



Sickness Absence Management Policy

This procedural document supersedes: CORP/EMP 1 v.6 - Sickness Absence Policy.



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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 7		This policy has undergone a complete review - please read in full	Diane Culkin

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1 INTRODUCTION

1.1 The Trust recognises that the success of our services is dependent upon the positive wellbeing and regular attendance of our employees. High levels of absence can disrupt the provision of services and patient care, impact negatively on morale and have financial implications, causing stress in those workers covering for absent colleagues. The Trust aims to improve the wellbeing of colleagues and, as a result, reduce the levels of sickness absence. This policy, therefore, encourages managers and employees at an early state to clearly identify and understand the causes of non-attendance and, in particular, that of sickness absence to initiate timely, appropriate and responsive interventions which can support and facilitate a return to work at the earliest opportunity.

1.2 Although every case will need to be handled sympathetically and according to each individual's circumstances, this policy has been developed to provide a consistent, fair and clear approach. In-order to proactively support employees, the Trust has in place a Health and Wellbeing Programme with regular initiatives, Physiotherapy and Counselling services, including an in-house Occupational Health provision, all of which are accessible through self-referral.

1.3 This policy is a statement of the Trust's approach to managing attendance and is supported by guidance which provides further detail regarding the procedures.

1.4 In applying this policy, the organisation will have due regard to the need to eliminate unlawful discrimination, to promote equality of opportunity, and to provide for good relations between people of diverse groups. In particular this will be on the grounds of the following characteristics protected by the Equality Act (2010); Age, Disability, Gender, Gender Assignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion or Belief, and Sexual Orientation, in addition to disrespecting the background, trade union membership, or any other personal characteristic.

2 PURPOSE AND SCOPE

2.1 This policy applies to all Trust employees.

2.2 It does not apply to individuals who are on secondment from external organisations or to Junior Doctors employed elsewhere/based on other sites, whose absence would be managed in accordance with that organisation's policies.

2.3 It does not apply to agency staff or other contracted 'workers'. Where there is a concern with the attendance of an agency worker or contractor the terms of engagement should be referred to for cessation of the contract.

2.4 The Trust is committed to ensuring that it treats its employees fairly and reasonably, that it complies with legal requirements and that it does not discriminate against individuals or groups on the basis of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sex.

2.5 In line with our Trust Vision, attendance is central to our ability to deliver a high level of service and promote good morale for all employees. This policy is aimed to aid the organisation to:

- Deliver services in a high quality and sustainable way
- Invest in our workforce to help them to reach their full potential
- Attract and retain the highest calibre of people
- Ensure that any issues with health are identified and dealt with quickly, sensitively, consistently and sympathetically.

2.6 The aim of the policy is to:

- Attain and maintain a healthy workforce, wherever possible enabling employees to continue to work or to enable a sustainable return to work following periods of ill health.
- Minimise the likelihood of work-related injury and ill health through the use of proactive risk management policies and procedures.
- Ensure appropriate support and guidance is available for individuals and managers.
- Provide support and interventions to individuals that have been unwell in their return to the workplace.
- Minimise impact on service delivery and patient care.
- Ensure all sickness absence is reported, managed and monitored appropriately.
- Ensure that where an employee's sickness absence gives cause for concern, the situation is dealt with in a fair, reasonable and timely manner with each case given due consideration to personal circumstances.

3 COMPLIANCE

3.1 This policy complies with the legislation, standards, guidelines, codes of conduct, and any other relevant documents listed in the Referenced Documents' Compliance section.

4 DUTIES & RESPONSIBILITIES

4.1 Trust Colleagues

4.1.1 Must familiarise themselves with this policy and ensure they take personal responsibility to attend work in accordance with their contract of employment in order to fulfil their contractual hours. The Trust does recognise, however, that from time to time individuals may be unwell.

4.1.2 Should inform their manager as soon as they are aware of any health issue that may have an impact on their ability to fulfil their duties, whether this leads to absence or not. This will allow proactive support to be initiated.

4.1.3 Where a period of sickness absence occurs, employees should ensure they follow the correct procedures for notification of absence, as set out in this policy and within the local absence notification procedures. This includes timely notification of their absence to their line manager and to the Sickness Absence Reporting Hotline, as well as timely notification of their fitness to return to work. Fit Notes should be submitted promptly and concurrently. In exceptional circumstances where individuals may be unable to verbally report their absence, they should refer to their local absence reporting procedure.

4.1.4 Should take every reasonable step and be proactive in obtaining the medical care they need in order to sustain their attendance at work or to enable their return to fitness and work as soon as possible. Individuals should contribute to and participate in return to work plans.

4.1.5 As part of the Trust's procedures for managing sickness absence, may be required to attend sickness support meetings or to attend Occupational Health, including being examined by the Trust's Occupational Health Physician. These are reasonable requests and every reasonable effort should be made to attend. Failure to do so may mean decisions are made regarding the management of absence based on the information available and without the benefit of information from such meetings. Failure to attend without good reason may also lead to disciplinary action being taken.

4.1.6 When not attending work due to ill health and where health allows, should remain contactable and available to attend meetings with management.

4.1.7 Attendance at meetings may be in person or remotely, for example via MS Teams or telephone conference. Should any reasonable adjustments be required around meeting attendance, these should be discussed with managers promptly.

4.1.8 Ensuring this does not cause any undue delays to the process, should make their own arrangements for a Staff Side representative or companion to accompany them to meetings, if required.

4.1.9 Should ensure they do not undertake paid/unpaid work for another employer during any period of sickness absence from the Trust. Any contravention of this may be treated as fraud. In exceptional circumstances, working elsewhere may be permitted if individuals have obtained written agreement from their Line Manager in advance, with involvement from Occupational Health, where required. Where secondary employment is secured, individuals have a responsibility to declare this to the Trust – See Secondary Employment Form contained within Standards of Business Conduct and Employees Declaration of Interest Policy (CORP/FIN 4).

4.1.10 May still take annual leave whilst off sick and should ensure they gain authorisation from their Line Manager for this. This will be counted as one period of sickness absence as per section 21 of this policy.

4.1.11 Are responsible to engage with and comply with all parts of this Policy in line with their contractual obligations. Failure to do so could result in disciplinary action being considered and/or withholding of pay.

4.1.12 Where an individual is absent from work as a result of an accident, they are not entitled to sick pay if damages are received from a third party – see Section 22. Therefore, an individual must notify their employer if they are in receipt of damages or compensation under these circumstances and failure to do so could lead to disciplinary action.

4.2 Managers

4.2.1 Take responsibility to proactively support and monitor the health and wellbeing of employees to maintain attendance at work.

4.2.2 Ensure employees know where they can obtain advice and support in relation to health and wellbeing issues, signposting to further support where required.

4.2.3 Ensure employees are familiar with absence notification requirements, including local notification procedures.

4.2.4 When absence occurs, establish absence reasons and possible duration from employees.

4.2.5 Ensure accurate absence records are maintained, including ensuring the absence is appropriately recorded on E-Roster via HR Systems.

4.2.6 Monitor overall absence patterns and act on these, seeking advice from P&OD when required.

4.2.7 Manage absence equitably, consistently and sensitively and in accordance with this policy and related documents and tools.

4.2.8 Hold Sickness Management meetings with employees as required, ensuring appropriate notice is given.

4.2.9 Where a formal Sickness Management meeting is required, the manager should ensure that a case is opened promptly on the ER Case Management system and should update this with progress on the case and outcomes.

4.2.10 Advise of the right to be accompanied at the start and all subsequent stages of this procedure. Where this is known and with the agreement of the employee, copy the representative/companion into correspondence related to the meeting arrangements.

4.2.11 Inform the employee regarding the meeting platform to be used, for example, in-person, remote attendance, telephone conference and respond to requests for reasonable adjustments for attendance at meetings.

4.2.12 Agree a keeping in touch plan to maintain regular contact with absent employees, keeping them up to date with any relevant changes. The frequency and method of communication to be agreed between manager and individual.

4.2.13 Refer colleagues to Occupational Health in accordance with this policy, discussing the referral with the employee prior to sending and providing them with a copy of the referral.

4.2.14 Ensure return to work meetings are undertaken promptly, as well as any associated risk assessments and offer appropriate support where required.

4.2.15 Respond supportively to health conditions, facilitating reasonable adjustments/modifications in the short or longer term that enable an employee to continue to attend work. Particular consideration should be given where there is a disability condition or other protected characteristic and particular attention should be paid to the Trust's Reasonable Adjustments Policy – CORP/EMP 57 - and the Equality Act 2010. Reasonable adjustments/modifications may also be required in relation to meeting arrangements.

4.2.16 Take all reasonable steps to utilise opportunities across the Trust to accommodate an early return to work.

4.2.17 Always conduct Return to Work interviews and conduct return to work risk assessments when required.

4.2.18 Remind colleagues that they must not undertake any secondary employment whilst claiming sick leave/pay without prior agreement from the Trust.

