Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Supporting Attendance at Work Policy
(previously Managing Sickness Absence Policy)

This procedural document supersedes: CORP/EMP 1 v.7 Managing 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 8	June 2026	• This policy has undergone a complete review - please read in full • **Renamed from Sickness and Absence to Supporting Attendance at work policy**	Christine White and Adam Evans
Version 7	July 2023	• This policy has undergone a complete review - please read in full	Diane Culkin
Version 6	9 August 2016	• Updated Introduction • Updated terminology for Care • Groups/directorates • Removal of reporting sickness after 2 hours of • shift starting. • Addition of local sickness reporting procedures • Adverse and near miss incident form- updated to • Datix • Procedural documents updated • Updated - trigger points • Updated - Phased Return to work • Removal of the trigger of 8 days • Removal of annual leave and phased return	Helen Houghton
Version 5	17 April 2014	• Document transferred to new format. • Appendix A and B incorporated into procedure. • Document condensed. • Terminology changed to second person “we” and “you” rather than third person “trust” “employee” • Addition of counter fraud guidance	Trudy Barnes
Version 4	December 2011	• Updated in line with Boorman review. • Updated in line with introduction of Fit note. • Updated in line with Equality Act 2010. • Integration of all sickness policy documents into one sickness absence policy. • Elimination of repetition. • Addition of reference of policy application to medical staff see 1.6.	Helen Selvidge
Version 3.1	May 2010	• Updated in Line with NHS Litigation Authority Guidance • Please read in full – Changes made throughout. • The following new sections have been added to the policy - Purpose, Definitions, Equality Impact Assessment, Duties and Responsibilities, Training/Support, Maintaining Contact with	Michelle Victor

		Absent Employee, Returning to Work, Rehabilitation of Personnel Following Long Term Absence, Process for Analysing Sickness Absence Data and Organisational Overview, Monitoring and Compliance Associated Documents.	
Version 3	January 2010	• Sickness notification time amended from 1hour after shift start time to 2 hours • Managers Guide to managing sickness appended to this policy Appendix B • Acknowledge some Departments now have their own reporting/procedures issued separately sickness absence notification. • Reduce reporting time to 1 hour after shift time starts. • Included paragraph 12 & 13, re: cosmetic surgery & fertility treatment	Helen Selvidge
Version 2	September 2007	• Page 5 - Submission of Medical Certificates - para 3 "There are occasions where employees may be well enough to return to full or modified duties before their medical certificate expires. If an early return to work can be accommodated, it must be with agreement from Occupational Health and the Manager/Supervisor" has been added • Submission of Medical Certificates -paragraph 5 "For sickness absences over 7 days a 'final' certificate must be submitted and, on return to work, a notification form should be completed. Departmental managers should continue to receive and check medical statements". Has been deleted • Page 6, para 3 EPIX changed to Electronic Staff Record (ESR) • Page 6, Paragraph 4 removed as no longer applicable. • Page 7, additional paragraph added "In situations where a member of staff has booked annual leave but contacts their department to inform them that they are sick, the annual leave will be reimbursed for the applicable days. Staff must inform their department on the first day of their absence as annual leave will not be reimbursed retrospectively and also complete a self-certification form or obtain a medical certificate if the absence exceeds 7 days to cover the days of sickness • Page 8, point 16, changed from Untoward Incident Report Form to Adverse Incident and Near Miss Report Form	Nicola Hellewell

		• Page 8, Point 18, changed from 7 to 10 days and additional sentence added, “This 10-day period starts from the day following the injury”	

Contents

1 INTRODUCTION

The Trust recognises that our ability to provide good quality and safe patient care is dependent upon the wellbeing and regular attendance of our colleagues. Good attendance in the NHS is crucial for patient care, it ensures that services are delivered effectively, reduces disruptions, supports a positive work environment, colleague well-being, and efficiency.

The Trust aims to support colleagues to improve their wellbeing, and this policy confirms a stay at work philosophy. Managers and colleagues are encouraged to collaborate so that people remain well in the workplace or where colleagues are too unwell to attend work, timely, appropriate and responsive interventions are implemented which can support and facilitate a return to work safely and at the earliest opportunity.

Every situation will be handled empathetically and according to each individual's circumstances with this policy being applied to provide a consistent, fair and clear approach. In order to proactively support colleagues, the Trust has in place a Health and Wellbeing Programme with many initiatives, Physiotherapy and Counselling services, including an in-house Occupational Health provision, all of which are accessible through self-referral.

In applying this policy, the organisation will have due regard to the need to eliminate unlawful discrimination in line with the Equality Act (2010) and to promote equality of opportunity.

2 JUST & LEARNING CULTURE

The Trust is committed to creating an environment where people feel supported and empowered to learn when things don't go as expected, rather than fearing they will be blamed. We are committed to supporting learning from incidents following a systems approach to improve the safety and experience of our patients and our colleagues.

The Trust is committed, alongside our Trade Union colleagues and Freedom to Speak Up Guardian, to develop our managers' skills on resolving issues at the earliest stages of our processes, and that entering into formal proceedings will always be a last resort. We will emphasise investigating and understanding any incidents, with an aim to create a safe, and compassionate culture.

