to the Employee Assistance Programme (EAP)
- Occupational Health referral
- Details of the individuals absence from the last rolling 12-month period, including dates and reasons for absence recorded
- What absence triggers has been met in accordance with the policy

(This is not an exhaustive list and the People Team will be happy to support anyone with queries).

The RTW discussion should be completed in a compassionate, sensitive, and constructive manner and be recorded using the Trusts Return to Work Template in the Sickness Absence Toolkit and entered on to ESR.

Copies of these forms should be held on personal files. It should be noted that the documentation completed during a RTW meeting may form part of future absence management meetings and it is essential that information is recorded consistently and accurately.

Managers are responsible for identifying and deciding any further actions taking into consideration individual circumstances. Should a trigger point be breached the manager will inform the individual, during the return to work, that they will be invited to a formal Stage 1, Stage 2 meeting or Final Stage Hearing.

3.8 Wellness Action Plans

For people who are living with long term health conditions and or disability (both physical and mental) a Wellness Action Plan can help both the person and manager establish and agree a set of actions supporting wellbeing at work and aid recovery. A template can be found in the Sickness Absence Toolkit.

A Wellness Action Plan helps people to develop an awareness of their working style, the impact their condition has in the workplace and an acknowledgement of stressors and their responses. Where someone has had to take time off as a result of a mental health problem, a Wellness Action Plan can be used as part of the return to work process to set out collaboratively what steps are needed to plan and support recovery.

For further information on all the above sections please refer to Sickness Absence Toolkit.

3.9 Managing Short-term Sickness Absence

3.9.1 Informal Attendance and Wellbeing Meeting

The informal wellbeing meeting allows a person to meet with their manager at the earliest opportunity to discuss any concerns around attendance or general

wellbeing that may be impacting their performance or attendance at work up to that point or considering future support.

This meeting is intended to be a proactive and supportive discussion to allow for early identification of support required in improving attendance at work, their capability when present and exploring ways in which to improve individual health and wellbeing.

A record of this discussion and any agreed action points must be summarised using the Informal Wellbeing Discussion template within the Sickness Absence Toolkit.

3.9.2 Stage 1 – Attendance and Wellbeing Meeting

The Stage 1 Attendance and Wellbeing Support meeting is the first formal stage of the sickness management process. It will be used where any of the sickness absence triggers have been met (section 3.6).

Individuals will be invited to the meeting by their line manager and be held within 2 weeks of the RTW meeting. If this is not possible due to leave or unforeseen circumstances, this must be recoded, and the meeting convened as soon as possible. The individual will be given at least five working days' notice in writing for the meeting. Template invite letters can be found in the Sickness Absence Toolkit.

Individuals have the choice to be accompanied by a recognised Trade Union representative or work colleague should they wish. If the Trade Union representative or workplace colleague cannot make the meeting, individuals should propose an alternative time and date which is within five working days following the date of the original meeting.

Please note meetings may be held in the absence of a Trade Union representative or workplace colleague to avoid significant delays.

At the Stage 1 Attendance and Wellbeing Support meeting, member of the People Team will not normally be in attendance, however the manager or individual may request their attendance if required.

The meeting should cover the following areas (if applicable);

- Any reasonable adjustments required
- Sign posting to the Employee Assistance Programme (EAP)
- Occupational Health referral
- Details of the individuals absence from the last rolling 12-month period, including dates and reasons for absence recorded
- What absence triggers has been met in accordance with the policy

(this is not an exhaustive list and the People Team will be happy to support anyone with queries).

Individuals will go through a 24-week review period commencing from the date of the Stage 1 Attendance and Wellbeing Support meeting. The monitoring triggers for this period will be:

- No more than 2 episodes of absence or,
- No more than 7 calendar days

During this review period if, either trigger is reached the individual may progress to a Stage 2 Attendance and Wellbeing Support meeting.

An extended period of monitoring may be initiated, where deemed reasonable i.e. there is a pattern to the absence history/monitoring. This should be discussed with a member of the People Team prior to agreement.