4.2.19 Seek advice from P&OD/the Trust's Local Counter Fraud specialist where procedural irregularities arise or there are concerns regarding possible fraudulent activity.

4.2.20 Where possible, to support the release of Union representatives to attend appropriate meetings. Advice on this can be sought from P&OD.

4.2.21 Follow the legal requirement to report to the Health and Safety Advisor all injuries, diseases and dangerous occurrences (RIDDOR) causing a sickness absence of more than 7 days within 15 working days of the incident occurring.

4.3 Companion

4.3.1 A companion can be an accredited trade union official from a certified union or a work colleague.

4.3.2 A companion/accredited trade union official should familiarise themselves with this policy and advise colleagues in accordance with this policy.

4.3.3 They may assist colleagues with preparing for and attending meetings, including support with written statements.

4.3.4 They may address the meeting and confer with the employee during the meeting.

4.3.5 With their permission, the Companion/accredited trade union official may put forward and summarise their colleague's case during the meeting and may respond on the colleague's behalf to any view expressed at the meeting. However, they must not answer questions asked directly of their colleague, on their behalf.

4.3.6 They must maintain confidentiality during and after the application of this policy.

4.3.7 Ensuring this does not cause any undue delays to the process, they should liaise with their Line Manager to seek time off to attend meetings.

4.4 People and OD (P&OD)

4.4.1 Work in partnership with the manager in the pro-active management of long and short term sickness absence, ensuring a fair and consistent approach has been adopted and making recommendations on appropriate action.

4.4.2 Accompany and support managers, as and when appropriate, at formal meetings under this policy.

4.4.3 Provide regular sickness data to managers, including entitlement to sick pay. Monitor and analyse absence and inform service appropriately.

4.4.4 Provide training and advice to managers in relation to this policy and its application.

4.4.5 Provide advice and support to employees when requested regarding the operation of this policy and signpost and highlight avenues of support available to employees such as Occupational health and Employee Assistance Programme

4.5 Occupational Health Team

4.5.1 The role of the Occupational Health is to provide a supportive advisory and consultancy service in relation to Occupational Health issues, considering the impact they have on individual employees or groups of employees in the course of carrying out their role.

4.5.2 Occupational Health responsibilities include:

- Advice and information to promote healthy lifestyles and a healthier workplace including specific support to staff members depending on their individual needs.

- Provide professional advice to Managers and/or People and OD on an individual's fitness for work, including the provision of a personalised report following a specific Management referral appointment with employees.
- Support managers with workplace risk assessments related to health and fitness, considering individual abilities against role specific activities.
- Advise Employees and Managers on phased returns in accordance with this policy
- Advice on reasonable adjustments recommended for an individual's role, in line with the Reasonable Adjustments Policy (CORP/EMP 57)
- Provide professional advice on whether an individual is unfit to be able to continue in their role, whether redeployment may be an option and/or whether they would support an ill health retirement application.
- In the event of illness or accident Occupational Health will provide support to employees whilst absent from work and to, where possible, help achieve a timely return to work, promoting physical and psychological wellbeing for the individual.
- In the event of an exposure or outbreak incident, Occupational Health will provide screening and assessment support to any individuals or groups of staff who have been affected. This may also include advice on associated treatments and medical exclusion as required.

4.5.3 Referrals to the Occupational Health Department should be discussed with the employee prior to sending, and a copy of the referral should be given to the individual. It is essential to gain consent in advance of the referral being made, but absence of consent should not prohibit the manager seeking Occupational Health advice on the employee's fitness to work to ensure theirs and others safety at work. However, where consent is not obtained a report will not be shared with the manager.

4.5.4 If additional information is required from a GP or other Health Professional, written (digital) consent from the individual to approach the third party will be sought by Occupational Health.

5 DEFINITIONS

5.1. **Absence** is defined as "non-attendance at work by an employee with attendance expected by the employer" (*Rob B. Briner, British Medical Journal 1996; 313:874-877*).

5.2. **Long term sickness absence** is defined as any period of sickness absence that consists of 28 calendar days or more. This may include separate episodes where these are connected by a consistent, underlying health reason.

5.3. **Short term sickness absence** is defined as periodic sickness absence of individually short durations of less than 28 days.

5.4 **Unauthorised Absence** occurs when an employee fails to provide an explanation of their absence, does not inform the manager of their absence, does not follow the set procedure in a timely manner or fails to provide Fit notes in a timely manner.

5.5. **Phased Return** involves working less than the full duties and/or contracted hours over an agreed period of time to facilitate an employee's return to full duties and contracted hours of

work. Employees should not suffer any detriment to pay during their phased return to work, for a period of up to four weeks.

5.6 **The Equality Act 2010** is legislation which aims to prevent discrimination including for reasons related to disability and other protected characteristics.

5.7 A **Reasonable Adjustment** is a change that should be made in-order to remove or reduce a disadvantage that individual has related to their disability when doing their job. Information on how this should be managed can be found in the Trust's Reasonable Adjustments Policy (CORP/EMP 57).

5.8. **Disability** is defined by the Disability Discrimination regulations contained with the Equality Act 2010 as a 'physical or mental impairment which has a substantial and long-term adverse effect on (the person's) ability to carry out normal day-to-day activities'.

- For the purposes of the Act, long term means more than 12 months.
- Day to day activities include mobility and dexterity; physical co-ordination; continence; ability to lift, carry or move everyday objects; speech; hearing; eyesight; memory or ability to concentrate, learn or understand; or perception of risk of physical danger.
- Some impairments immediately and automatically meet the definition of disability under the Equality Act 2010, even when they don't affect an individual's day to day activities. These impairments are HIV infection, cancer, multiple sclerosis, and someone who is certified as blind, severely sight impaired, sight impaired or partially sighted. An individual whose impairment is fully controlled by medication will be protected by the Act if they would be substantially impaired without their medication or aid (e.g., hearing aid). The definition of disability is very broad and will include a very wide range of physical and mental conditions and illnesses.

6. REPORTING OF ABSENCE DUE TO ILL HEALTH PROCEDURE

6.1 As soon as an individual is not fit for work, they must notify their manager, or an agreed point of contact, by phone as soon as reasonably practicable prior to their shift and in accordance with local reporting procedures. This includes providing the first day of their sickness (which could be a non-working day), a reason for their absence and, if possible, the anticipated length of absence, as well as details of any work which needs to be covered urgently.

6.2 Notification of absence or ill health via email, text message or leaving messages with colleagues, other than their line manager or nominated deputy, is not acceptable. Any breach of the reporting procedure may result in occupational sick pay being withheld.

6.3 Contact should be maintained between an employee and their designated manager during their absence on a regular basis. Frequency of contact will be specific to individual circumstances and will generally be agreed between an individual and their designated manager on the first day of non-attendance. This contact will allow for regular updates, a regular review of progress and any support that may be required from management and the

Trust. Advice on appropriate contact can be sought from P&OD. Any concerns regarding contact arrangements may be escalated by either party to P&OD.

6.4 If an individual becomes ill and leaves work part way through their shift, either through choice or at the request of their manager, this will be recorded on the individual's departmental record and will be included for the purposes of sickness absence management. The absence should also be recorded on E-roster, which supports split shifts and will record part day absences. Recording should be limited only to the hours lost due to sickness.

6.5 It is important for an individual to also report the last day of sickness absence to their line manager, even if they are not required on duty on that day.

7. FIT NOTES AND SELF CERTIFICATION

7.1 Doctors and Consultants cannot issue Fit Notes for the first 7 calendar days of sickness. Therefore, for the first 7 calendar days of sickness absence an employee is encouraged to self-certify by completing the Trust's Self Certificate of Absence form, which can be accessed via [link](#). The Self Certificate of Absence form can be completed during return to work discussions and individuals should liaise with their line manager regarding the appropriate time to complete this form. Absence should be recorded electronically on ESR and E-Roster.

7.2 An employee must promptly provide a Fit Note (otherwise known as a medical certificate or Dr's note) on the 8th day of continuous absence and this should cover the 8th day of sickness absence onwards. Should the illness continue, further Fit Notes should be provided on or before the expiry date of the previous Fit Note. This means that Fit Note dates should be concurrent.

7.3 The Fit Note should reflect the most recent knowledge of the employee's health and should generally set out the reason for absence, the prognosis for a return to work and any comments about how the condition or its treatment affects capacity for work.

7.4 Fit notes can be handwritten, computer-generated and printed out or computer-generated and sent digitally to your employer. They must include the issuer's name and profession and the address of the medical practice. Employees should present their original Fit Note to their manager who will take a copy for their records and return the original to the employee. Managers on receipt of Fit Notes must verify the validity of the employee's Fit Note prior to making a copy. Should there be any concerns raised with regards to the validity of a Fit Note, the manager must retain the Fit Note to make additional checks. Advice should be sought immediately from P& OD.