It is important that we learn from our mistakes and put safeguards in place to ensure incidents do not happen again. It is important that we are supportive while also holding each other to account, ensuring we live the DBTH Way by being kind and compassionate while being unafraid to have honest and potentially difficult conversations.

3 PURPOSE

This policy applies to all Trust colleagues.

The absence of colleagues who are seconded from an external organisation or Resident Doctors employed elsewhere (although working on DBTH sites), would be managed in accordance with that organisation's policies. This policy does not apply to agency workers 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 consideration of contract cessation.

The purpose of this policy is to encourage managers and colleagues to take a "stay at work" approach, to prevent unnecessary sickness absence as well as to manage sickness absence where necessary.

The aim of the policy is to:

- Attain and maintain a healthy workforce, wherever possible enabling colleagues to continue to work or to enable a sustainable return to work following periods of ill health.
- Identify changes in working practices or environment through reasonable adjustments as alternatives to sickness absence.
- Ensure appropriate support and guidance is available for colleagues and managers.
- Provide support and interventions to individuals that have been unwell in their return to the workplace.
- Ensure all sickness absence is reported, managed and monitored appropriately.
- Provide a framework for handling and monitoring sickness absence, management reporting of sickness absence and management support initiatives.

4 DUTIES & RESPONSIBILITIES

This section summarises duties and responsibilities.

4.1 Trust Colleagues

- Notify their manager promptly of any health issues, absences or support required.
- Follow correct Trust and local absence reporting procedures and submit fit notes on time.
- Be contactable during absences, attend and engage in meetings including Occupational Health appointments.
- Must not work for another employer during sickness absence, unless explicitly authorised. Any contravention of this will 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 E-Form linked from the Standards of Business Conduct and Employees Declaration of Interest Policy (CORP/FIN 4).
- Be aware of social media in line with the good practice guidance (see Communications and Media Policy CORP/COMM 31).

- Be aware that non-compliance with this policy could lead to disciplinary action and/or withholding of pay.

4.2 Managers

- Responsible for proactively supporting colleague wellbeing in line with a stay at work philosophy, facilitate return to work discussions, complete the Wellbeing Passport with colleagues and monitor attendance.
- Ensure colleagues are aware of absence procedures and that accurate absence records are maintained.
- Agree a keeping in touch plan with absent colleagues.
- Manage absence fairly and consistently, hold sickness management meetings and ensure sickness cases are documented in the ER Tracker.
- Refer colleagues to Occupational Health when appropriate and ensure timely return to work meetings and risk assessments.
- Consider reasonable adjustments and redeployment options where necessary.
- Seek advice from the Trust's Local Counter Fraud specialist where there are irregularities or concerns regarding possible fraudulent activity.
- Report RIDDOR incidents.
- There are more responsibilities listed in the Supporting Attendance at Work guidance.

4.3 Trade Union/Companion

- Can be a trade union official or work colleague.
- To ensure that these procedures are applied fairly and appropriately in all circumstances and to provide support and advice to their members as well as suggesting improvements to processes.
- To work with their members, People & OD and managers to support colleagues to stay in work where possible.
- Able to support the individual in meetings, maintain confidentiality and organise time off with their manager to attend meetings.
- 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 the individual, on their behalf.
- Trade union colleagues can promote health and wellbeing and can make suggestions on the support that is available to stay at work.

4.4 People and OD (P&OD)

- Provide advice and support to managers and colleagues who are dealing with issues in accordance with this procedure.
- Ensure that sickness absence reporting and attendance management procedures of the Trust are applied fairly and consistently so that both management and colleagues have full confidence in the process.

- Ensure that managers have fully utilised all routine and informal procedures before entering the formal procedure.
- Monitor compliance with "Return to Work" interview timescales by managers and produce relevant reports on compliance rates.
- Provide managers with up-to-date advice in the management of attendance issues to assist at the earliest and best resolution.
- Work closely with trade unions and the Occupational Health department in order to provide training for all individuals involved in managing sickness absence so that they have a full understanding of their role and responsibility in the process and can provide proper support and guidance to colleagues.
- Provide advice to managers on the best way to resolve attendance issues at work through promoting good employment practice in compliance with legislation.
- Liaise with the Trusts Counter Fraud Specialist where fraud is suspected in order that a parallel HR/CFS investigation may be considered.

4.5 Occupational Health Team

- Provide advice and information to promote healthy lifestyles and a healthier workplace including specific support to colleagues 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 colleagues.
- Support managers with workplace risk assessments related to health and fitness, considering individual abilities against role specific activities.
- Advise colleagues 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 colleagues 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 colleagues who have been affected. This may also include advice on associated treatments and medical exclusion as required.
- 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 SUPPORTING A COLLEAGUE TO STAY AT WORK

Managers and colleagues should be proactively discussing ways to support attendance at work and reduce sickness absence. These options should be considered as part of any discussions that take place

when a colleague reports their absence or before, if the colleague has raised any concerns about their ability to maintain attendance.

By focusing on ways to support colleagues to stay at work and reduce sickness absence this will:

- Help colleagues to feel valued,
- Demonstrate to colleagues that they are being listened to and cared for,
- Improve morale in colleagues and amongst teams, and,
- Reduce sickness and in turn improve patient care and save money.