Details of the meeting and any agreed outcomes will be confirmed in writing using the templates within the Sickness Absence Toolkit, shared with the individual with a copy held on their personnel file.

If the individual's attendance does not meet the triggers in the Stage 1 review period, the Stage 1 Notice of Absence will be considered to have expired, and they will revert to the sickness absence triggers in section 3.6.

3.9.3 Stage 2 – Attendance and Wellbeing Meeting

Where people reach the triggers of absence during the Stage 1 Review Period, they will be invited to a Stage 2 Attendance and Wellbeing support meeting by their line manager. Any sickness episodes used as triggers for Stage 1 will not be considered as part of the triggers to escalate to Stage 2.

Arrangements and considerations for the Stage 2 meeting should follow the same guidelines as Stage 1 however, at this stage, the meeting would normally be supported by a People Team representative.

A 24-week review period will commence at a Stage 2 level with the same triggers as Stage 1.

During this review period if, either trigger is reached the individual may progress to a Final Stage Hearing. Any sickness episodes used as triggers for Stage 2 will not be considered as part of the triggers to escalate to a Final Stage Hearing.

An extended period of monitoring may be initiated, where deemed reasonable i.e. there is a pattern to the absence history/monitoring. This should be discussed with a member of the People Team prior to agreement.

Details of the meeting and any agreed outcomes will be confirmed in writing using the templates within the Sickness Absence Toolkit, shared with the individual with a copy held on their personnel file.

If the individual's attendance does not meet the triggers in the Stage 2 review period, the Stage 2 Notice of Absence will be considered to have expired, and they will revert to the sickness absence triggers in section 3.6.

3.10 Managing Long-term Sickness Absence

The Trust defines an absence of greater than 28 days as long term (medical certificates from a medical professional are required to cover sickness absence after the first seven days). Whilst individuals are absent due to long-term ill health, managers should arrange regular wellbeing meetings, these can be face to face, by telephone or virtually. As a minimum it is expected that meetings take place at the following intervals which may be supported by a member of the People Team:

- Four weeks of continued absence
- Each month thereafter unless the line manager and the individual mutually agreed different intervals/dates.

It should be noted that it is not necessary for the manager to wait until four weeks have passed before inviting someone to a meeting or to make a referral to the Occupational Health. Where people have stated stress related absence as a reason it is recommended that earlier management and Occupational Health support is put in place.

3.10.1 Wellbeing Meetings During Long-term Sickness Absence

People absent due to long-term sickness will be invited by their manager to attend a wellbeing meeting in writing giving at least 5 working days' notice. The first meeting should take place after the fourth week of continued absence. For additional support, people can be accompanied by a recognised Trade Union representative or workplace colleague. A member of the People Team will also be in attendance as required. Consideration should be given to when and how these meetings are held in order to make the meeting as supportive as possible i.e. face to face or virtual.

The outcome of each wellbeing meeting should be confirmed in writing to the individual and a copy retained on the personal file. At the first meeting a discussion about a referral to Occupational Health should be undertaken along with other wellbeing offers, if not previously actioned.

The purpose of wellbeing meetings on an ongoing basis should include:

- discuss the absence, treatment, and recovery
- completion of a referral to Occupational Health
- consider what support can be put in place for the individual to facilitate a return to work (if this is imminent) and maintain their health and wellbeing in the workplace
- consider any disability issues and reasonable adjustments
- provide updates about any changes at work directly impacting the individual
- discuss plans to return to the workplace
- discuss impact on pay and terms and conditions of their absence
- consider redeployment (seek advice from Occupational Health)
- ill-health retirement (seek advice from Occupational Health)

If all options have been explored and are either not available or suitable and medical advice indicates there is no likely prospect of a return to work within a reasonable timeframe, the manager, in consultation with The People Team should submit a report, detailing the case and outlining the criteria listed above. The report will be considered at a Final Stage Hearing.