7.5 An employee can return to work at any time (including before the end of their Fit Note) without going back to see their GP/Consultant, even if their GP/Consultant has indicated they need to assess them again on the most recent Fit Note. However, the manager must take into account any advice on the Fit Note and ensure a suitable risk assessment has taken place, if required. Please refer to your local P&OD representative and/or Occupational Health for further advice and support.

7.6 Any periods of sickness absence that are not covered by either a Self Certificate of Absence or a Fit Note, may be considered as unauthorised absence and may not qualify for payment. For a breakdown of the basics regarding Fit Notes, please see the information on the [GOV.UK website](https://www.gov.uk)

8. OCCUPATIONAL HEALTH SERVICES

8.1 Occupational Health services care for people who care for people and can be accessed by the staff member or manager for advice and or support, to enable the staff member to remain in or return to work. Services can also be accessed to improve overall wellbeing and increase resilience, which will also have a positive impact on the staff members' ability to remain in work and have a positive work experience. It is well recognised that this has a direct impact on attendance and performance,

8.2 There will be cases where it is appropriate to seek medical information and/or advice, e.g. where sickness absence is likely to be long term or where an underlying medical issue is, or may be, causing persistent sickness absences. A referral to Occupational Health will be made to ensure the employee is receiving support and advice about their condition, but also to ensure that the Trust receives information regarding prognosis and likely return to work information and any required reasonable adjustments that may be necessary to support the individual to remain in or return to work. The employee must provide consent for the referral to go ahead, along with providing consent for the Occupational Health report/any information to be released to the manager and named P&OD representative (named in the referral) following any assessment.

8.3 Employees may self-refer to Occupational Health and can access counselling services through self-referral. An employee's manager may also make a referral. If an employee does self-refer to Occupational Health, the manager will not be notified nor receive any information relating to the referral unless explicit consent is given. However, no Occupational Health report is generated from self-referral. For further information, please refer to the Trusts Health and Wellbeing Policy – CORP/EMP 31. Where the individual feels there is a need to be reviewed by OH, the manager should encourage them to undergo a management referral to ensure appropriate information can be utilised by the manager to ensure appropriate supportive measures can be initiated.

8.4 Where a manager is making the referral to Occupational Health, they should discuss the referral with the employee prior to sending, and a copy of the referral should be given to the individual staff member. It is essential to gain consent in advance of the referral being made, but absence of consent should not prohibit the manager seeking Occupational Health advice on the employee's fitness to work to ensure theirs and others safety at work. However, where consent is not obtained a report will not be shared.

8.5 With the consent of the employee, Occupational Health investigations may include enquiries to the employee's General Practitioner or Consultant and/or consultation with the

employee by a Medical Practitioner nominated by the organisation. This would require written (digital) consent form the staff member.

8.6 In some circumstances where it is unclear whether or not an individual is fit to return to work, the manager should consider information from Occupational Health and the individual's GP. With consent, Occupational Health can be requested to liaise with the advising GP or specialist and may seek relevant independent advice as necessary. In these situations, the manager may wish to arrange a meeting with the individual with support from both Occupational health and their People Business Partner Team to discuss the case before a decision is made.

8.7 It is a condition of NHS employment that employees are required to co-operate with a manager's request to attend Occupational Health for a medical assessment. The manager must discuss and advise the employee of the assessment and the reason for it. Where an employee fails to attend an Occupational Health appointment without prior notification and acceptable reasons, the line manager will be informed. Employees should be aware that if managers have made reasonable attempts to get appropriate Occupational Health advice but are not able to do so because of the employee's lack of co-operation, or where consent is declined, then managers will have to act on the information that is available and without the benefit of Occupational Health advice.

8.8 An Occupational Health referral must be made when the referral trigger is met or when an immediate need arises. The employee's manager should make an immediate referral for the following reasons:

- Where the absence is cited to be due to a work related matter e.g. work related stress
- Where the absence is cited in relation to a mental health condition e.g. Stress/Anxiety/Depression
- Where the absence cited is due to a musculoskeletal condition
- Immediate wellbeing support should also be accessed or offered at this time and a specific physiotherapy self-referral should be made for musculoskeletal assessment.

8.9 An Occupational Health referral must be made by the employee's manager at the earliest opportunity and as a minimum:

- When an employee has been absent or is expected to be absent for approximately 28 calendar days or more
- When an employee has been intermittently absent with no apparent underlying medical issue
- Where it has been identified that an underlying medical issue is causing persistent sickness absences

8.10 The Trust may, at any time, require an employee absent from work or struggling to remain in work due to ill health to attend an examination by a medical practitioner, either through OH or alternative medical services to obtain a second or specialist opinion.

8.11 For further information in relation to Occupational Health referrals, please refer to the Trust's Health and Wellbeing Policy (CORP/EMP 31).

9. WELLBEING SUPPORT FOR COLLEAGUES DURING SICKNESS

9.1 *The wellbeing support guidance provided in this section should be reviewed at all informal and formal stages of short and long term sickness management.*

9.2 Referring to P&OD guidance on communication plans, maintain regular contact with absent colleagues to understand the nature, causes and impact of illness. Discuss with them what support is required and what can be offered. Also, update them on how their work is being managed during periods of absence.

9.3 Ensure colleagues are directed to the Trust's Health and Wellbeing pages which provide useful help and support, via the following [link](#). The Health and Wellbeing Handbook can also be accessed at [link](#).

9.4 Consider if early intervention would be beneficial to the individual's health and wellbeing – for example 24/7 staff counselling services via Vivup on 03303 800 658 or [vivup.co.uk](#); or Staff physiotherapy via this [link](#). Early intervention can help to prevent chronic conditions and support successful rehabilitation. It can also support early recovery and returns to either light or full duties.

9.5 Colleagues may choose to self-refer to supportive services, by following the links above, for example to Vivup and to Staff Physiotherapy, or to access advice on the range of supportive measures and self-help offered.

9.6 Fit Notes should be reviewed as these could include relevant information on the individual's condition and how it impacts on their work, as well as the support they need.

9.7 Consider if a referral to Occupational Health would be beneficial. Occupational Health can signpost colleagues to appropriate health and wellbeing interventions and provide guidance to managers on how to support colleagues and on any reasonable adjustments that could be made to allow an individual to either remain in the workplace, or to return to work. Colleagues may also self-refer to Occupational Health services. To arrange an appointment or to request telephone advice, individuals can call 01302 366 666 ext 6377 or direct dial 01302 553244/381377.

9.8 Reasonable adjustments can be made to enable colleagues with health conditions to remain at work or, when sick, to return to work. It is important that the colleague is involved in identifying modifications or adjustments, to ensure that these are workable. Please refer to the Trust's Reasonable Adjustments Policy – CORP/EMP 57 for the recommended adjustments.

9.9 Referring to P&OD guidance, liaise with the colleague to draw up a workable return to work plan, including both therapeutic and phased return elements.

9.10 Be aware that it may be beneficial to adapt and be flexible in your approach to sickness management to find the correct mix of support and escalation.

9.11 It is important to work with the whole team to manage their welfare and the impact of the absence on them. In doing so, confidentiality should be maintained at all times.

9.12 When managing a return to work after an absence of 4 or more weeks for a musculoskeletal condition the manager should consider interventions to help them return to work. For example:

- Providing access to a programme of therapy or graded activity delivered by someone with appropriate training (for example, a physical or occupational therapist).
- A worksite assessment by a suitably qualified professional to review and discuss with the employee and their line manager, the suitability of work tasks or any adjustments that could be made.
- A meeting between the employee and their line manager to agree the key barriers to returning to work and what modifications could be made to the work environment to overcome these.

9.13 For employees who resume work after an absence of 4 or more weeks for a mental health condition, an appropriate manager, should consider a structured support intervention to reduce the likelihood of a recurrence of absence. This may include:

- Meeting the person to identify any issues encountered since their return to work, and exploring possible solutions and support needs.
- Developing an action plan to implement, which is agreed with the person's line manager.
- Regular follow-up meetings with the person and their line manager to evaluate progress.
- Enabling the individual to attend planned supportive therapies.

The Wellbeing Support pack can be found at [link](#) .

10. RETURN TO WORK

10.1 On return to work from any duration of sickness absence employees must have a Return to Work discussion. This process is most effective if done promptly and attempts should be made to undertake this on the day of return to work or, if not, as soon as possible within 3 days of their return. This confidential meeting would generally be conducted face to face and recorded on the 'Return to Work Form' a copy of which can be found at [link](#) . However, to ensure this can be undertaken promptly, this duty may be delegated to a deputy member of staff, where appropriate, or conducted remotely or through a telephone conversation.

10.2 The return to work interview enables the manager to fully understand the reasons for the sickness absence and, where appropriate, identify and implement any support and/or

reasonable adjustments to support the employee's return to work and assist in sustaining their attendance moving forward.