The Trust's health and wellbeing offer is fully explained on the HIVE and can be accessed here https://extranet.dbth.nhs.uk/

5.1 Wellbeing Passport

The wellbeing passport will be used to support a colleague's attendance at work by identifying supportive mechanisms to help colleagues stay at work. The wellbeing passport is a live document and if an intervention is not working for any reason, then other interventions should be considered (where operationally feasible) and agreements reached in relation to supporting a colleague's wellbeing.

The passport will also form part of the discussions between managers and colleagues when personal or health reasons have been identified that may impact their attendance at work. The manager and colleague can examine ways to support the colleague to stay at work as much as possible.

All colleagues who would benefit from completing one, should complete a passport with their manager. Whenever a colleague experiences a period of absence, or when a colleague feels their attendance may be impacted, the colleague and manager should review the passport and see if any adjustments or supportive mechanisms can be put in place to support the colleague in remaining at work.

5.2 Alternative/altered duties and flexible working (reasonable adjustments)

There will be instances where a colleague may raise concerns about undertaking their substantive duties due to health-related or personal reasons. It is important that
colleagues speak to their manager about any conditions/symptoms or illnesses that may affect their ability to stay at work.

Where a colleague raises concerns or this is identified through a return-to-work discussion, the manager must consider what duties the colleague is able to perform. This may involve altering the colleague's duties, temporarily redeploying them to alternative work or agreeing to an element of flexible working. When considering this, it is recommended that the colleague is referred to occupational health for advice on how long the adjustments need to be in place for and documented accordingly.

Where adjustments to roles are not possible, not sustainable and are impacting on service delivery consideration will be given to exploring alternative working options in accordance with redeployment (see section 13).

This also applies where colleagues suffer injuries which may affect their ability to continue working in their substantive role e.g. broken leg or arm, plantar fasciitis, back pain etc. Where this is a temporary measure, early discussions can take place with the colleague about supporting them to stay in work or back to work in alternative duties (where appropriate), supported by Occupational Health.

5.3 Referrals to Occupational Health and VIVUP service

The Occupational Health Department is intended to provide support to the Trust and colleagues by offering advice on ways to address health problems. It is not expected to take on the management role but to provide an objective assessment from its clinical perspective of any situation brought to its attention.

Prior to a referral being made it is best practice to discuss the reasons for the referral with the colleague, and they will have access to the content of the referral through the online system and will be asked to provide their consent. The colleague has a contractual obligation to attend an Occupational Health appointment made through the manager's referral.

There are a number of areas in which you may wish to seek Occupational Health and Wellbeing advice concerning a colleague:

- Recurring short term absences
- Upon reaching Stage 2 of the policy
- Newly diagnosed medical condition or deterioration of condition
- Prognosis of medical condition
- The relationship of the condition to work. This may be a personal/social problem but if work is affected referral is appropriate
- Fitness for work
- Adjustment to duties/ongoing support

If a manager is concerned that a colleague is a significant danger to themselves or others, they can seek occupational health advice, and they should also signpost colleagues to relevant services i.e. signpost for urgent GP appointment/ NHS 111/ A&E/ Samaritans 116 123.

Colleagues also have access to the Employee Assistance Programme through the VIVUP service. VIVUP can be contacted by calling **03303 800658** or **0800 023 9324** free from any standard UK landline or mobile phone where they can speak to expert clinical support practitioners who help colleagues get the best support available. This support line is available 24hrs, 365 days a year. Information can also be accessed here www.vivup.co.uk.

Please refer to the Trust's Health and Wellbeing Policy CORP/EMP 31 for further information and guidance.

5.4 Disability Leave

Disability leave is a form of reasonable adjustment. Its purpose is to provide colleagues with a disability (as defined by the Equality Act 2010) paid time off to attend appointments relating to their disability. It is not to be used as an alternative to sickness absence as this is a preventative measure only, meaning it is to be used to support colleagues to stay at work.

A maximum of 2 days (15 hours) pro rata for part time colleagues, can be requested by a colleague in any leave year. This time can be taken in hours or in days and should be monitored and recorded appropriately.

Should the colleague request additional time in excess of the above, advice should be sought from Occupational Health and the People Business Partner teams.

Colleagues are required to provide evidence of such appointments to their manager. Any instances of disability leave should be recorded on E-roster as Other Leave – Disability Leave.

The definition of a disability is set out in section 6 of the Equality Act 2010. Colleagues are identified as disabled if:

- They have a physical or mental impairment
- That impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Advice can be sought from Occupational Health.

5.5 Health and Wellbeing toolkit

Colleagues are directed to the Trust's Health and Wellbeing pages which provide useful help and support, via the following https://extranet.dbth.nhs.uk/health-and-wellbeing/. The Health and Wellbeing Handbook can also be accessed at https://www.mystaffhandbook.co.uk/pdfs/NHS%20England%20Trusts/Doncaster%20and%20Bassetlaw%20Teaching%20Hospitals%20NHS%20Foundation%20Trust%202021-2023.pdf

Managers can also access the Supporting Attendance at Work guidance that provides useful information such as risk assessments.

6 MANAGING SICKNESS ABSENCE

Despite the best efforts of colleagues and managers collaborating to explore mechanisms that will enable a colleague to stay at work, the Trust recognises there will be occasions where a colleague is unfit to attend work in any capacity.

The sickness absence reporting procedure, sickness absence pay provisions and requirement for fit notes and sickness during a period of annual leave can be found in the Trust's Supporting Attendance at Work guidance. It is important that colleagues are adequately supported through effective communication and support.