3.11 Final Stage Hearing

The Final Stage Hearing is a formal hearing panel which will be chaired by a senior manager, who has not previously been involved in the case and will be supported by a People Team representative and convened in the following circumstance:

- Where a people have progressed through Stage 1 and Stage 2 of this policy (including episodes of long-term absence)
- Where someone continues to be absent due to long term illness and they have been managed appropriately under the policy

The manager will inform the individual during the return to work or long-term wellbeing meeting of this decision. Prior to moving to a hearing, the manager will ensure that:

- All return to work meetings have taken place for the absences being presented
- All documents are accurate and relate to the management of sickness absence for the particular person
- Occupational Health advice has been provided where necessary
- Evidence of any support/adjustments provided to the individual is available for the case, including where necessary documentation that supports the efforts of redeployment

The necessary individual will be invited to attend the Final Stage Hearing having been given at least ten working days' notice in advance of the hearing. The management case that will be presented will be shared with the individual and their representative at least ten days prior to the hearing which with support of a People

Team representative will provide a factual report of the individual's absence history and any interventions that have taken place.

Any statement of case that the individual wishes to submit in response to the management case should be received by the panel and management at least five working days in advance of the hearing.

The individual is entitled to be accompanied by a recognised Trade Union representative or workplace colleague. During the hearing, individuals will have the opportunity to provide their response to managements case.

The panel may decide on one or a combination of the following outcomes of a Final Stage Hearing:

- For the individual to remain under their current monitoring period or in the case of long-term absence to continue to receive their wellbeing review for a defined period
- For Stage 2 of the formal process within this policy to be repeated
- To redeploy the individual to an alternative role with reasonable adjustments in place (either in a temporary or permanent capacity based on Occupational Health recommendations)
- To dismiss the individual from the Trust due to their continued absence(s) or lack of capability due to ill health

The outcome of the panel hearing will be confirmed in writing within 5 working days of the hearing and copy retained on the personal file.

3.12 Appeal Process

Where an individual is dismissed under the provisions of this policy, they are entitled to appeal in line with the Trust's Appeal Procedure. To register an appeal the individual must put their reasons in writing to the relevant Associate Director/Head of Service of the service area as identified in their outcome letter of the hearing within 10 working days of the date of the letter confirming their dismissal. If additional time is needed to submit an appeal, the individual must request this from the named People Partner for their area.

The appeal manager will then be identified as independent from the original Final Stage Hearing. The individual will be invited to an Appeal Hearing and notified of the date within 10 working days of submitting their appeal (if this is not possible, they will be notified in writing).

3.13 Other Considerations Under this Policy

3.13.1 Occupational Health Referrals

The Trust believes that supporting people to maintain good health and attendance at work is of extremely high importance and invests in an Occupational Health service to assist with this.

Although referrals can be made for short-term absence, where people are absent or are expected to be absent for at least four weeks or more, the manager will send a referral to Occupational Health for an assessment and to obtain advice regarding the options that might support a return to work. This advice is to be discussed with the individual at the wellbeing review meetings.

A referral to Occupational Health will ask for the persons consent for the referral to be considered. All Occupational Health referrals should include a copy of the persons current job description and questions will be based on a case-by-case basis.

Where managers feel they require further assistance, they should contact Occupational Health and the People Team to arrange a Case Conference.

There are various circumstances where the Trust stipulates that an Occupational Health referral is mandatory which are:

- work related stress
- injury at work
- musculoskeletal disorder

Managers and individuals may want to consider support options which may include the below.

| | |
|--------------------------------------|---|
| Occupational Health | Via Manager referral |
| Employee Assistance Programme | People can access on-line and telephone support. Information on how to access this can be found on Connect: Employee Assistance Programme (counselling and confidential 24/7 advice and support) (sharepoint.com) |
| Trust Wellbeing pages | Health and Wellbeing - Health and Wellbeing (sharepoint.com) |
| Access to Work | Support for those in work with disabilities https://www.gov.uk/access-to-work |
| Mind | A mental health charity offering support and guidance www.mind.org.uk |

3.13.2 Reasonable Adjustments

If the Occupational Health assessment suggests the possibility of adjustments to a person's role and/or workplace to facilitate a return to work, the manager will explore this in consultation with the People Team and the person where appropriate, (this may include support through Access to Work).