10.3 As part of the return to work discussion the manager will also review and consider the employee's previous attendance record.

10.4 You can consider a phased return to work if an individual has been off long term due to ill health and the phased return to work will support them to return to the work environment at an earlier date. This allows them to work fewer hours and build up to contractual hours, usually over a period of 4 weeks, but this can be less. For example, someone contracted to do 25 hours over five days might return on shorter hours a day or fewer days a week, increasing them gradually so that by week four they are nearly back to normal hours.

10.5 Where Occupational Health recommends a gradual return to work to aid rehabilitation, the manager will discuss the recommendations with the individual and implement an appropriate phased return to work plan that is reasonably practicable within the service. Phased return to work plans should only be considered where an employee will realistically be able to return to full duties by the end of the phased return to work period.

10.6 The employee can receive full pay for a maximum period of 4 weeks whilst undertaking a phased return. It is expected that by the end of the final week of their phased return that the employee is fulfilling their contractual duties. It may be appropriate for the manager to seek Occupational Health advice when planning a phased return to work for an employee, however, this may not always be necessary. There may be circumstances where a period of longer than four weeks may be required to accommodate the phased return to work, including where this may be recommended by Occupational Health. Arrangements for an extended phased return period will generally be agreed between the individual and their Line Manager. Should the phased return period need to be extended, a manager should review the agreement and seek further advice from their People Business Partnering Team, if necessary, on the possibility of applying discretion to extend this period. Under these circumstances the protected pay element would not apply beyond four weeks and any additional phasing would be accommodated using annual leave, unpaid leave or changes to working arrangements, including reductions in hours and working the time back.

11. TARGET SETTING - SHORT TERM SICKNESS

11.1 If the employee's sickness has reached one of the Trust's sickness trigger points detailed below, this will be identified and discussed at the employee's return to work meeting. This breach would, generally, initiate a Trust sickness Improvement Target, although the discretion at section 11.2 should be noted:

- More than 3.5% of a sickness percentage, in a rolling 12 month period
- More than 3 episodes in any rolling 6 month period, within that 12 month period
- An identifiable pattern of absence.

11.2 When reviewing absences against the above trigger points it may be reasonable, in exceptional circumstances, for managers to apply their discretion and some flexibility to increase the sickness trigger points/individual targets and to adjust these and the sickness management process accordingly. This approach particularly applies when an employee has an underlying medical condition that is covered under the Equality Act 2010. This may be considered as an appropriate reasonable adjustment and should be supported by advice from People and Organisational Development. Additional advice from Occupational Health may be sought where required. Any extensions/amendments made to the trigger points as a reasonable adjustment should be recorded and reviewed regularly. The information that you may wish to consider to inform decision making may include Occupational Health advice, previous absence record and any other health advice or ongoing requirement for treatment.

11.3 If the decision is made not to proceed with a sickness improvement target at this point, this should be confirmed to the individual, explaining the reasons and a record should be kept of this decision. The individual should be advised that if they have any further periods of sickness which reach the trigger points in the policy this may result in monitoring and the issuing of a sickness improvement target.

11.4 If one or more of the above triggers have been breached, the manager may issue a 'Sickness Improvement Target', which will, generally, be for a period of 12 months. The flexibility and discretion at section 11.2 should be reviewed.

11.5 If, during the 12-month review period, the employee fails to achieve their 'Sickness Improvement Target' they may be referred to the formal management process and a Stage 1 Formal Sickness Management Meeting, should be arranged by the immediate line manager.

11.6 If absence has improved to a satisfactory standard at the end of the 12 month review period, no further action will be needed and the line manager will confirm the conclusion of the process in writing to the individual.

11.7 Where an employee has previously demonstrated a good absence record, there may also be some management discretion on whether a target is set. This decision must be reasonable and consistent and should be made in conjunction with a discussion with P&OD.

11.8 Where the employee has been refused annual leave and subsequently reports absent due to ill health, or where there are frequent trends or patterns of absence identified, the manager may wish to refer to the Trust Disciplinary Policy (CORP/EMP 2). The manager may request a fit note as evidence of illness where relevant and reasonable.

12. FORMAL SICKNESS MANAGEMENT – GENERAL PRINCIPLES

12.1 General Principles at Formal Sickness Management Meetings

12.1.1 There will be some situations where, having taken all the circumstances of the individual case into consideration, a manager may decide to use discretion and not implement the formal stages of the policy. If a decision is made not to proceed with formal monitoring at this point, this should be confirmed to the individual employee, giving reasons and a record should be kept of this decision. They should also be advised that if they have any further periods of absence which reach the trigger points in the policy, formal sickness management may be initiated.

12.1.2 Before initiating the Formal Sickness Management stages, or progressing through the Formal stages, it is important that the following checks are undertaken to assist with the welfare and support for the individual:-

- The details of the recorded Sickness Absence, including the dates and reasons for non-attendance, should be verified and checked for accuracy in-order to ensure that a formal meeting or progression is necessary. Any relevant documents or other related information should also be considered as part of this review – for example Occupational Health reports, return to work records, etc.
- The support detailed at Section 9, which sets out the steps for Wellbeing Support for Colleagues during Sickness, should be reviewed and it should be considered if the referring manager has undertaken sufficient reasonable, supportive measures to enable the individual to meet their attendance expectations and that the individual has been given sufficient time to do so.

Only when assurance is reached on the above steps, should Formal Sickness Management be initiated or escalated.

12.1.3 A minimum of 7 calendar day's written notice of meetings will be given. For both the Stage 3 Sickness Management Hearing and the Long Term Absence Hearing, this written notice should include all information to be presented at the hearing (management information pack). Within their invite letter, the individual will be provided with a date by when they need to submit their written case.

12.1.4 Should the employee wish to refer to additional documentation not included in that described above, this should be provided to the chair of the panel in a reasonable time, for the panel to read it before the hearing.

12.1.5 If an employee or their companion cannot attend the arranged hearing, the employee must discuss this with their manager and agree an alternative date for a hearing within the next 7 calendar days. If it is acceptable, the employer will re-arrange the hearing for the new date. A hearing may only be rescheduled on one occasion. Should an employee fail to attend a hearing, this may be held in their absence. Alternative or condensed time frames can be agreed dependent on an individual's personal circumstances but must be with agreement from all parties.

12.1.6 At Sickness Management meetings the following should be considered:-

- Details of Sickness Absence - the individual will be provided with a breakdown of the dates and reasons for their non-attendance and any relevant documents to be discussed during a formal meeting (e.g. Management Information Pack, Occupational Health reports, Return to work records). Absence data should be verified and checked for accuracy with the employee at the Sickness Management Meeting and they should be given the opportunity to provide comment.
- Underlying Health Issues – the meeting should fully consider the employees absence and attendance levels and any underlying health problems should be explored with them. They should be asked if there are any health problems and/or welfare issues that have not been previously addressed.
- Where there is an underlying health problem it is essential that reasonable adjustments (under the provision of the Equality Act 2010) are fully considered and a review should be undertaken of what support has already been provided. This should take advice from Occupational Health into consideration, in conjunction with P&OD. See Section 9 and the Trust's Reasonable Adjustments Policy (CORP/EMP 57).
- If appropriate, make a referral to Occupational Health for further assessment and to ensure up to date advice is available.
- Consider and discuss with the employee the impact on service delivery caused by the absence, for example, the effect on the quality of service to patients, impact on colleagues etc.
- Discuss with the employee the sustainability of their absence/attendance levels and offer support in managing any work or personal related problems to enable improved attendance and that this can be maintained.
- Explain the further stages of the policy to the employee, up to and including the potential for dismissal.
- Ensure the employee is clear on the expectations of them in the future.
Only following discussion and consideration of these points should the manager consider their decision.

12.2 Representation

12.2.1 Prior to attending a meeting regarding a Sickness Improvement Target at Section 11, an individual may wish to take advice from their staff side representative/Trade Union/Professional Body and the line manager may wish to do the same from P&OD. However, the target setting meeting itself must be conducted on a one-to-one basis between the immediate line manager and the individual.

12.2.2 At all formal stages of this policy, individuals will be notified of their right to be accompanied by a colleague or recognised trade union representative. A reasonable adjustment to this may be made in the case of individuals with a condition or disability that means they require specific support or advocacy at meetings. Individuals may not be represented by anyone acting in a legal capacity.

12.2.3 Where there is not an accredited representative available, Full Time Officers may fulfil this role. Where the issue relates to a staff side representative, they have the right to be represented by a Full Time Officer.

12.2.4 Where the name of the union representative is known, the manager should provide them with a copy of correspondence and, wherever possible and where this does not cause delays, liaise in advance regarding dates for meetings.

12.2.5 It is the responsibility of the individual to make arrangements for representation and, where this is possible, for Union representatives to arrange for alternative representatives to attend if they are unavailable. Whilst there may be a requirement for continuity of representation for some individuals, the process should not be unreasonably delayed due to the request for one Union representative.