6.1 Wellbeing support for colleagues during sickness absence

Managers should maintain regular contact with absent colleagues to understand the nature, causes and impact of illness and to 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, if this is beneficial for the colleague. 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.

Manager and colleague can consider if early intervention would be beneficial to the colleague'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 support management of chronic conditions and support successful rehabilitation. It can also support early recovery and returns to either light or full duties.

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. Colleagues should be advised that self-referral to Occupational Health cannot be used as part of any process, management can only act upon the advice provided through management referrals to Occupational Health.

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.

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.

Where appropriate, a manager can support a colleague returning from long-term sickness absence by developing a workable return to work plan, including both therapeutic and phased return elements (more information provided in section 7.11 below).

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 the opportunity to access occupational physiotherapy. Colleagues can also self-refer to this service should they require.
- A worksite assessment to review and discuss with the colleague and their line manager, the suitability of work tasks or any adjustments that could be made.
- A meeting between the colleague 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.

For colleagues 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 colleague 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 colleague's line manager.
- Regular follow-up meetings with the colleague and their line manager to evaluate progress.
- Enabling the colleague to attend planned supportive therapies, as set out in the special leave policy.

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.

6.2 Effective contact with colleagues who are absent from work

A colleague has a contractual obligation to maintain contact throughout their sickness absence. Regular contact should happen with colleagues regardless of the length of absence. It's important to maintain regular contact to ensure colleagues are adequately supported and to consider whether a return to work is achievable in some capacity.

When a colleague commences a period of absence the colleague and manager must agree how often they will keep in touch and by what method. The colleague's line manager can update the colleague's wellbeing passport with what is agreed in terms of keeping in touch and can update the plan to keep a log of when the colleague and line manager have kept in touch. It may be reasonable to delay this where colleagues are undergoing treatments such as chemotherapy, or they have recently had surgery. Colleagues have a responsibility to ensure they keep in touch as well as:

- Attending wellbeing review meetings
- Attending Occupational Health appointments including case conference reviews
- Being available to take calls from Occupational Health in relation to a fast-track referral

Regular review meetings will take place with colleagues during their absence, particularly those colleagues that are absent due to long-term sickness absence (28 days and over). It's important that a meeting is held as soon as possible when a colleague's absence is likely to be long term (i.e. they are issued with a four-week fit note) so that reasonable adjustments can be explored at the outset of their absence which may support a return to work. As a guide it is recommended that any further review meetings for long term sickness absence should take place every 4-6 weeks and they may take place more frequently if needed.

This is in addition to the regular keep in touch sessions. The review meetings will be held with the colleague's manager accompanied by a member of the People Business Partner team and the colleague may be supported by a colleague or a trade union representative. Meetings may take place on a regular basis depending on the level of support a colleague requires and the reason for their

absence. Where a colleague is absent due to musculoskeletal or anxiety/stress and depression a meeting must be held as soon as possible and ideally within 7 days of the absence commencing to look at what support can be offered to the colleague, whether any risk assessments need to be completed and whether a return to work can be facilitated in some capacity.

6.3 Phased return to work

A phased return to work can be a great benefit to colleagues as it considers their capabilities at the point of returning to work, supporting an earlier return to work as well as achieving a sustained return to work.

A phased return to work can be considered if a colleague has been absent 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, up to a maximum of 4 weeks which 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. The phased return should be documented in the Wellbeing Passport. Details in relation to the reasonable adjustments made and the days and hours to be worked in the phased return should also be recorded in the Wellbeing Passport.

Where Occupational Health recommends a gradual return to work to aid rehabilitation, the manager will discuss the recommendations with the colleague 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 a colleague will realistically be able to return to full duties by the end of the phased return to work period.

The colleague 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 colleague 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 a colleague, 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 colleague 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/or working the time back.

Only one phased return will be paid for by the Trust in a 12-month period, it may be that in certain circumstances a second phased return with full pay will be considered, managers are advised to speak to their People Business Partner team to discuss this before any decisions are made.

6.4 Return to work

Colleagues may be able to return to work earlier than their fit note, if reasonable adjustments are identified to support a return to work and these can be reasonably accommodated. Managers and colleagues may seek advice on returning to work before the end of a fit note from HR, Occupational Health or Trade unions if needed.

On return to work from any duration of sickness absence colleagues 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 7 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 https://extranet.dbth.nhs.uk/people-organisational-development-pod/human-resources-hr/. In the interest of this conversation taking place promptly, it is appropriate for a manager to delegate to a colleague who can deputise for them, or, where appropriate, conducted remotely or through a telephone conversation. The discussion should be recorded on eRoster and guidance on how to action this can be found in the Supporting Attendance at Work guidance.

The return to work discussion 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 colleague's return to work and assist in sustaining their attendance moving forward.

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

6.5 Temporary adjustments to role

Temporary adjustments to roles must be agreed between the manager and colleague and last for an agreed period of time and should normally be no longer than 3 months.

During a phased return some colleagues may be unable to carry out the full range of their normal duties but may be able to carry out some form of work e.g. administrative duties, working from home, reduction of manual handling tasks, etc. In these circumstances the manager, subject to Occupational Health advice, must investigate the possibility of facilitating a period of temporary redeployment if these cannot be accommodated in the colleague's area of work.