If the adjustments are not reasonable or practical, other options should be explored including redeployment. Should the adjustments be for a temporary period of time, this should be agreed and reviewed as appropriate. The Wellness Action Plan form can be used as a framework for this purpose.

3.13.3 Therapeutic Return to Work

This allows people absent due to long term sickness to start to make links with the workplace prior to a full/phased return to work. This can help to settle people back into work. Under this option there would not be the expectation that the individual carries out the full duties related to their role. This is an opportunity to come back into the workplace, reconnect with the team, complete training etc.

The line manager and individual should take advice from Occupational Health or the GP where necessary. The therapeutic return to work should exceed two weeks. The individual returning to work under this provision should not work more than 16 hours per week and the number of hours agreed should take into consideration people that contractually work part-time.

Fit Notes will be required during a therapeutic return to work and will continue to be classed as absent for recording and sick pay purposes.

Following this, the individual and manager should meet and consider options to return to work or if this has been unsuccessful, then the sickness would continue and ongoing support as per this policy should be explored.

3.13.4 Phased Returns

A phased return may be advised by Occupation Health (or by a GP in a statement of fitness to work) which is more likely when someone has been absent from work for a long period of time or in cases of managing a disability or long-term condition and is in a position to make an attempt at fully returning and carrying out their duties.

In these circumstances, a phased return to work is designed to allow the individual to build up to working at normal capacity and their normal contracted hours. A phased return to work will not typically exceed two weeks without the agreement of Occupational Health/People Team and Management and will be on full basic pay.

For any phased returns extending beyond two weeks the individual should look to use paid annual leave or unpaid leave to cover the hours not worked. What type of leave is used is to be discussed and agreed locally with the line manager.

If after 2 weeks (unless mutually agreed by all parties) the phased return has not been successful a review in line with this policy will be initiated.

3.13.5 Stress Related Absence

Where people report stress or other mental health related reason for their absence, the Trust will offer immediate support to ensure the quickest and most effective support package is put in place.

This will include consideration of the following:

- An immediate Wellbeing meeting
- Use of the Stress Risk Assessment Tool found in the Management of Stress Policy
- Immediate referral to Occupational Health for support (A requirement for Work Related Stress)
- Immediate signposting to the Employee Assistance Programme /Spiritual Care Services

(For further guidance please refer to the Trust Management of Stress Policy)

3.13.6 Medical Appointments

It is encouraged that non-urgent medical appointments, where possible, are made outside of working hours or at the end or start of the working day. People will be given reasonable time off to attend appointments when evidence of the appointment is provided in advance of the appointment, and this should be facilitated where possible.

The Trust actively supports people who are taking part in screening and/or vaccination programmes that aid the management of their health and wellbeing. Reasonable time off should be discussed and agreed to attend appointments.

Paid time away from work for treatment, rehabilitation and assessment of an underlying health condition is a reasonable adjustment under the Equality Act 2010. It may be for a long or short period of time, should be planned in advance and is for a fixed period of time.

The Trust will support each case on an individual basis when determining how much paid leave is granted however this will be considered based on two working weeks (pro rata) being deemed as reasonable. This leave is to be utilised and agreed in advance and is not an entitlement, nor a substitute for sick leave. If an

individual needs more time to help manage their underlying health condition this can be agreed at the discretion of the Associate Director/Clinical Director responsible for their division with People Team support.

3.13.7 Planned Medical or Critical Surgery

People may suffer life threatening injuries or have underlying health conditions or disabilities that require planned or critical surgical intervention. In these cases, the absence will continue to be recorded as sickness and pay would be in line with terms and conditions. However, the absence will be exempt from the triggers of this policy.

3.13.8 Medical Suspension

Managers have a duty of care to consider the application of medical suspension if they have concerns that someone in their team who is not medically certified as being unfit for work is experiencing significant health issues with the implication of placing either themselves, service users, colleagues, or visitors at risk. Only an Associate Director or equivalent level manager has the authority to make this decision based on advice from The People Team with any further professional input, as necessary.