12.3 Termination of Employment

12.3.1 Termination of employment on the grounds of capability due to ill health may apply where either:

- Occupational Health has advised that an employee is unable to return to their current role in the foreseeable future and redeployment is not an option or has not been successful, or
- An employee's repeated absence due to an underlying health condition cannot be supported by the department and redeployment is not an option
- Failure to meet Stage 2 Sickness Improvement Targets resulting in a Stage 3 Formal Sickness Management Meeting.

12.3.2 Before termination of employment is considered, a full review should be undertaken to ensure that all reasonable supportive measures that would help the individual to sustain their employment have been deliberated. Please refer to Section 9 Wellbeing Support for Colleagues During Absence and to the Trust's Reasonable Adjustments policy for further information and support (CORP/EMP 57).

12.3.3 Before undertaking a dismissal on the grounds of capability due to ill health, the dismissing manager **must** write to the individual inviting them to a formal hearing and informing them of the purpose of the meeting, i.e. to discuss their future employment with the Trust, and also explaining that dismissal on the grounds of capability due to ill health may be an outcome of the hearing. The letter should also confirm the right to representation at the meeting and that P&OD will also be present in an advisory capacity.

12.3.4 The possibility of termination of employment should not come as a surprise to the individual and should have been discussed prior to the meeting at which the termination takes place.

12.3.5 Termination of employment can only be carried out by a manager authorised to dismiss or with delegated authority. Advice from Human Resources must always be sought prior to taking any action.

12.3.6 Where a foreseeable return to work date cannot be determined, and in addition there is clear medical evidence that an employee will not be fit to return to work, then a dismissal may be made before the expiry of occupational sick pay.

12.3.7 When an employee's service is terminated on the grounds of ill health or capability due to ill health, contractual notice will be given or statutory notice if greater. Individuals may be given either pay in lieu of notice or a paid notice period depending on the individual circumstances.

12.4 Right of Appeal

12.4.1 The employee will have the right to appeal the decision to terminate their contract on the grounds of ill health. A request to appeal must be made in writing, stating the reasons for appealing against the decision. This must be received within 21 calendar days of the hearing outcome letter. Following which an appeal hearing will be convened with an appropriate panel and the original decision may be confirmed, revoked or replaced with a different decision. The final decision will be confirmed in writing within 14 calendar days from the date of the outcome letter and there will be no further right of appeal.

12.4.2 The lodging of an appeal will not suspend notice of dismissal. In the event of reinstatement following appeal, the employee will be compensated for loss of income between the date of dismissal and the date of reinstatement.

12.4.3 Please note that the organisation will make any decision regarding dismissal independently of the NHS Pension scheme and the outcome of any application for ill health retirement benefits will have no bearing on this decision.

12.4.4 In certain situations, the organisation may be obliged to advise certain bodies of the dismissal of individuals for reasons of ill health. This can be, for example, the appropriate professional registering body, if it is considered that the level of attendance or health condition makes them unsuitable for work within the registered profession. This must be done in agreement with P&OD and the authorised registrant for the Trust.

12.5 Decision in Writing

Confirmation of any decision made at any sickness meeting and the reasons for the decision will be given to the employee in writing within 7 calendar days of the meeting.

12.6 Attendance at Meetings

The individual must take all reasonable steps to attend formal meetings/hearings. If they or their representative is unable to attend, the individual should seek to agree an alternative date within 7 working days of the original meeting date. If the individual fails to attend a second date without good reason, the meeting may be heard in their absence unless there are relevant extenuating circumstances.

12.7 Meeting Format

Whilst historically meetings have been held on a face-to-face basis, there are now many other meeting platforms that are acceptable to the Trust and should be considered, including holding meetings remotely. This may be considered as a reasonable adjustment.

12.8 Issue of Formal Targets and Sanctions

All attendance management targets set, will commence from the individual's first return to work date following their most recent period of sickness absence.

13. FORMAL SICKNESS MANAGEMENT – SHORT TERM

13.1 Stage 1

13.1.1 Before initiating this Stage, ensure the supportive checks at Section 12.1.2 are undertaken.

13.1.2 Where an individual is unable to achieve the initial Sickness Improvement Targets, they will be invited to a Stage 1 Formal Sickness Management Meeting. This meeting will generally be arranged and conducted by the employee's immediate line manager, or in some cases the most appropriate manager.

13.1.3 The line manager will collate and review any necessary and relevant sickness related information for discussion with the employee during the meeting.

13.1.4 After considering this information at the meeting, as well as the points of General Principle at Section 12.1.2, where it is considered that an employee has been unable to meet previous absence improvement targets and their attendance record remains at an unsatisfactory and unsustainable level, an outcome of this meeting may be that they are issued with a formal sickness improvement target (Stage 1) for a period of 12 months.

13.1.5 Where the employee's attendance achieves the required improvement during this 12 month target period, the following should be noted:-

- An individual must demonstrate their ability to sustain the required improvement.
- If the employee manages to sustain the required improvement, the formal sickness management process will close
- However, if the employee fails to sustain the necessary improvements following the end of the 12 month target period, the Trust reserves the right to re-convene the process at the relevant formal stage, e.g. by addressing the absence at a further Stage 1, Stage 2, or Stage 3 Formal Sickness Management Meeting. This will be assessed case by case, for example, taking into account the amount and frequency of the absence and any other identifiable patterns of absence.

13.1.6 If the employee is unable to meet the improvement targets during the initial 12 month period, they will be required to attend a Stage 2 Formal Sickness Management meeting.

13.1.7 It is the manager's responsibility to communicate with the individual, in writing, the completion of formal attendance targets or what the next steps will be.

13.1.8 The employee has the right to be accompanied at the meeting by a colleague or trade union official not acting in a legal capacity and is responsible for making their own arrangements. In exceptional circumstances, the manager may be accompanied by a member of the People and OD team.

13.1.9 The employee has a right to appeal this decision and the details of how to make this appeal should be included within the outcome letter, see section 12.4 for further information.

13.2 Stage 2

13.2.1 Before initiating this Stage, ensure the supportive checks at Section 12.1.2 are undertaken.

13.2.2 Where an individual is unable to achieve sickness improvement targets set at the Formal Stage 1 Sickness management meeting they will be invited to attend a Stage 2 Formal Sickness Management Meeting. This meeting will be arranged and conducted by the employee's immediate line manager (or in some cases most appropriate manager).

13.2.3 The line manager will collate and review any necessary and relevant sickness related information for discussion with the employee during the meeting.

13.2.4 After considering this information at the meeting, as well as the points of General Principle at Section 12.1.2, where it is considered that an employee has not achieved previous absence improvement targets and their attendance record remains at an unsatisfactory and

unsustainable level, an outcome of this meeting may be that they are issued with a formal sickness improvement target (Stage 2) for a period of 12 months.

13.2.5 Where the employee's attendance achieves the required improvement during this 12 month target period, the following should be noted:-

- An individual must demonstrate their ability to sustain the required improvement.
- If the employee manages to sustain the required improvement, the formal sickness management process will close
- However, if the employee is unable to sustain the necessary improvements following the end of the 12 month target period, the Trust reserves the right to re-convene the process at the relevant formal stage, e.g. by addressing the absence at a further Stage 1, Stage 2, or Stage 3 Formal Sickness Management Meeting. This will be assessed case by case, for example, taking into account the amount and frequency of the absence, the individual circumstances and any other identifiable patterns of absence.

13.2.6 If the employee is unable to achieve the improvement targets during the initial 12 month period, they will be required to attend a Stage 3 Formal Sickness Management meeting.

13.2.7 It is the manager's responsibility to communicate, in writing, the completion of formal attendance targets or what the next steps will be.

13.2.8 The employee has the right to be accompanied at the meeting by a colleague or trade union official not acting in a legal capacity and is responsible for making their own arrangements. In exceptional circumstances, the manager may be accompanied by a member of the People and OD team.

13.2.9 The employee has a right to appeal this decision and the details of how to make this appeal should be included within the outcome letter, see section 12.4 for further information.

13.3 Stage 3

13.3.1 Before initiating this Stage, ensure the supportive checks at Section 12.1.2 are undertaken.

13.3.2 Where an individual is unable to achieve the sickness improvement targets set at the Formal Stage 2 Sickness Management the process will then be escalated and the employee will be invited to a Stage 3 Formal Sickness Management Hearing.

13.3.3 The hearing will be chaired by a senior manager with authority to dismiss and must be accompanied by an appropriate P&OD representative. The line manager will present their

case with all the necessary and relevant information to the panel for consideration, supported by an appropriate P&OD representative. The employee will then be provided with an opportunity to respond fully to the management case. The employee does have the right to be accompanied at the meeting by a colleague or trade union official not acting in a legal capacity and is responsible for making their own arrangements for this.