Individuals will not be disadvantaged by working in an agreed temporary redeployment role and will be paid at their normal rate of pay. Temporary redeployment may also potentially form part of a phased return to work programme. The temporary redeployment should be for an agreed period of time and should normally be no longer than 3 months. Where this exceeds three months consideration should be given to section 13 – Redeployment.

7 ABSENCE MANAGEMENT PROCESS

On occasions, despite appropriate support, a colleague's absence will require management through a more formal process. The information below outlines the process for absence management within the Trust. It may be appropriate and beneficial to adapt and be flexible in the approach to sickness management to find the correct mix of support and escalation.

The Trust is supportive to colleagues who need to be absent from work due to ill-health periodically. However, it also has a duty to manage services efficiently to ensure it provides the best possible patient care. Consequently, it is necessary to act when a colleague is absent frequently and/or for lengthy periods. This policy aims to ensure that fair and consistent procedures are applied whilst also recognising that all cases must be managed according to their individual circumstances.

8 TARGET SETTING - SHORT TERM SICKNESS

This section summarises how the Trust manages short-term sickness absence through the use of absence improvement targets. For in-depth information please see the Trust's Supporting Attendance at Work guidance.

8.1 Trigger Points for Target Setting

- Sickness absence exceeds 3.5% over a rolling 12-month period.
- More than 3 episodes of sickness in any rolling 6-month period, monitored over a 12-month period. (To note an episode of sickness absence is a continuous period of absence from work due to ill health, which is recorded as a single occurrence, regardless of the number of working days lost, and which ends when the colleague returns to work).
- An identifiable pattern of absence.

8.2 Managerial Discretion

- Managers may apply discretion and adjust targets, especially if the colleague has an underlying medical condition covered by the Equality Act 2010.
- Adjustments should be supported by advice from People and Organisational Development (P&OD) and possibly Occupational Health.
- Any changes must be documented and reviewed regularly.
- Examples of an identifiable pattern of absence include repeated and regular absences on a specific day(s) such as Mondays, absence around planned annual leave and absence during school holidays. This is not an exhaustive list, please speak to the People Business Partnering teams for further advice and guidance.

8.3 Issuing and Monitoring Targets

- If a trigger is breached, a Sickness Improvement Target may be issued, typically for 12 months.
- Failure to meet the target may lead to escalation to the formal sickness management process (Stage 1).
- If the target is met, the process concludes with written confirmation.

- Managers may choose not to issue a target if the colleague has a previously good attendance record, but this must be reasonable and consistent.
- Managers should observe if identifiable patterns of absence occur and set a sickness absence target if necessary.
- Targets should be set from the day proceeding with their most recent absence.
- If a colleague is unable to sustain the necessary improvements following the end of any improvement targets, the Trust reserves the right to re-convene the process at the relevant stage. This will be assessed case by case, taking into account the amount and frequency of the absence, the individual circumstances and any other identifiable patterns of absence.

8.4 Disciplinary Considerations

- If a colleague reports sick after being refused annual leave or shows frequent or concerning absence patterns, managers may refer to the Trust's Disciplinary Policy (CORP/EMP 2).
- A fit note may be requested as evidence in such cases.

9 FORMAL SICKNESS MANAGEMENT – SHORT TERM

This section summarises the three-stage process for managing short-term sickness absence when improvement targets have not been met. For in-depth information please see the Supporting Attendance at Work guidance.

Information relating to the colleague and formal sickness management can be documented in their Wellbeing Passport.

9.1 Stage 1

- Triggered when a colleague fails to meet initial sickness improvement targets.
- A formal meeting is held by the line manager to review the colleague's attendance and relevant documentation.
- If attendance does not improve, a Stage 1 formal sickness improvement target is issued for 12 months.
- If the target is met and sustained, the process ends. If not, the colleague progresses to Stage 2.
- The colleague has the right to be accompanied and to appeal the decision. Please see guidance document for further information.