Medical suspension will be on full basic pay and should not be longer than seven days in which time the individual must seek advice from their GP regarding their fitness to work. If it is determined by the GP that the individual is unfit for work, medical certificates will be required in accordance with the provision of this policy. The manager should make an urgent referral to Occupational Health immediately to obtain the appropriate advice.

Should the medical opinion indicate that the individual is fit for duty then the manager must arrange the immediate return to work by contacting the individual and confirming arrangements of their return accordingly.

3.13.9 Medical Redeployment

This can be temporary as part of supporting individuals back into the workplace withing the phased return to work plan, a short-term measure helping people to work in a less demanding or safer environment or, permanent.

Permanent medical redeployment should be considered where the individual is no longer able to fulfil the duties of their current role due to their medical condition or ill health and/or reasonable adjustments have not improved the situation.

The decision should be made in conjunction with Occupational Health and People Team along with any specialist advice where necessary from a medical professional. Discussions around medical redeployment should be openly

discussed with the inclusion of the individual. The individual is entitled to a four weeks trial when a role has been identified.

The effort to find permanent redeployment will be limited to 3 months (excluding the time period on a trial period) with the aim to successfully redeploy the individual.

Following a trial period if the individual refuses to accept the role permanently then they will remain on the redeployment for the remainder of the 3 months. Where the redeployment is successful into a lower banded post the individual will not be entitled to any pay protection.

Where redeployment options have been explored and have not been successful or, where the individual has unreasonably declined a permanent post deemed suitable by the Trust, the manager will inform the individual that the case will be referred to a Final Stage Hearing.

3.13.10 Ill Health Retirement

If medical advice or Occupational Health indicate the individual is unfit to undertake their role or any alternative role for the foreseeable future and they have more than two years NHS pensionable service, an application for ill health retirement (AW33E form available from payroll) may be considered as an option to pursue.

Support from the People Team should be sought when starting an application for ill health retirement.

The process of initiating a Final Stage Hearing can run concurrently to the application of ill health retirement.

3.13.11 Pregnancy Related Illness

If someone has episodes of pregnancy-related sickness, then a meeting/s should take place to ensure their sickness is kept under review and the appropriate support provided.

This meeting should reflect the approach of an informal wellbeing review meeting, as detailed earlier in this policy.

Any additional risk assessments should be conducted in accordance with the Trust's Family Leave Policy as may be identified or required as a result of Return to Work meeting or wellbeing meetings.

Pregnancy-related sickness absence, in its entirety, will be counted for sickness monitoring purposes but will not form the basis to progress through the stages of

this policy. Where people are absent due to long term pregnancy related sickness, managers should complete a referral to Occupational Health.

Sickness absence that is unrelated to the pregnancy will be progressed through the stages up to and including a Final Stage Hearing in accordance with this policy should it be deemed appropriate.

3.13.12 Infection Control

Any person that may be suffering from a contagious illness must declare this to their line manager immediately. Managers are also required to contact the People Team and Infection Control team for further advice and guidance.

Any person that is absent due to diarrhoea and vomiting must be excluded from coming to work for a period of 48 hours after they are symptom free. The 48-hour symptom free period should be categorised as 'Medical Suspension - Infection Control' and will be paid leave except where people fail to comply with this procedure or requests from Infection Control and Prevention to provide samples for testing.

Any period of absence prior to this will be considered as sickness absence and recorded as such. This infection control rule will apply if someone is off with one or both symptoms.

3.13.13 Work Related Injury/Illness

Any absence caused by an accident or injury at work should immediately be recorded in line with the Trust Incident Reporting and Management Policy, details of which are available via the Risk Management pages on Connect.

Accidents that require reporting under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) will be handled in line with this process by the Trusts Responsible Officer within Health and Safety.

Injury at work should not be considered as a reason for escalation in line with triggers and will normally be classed as an exemption. Consideration should be given to the legal requirement to report any injury sustained at work. Further information can be found on the Risk Management Team connect pages.