13.3.4 A possible outcome of this hearing may be that the employee's employment with the Trust is terminated. See Section 12.3 for further information.

13.3.5 The employee has a right to appeal this decision and the details of how to make this appeal should be included within the outcome letter, see section 12.4 for further information.

14 FORMAL SICKNESS MANAGEMENT – LONG TERM

14.1 Overview of Long Term Sickness Management

14.1.1 A supportive approach will always be taken with regard to long term absence. However, the difficult reality is that in some circumstances there may be no prognosis for a return to work within a reasonable timescale. This can be the case despite positive interventions by the Trust, including the exploration of all reasonable alternatives that may allow an employee to sustain a satisfactory level of attendance as explored within the Long Term Absence Meetings.

14.1.2 The line manager should make contact as early as possible following commencement of the absence and taking into account the individual's personal circumstances. A keeping in touch plan, to maintain regular contact during long term sickness absence, should promptly be discussed and jointly agreed between the manager and the individual. This should take account of each individual's needs and preferences and the support they require.

14.1.3 When contacting the employee:

- Be sensitive to their individual needs and circumstances.
- Be aware that communication style and content could affect their wellbeing and decision to return to work.
- Ensure that they are aware that the purpose of keeping in touch is to provide support and help them return to the workplace when they feel ready.
- If an early referral to support services (for example physiotherapy, counselling or occupational therapy), is available through the organisation's occupational health provider, discuss if this may be helpful.
- Discuss how they would like to be contacted in future, how frequently and by whom. If the line manager is not the most appropriate person to keep in touch, offer alternatives.
- Provide reassurance that anything they share about their health will be kept confidential, unless there are serious concerns for their or others' wellbeing.

14.1.4 Ensure that those responsible for keeping in touch with individuals on sickness absence:

- are aware of the need for sensitivity and discretion at all times
- understand the organisation's policies and procedures on managing sickness absence and returning to work
- are competent in relevant communication skills and are signposted to and encouraged to access online resources or other resources and advice to improve these skills.

14.1.5 Ensure that the Trust regularly keeps in touch with employees who are not fit for work during periods of sickness absence, including people with a chronic health condition or a progressive illness or disability covered by the Equality Act 2010.

14.1.6 Further information regarding health and wellbeing support can be found via this [link](#). Other tools may be available through Occupational Health or your People Business Partner team.

14.1.7 The timescales within this policy for the management of long term sickness are suggested timescales. The manager and employee should discuss the appropriate timing of meetings taking into account individual circumstances, Occupational Health or other health advice and advice from P&OD.

14.2 Critical or Terminal Illness

Where an individual has been diagnosed with a terminal or critical illness, the support provided by managers, with support from Occupational Health, must be particularly sensitive and should treat the individual with dignity, respect and compassion. Where possible, the individual's wishes should be taken into consideration regarding the management and progression of this matter. A number of options will be available to the individual and they should be supported to seek independent financial advice and to speak with NHS Pensions regarding their options under the pensions scheme. It is recognised that some individuals may wish to remain at work for as long as possible. This should be appropriately risk assessed and advice may be sought from Occupational Health. Where this can be managed, appropriate reasonable adjustments will be considered to support the individual's welfare.

14.3 First Long Term Absence Meeting

14.3.1 If an employee has reached 28 days of continuous absence, the manager will arrange a **'First Long Term Absence Meeting'** to take place soon as possible.

14.3.2 The purpose of a Long Term Absence meeting is to discuss the following:

- The reasons for absence, obtaining a health update from the employee and progress of treatment;
- The anticipated period of absence and projected return to work date;
- Discussion of the advice received from Occupational Health and review of any recommended reasonable adjustments that could facilitate the employees to return to work;
- Discussion of any support available & applicable to the employee within the organisation (e.g. Physiotherapy, Occupational Health, Employee Assistance Provision counselling (Vivup) etc.);
- Discussion of any opportunities for temporary or permanent redeployment with clear timeframes (e.g. non-clinical administrative placements for clinical colleagues can be explored and reviewed on a monthly basis);

14.3.3 Depending on the employee's ill health prognosis, it may be possible following this discussion to agree a return to work plan. Contact between the employee and their manager should continue throughout the period of the absence. Should there be no foreseeable return to work date agreed, a **'Second long term absence meeting'** may be arranged within two month's time from the *"first long term absence meeting"*.

14.4 Second Long Term Absence Meeting

14.4.1 When an employee moves to a **'Second Long Term Absence meeting'**, further discussion will take place regarding their possible return to work and ways in which the Trust can support this (further exploring points at 12.3.2 above). Consideration of the impact of the employee's absence on the service will be considered and whether the long term absence can continue to be sustained. It may be appropriate to obtain further medical support/advice from Occupational Health. The *'second long term absence meeting'* should be conducted by the employee's line manager with support from a P&OD representative. Should there be no foreseeable return to work date agreed, a **'third long term absence meeting'** may be arranged generally within two month's time from the *"second long term absence meeting"*. However, the timing of this meeting should be appropriate to the particular circumstances of the individual and health condition.

14.5 Third Long Term Absence Meeting

14.5.1 When an employee moves to a **'Third Long Term Absence meeting'**, further discussion will take place regarding their possible return to work and ways in which the Trust can support this, with a review of what support and progress has been made during their period of absence. Consideration of the impact of the employee's absence on the service will be discussed and considered and whether the long-term absence can continue to be sustained. It may be appropriate for the line manager to extend the long-term absence process to include a further long term absence meeting, should there be a significant update in the near future, to enable the manager to further support and manage the employee's absence. The line manager should also discuss the possibility of temporary or permanent redeployment

within the Trust if appropriate and a referral to the Trust's Redeployment Register should be made (*please refer to section 7 and the Trust's Redeployment Policy for further information – CORP/EMP 9*). Consideration should also be given to eligibility to apply for ill health retirement, if appropriate, taking advice from OH. The third long term absence meeting should be conducted by the line manager, supported by a P&OD representative. Should there be no foreseeable return to work date agreed, a possible outcome of the "*third long term sickness meeting*" is the referral to a Long term absence hearing. The manager, taking advice from People Business Partner Team, may hold further long term sickness meetings prior to a decision being made regarding moving the matter to a Hearing.

14.5.2 If, despite the above steps and supportive measures being undertaken, it has unfortunately not been possible to support the individual back to work, or where a likely return to work date in the foreseeable future is not known, a formal hearing will be convened. The individual's line manager will refer the absence case to the next designated senior manager with authority to make a decision to dismiss e.g. Head of Service, Deputy Director, who will invite the individual to a long-term absence hearing. The individual will be given options to engage with the hearing process, taking into account their health needs, and the employee will receive a full information pack to support this process containing the relevant information with regards to their long term absence. A possible outcome of this hearing may result in the employees' contract of employment being terminated on the grounds of capability due to ill health.

14.6 Long Term Absence Hearing

14.6.1 The line manager will submit a full report of the actions taken to manage and support the absence issue, to the senior manager who will review the circumstances and deliberate the matter at the formal hearing. The senior manager will consider any mitigating circumstances presented. The format of the hearing should be appropriate to the needs of the individual and a condensed process may be more suitable, where agreed by all parties.

14.6.2 Where the outcome is termination of contract, this will be on the grounds of capability, either because:

- there is an underlying health problem and no likelihood of improvement or return to normal or adjusted duties or,
- no redeployment or suitable alternative role is available

15. GENERAL SICKNESS INFORMATION

15.1 Ill Health Retirement - NHS Pension Scheme

An employee who may wish to make an application for ill health retirement should;

- be a current member of the NHS pension scheme and have been for at least two years
- be making an application prior to their scheme retirement age
- have a long term health condition that has a substantial impact on their current or future employment
- have robust medical evidence to support their application

For further information regarding ill health retirement, please speak to your local P&OD representative. You may also wish to contact NHS Pension directly and/or seek independent financial advice. Victoria Pay Services Pensions team may also provide you with advice and guidance should you feel you need to speak to them, please contact VPS directly.

15.2 Time off for Medical/ Dental appointments

15.2.1 Guidance on time off for medical / dental appointments can be found within the Trust's Special Leave Policy (CORP/EMP 47).

15.2.2 Wherever possible, appointments should be made outside of normal working hours or at the beginning or end of working hours in order to minimise the time required.

15.2.3 Appointments for employees with a long-term medical condition or who are covered under the Equality Act 2010 will be dealt with on an individual case-by-case basis. Advice can be provided by P&OD.

15.2.4 Colleagues may wish to refer to the Reasonable Adjustments policy for further information and support (CORP/EMP 57).

15.3 Fertility Treatment

15.3.1 This will be treated with empathy and, wherever possible, flexibility and in accordance with the above guidance on time off for medical and dental appointments within the Trust's Special Leave Policy (CORP/EMP 47). Where possible, we will work with individuals to offer flexibility to attend appointments. A period of sickness absence may be inevitable in certain circumstances; however, the individual and their manager should try to avoid this by offering flexibility.