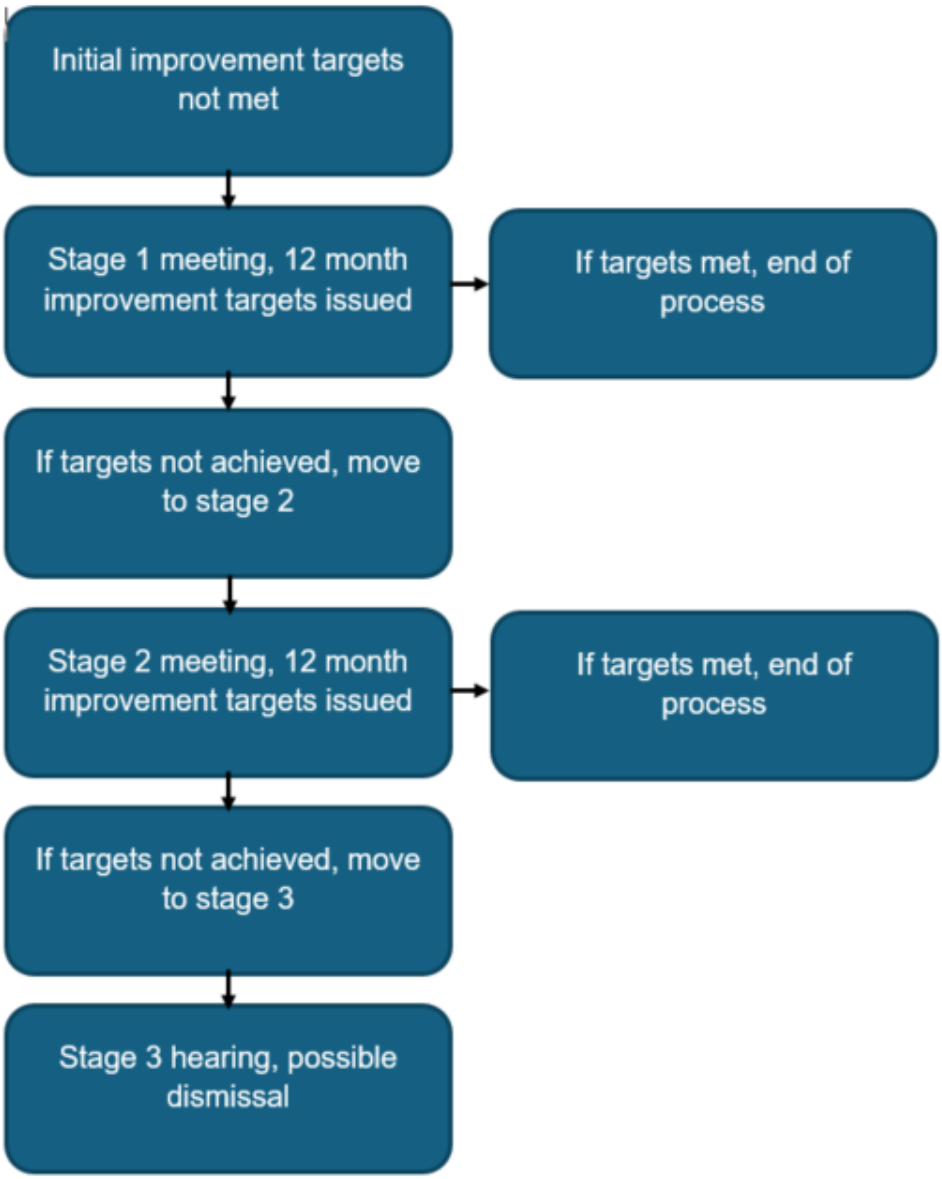
9.2 Stage 2

- Initiated if the colleague fails to meet Stage 1 targets.
- Another formal meeting is being held, and a Stage 2 target may be issued for 12 months.
- If attendance improves and is sustained, the process ends. If not, the colleague progresses to Stage 3.
- The colleague retains the right to representation and appeal.

9.3 Stage 3

- Triggered if Stage 2 targets are not met.
- A Formal Sickness Management Hearing is convened, chaired by a senior manager with authority to dismiss.
- The hearing reviews all evidence and allows the colleague to respond.
- A possible outcome is termination of employment on the grounds of capability due to ill health.
- The colleague has the right to appeal the decision and to be accompanied at the appeal meeting.

Formal Sickness Management: Short Term



10 FORMAL SICKNESS MANAGEMENT – LONG TERM

This section summarises the structured approach the Trust takes to support colleagues on long-term sickness absence (defined as 28 calendar days or more), with a focus on compassion, communication, and fair process. For in-depth information please see the Managers' Guidance on the Hive.

10.1 Overview

- A supportive approach is prioritised, and if a no return-to-work prognosis exists despite interventions, formal management may be necessary.
- A keeping-in-touch plan should be agreed early, tailored to the colleague's needs and preferences.
- Communication should be sensitive, regular, and confidential, with flexibility in method and frequency.
- Managers should be trained and aware of relevant policies and procedures.
- In some cases/incidents, following a long period of absence from work or where colleagues 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 via a case conference. This approach can be recommended by Occupational Health or P&OD and the meeting should always involve the colleague, their union representative or colleague (if they wish), their manager, Occupational Health and P&OD.
- A case conference provides a facility for ensuring that the colleague and manager are clear of any modifications and expectations on return to work / to support a colleague to sustain their attendance at work.

10.2 Critical or Terminal Illness

- Colleagues with terminal or critical illness must be treated with dignity, compassion, and respect.
- Their wishes should guide the process, and they should be supported in exploring options such as ill health retirement or reasonable adjustments to remain at work if desired.

10.3 First Long Term Absence Meeting

Held after 28 days of continuous absence.

- Reason for absence and treatment progress.
- Anticipated return date.
- Occupational Health advice and reasonable adjustments.
- Available support services (e.g. physiotherapy, counselling).
- Redeployment opportunities.
- May result in a return-to-work plan or scheduling of a second meeting if no return date is foreseeable.

10.4 Second Long Term Absence Meeting

- Reviews progress and explores further support or adjustments.
- Assesses the sustainability of continued absence and service impact.
- May lead to a third meeting if no return date is agreed.