As a matter of support the manager should:

- ensure the environment is safe for all colleagues, patients and visitors
- refer the individual to Occupational Health

Those that are absent due to injuries, diseases or other health conditions sustained or contracted in the discharge of their duties of employment which are wholly or mainly attributable to their NHS employment, whom the employer determines are

eligible to receive injury allowance will be supported with their application by their line manager and the People Team. See the Sickness Absence Toolkit for more information.

3.13.14 Supporting People with a Terminal Illness

The Trust is in support of the 'Dying to Work Campaign' (<https://www.dyingtowork.co.uk/>) and in doing so recognises that sometimes the nature of the illness is such that the person is unlikely to work again.

In other cases, an individual may decide that they do not wish to work anymore and would rather spend their remaining time with their family and friends, getting their affairs in order or simply doing what they want. If someone is unlikely to work again and is not expected to live longer than a year, the Trust is committed to agreeing they will not dismiss any person with a terminal diagnosis because of their condition.

3.13.15 Undertaking Bank Work

In support of an individual's health and wellbeing and phased return to work plans, people will not be able to undertake any bank work or overtime for the Trust until they have worked at least 1 substantive shift following any episode of sickness or during their phased return to work plan where one has been put in place.

If there are any concerns about the impact of undertaking regular bank work on the persons' health, further advice will be sought from Occupational Health.

It is at the Trust's discretion to offer bank work, and for any those at Stage 2, consideration may be given to restricting bank work during their monitoring period to enable them adequate time to improve their attendance at work or recovery from illness.

Whilst absent from work, people must not engage in any other paid or unpaid work. To do so without prior notification may be considered as fraud and the matter referred to the Local Counter Fraud Team and result in possible disciplinary/criminal sanctions.

3.13.16 Secondary Employment

It is recognised that in some instance's people undertake employment in addition to their substantive role with the Trust. The Trust believes that it is reasonable for people to have other employment contracts providing this does not interfere with the duties of the role carried out for the Trust and do not contravene the Working Time Directive.

Where someone is unable to undertake their duties for the Trust due to sickness, it is the Trust's belief that they may also be unfit to undertake any secondary employment if, the secondary employment is:

- of the same, or similar nature to their duties at the Trust, and/or
- detrimental to their recovery

Working for a secondary employer whilst on sick leave from the Trust in these circumstances could be considered as fraud and may result in a referral being made for investigation by the Local Counter Fraud Team. Such investigations could result in criminal and/or disciplinary action being taken against the individual.

3.13.17 Annual Leave and Sickness Absence

People will continue to accrue annual leave whilst off sick. It is possible for individuals who are absent from work on long term sick leave to request to take or be paid for all or part of their annual leave prior to returning to work without breaking their sickness record. Any pre booked annual leave can be claimed if that falls within a period of sickness (excluding bank holidays) provided the person submits a GP or medical certificate/statement of fitness to cover the absence.

Sick pay will be interrupted by any time requested as annual leave and will resume at the end of the annual leave period. This may be particularly beneficial for people who have entered a period of half or no pay.

If a person falls ill during annual leave, they may be able to claim back their annual leave (except for bank holidays). To claim back annual leave, a GP or medical certificate/statement of fitness for work will be required and provided to the line manager, even if a person falls ill whilst abroad.

3.13.18 Carry Over of Annual Leave

Where, as a direct result of long term sickness absence, people have been prevented from taking their minimum annual leave entitlement the normal carry over rules may not apply. Individuals will have the right to carry forward the statutory amount of 20 days (pro-rata) of leave (less any annual leave taken already) into the next annual leave year. Managers should discuss this with their People Team representative.

4: Responsibilities

| Post(s) | Responsibilities | Ref |
|------------------------------------|---|------------|
| All colleagues of the Trust | To work in line with the guidance of the policy and timescales. | |

| | | |
|--|---|--|
| Service, Clinical and Corporate Directors | To promote the principles of people wellbeing and ensure people work within the framework provided. | |
| Policy Lead | Monitor any developments/changes that impact the policy content or processes. | |
| Executive Director | To promote the principles of the policy and ensure people work within the framework provided. | |
| Others | To work in line with the guidance of the policy and timescales. | |

5: Development and Consultation process

- JOSC
- MAC
- PAC
- AHPAC
- Counter fraud
- EDI View
- Staff Networks

| Consultation summary | | |
|--|----------------------------|---------------------------|
| Date policy issued for consultation | 07 February 2023 | |
| Number of versions produced for consultation | 1 | |
| Committees / meetings where policy formally discussed | Date(s) | |
| JOSC | February 2023 | |
| PDMG | May 2023 | |
| TCSE | July 2023 | |
| Where received | Summary of feedback | Actions / Response |
| | | |
| | | |

6: Reference documents

- Menopause Toolkit
- Management of Stress Policy
- Substance Abuse policy
- Flexible working policy
- Family Leave policy
- Trust Appeal Procedure

7: Bibliography

- Equality Act 2010
- NHS Business Authority
- NHS Employers

8: Glossary

- None

9: Audit and assurance

| Elements to be monitored | Lead | Tool | Frequency | Reporting Committee |
|--------------------------------------|---------------|---------|-----------|---------------------|
| Return To Work Interviews | HR Operations | Reports | Monthly | TCSE |
| Management of sickness Absence Cases | HR Operations | Reports | Monthly | TCSE |
| Sickness Absence Rates | HR Operations | Report | Monthly | TCSE |

10. Appendices:

- Appendix 1 – Equality Analysis Screening Form

Appendix 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

| | | | |
|---|--|-----------------------|------------------------------|
| Title of Policy | Health, Wellbeing and Attendance Policy | | |
| Person Completing this policy | Taj Ghai | Role or title | Senior People Partner |
| Division | Corporate | Service Area | People and Culture |
| Date Started | February 2023 | Date completed | February 2023 |
| Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation. | | | |
| The purpose of this policy is to provide a clear and robust framework and guidance for consistent wellbeing support and absence management across the Trust that is in line with all legal requirements and best practice approaches. | | | |
| Who will benefit from the proposal? | | | |
| All staff | | | |
| Does the policy affect service users, employees or the wider community? <i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i> | | | |
| People working within Birmingham and Solihull Mental Health NHS Foundation Trust. | | | |
| Does the policy significantly affect service delivery, business processes or policy? <i>How will these reduce inequality?</i> | | | |
| The policy aims to support those experiencing episodes of sickness both long and short-term. The policy supports people with disabilities to continue working and delivering a service in the best way possible. | | | |
| Does it involve a significant commitment of resources? | | | |

How will these reduce inequality?

Managers will apply the policy consistently with all people within their teams using the framework and return to work procedures. This will ensure equality across all teams with specific discussions that will support people with underlying health conditions or disabilities through the use of phased return to work plans, redeployment options and/or reasonable adjustments.

Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)

The policy relates to supporting people with underlying health condition/disabilities to provide a safer working environment and ensuring they are fully supported through the options outlined within the policy.

Impacts on different Personal Protected Characteristics – Helpful Questions:

| | |
|--|--|
| <p><i>Does this policy promote equality of opportunity?</i></p> <p><i>Eliminate discrimination?</i></p> <p><i>Eliminate harassment?</i></p> <p><i>Eliminate victimisation?</i></p> | <p><i>Promote good community relations?</i></p> <p><i>Promote positive attitudes towards disabled people?</i></p> <p><i>Consider more favourable treatment of disabled people?</i></p> <p><i>Promote involvement and consultation?</i></p> <p><i>Protect and promote human rights?</i></p> |
|--|--|

Please click in the relevant impact box and include relevant data

| Personal Protected Characteristic | No/Minimum Impact | Negative Impact | Positive Impact | Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics. |
|--|--------------------------|------------------------|------------------------|---|
| Age | x | | | It is anticipated that age will not have an impact in terms of discrimination as this policy ensures that all people should be treated in a fair, reasonable and consistent manner irrespective of their age. We are mindful that people may require more health related support with age and the policy aims to support people to maintain their ability to continue working to point of their choosing. |

Including children and people over 65
Is it easy for someone of any age to find out about your service or access your policy?

| Are you able to justify the legal or lawful reasons when your service excludes certain age groups | | | | |
|---|----------|----------|--|---|
| Disability | | x | | Our current workforce comprises of 5.6% of people with a disclosed disability. Whilst the policy aims to support everyone in maintaining a healthy attendance at work, disability may result in people not being able to fulfil their roles. In this event, people may be supported through various options as per the policy, however, outcomes may result in dismissals on the grounds of capability. Efforts will be made on a case-by-case basis to support people and to explore options of ill-health retirement. |
| Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families? | | | | |
| Gender | x | | | It is anticipated that gender will not have an impact in terms of discrimination as this policy ensures that all people should be treated in a fair, reasonable and consistent manner irrespective of their gender identity. The Trust has now set up a Women's Network who will be meeting on a monthly basis and is in the process launching a Men's Network. |
| This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy? | | | | |
| Marriage or Civil Partnerships | x | | | It is anticipated that marriage or civil partnership will not have an impact in terms of discrimination as this policy ensures that all people should be treated in a fair, reasonable and consistent manner irrespective of their marriage or civil partnership. This is dependent on people feeling comfortable about being open about their Marriage or Civil Partnership status. |
| People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters | | | | |

| | | | | |
|--|----------|--|----------|---|
| Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships? | | | | |
| Pregnancy or Maternity | | | x | Pregnancy-related sickness absence, in its entirety, will be counted for sickness monitoring purposes but will not form the basis to progress through the formal stages of this policy. Where people are absent due to long term pregnancy related sickness, managers should complete a referral to Occupational Health. |
| This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity? | | | | |
| Race or Ethnicity | x | | | The Trust is working towards becoming an Anti-Racist organisation. It is anticipated that Race or Ethnicity will not have an impact in terms of discrimination as this policy ensures that all people should be treated in a fair, reasonable and consistent manner irrespective of this. This is also dependent on people feeling comfortable about being open about their heritage or refugee status. |
| Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language? | | | | |
| Religion or Belief | x | | | It is anticipated that religion or belief will not have an impact in terms of discrimination as this policy ensures that all people should be treated in a fair, reasonable and consistent manner irrespective of this. This is also dependent on people feeling comfortable about being open about their religion or belief. |
| Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? | | | | |

| | | | | |
|---|------------|-----------|---|--|
| When organising events – Do you take necessary steps to make sure that spiritual requirements are met? | | | | |
| Sexual Orientation | x | | | We currently have LGBTQ Staff Network who meet regularly where information is shared. It is anticipated that sexual orientation will not have impact in terms of discrimination as this policy ensures that all people should be treated in a fair, reasonable and consistent manner irrespective of this. |
| Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea? | | | | |
| Transgender or Gender Reassignment | | | x | Reasonable time off for pre/post reassignment is available to individuals. Where sickness occurs related to any procedure for gender reassignment, this will not count towards escalation through the formal process of the policy. |
| This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your policy or service? | | | | |
| Human Rights | | | x | The policy protects the human rights of those working within the Trust. |
| Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position? | | | | |
| If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998) | | | | |
| | Yes | No | | |

| What do you consider the level of negative impact to be? | High Impact | Medium Impact | Low Impact | No Impact |
|---|-------------|---------------|------------|-----------|
| | | | x | |
| <p>If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.</p> | | | | |
| <p>If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.</p> <p>If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead.</p> | | | | |
| <p>Action Planning:</p> | | | | |
| <p>How could you minimise or remove any negative impact identified even if this is of low significance?</p> | | | | |
| <p>EDI Leads will work with the organisation to reduce impact of any detriment experienced by reports of concerns.</p> | | | | |
| <p>How will any impact or planned actions be monitored and reviewed?</p> | | | | |
| <p>Feedback from reports of concerns, escalating concerns through governance routes. Regular audits and policy updates, communication to managers through Operational Meetings.</p> | | | | |
| <p>How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.</p> | | | | |
| <p>EDI Communications plan and trust wide promotion in ways accessible to ALL people without the reliance upon electronic communications.</p> | | | | |
| <p>Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis</p> | | | | |