16. REDEPLOYMENT

16.1 It may be that the employee is no longer able to perform the job they were originally employed to do. In this situation, the organisation will explore options for redeployment constituting alternative suitable duties and retraining opportunities. Employees who are redeployed for ill health reasons to a post on a lower pay band/reduced hours or in a different location which involves additional travelling costs either without a trial period or after the

trial period has ended, will not be entitled to pay protection or excess mileage. If redeployment is recommended, the individual will be required to apply for available posts that have been identified as suitable. Further advice can be provided by your People Business Partner Team.

17. DISABILITY RELATED ABSENCE

17.1 Under the Equality Act 2010 a person is disabled if they have a physical or mental impairment which has a substantially adverse and long-term effect on their ability to carry out normal day-to-day activities.

17.2 Where employees have a chronic illness or disability, the manager, with support from Occupational Health and P&OD should consider; what is a 'reasonable' and 'sustainable' level of absence. As part of a reasonable adjustment, consideration may be given to amending the attendance trigger points if applicable. This modification should be done in accordance with advice from Occupational Health and P&OD.

17.3 The manager should also work with the employee to review working practices and consider environmental risks and any reasonable adjustments that may be required to the role to help the employee achieve an acceptable level of attendance.

17.4 For further information about implementing reasonable adjustments or managing disability related absence, please see the Trust's Reasonable Adjustments Policy (CORP/EMP 57).

18 AVAILABILITY FOR SICKNESS MANAGEMENT MEETINGS

18.1 Colleagues who are absent from work on sick leave are contractually required to make themselves available for sickness management meetings, Occupational Health reviews or other appointments requested by the Trust, unless there are exceptional reasons why they cannot attend, for example, they are in hospital. Therefore, if an individual is intending to go on holiday during a period of sickness absence, they must discuss this with their line manager, in advance of and with reasonable notice of, the commencement of their holiday.

19. DOMESTIC AND PERSONAL EMERGENCIES

19.1 Employees will not be classed as sick to cover sudden domestic or personal emergency situations or carer requirements. See the Special Leave policy for more information (CORP/EMP 47).

20. PREGNANCY RELATED ABSENCE

20.1 All pregnancy related illnesses should be recorded as such and discounted in absence trigger review points.

21. ABSENCE & ANNUAL LEAVE

21.1 Annual Leave During Ill Health

21.1.1 If an individual is intending to go on holiday during a period of sickness absence, they must discuss this with their line manager, in advance of and with reasonable notice of, the commencement of their holiday. Their Manager may discuss with them the use of annual leave for this period.

21.1.2 If an individual uses annual leave whilst on sick, then returns following the annual leave to sickness, the sickness period will be treated as one period when considering targets.

21.1.3 Provided individuals continue to meet the conditions for eligibility and qualification for statutory sick pay (SSP) or occupational sick pay (OSP), they will continue to be paid if they travel away from home on holiday, even if that means going abroad. However, the Trust may decide to withhold SSP or OSP if it is discovered that they are undertaking activities that should not be possible given the stated reasons for the sickness absence, for example, going on a rock-climbing holiday while off work with back pains.

21.2 Ill Health during Annual Leave

21.2.1 If an employee falls sick during a period of annual leave, the correct sickness absence reporting procedure must be followed and the period covered will be treated as sickness absence, allowing the employee to take annual leave at another time. The manager may also request a fit note where relevant and reasonable. If the individual does not follow the correct absence procedure at the time of the sickness occurring, annual leave will not be retrospectively reimbursed. Please note employees will not be entitled to an additional day off if absent from work due to ill health on a statutory holiday (i.e. bank holiday) in line with Agenda for Change Terms and Conditions. Usual self-certification and Fit Note regulations will apply.

21.2.2 Should an individual have annual leave pre-booked and is sick in a period leading up to their annual leave they must contact their manager prior to the annual leave commencing to notify them if they are to remain sick during this period and wish their annual leave to be credited back. If the manager has not heard from the individual prior to the commencement of the leave they should try to contact them by telephone to discuss this wherever possible. Should the individual fail to discuss this with their manager or fail to have a fit note for the period, the pre-booked annual leave will remain and be deducted from the employee's entitlement.

21.2.3 For further information regarding annual leave and sickness absence, please refer to the Annual Leave Frequently Asked Questions following this [link](#) .

21.3 Untaken Annual Leave

21.3.1 If an employee is unable to take their annual leave due to sickness, they will only be able to carry forward any outstanding statutory annual leave entitlement into a subsequent leave year. Any carried forward annual leave must be taken within 18 months from the date it is carried over otherwise it will be lost. For more information colleagues should read the Annual Leave Frequently Asked Questions document, following this [link](#) .

21.3.2 Entitlement to annual leave (with the exception of public holidays) continues to accrue during a period of long term sickness. Therefore, if the employee is able to take their outstanding annual leave on their return to work before the leave year expires, where the service can accommodate this, they should do so.

21.4 Sickness Whilst on Duty

21.4.1 If an employee becomes ill whilst on duty it is the employee's decision if they are fit to remain in work. However, where there is a risk to other colleagues or service users i.e. D&V, Covid or concerns re mental health presentation, or to the individual themselves, the manager or supervisor may insist the employee goes home sick. It may be necessary to liaise with Occupational Health to determine appropriate advice if an infection risk is identified. The employee's sickness should be reported for the hours they do not work via e-rostering or other reporting systems. Should a part day sickness fall before a day off the employee must inform the manager if they are fit the following day. All episodes of absence including part days will be considered as part of the absence process.

21.5 Bank/Additional Hours, Overtime & Agency Working Restrictions

21.5.1 Any employee who has been absent from work as a result of sickness and has reached any of the Trust's sickness management triggers will be unable to do any overtime, extra hours or bank work for the Trust for a reasonable period of time. The line manager should consider individual circumstances when agreeing this period. This is to ensure that colleagues are able to demonstrate sustainable attendance on return to work within their contracted hours, before being allocated any additional hours. It should also be considered in-order to safeguard newly returned individuals from any undue stress when working more than contracted hours.

21.5.2 When an employee has been off sick long term (28 days or more) the manager and employee should discuss the length of time they should refrain from working any additional hours. It may be appropriate to get Occupational Health guidance on this.

21.5.3 Where a phased return or any relevant temporary adjustments are in place no additional hours of any type can be worked in any area. Where there is a pattern of sickness that appears to be linked to the number of additional hours worked it may be appropriate to restrict this work for a longer period. The employee must not accept or request any additional work within the Trust during the period of restriction.

22. ABSENCE RESULTING FROM AN ACCIDENT

22.1 If an employee sustains an injury or accident at work, the employee should notify their manager who must also notify the Occupational Health Department. Reporting accidents and ill health at work is a statutory legal requirement.

22.2 The RIDDOR regulations should be followed in the event of a death or major injury or accident at work resulting in over 7 days absence, reportable work related disease or a dangerous occurrence. It is the manager's responsibility to ensure a RIDDOR form has been completed.

22.3 Where an employee is absent as a result of an accident out of work they are not entitled to sick pay if damages are received from a third party. The organisation will advance to an employee a sum not exceeding the amount of sick pay payable providing the employee repays the amount of sickness allowance to the organisation when damages are received. Once received, the absence will not be taken into account in relation to the amount of sick pay accrued. However, the episode of absence will be included in the individual absence record.

23 INJURY ALLOWANCE

23.1 Injury Allowance may be 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.

23.2 Injury Allowance is a payment made by NHS employers to eligible employees that tops up sick pay, to 85 per cent of pay, subject to usual deductions.

23.3 The terms of injury allowance and how to apply is included in Section 22 of the Agenda for Change terms and conditions handbook.

23.4 The employee and Line Manager should complete the necessary DATIX following any work-related injury/illness or other health condition.

24 ABSENCE RELATING TO SURGERY

24.1 Elective Cosmetic Surgery & Laser Eye Surgery

24.1.1 Employees will be required to take annual leave to cover any absence for elective (pre-planned) cosmetic and laser eye surgery, unless there is a letter of support from a GP or specialist, to indicate the surgery needs to be undertaken for health reasons.

24.1.2 Employees should discuss with their line manager any Elective, cosmetic or laser eye surgery they require at the earliest opportunity, so that the appropriate work arrangements can be made and should give at least 6 weeks' notice. Where the entitlement to annual leave has been exhausted the manager may agree a period of unpaid leave, subject to service needs.

24.1.3 Where the surgery is being undertaken for health reasons, or where absence continues beyond the period of annual leave, individuals should provide the appropriate medical information from their General Practitioner/Consultant in relation to the procedure for the purposes of receiving Occupational Sick Pay / Statutory Sick Pay. These absences must be managed in line with the Trust's Sickness Absence Management Policy. Should the manager be in a position where they are considering issuing a formal absence target, knowing that an individual has forthcoming planned surgery, the line manager should seek advice from their People Business Partner Team.