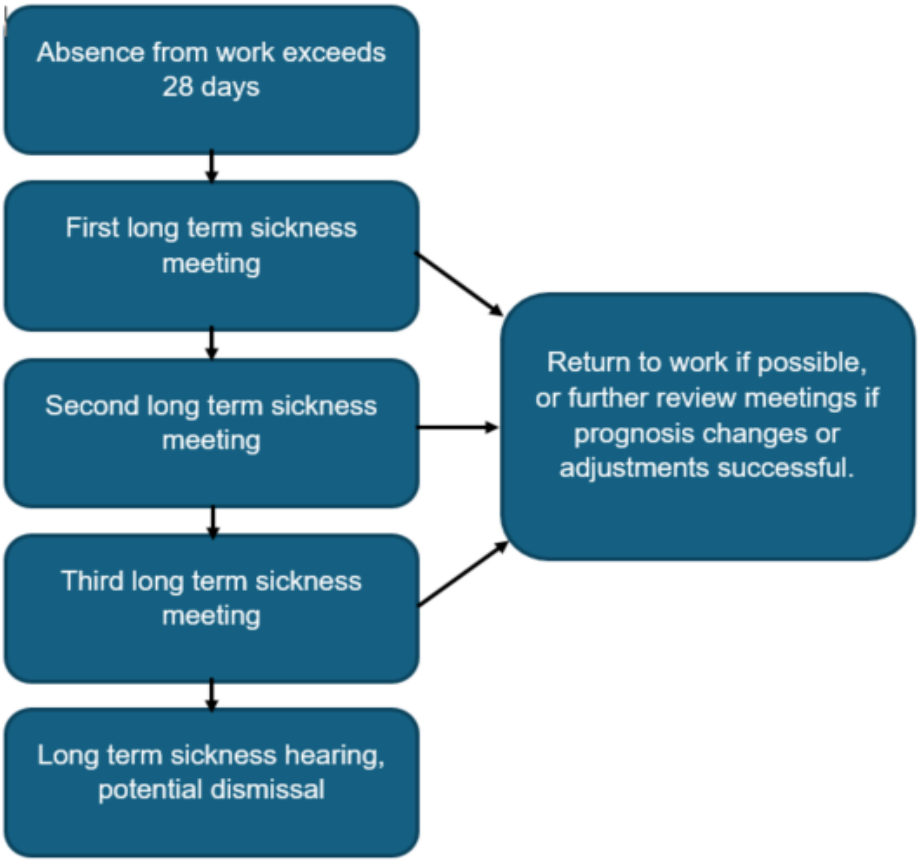
10.5 Third Long Term Absence Meeting

- Reviews all support provided and progress made.
- Discusses redeployment or ill health retirement options.
- If no return date is foreseeable, this may result in referral to a Long-Term Absence Hearing.
- Further meetings may be held if a significant update is expected.

10.6 Long Term Absence Hearing

Conducted by a senior manager with authority to dismiss.

- Reviews all actions taken and considers any mitigating circumstances.
- May result in ending employment on the grounds of capability due to ill health if:
- There is no likelihood of return to work.
- No suitable redeployment is available.



11 GENERAL SICKNESS INFORMATION

11.1 Ill Health Retirement - NHS Pension Scheme

A colleague 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. The colleague may also wish to contact NHS Pensions directly and/or seek independent financial advice. Victoria Pay Services Pensions team may also provide advice and guidance.

11.2 Time off for Medical/ Dental appointments

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

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.

Appointments for colleagues 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. Section 6.4 above may be relevant.

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

11.3 Fertility Treatment

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.

12 REDEPLOYMENT

It may be that the colleague 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. Colleagues 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, and supported by occupational health, the colleague 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.

13 DISABILITY RELATED ABSENCE

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.

Where colleagues 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.

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

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

Section 6.4 above, provides information about disability leave i.e. some time off to attend appointments.

14 DOMESTIC AND PERSONAL EMERGENCIES

Colleagues 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).

15 PREGNANCY RELATED ABSENCE

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

16 INJURY ALLOWANCE

Injury Allowance may be payable when a colleague 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. Injury Allowance is a payment made by NHS employers to eligible colleagues that tops up sick pay, to 85 per cent of pay, subject to usual deductions. The terms of injury allowance and how to apply is included in Section 22 of the Agenda for Change terms and conditions handbook. The colleague and Line Manager should complete the necessary DATIX following any work-related injury/illness or other health condition. The injury allowance application process is available in the Supporting Attendance at Work guidance.

17 ABSENCE RELATING TO SURGERY

Colleagues 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.

Colleagues 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.

Where the surgery is being undertaken for health reasons, or where absence continues beyond the period of annual leave, colleagues 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.

18 ILL HEALTH ABSENCE DURING INVESTIGATION / FORMAL PROCESSES

In cases where there is a need to interview a colleague who is absent from work due to ill health, who are a part of one of the above processes and the colleague 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.

If it is the opinion of Occupational Health that the colleague is fit to participate in an investigation or a formal procedure, then it is reasonable to expect the colleague 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).

If, in the opinion of Occupational Health, the colleague 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 colleague's absence, up to and including making a decision on terminating employment.

19 MEDICAL EXCLUSION

In cases where the Trust requires a colleague to stay away from work for a health or infection control related reason, and the colleague would otherwise be well and available to work, the colleague 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.

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.

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.

20 SICK PAY ENTITLEMENTS

Colleagues 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
- Injury allowance

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

21 ABUSE OF SICKNESS SCHEME

Where abuse of the Supporting Attendance At Work Policy is suspected, which may include failure to report sickness absence at the appropriate time; non-attendance at Occupational Health 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 colleague's misconduct or neglect, sick pay may be suspended and consideration given to disciplinary action.

21.1 Potential False Claims of Sickness Absence

Whilst on sick leave, colleagues will be expected to behave in a manner that will assist their recovery and return to work. Colleagues should not engage in any activity which is inconsistent with the nature of their illness/injury. Where the Trust has reason to believe that a colleague's conduct during sick leave has been prejudicial to their recovery, sick pay may be withheld, following an investigation into the circumstances.

Sick pay is awarded on the basis that the colleague is unfit to work and therefore should not engage in any form of employment (paid or voluntary), including attending training/study courses, without formal prior authorisation from their 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 colleague. 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 sickness absence document (for periods of absence not requiring a Med 3) in order to gain sickness absence from work will also constitute fraud. As this is public money the NHS has a responsibility to reclaim such monies, in such instances the Trust will follow the process set out in the Over and Underpayments Policy.

Any concern that sickness absence fraud is occurring should be referred to the Trust's Local Counter Fraud Specialist and 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.

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.

22 REFERRAL TO A PROFESSIONAL BODY

As a consequence of a colleague'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 colleague will be notified in writing should this be the case.

This process should be initiated through open dialogue with the colleague 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.

23 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

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	Sickness data monitored through Performance, Review Meetings. HR Dashboard Business Intelligence Reports Departmental Sickness Review Meetings Reviewed through divisional grip and control and confirm and challenge meetings People Committee (Trust-level)
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

24 DEFINITIONS

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

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.

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.

Long-term impact is where an underlying health condition has lasted or is likely to last 12 months or more. Conditions that come and go still count as long term, even if the individual has periods of good health.

Phased Return involves working less than the full duties and/or contracted hours over an agreed period of time to facilitate a colleague's return to full duties and contracted hours of work. Colleagues should not suffer any detriment to pay during their phased return to work, for a period of up to four weeks.

Reasonable Adjustment is a change that should be made in order to remove or reduce a disadvantage that a colleague 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).

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

Substantial impact is where an underlying health condition may have an impact on regular day to day activities, such as getting dressed, walking, concentrating, etc. If a task takes much longer than usual, causes significant pain or requires extreme effort to complete, it is likely to be classed as substantial.

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

Unauthorised Absence occurs when a colleague 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.

25 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27), the Equality Diversity and Inclusion Policy (CORP/EMP 59) and the Civility, Respect and Resolution Policy (CORP/EMP 58).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 1)

26 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/COMM 31 Communications and Media Policy
COPP/EMP 34 Over and Underpayment Policy
COPP/EMP 49 Leave Policy (including Annual, Study, Professional and Duty for all staff, including Medical)
CORP/EMP 09 Restructure, Re-organisation, Redeployment and Redundancy Policy
CORP/EMP 13 Conduct Capability Ill Health Appeals Policy
CORP/EMP 2 Disciplinary Procedure
CORP/EMP 25 Capability Procedure
CORP/EMP 27 Equality Analysis Policy
CORP/EMP 31 Health and Wellbeing Policy
CORP/EMP 47 Special Leave Policy
CORP/EMP 48 Flexible Working Policy
CORP/EMP 57 Reasonable Adjustments Policy
CORP/EMP 58 Civility, Respect and Resolution Policy
CORP/EMP 59 Equality Diversity and Inclusion Policy
CORP/FIN 01 Fraud, Bribery & Corruption Policy & Response Plan
CORP/FIN 04 Standards of Business Conduct and Colleagues Declaration of Interest Policy
PAT/PA 19 Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)

27 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: https://www.dbth.nhs.uk/about-us/our-publications/information-governance/

28 REFERENCES

Equality Act 2010 https://www.legislation.gov.uk/ukpga/2010/15/contents

Fraud Act 2006 https://www.legislation.gov.uk/ukpga/2006/35/contents

GOV.UK – Fit Note : Guidance for Employers and Line Managers
https://www.gov.uk/government/publications/fit-note-guidance-for-employers-and-line-managers

Health and Safety Executive Managing Sick Leave and Return to work
https://www.hse.gov.uk/sicknessabsence/

Health and Wellbeing Handbook
https://www.mystaffhandbook.co.uk/pdfs/NHS%20England%20Trusts/Doncaster%20and%20Bassetlaw%20Teaching%20Hospitals%20NHS%20Foundation%20Trust%202021-2023.pdf

NHS Terms and Conditions of Service Handbook
https://www.nhsemployers.org/publications/tchandbook

NICE Guidance – Workplace Health: long term sickness absence and capability to work 2019 https://www.nice.org.uk/guidance/ng146

People Business Partnering Team (HR) https://extranet.dbth.nhs.uk/people-organisational-development-pod/human-resources-hr/

RIDDOR – www.hse.gov.uk

Social Care and Support Guide https://www.nhs.uk/social-care-and-support/

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Policy	Division	Assessor (s)	New or Existing Policy?	Date of Assessment
CORP/EMP 1 V 8 – Supporting Attendance at Work Policy	People and Organisational Development	Christine White	Existing	June 2026

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 colleagues and managers of the Trust. It provides standard and clear guidelines on supporting attendance at work, 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

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.

Date for next review: January 2029 (Policy Valid Until June 2029)

Checked by:	Adam Evans	**Date:**	June 2026