25. ILL HEALTH ABSENCE DURING INVESTIGATION / FORMAL PROCESSES

25.1 In cases where there is a need to interview an employee who is absent from work due to ill health, who are a part of one of the above processes and the employee states that they are unfit to participate, an immediate referral should be made to Occupational Health for an opinion on their fitness/ability to participate.

25.2 If it is the opinion of Occupational Health that the employee is fit to participate in an investigation or a formal procedure, then it is reasonable to expect the employee to comply with this, with appropriate support and reasonable adjustments in place if required. Failure to do so, without good cause should be considered under the Trust's Disciplinary Policy (CORP/EMP 2).

25.3 If, in the opinion of Occupational Health, the employee is unfit to participate in an investigation or a formal procedure, despite appropriate support and reasonable adjustments being available to them, the Trust reserves the right to continue the relevant process in the employee's absence, up to and including making a decision on terminating employment.

26. MEDICAL EXCLUSION

26.1 General Medical Exclusion

26.1.1 In cases where the Trust requires an individual to stay away from work for a health or infection control related reason, and the individual would otherwise be well and available to work, the employee will be medically excluded. Medical exclusion should only be considered when all other options have been exhausted (such as temporary or permanent

redeployment, working from home, reasonable adjustments, etc.), with the exception of the risk of infection, where the only alternative would be working from home if the individual was well enough. Decisions for medical exclusion should be made in conjunction with advice from Occupational Health. Such absence will be recorded as medical exclusion and will therefore not impact on sickness absence records.

26.1.2 Medical exclusion should be for the minimum period possible in line with the recommended timescales as advised by Occupational Health. A review should be undertaken after the suggested timeframe, and Occupational Health advice should be sought if any concerns persist. Any review should consider whether an extension is necessary or whether alternatives such as adjusted duties are suitable.

26.1.3 The authority to exclude on medical grounds rests with the relevant senior manager of the service in conjunction with Occupational Health advice. It may, in some cases, be necessary to complete an Occupational Health Referral for further support and advice.

27. SICK PAY ENTITLEMENTS

27.1 Employees who are off sick may be entitled to receive sick pay. This can be:

- Statutory sick pay
- Contractual occupational sick pay, as outlined in the NHS Terms and Conditions of Service Handbook
- Sickness or incapacity benefit
- Injury allowance

27.2 In cases of unauthorised absence (without prior permission or notification) managers should seek advice from their People Business Partner Team in all cases.

28. ABUSE OF SICKNESS SCHEME

Where abuse of the Sickness Absence Management Policy is suspected, which may include failure to report sickness absence at the appropriate time; non-attendance at OH appointments without reasonable cause; failure to submit GP Fit Notes at the appropriate time; failure to maintain reasonable contact with the Trust; deliberate conduct prejudicial to recovery from sickness/injury; or due to the employee's misconduct or neglect, sick pay may be suspended and consideration given to disciplinary action.

28.1 Potential False Claims of Sickness Absence

28.1.1 Whilst on sick leave, employees will be expected to behave in a manner that will assist their recovery and return to work. Employees should not engage in any activity which is inconsistent with the nature of their illness/injury. Where the Trust has reason to believe that

an employee's conduct during sick leave has been prejudicial to their recovery, sick pay may be withheld, following an investigation into the circumstances.

28.1.2 Sick pay is awarded to you on the basis that you are unfit to work and therefore you should not engage in any form of employment (paid or voluntary), including attending training/study courses, without formal prior authorisation from your manager during a period of sickness absence from the Trust. This also includes any secondary employment, whether or not that employment has already been declared to the Trust by the employee. Additionally, a GP Statement of Fitness for Work (Med 3) is an official document and any fraudulent alteration is a criminal offence. Falsely representing an illness/injury on a Trust self-certification of sickness absence documents (for periods of absence not requiring a Med 3) in order to gain sickness absence from work will also constitute fraud.

28.1.3 Any concern that sickness absence fraud is occurring should be referred to the Trust's Local Counter Fraud Specialist and your local P&OD Representative in the first instance and prior to any formal investigation (see the Trust intranet for contact details). Alternatively you can make a confidential report to the NHS Fraud & Corruption Reporting Line on 0800 028 4060 or via www.cfa.nhs.uk/reportfraud.

28.1.4 All of the foregoing can lead to a combination of disciplinary action, criminal prosecution, referral to a professional body (where applicable) and/or civil recovery proceedings.

29. CASE CONFERENCE

29.1 In some cases/incidents, following a long period of absence from work or where employees have a chronic condition, disability or persistent absences, it can be useful to involve all parties to facilitate a return to work plan and / or discuss all facts. This approach can be recommended by Occupational Health or P&OD and the meeting should always involve the employee, their union representative or colleague, their manager, Occupational Health and P&OD.

29.2 A case conference provides a facility for ensuring that the employee and manager are clear of any modifications and expectations on return to work / to support an employee to sustain their attendance at work.

30. REFERRAL TO A PROFESSIONAL BODY

30.1 As a consequence of an employee's Ill Health and incapacity, it may be necessary to refer them to a relevant professional body. Such referrals will be made with the advice of and through the relevant Director/professional responsible officer, where appropriate. The employee will be notified in writing should this be the case.

This process should be initiated through open dialogue with the employee as soon as it becomes apparent they require additional support at the relevant stage of either the Short term or Long term process. P & OD should be notified of any Professional Registration referrals.

31. IMPLEMENTATION, MONITORING AND REVIEW

31.1 The policy will be reviewed every three years, or sooner if appropriate, in response to exceptional circumstances or relevant changes in legislation or guidance. This policy is owned by People and Organisational Development, who will ensure a review of this policy, is undertaken.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Trust Absence Levels	P&OD Representatives, Line Managers, Directors and Heads of Department	Monthly	Divisional and Directorate Sickness KPI's monitored through Performance, Oversight and Support Meetings. HR Dashboard Business Intelligence Reports Departmental Sickness Review Meetings Reviewed through divisional grip and control and confirm and challenge meetings People Committee
Compliance with parameters and timescales of Policy	P&OD Advisors, Line Managers and Staffside Representatives P&OD Advisors	As occurs Monthly	Feedback about experience of using the policy Data collected from ER Tracker People Committee

32. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Disciplinary Procedure – (CORP/EMP 2)
Capability Procedure (CORP/EMP 25)
Conduct Capability Ill Health Appeals Policy (CORP/EMP 13)
Equality Analysis Policy - (CORP/EMP 27)
Fair Treatment For All Policy - (CORP/EMP 4)
Flexible Working Policy - (CORP/EMP 48)
Fraud, Bribery & Corruption Policy & Response Plan - (CORP/FIN 1 D)
Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - (PAT/PA 19)
Health and Wellbeing Policy - (CORP/EMP 31)
Standards of Business Conduct and Employees Declaration of Interest Policy (CORP/FIN 4)
Reasonable Adjustments Policy (CORP/EMP 57)
Special Leave Policy (CORP/EMP 47)
Leave Policy (including Annual, Study, Professional and Duty for all staff, including Medical) (COPP/EMP 49)
Annual Leave [FAQs](#)
Restructure, Re-organisation, Redeployment and Redundancy Policy (CORP/EMP 9)

33. REFERENCES

Equality Act 2010
Fraud Act 2006
Health and Safety Executive Managing Sick Leave and Return to work
<https://www.hse.gov.uk/sicknessabsence/>
The Information for Health and Social Care Website (NHS I-View)
NICE Guidance – Workplace Health: long term sickness absence and capability to work 2019
GOV.UK – Fit Note : Guidance for Employers and Line Managers
<https://www.gov.uk/government/publications/fit-note-guidance-for-employers-and-line-managers>
NHS Terms and Conditions of Service Handbook
RIDDOR – www.hse.gov.uk

APPENDIX X - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
CORP/EMP 1 V 7 – Sickness Absence Management Policy	People and Organisational Development	Diane Culkin	Existing	30 th June 2023
1) Who is responsible for this policy? People and Organisational Development				
Describe the purpose of the service / function / policy / project/ strategy? Policy is intended to benefit all employees and managers of the Trust. It provides standard and clear guidelines on managing sickness absence and sets out the support that is available.				
2) Are there any associated objectives? N/A				
3) What factors contribute or detract from achieving intended outcomes? None				
4) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? The policy has a positive impact on disability as it sets out clear guidelines on adjustments and other support.				
• If yes, please describe current or planned activities to address the impact N/A				
5) Is there any scope for new measures which would promote equality? N/A				
6) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No	Positive impact as set out above		
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
7) Provide the Equality Rating of the service / function / policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
<i>*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form – see CORP/EMP 27.</i>				
Date for next review:				

Checked by:

Date: