



<b>Managing Attendance Policy</b> <b>Supporting Staff Health &amp; Wellbeing</b>	
<b>Author:</b>	HR Advisor
<b>Corporate Lead:</b>	Director of Workforce
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## **Executive summary**

This policy sets out Leeds Community Healthcare NHS Trust's (the Trust) Managing Attendance Policy – Supporting Staff Health and Wellbeing. The Trust recognises the importance of supporting staff health and wellbeing. It is acknowledged that there will be occasions when individuals are unwell and therefore unable to attend work. The Trust supports a balanced approach to managing sickness absence in line with service requirements and the needs of all employees. This policy applies to all Trust employees and may be reviewed at the request of management or Staffside by giving 4 weeks' written notice with reasons for the review.

## **Equality analysis**

Leeds Community Healthcare NHS Trust's vision is to provide the best possible care to every community. In support of this vision, with due regard to the Equality Act 2010 General Duty aims, Equality Analysis has been undertaken on this policy and any outcomes have been considered in the development of this policy.

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## **Related policies and procedures:**

Managing Attendance Toolkit

Records Management Policy

Employee records – guidance for managers

Appeals Policy

## 1 Introduction

Sickness absence has high and far-reaching costs to the Trust and ultimately patients. To deliver high quality patient care, Leeds Community Healthcare NHS Trust (the Trust) needs employees who are healthy, well and at work. Looking after the health and wellbeing of staff directly contributes to the delivery of quality patient care. Poor employee health

‘Research shows that where NHS Trusts prioritise employee health and wellbeing and actively engage with employees to develop work in this area, levels of engagement increase, as does staff morale, loyalty, innovation and productivity, all resulting in higher quality patient care’.<sup>1</sup>

Maximising attendance for individual employees facilitates a fair division of work and enhances service delivery and patient care. Sickness absence from work is disruptive to services and detrimental to morale. Sickness absence must be dealt with fairly and consistently.

The Trust is committed to supporting attendance at work and will do this by working with employees to prevent sickness absence wherever possible and encouraging a return to work after a period of sickness. The Trust recognises the benefits to the individual employee, and to the service, of such an approach.

The Trust is committed to safeguarding the health, safety and welfare of all its employees and recognises that there may be times when sickness absence from work is unavoidable.

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<sup>1</sup> <http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/the-way-to-health-and-wellbeing>

## **2 Aims and objectives**

- The Trust is committed to supporting employees to attend work regularly in order to ensure service delivery and patient care and to meet their contractual obligations.
- Where an employee has been absent from work due to sickness, the Trust is committed to supporting them back to work wherever possible.
- This policy is designed to ensure fair and consistent treatment of employees who are absent from work due to sickness.

## **3 Definitions**

### **3.1 Short-term sickness absence**

Short-term sickness absences are normally repetitive, frequent absences of various lengths. They are commonly attributable to ailments that are usually unconnected. They are unpredictable and often cause problems in terms of providing cover and can have a negative impact on service delivery.

Short-term sickness absence is considered to be any absence of between one and twenty calendar days. Any absence of eight days or more will require a statement of fitness to work, which the employee must obtain from their doctor.

The management of short-term sickness absence considers the employee's ability to attend work on a regular basis in order to fulfil their contract of employment. The validity of the absence/s is not under question.

### **3.2 Long-term sickness absence**

Long-term sickness absence is defined as a period of medically certified sickness lasting for a period of twenty one calendar days or more.

### **3.3 Disability**

Under the Equality Act 2010, you are defined as disabled if you have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. 'Substantial' is more than trivial. 'Long-term' means 12 months or more.

You automatically meet the definition under the Equality Act 2010 from the day you are diagnosed with HIV, cancer or multiple sclerosis. Certain conditions are not regarded as impairments for the purposes of the Act. Further details can be found at:

<https://www.gov.uk/definition-of-disability-under-equality-act-2010>

### **3.4 Reasonable adjustments**

A reasonable adjustment is an alteration that an employer could make that would enable a disabled person to continue to carry out their duties without being at a disadvantage compared to others. Under the Equality Act 2010, there is a legal duty on employers to make reasonable adjustments for disabled employees.

## **4 Responsibilities**

### **4.1 Joint responsibilities**

The Trust is committed to working in co-operation with employee representatives and Occupational Health to achieve good attendance levels for the benefit of all employees and the service to ensure that staff are provided with an environment and opportunities that encourage and enable them to lead healthy lives and make choices that support their wellbeing.

### **4.2 Management responsibilities**

Managers must act reasonably and sympathetically in dealing with absence while keeping in mind the need to promote good attendance and look after the

interests of all employees and of the service.

Managers are responsible for:

- working in partnership with Human Resources and employee representatives (Staffside) to support employees to stay at work (i.e. discussing support services);
- managing sickness absence in accordance with this policy;
- keeping accurate records of sickness absence including the reasons and reporting these on ESR within 3 working days of the absence being reported;
- closing episodes of sickness absence on ESR within 5 working days of the employee's return to work, ensuring payroll cut-off dates are taken into account;
- contacting Human Resources to request pay status and informing the employee;
- monitoring attendance and keeping in touch with employees who are absent due to sickness with a view to facilitating a return to work;
- arranging review meetings in a timely manner and giving employees reasonable notice;
- ensuring letters following formal sickness review meetings are sent to the employee and their representative within 10 working days of the meeting;
- conducting return to work meetings with employees on their return from all periods of sickness absence within 5 working days of their return to work; keeping a record of the meeting and arranging any follow-up action;
- arranging referrals to Occupational Health as required;
- making employees aware of the support services (appendix C) they may access which may help them remain in work or facilitate a return to work and doing this as early as possible;
- managing absence related to medical and dental employees, ensuring the appropriate Associate Medical Director is informed.
- informing the IT Helpdesk if the employee's user name and NHS Mail



account will be inactive due to absence lasting longer than 90 days.

- Maintaining employee records in accordance with the Records Management Policy and Employee Records – Guidance for Managers.

### **4.3 Employee responsibilities**

Employees are responsible for:

- informing their manager, representative or Human Resources of any concerns which may affect their ability to attend work;
- complying with this policy. If an employee has any questions or concerns about this policy they should raise this with their line manager or Human Resources;
- complying with the Trust's reporting procedures (see 7.1);
- providing medical certificates (see 7.3) within 3 working days;
- agreeing the process for keeping in touch with their manager;
- attending work reliably and regularly in order to fulfil their contractual obligations;
- attending medical examinations at their manager's request;
- attending absence review meetings to discuss their illness and any support available to facilitate a return to work;
- taking appropriate care of their own health, safety and wellbeing;
- keeping their manager informed of any medical, or other condition, or any other factor, which may affect their attendance e.g. taking prescribed medication;
- contributing and participating in any agreed plans which would be effective in achieving a return to work;
- adopting reasonable adjustments, arrangements or support as recommended, which would facilitate an effective return to work;
- contributing to open and regular dialogue with the aim of identifying reasons for absence and means of addressing those reasons and facilitating a return to work and / or regular attendance.

### **4.4 Workforce Directorate responsibilities**

The Workforce Directorate are responsible for:

- working in partnership with managers, employee representatives and the Occupational Health Service to ensure employees are treated fairly and consistently within the framework of the policy;
- advising managers of the options available should an employee be managed under this policy;
- providing information, on request, to managers regarding employee's pay status.

#### **4.5 Trade union responsibilities**

The Trade Unions play a vital role in:

- promoting staff health and wellbeing and advising employees and managers on the support available;
- working in partnership with managers and Human Resources in supporting employees to remain in work;
- representing members who are being managed under this policy and providing support and advice;
- working in partnership with managers, Human Resources and Occupational Health to ensure employees are treated fairly and consistently;
- articulating issues and suggesting solutions.

#### **4.6 Occupational Health Service responsibilities**

The Occupational Health Service is responsible for:

- providing confidential support and advice to employees;
- providing independent, competent occupational health advice in order to assist the manager and employee when considering options regarding managing an employee's sickness absence;

- facilitating case conferences should the complexity of the absence require this level of intervention;
- providing workplace assessments on request following a risk assessment by the Trust's Health and Safety Officer.

## **5 Sickness management procedure**

### **5.1 Return to work meeting**

A return to work discussion will be conducted by the manager (or nominated person in the manager's absence) following every episode of absence. This should ideally take place on the employee's first day back at work but must take place within 5 working days and the date recorded on ESR.

See Toolkit – Guidance 2 regarding purpose of the discussion and what should be discussed.

### **5.2 Short Term Absence – Please refer to process flowchart – Appendix A**

**5.2.1** Upon return to work after each episode of sickness absence an informal meeting will be held as per the return to work procedure. This will either be a face to face or a telephone discussion to discuss the reason for absence, support etc (See 5.1)

**5.2.2** The **Formal stage** will be reached if there is a third episode or more than 20 calendar days of sickness absence in the rolling 12 months or if absence is a significant cause for concern. What determines a 'cause for concern' will be at the manager's discretion.

**5.2.3** The **formal stage** meeting will consist of a meeting between the manager and the employee. A human resources representative may be present. The employee has the right to be accompanied by a trade union representative or work colleague not acting in a legal capacity (refer to section 6).

**5.2.4** The **formal stage** meeting will be based on the data at that time; this may differ from the number of absences at the actual time of the meeting as one of the absences may then not be in the rolling 12 months. When managing an employee under this policy, an employee's sickness history as a whole should be taken into account.

**5.2.5** This meeting will normally be on Trust premises wherever possible but may be at a different location to the normal work base if this is mutually agreed.

**5.2.6** The following matters will be discussed at the **formal stage** meeting:

- a review of any informal actions agreed;
- the employee's attendance record and the notes of return to work meetings;
- whether there is a likelihood of future absences;
- whether there is a possible disability issue or a need for an occupational health service referral or medical report;
- whether the absences are related to pregnancy, underlying health condition or disability;
- whether the absences are related to work incidents or situations where some further investigation might be required;
- whether there is a pattern of absence;
- whether there is any ongoing treatment or investigation which will require future planned absence to be arranged;
- the expected levels of attendance and any support required to achieve this.

This is not an exhaustive list and there may be other matters for discussion raised by the manager, human resources or the employee or their representative.

**5.2.7** A record of the meeting will be made by the manager and sent to the employee in the form of an outcome letter, which should be sent to the employee within 10 working days of the meeting.

**5.2.8** If there is a further episode, a return to work meeting must be conducted as usual at which the manager must refer the employee to Occupational Health. Once notified of the appointment date with Occupational Health, a formal meeting must be arranged (as per section 5.2.3) at which the manager will consider the content of the report received from Occupational Health. If Occupational Health

advises that the employee does not have an underlying health condition / disability, the employee will be advised that their case will be referred to a **Final Stage Hearing**. If Occupational Health advises that the employee does have an underlying health condition / disability the manager will discuss any reasonable adjustments and any further support required.

### **5.3 Long Term Absence – Please refer to process flowchart – Appendix B**

**5.3.1** The **Formal stage** will be reached when there is anticipated or actual continuous absence of 21 calendar days or more.

**5.3.2** The **formal stage** meeting will consist of a meeting between the manager and the employee. A human resources representative may be present. The employee has the right to be accompanied by a trade union representative or work colleague not acting in a legal capacity (refer to section 6).

**5.3.3** The following matters should be discussed at the **formal stage** meeting;

- whether there is a possible disability issue or a need for an occupational health service referral or medical report;
- whether the absence is related to pregnancy or disability;
- whether the absence is related to work incidents or situations where some further investigation might be required;
- whether there is any ongoing treatment or investigation which will require future planned absence to be arranged;
- If the employee would benefit from accessing any of the Trust's Support Services;
- The likely length of absence;
- Arrangements for a return to work and phased return if applicable.

This is not an exhaustive list and there may be other matters for discussion raised by the manager, human resources or the employee or their representative.

**5.3.4** A record of the meeting will be made by the manager and sent to the employee in the form of an outcome letter, which should be sent to the employee within 10 working days of the meeting. A date to review **must** be

agreed and confirmed in the outcome letter. The timing of the review meeting must be discussed and agreed at this meeting and will depend on a number of factors, including remaining time on fit note, hospitalisation, treatment etc.

**5.3.5** If the employee returns to work before the review meeting, a return to work meeting must be conducted (See 5.1)

**5.3.6 Formal stage review** meeting - There may be a requirement to conduct a number of review meetings under this section of the policy depending on the nature of the illness/condition.

**5.3.7** The manager will consider at the **formal stage review** meeting:

- if all alternatives (reasonable adjustments including redeployment) have been considered and there is no medical evidence of a return to work in the foreseeable future then the manager will consider progressing to the **Final Stage Hearing**.

**5.3.8** Before progressing to a **Final Stage Hearing**, the manager must:

- review the medical evidence and consider if any reasonable adjustments can be made;
- consider whether the employee is able to attend work on a regular basis in order to fulfil their contract of employment;
- discuss ill health retirement as an option with the employee if appropriate;
- discuss redeployment on the grounds of ill health if appropriate
- ensure an up to date occupational health report has been obtained (ideally within the last 3 months).

## **5.4 Final Stage Hearing**

The **final stage hearing** will comprise of an independent manager at pay band 8c or above (the chair) and a human resources representative to consider the case, neither of whom have had any prior involvement in the management of the individual's recent sickness absence.

The human resources representative will send a letter confirming the

arrangements for the hearing and possible outcomes to the employee giving at least 10 working days' notice of the meeting.

The manager will prepare the management case for the **final stage hearing**. The management case will typically include the occupational health report, records of meetings / contact, previous actions and copies of any relevant documents and other information.

The employee may also produce a statement of case including any relevant material to support their case.

This information should be provided to the human resources representative 5 working days prior to the hearing so that an exchange of information between the parties is made. The information will be presented to the panel 4 working days prior to the hearing.

A failure by either party to disclose written material in accordance with the above guidelines may result in a refusal to admit such information at the meeting. The panel hearing the case will decide whether to admit information following discussion with the individuals present as to the reason(s) for the late disclosure and the possible significance of the information.

The **final stage hearing** will proceed as follows:

- the chair will open the meeting;
- the manager will present the management case;
- the panel may question the line manager;
- the employee / their representative may question the line manager;
- the employee / their representative present the employee's case;
- the panel may permit questions of the employee by the manager and may ask questions;
- the line manager will sum up;
- the employee / their representative will sum up;
- the panel will consider the case in private. The panel must be satisfied that they have all the relevant information and advice required to make a

decision. If this is not the case an adjournment may be requested by agreement.

- the panel informs the parties of the decision on the day (under exceptional circumstances and by agreement the outcome may be given at a later date).

The panel will confirm the decision in writing to the employee / their representative within 5 working days. The letter will set out the decision and reasons for it and notify the employee of the right of appeal if applicable.

#### **5.4.1. The panel decision**

The panel will have a range of options available including:

- discretion to return the employee to the **formal stage** of the procedure;
- if the attendance has not improved and is still unsatisfactory, then the panel may consider termination of employment on the grounds of ill health capability/unsatisfactory attendance – ill health.

Management is responsible for keeping records of final stage review panel meetings and appeals. The records will be notes of the meeting and will not be verbatim. A copy of the notes will be provided to the employee prior to an appeal panel meeting.

#### **5.4.2. Failing to attend a formal stage 3 – final review meeting**

Where failure to attend the final review stage meeting is with prior notice the hearing will be reconvened on one further occasion. Where failure to attend is not notified prior to the hearing the nominated human resources representative will write to the employee requesting a reason for their non-attendance. The meeting will be reconvened.

If the reconvened meeting is not attended by the employee or their nominated representative it will proceed in their absence. Where the reason for failing to attend is due to the employee's ill health, consideration will be given to making



an occupational health referral or making alternative arrangements for the meeting.

## **5.5 Appeals**

Employees have the right of appeal against the decision of a formal hearing. In wishing to exercise this right, the employee should write to the Director of Workforce within 15 working days of the date of the letter confirming the decision.

Appeals will be dealt with in accordance with the Trust's Appeal Policy.

## **6 Right to be accompanied**

Employees have the right to be accompanied at the formal review stages of this policy by a Trade Union representative or colleague, not acting in a legal capacity. It is recognised that if an employee is suffering from a long-term condition e.g. mental illness, then it may be beneficial for them to be accompanied at any stage. In certain cases, it may be appropriate for the employee to be accompanied by a support worker in order that they can be given the appropriate levels of support.

The role of the representative is to assist and support the employee and to speak on the employee's behalf within the procedure. The representative must not answer questions for the employee or disrupt the process.

Employees are responsible for arranging their own representation. Making such arrangements should not cause undue delay to the process. The unavailability of a particular representative should not be a reason for delaying matters for more than a few days and in line with statutory requirements.

## **7 Reporting and record keeping**

### **7.1 Reporting as unfit for work due to sickness absence**

Each area will provide local reporting guidelines, specifying to whom sickness

must be reported. This must be in person, by telephone.

Employees are not permitted to report their absence by email or text message.

It is recognised that due to shift patterns, leaving a verbal message with a colleague may be the only option. In these cases, the manager, or their nominated deputy will call the employee back the same day. Failure to comply with reporting procedures may result in the absence being treated as a conduct issue in line with the Trust's Disciplinary Policy.

When an employee has reported as unfit for work, the manager will complete the Sickness Notification Form (Appendix D).

If the absence was caused by an accident at work, the employee should be asked if the accident has been reported in line with Trust procedure. Any work related injury, which incapacitates an employee for 7 days or more, must be RIDDOR reported in line with the Health, Safety and Welfare Policy.

All episodes of sickness absence must be recorded on ESR within 3 working days of the start of the employee reporting as unfit for work.

## **7.2 Partial sick days**

If less than half of a shift is worked, due to sickness, the full day should be recorded as sickness absence on ESR and for monitoring purposes. If more than half, but less than a full shift is worked, due to sickness, the day should not be recorded as sickness on ESR. In these circumstances, employees will not be expected to repay the lost time back through flexible working. However, the manager must keep records in order that any pattern can be identified and managed as a 'cause for concern' in line with this policy.

## **7.3 Medical certificates / statement of fitness to work (fit note)**

For absences of more than seven days, including weekends or bank holidays, employee's must provide a GP/doctor's medical certificate. The medical certificate must be sent to the employee's line manager within 3 working days in order that accurate records can be made. If the medical certificate is not received within three working days this may be recorded as unauthorised absence which may affect the employee's sick pay.

Further information on Statements of fitness for work can be found in Appendix E.

#### **7.4 Reporting as fit for work / recording return to work**

Absence is recorded over a seven-day period. An employee should report when they are fit to return to work even if this is a non-working day, in order that the absence is recorded accurately (see Appendix F).

The episode of absence must be closed on ESR within 5 working days of the employee's return to work taking payroll cut-off dates in consideration.

Absence is recorded over a seven-day period and the end date for recording a period of sickness absence will be the date the employee contacts the manager to report as fit to return even if this is a non-working day.

### **8 Maintaining contact during periods of sickness**

Employees must maintain regular contact with their manager. The method and frequency of contact must be agreed on the first day of absence and will be reviewed regularly for long-term absence. For short-term absence it is expected that contact will be on a daily basis until either a return to work date is known or a GP statement of fitness to work is received. If the employee has been unable to speak to their manager, they must leave a message and a return call by the manager must be made to discuss any intervention that would help facilitate a speedy return to work.

During an episode of sickness absence written records must be kept of all

contact using the Sickness Notification Form (appendix D).

## **9 Accrual of benefits during periods of sickness absence**

### **9.1 Pay**

Employees are eligible to receive payments in accordance with the following if they are absent due to illness:

Period of continuous service on first day of absence	Period of full pay (months)	Period of half pay (months)
<b>Less than 1 year</b>	<b>1</b>	<b>2</b>
<b>More than 1 year but less than 2 years</b>	<b>2</b>	<b>2</b>
<b>More than 2 years but less than 3 years</b>	<b>4</b>	<b>4</b>
<b>More than 3 years but less than 5 years</b>	<b>5</b>	<b>5</b>
<b>More than 5 years</b>	<b>6</b>	<b>6</b>

Employees may not be entitled to pay for a period of sickness absence if:

- the absence is unauthorised;
- the absence is related to an accident due to participation in a sport as a profession;
- the absence relates to elective cosmetic surgery (see section 16);
- contributable negligence is proved;
- the absence is due to an accident and damages are received from a third party. If this is the case, then any sick pay the employee has received must be repaid to the Trust;
- the employee does not comply with notification, reporting and referral procedures in line with this policy;
- certificates of fitness to work are not provided within 3 working days for episodes of sickness of 8 days or more. If there is a delay in providing a certificate, you must inform your manager immediately.

Abuse of the Trust's sick pay scheme will be considered serious misconduct and may result in further action under the Trust's Disciplinary Policy and / or

the Counter Fraud and Anti-Bribery Policy and Procedure.

## **9.2 Annual leave**

If an employee becomes ill during annual leave, they must notify their line manager or nominated person on the first day of illness so this can be recorded as sickness rather than annual leave.

On return to work, the employee must produce a medical certificate for the period of sickness absence, even if this is less than seven days, in order to reclaim their annual leave entitlement. Any costs associated with this will be the responsibility of the employee.

Employees will accrue contractual annual leave during periods of paid and unpaid sick leave. This will be excluding bank holidays and must not exceed the statutory entitlement. For entitlement to accrual of bank holidays for 7-day service workers see appendix J.

If any employee is unable to take their annual leave during the leave year due to sickness, they will be entitled to carry over the statutory amount of leave only, i.e. 20 days (pro-rata for part-time employees), less any annual leave already taken in the leave year in line with the Trust's Annual Leave Policy.

## **10 Working elsewhere whilst on sick leave**

During any period of sickness absence, employees must not undertake any secondary employment, for the Trust or another organisation, which has not been expressly authorised by the Trust or previously declared to the Trust. Requests for authorisation will be considered on a case by case basis and will consider all the facts and circumstances of the individual request.

Failure to secure express authorisation will be a breach of the Working Time Regulations, may be considered as fraud, and will be dealt with under the Trust's Disciplinary Policy and / or the Counter Fraud and Anti-Bribery Policy and Procedure.

Further information on secondary employment can be found in the Trust's Working Time Regulations policy.

## **11 Phased returns**

After an employee has been absent from work due to illness, especially when the person has been absent over a prolonged period of time, a phased return to work may be the best way of helping the person to re-adjust to full attendance/performance at the workplace.

A phased return to work should be considered following medical advice i.e. GP fit note or occupational health report. Phased returns should ideally be planned prior to the employee's return to work (appendix H) and should consider role/tasks as well as hours of work. Phased returns should not normally exceed 4 weeks except in exceptional circumstances when recommended by the employee's GP, specialist or Occupational Health. In these circumstances employees must utilise annual leave or unpaid leave to extend the period of the phased return. Any extension of the phased return related to the role and a reduction/amendment of tasks must be monitored on a regular basis and advice sought from Occupational Health.

## **12 Equality Act 2010**

The Trust takes a positive stance in trying to retain employees who become disabled during their employment with the Trust. In addition, there is a requirement under the Equality Act 2010 for employers to make 'reasonable adjustments' in assisting people with disabilities to remain at work.

Reasonable adjustments may not be difficult to make and can take many forms. It is important for managers to keep an open mind and deal with each situation in a creative way. Reasonable adjustments could include allocating duties in a different way amongst members of a team, in order to accommodate the return of a colleague with a disability.

There are also a number of specialist organisations, which are able to offer encouragement and advice. Managers should discuss what options may be

feasible with Human Resources. Employees should be actively included in the assessment of adjustments required in / for their work area with Occupational Health, Human Resources and managers.

Where a disability affects attendance, then consideration will be given to the extent to which any disability related absence will be treated as discounted in order to prevent less favourable treatment. Where a disability is known or believed to be a factor, advice should always be sought from Human Resources and/or Occupational Health.

### **13 Pregnancy related illness**

Any illness which is recorded as 'pregnancy related' should not be used when considering the sickness absence triggers referred to in section 5. However, a supportive return to work meeting must be carried out following every episode of sickness and the 'New and Expectant Mothers' risk assessment (available on Elsie) reviewed as appropriate.

If an employee is absent from work due to a pregnancy related illness from the 36<sup>th</sup> week of pregnancy, maternity leave will automatically commence as per the Maternity, Adoption, Paternity and Shared Parental Leave Guidelines.

### **14 Stress related absence**

Guidance on how to deal with absence related to work related stress can be found in the Trust's Managing Stress in the Workplace Policy which should be read in conjunction with this policy.

Whilst everyone experiences stress at some point in their lives, some employees can suffer chronic stress due to personal and/or work related factors. This can affect attendance at work, as well as behaviours and standards of performance. Whilst it is often not possible to identify and eliminate all causes of stress, managers should be aware of warning signs and be proactive in offering support by discussing concerns with the individual in order to acknowledge the problem and identify any support the Trust may be able to offer.

Should an employee report as unfit to work due to stress, managers should ensure the employee is aware of the support available to them e.g. counselling, IAPT, stress management, bully & harassment support officers.

## **15 Drug and alcohol misuse**

The Trust takes a supportive approach when managing employees with alcohol and drug dependency. Where an employee's absence appears to be related to alcohol or drug misuse the manager should refer to the Trust's Alcohol, Drugs and Substance Misuse Policy which should be read in conjunction with this policy. A referral to Occupational Health should be made in all instances of alcohol or drug misuse.

## **16 Elective cosmetic surgery**

Absences related to elective cosmetic surgery will not be considered eligible for sick pay and employees must arrange time off with their manager, either through annual leave or unpaid leave. Exceptions to this are where the surgery is based on medical advice, e.g. reconstructive surgery following cancer treatment.

## **17 Fertility treatment**

Time off for fertility treatment will be managed in line with other medical appointments (Appendix K) up until the point of implantation when the employee will be considered pregnant and appointments managed in line with the Maternity, Adoption, Paternity and Shared Parental Leave Guidelines.

## **18 Medical suspension**

Certain health and safety regulations require employees to be suspended on full pay from their normal work on medical grounds, when their health would be endangered if they continued to be exposed to a substance specified in the



regulations. These provisions cover exposure to ionising radiation, lead and some other hazards. Employees suspended for this reason are entitled to medical suspension pay for up to 26 weeks if, before the suspension begins, they have one month's continuous employment with the Trust and if they are fit for work (provided they have not unreasonably refused suitable alternative work offered).

In some situations, an employee may have been declared 'fit for work' by their GP, however, the manager may wish to obtain further advice from Occupational Health. Where it is felt that a return to work may be detrimental to either the employee or patients the manager may decide to medically suspend the employee until the risk can be managed in accordance with Occupational Health advice. The suspension will be in line with the guidance above.

## **19 Injury allowance**

Injury Allowance is a top-up payment that tops-up sick pay, or reduced earnings whilst on a phased return to work, to 85 percent of pay for those employees covered under the NHS terms and conditions of service handbook or where it is defined in an employee's contractual sick pay arrangement. Eligible employees who have injuries, diseases or other health conditions that are wholly or mainly attributable to their NHS employment, will be entitled to an injury allowance, subject to the conditions set out in Section 22 of Agenda for Change terms and conditions. The injury, disease, or other health condition must have been sustained or contracted in the discharge of the employee's duties of employment or an injury that is not sustained on duty but is connected with or arising from the employee's employment.

## **20 Ill health retirement**

Throughout the absence management process all options, such as return to work, reasonable adjustments and redeployment should be considered in conjunction with the employee.

Despite this, there will be occasions where medical opinion indicates that an employee is permanently unfit to carry out the duties of their current role or is unfit to return to any employment.

In these circumstances, if the employee has been a member of the NHS Pension Scheme for at least 2 years, they can decide to apply for early retirement on the grounds of ill health (Appendix I). The decision to apply for ill health retirement rests with the employee and it is their responsibility to contact the Pensions department to request the appropriate paperwork.

Once the application form is completed it is sent to NHS Pensions who will make a decision as to whether to accept or decline the application for ill health retirement. NHS Pensions is an independent organisation and the decision whether to grant an application is not a matter for the Trust.

Once an application has been sent to NHS Pensions for consideration, a final review panel (see section 5.4) will be convened to consider termination of the employee's contract of employment on the grounds of ill health.

Dismissal on the grounds of ill health does not automatically entitle an employee to receive ill health retirement benefits. Should an employee not wish to be dismissed on the grounds of ill health, they may make the decision to resign and agree a mutually agreed leaving date with their manager. In these circumstances, advice should be sought from the employee's union representative and/or Human Resources as this decision may have financial implications.

More information can be found at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions)

## **21 Mobile phones / laptop / equipment**

During periods of long-term sickness absence, where a return to work is not anticipated within the next 3 months, employees may be asked to return Trust equipment. This will be at the discretion of the manager.

## **22 Redeployment on the grounds of ill health**

During the sickness management process, it may become apparent that an employee is permanently unable to fulfil the terms of their contract by maintaining regular and effective attendance at work. In such circumstances, redeployment on the grounds of ill health may be considered.

A meeting between the line manager and the employee will take place under section 5.3 (formal stages) of the policy to discuss the situation and agree that the employee cannot return to their contracted role. At this meeting all available information in relation to the sickness absence and its management will be discussed. In addition, written advice from Occupational Health (which may include a functional assessment report) will have been sought prior to the meeting in relation to whether or not they support redeployment on the medical grounds of ill health.

If all parties are in agreement, the employee will commence the redeployment process with the aim of finding alternative employment within the Trust that will not adversely impact upon their ill health or exacerbate their health condition.

The employee will be asked to confirm their understanding and agreement to commence the redeployment process in writing at the conclusion of the formal stage review meeting.

The employee's current line manager is responsible for managing the process and works with the employee to identify and progress any suitable redeployment opportunities.

The redeployment process lasts for 12 weeks (the redeployment period) from the date of the formal meeting.

By agreeing to commence the redeployment process, the employee accepts that they are no longer fit for their contracted role and that, at the end of the 12 week

redeployment period, if no alternative employment has been found, they may be dismissed from the Trust on the grounds of capability ill health.

The HR Advisor will arrange the final stage hearing (as per section 5.4 of the Managing Attendance policy) for the end of the 12 week redeployment period. The hearing will be arranged within 5 working days of the end of the redeployment period.

The final stage hearing panel will consider all the circumstances of the ill health, the redeployment process and outcome. If dismissal is confirmed, the employee will be dismissed on the grounds of capability ill health as at the date of the panel and notice pay will be paid in lieu. The right of appeal will apply.

If a vacancy is identified as potentially alternative employment during the 12 week redeployment period, in most circumstances, a standard 4 week work trial will be consulted upon and commenced within 2 weeks of identification.

In specific circumstances, it may be appropriate to consider a longer period to introduce and test a work trial. Such circumstances include:

- a. Potentially suitable alternative employment opportunities that require 'key skills training' that will take longer than 4 weeks to complete
- b. Employees who have been absent from work due to their health for a significant period of time

In a. above, the length of time 'key skills training' will take must be discussed at the meeting between the employee, their line manager and the work trial manager. In such circumstances, 8 weeks maximum will be allowed for the work trial for 'key skills training' completion and assessment.

In b. above, the employee, their line manager and the work trial manager will consider whether a 4 week phased return to work is required at the start of the work trial (which may have also been identified within the written advice from Occupational Health). Upon successful completion of the phased return, the employee would then

commence the full duties of the work trial job which may also include an extension for 'key skills training' if identified and agreed as appropriate.

If specific circumstances exist that require an extension, the work trial period will not be extended beyond 12 weeks in total. Any extension must be reasonable in the circumstances and will only be approved after full discussion between the employee, their line manager and the work trial manager.

Standard 4 week or extended work trials will commence before the end of the 12<sup>th</sup> week redeployment period. Only work trials identified, consulted upon and **commenced** before this date will be permitted to extend employment beyond the end of the 12 week redeployment period.

If a standard or extended work trial does extend employment beyond the end of the 12 week redeployment period and proves unsuccessful, no further work trials will be sought or agreed and the employee will proceed to a final stage hearing, the date for which will have been notified at the commencement of the work trial by the HR Advisor.

The current line manager ceases to seek redeployment opportunities whilst the employee is engaged on a work trial. The employee may continue to actively seek alternative redeployment opportunities during the work trial period if they wish.

There will be no extension to any standard 4 week or extended work trial periods as the trial is considered to be a practical assessment / probationary period and it is reasonable to expect both the employee and the Work Trial Manager to have reached a conclusion as to suitability within the agreed work trial period of time.

The OHS report supporting redeployment remains valid for the duration of the whole 12 week redeployment period and any work trial period that extends employment; no further OHS input will be sought unless the employee reports a significant relevant change in their health status before the end of the 12 week redeployment / additional work trial period.

If the employee has leave booked prior to the commencement of the 12 week redeployment period (and can evidence this if required) then the 12 week redeployment period will be paused for the duration of the leave up to a maximum of 4 weeks.

### Responsibilities

The employee will actively engage in the process and seek suitable roles by regularly checking all Trust vacancies listed on the NHS jobs website, immediately highlighting any of interest with their line manager.

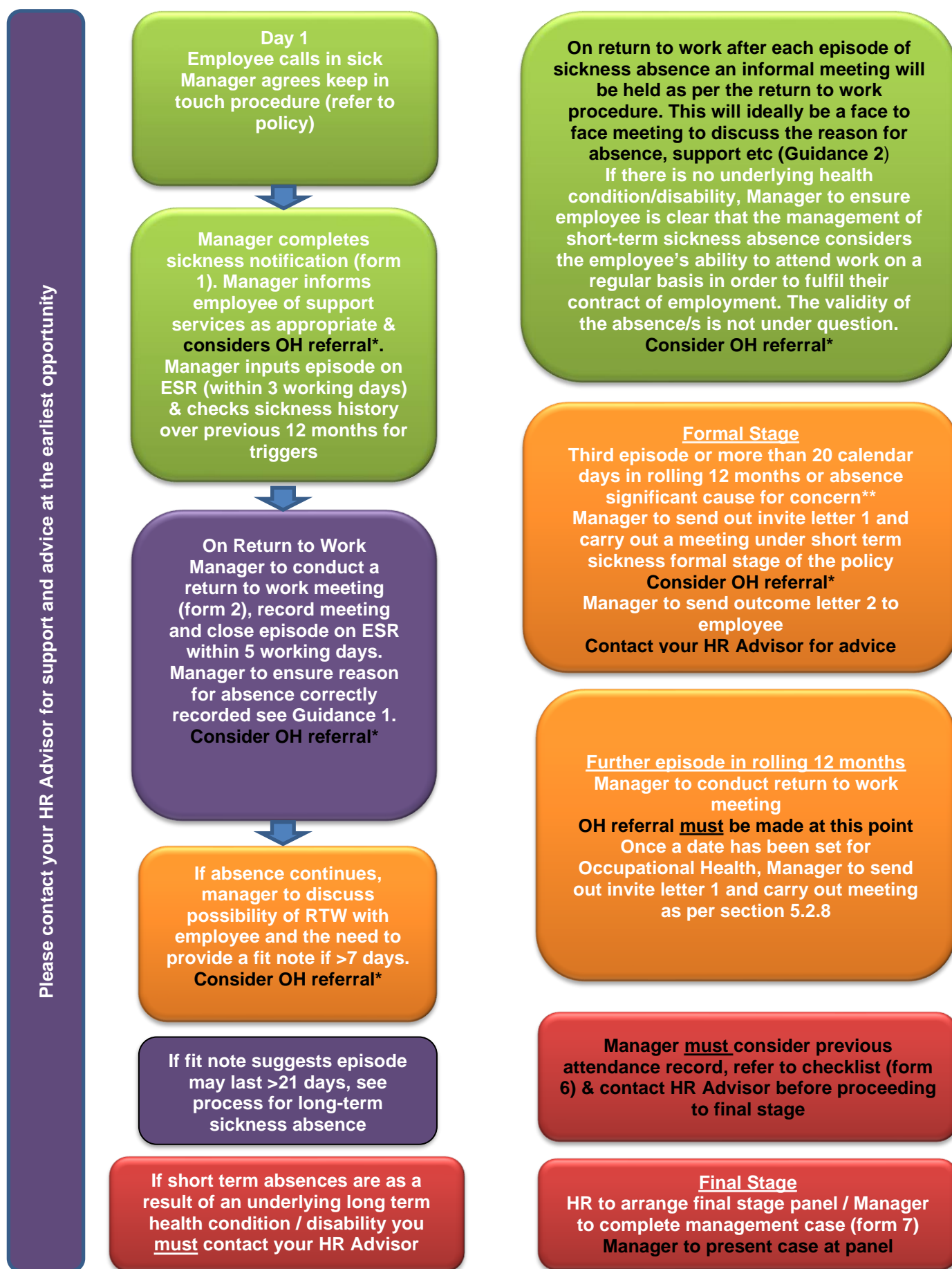
The line manager, supported by the HR Officer, will actively engage in the process and seek to support the employee to identify and consider suitable roles, discussing any that may be of interest with the employee in a timely manner.

The HR Officer will work with the line manager to ensure that all potentially suitable roles listed on the Trust's NHS jobs website are identified and discussed with the line manager in a timely manner.

The HR Advisor will provide support and guidance to line managers to help them actively manage the redeployment process.

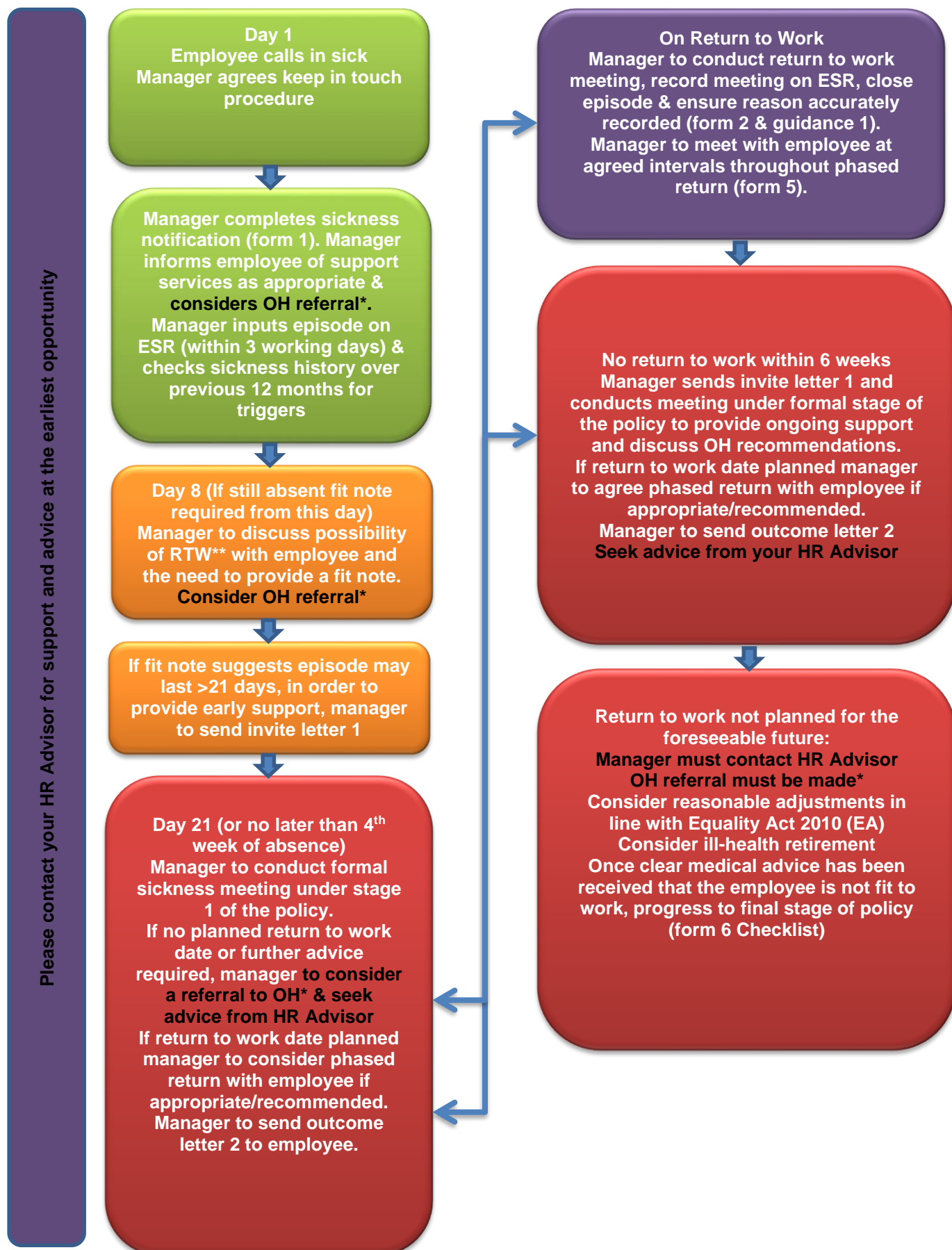
At all meetings within the redeployment process, the employee can be accompanied by Trade Union Rep or work colleague for support.

## MANAGER'S PROCESS FOR MANAGING WITH SHORT-TERM SICKNESS ABSENCE



\*Manager to consider referral to OH (form 4) to check for underlying health condition and/or take advice on support and reasonable adjustments in line with Equality Act – a referral can be made at any time (even before an episode of absence has occurred) / \*\* pattern to absences, e.g. Mondays, weekends, or repeated part days; frequently leaving shifts early, or where a new starter to the Trust quickly reaches the formal stage (within the first few months of joining)

## MANAGER'S PROCESS FOR MANAGING WITH LONG-TERM SICKNESS ABSENCE



\*Manager to consider referral to OH (form 4) to check for underlying health condition and/or take advice on support and reasonable adjustments in line with Equality Act – a referral can be made at any time (even before an episode of absence has occurred)  
MANAGER MUST INFORM IT HELPDESK OF ABSENCE LASTING MORE THAN 6 MONTHS TO ENSURE NHS MAIL ACCOUNT IS NOT DELETED.





## Support available to staff:

Occupational Health Services provided by South West Yorkshire Partnership Foundation Trust (SWYPFT)

The service is provided by a multi-disciplinary team consisting of Occupational Health Advisers and Occupational Health Practitioners, Registered Mental Nurse (RMN) and Occupational Therapist, who will provide the following range of services to LCH staff:

- Work Health Assessments ( Pre – Employments)
- Workplace immunisations: For TB, Hepatitis B, Varicella and MMR where clinically indicated
- In-service management referrals for absence
- Self-referrals
- Support for staff who sustain a Sharps or Splash injury

To use the Management referral module for the first time, you will need to have a user profile for submitting referrals online. We have a self-registration portal where you can create a user login to access the system. To do this, follow the below link and enter your name, e-mail and Employer from the drop down list: <https://swy.cohort.hosting/cohortmanref/newuser.aspx>

\*New\* online Occupational Health Management Referral process can be accessed via the following link: <https://swy.cohort.hosting/cohortmanref>

If you want to self-refer to Occupational Health, please ring 01924 316031.

Leeds IAPT (Improving Access to Psychological Therapies) is a group of mental health care providers from the NHS and third sector, comprising



of:

- Leeds Community Healthcare NHS Trust
- Community Links
- Northpoint Wellbeing
- Touchstone

The organisation work in partnership together to provide assessments and a range of treatments for people with common mental health problems. These may include stress, depression, anxiety, post- traumatic stress and panic. The service sees adults from the age of 17 upwards and who are registered with a Leeds GP/live in Leeds.

Treatments are delivered across a number of locations in the city and can take place as part of a group, online, or on a one to one basis. To access treatment you can self-refer to the service online:

<http://www.leedscommunityhealthcare.nhs.uk/iapt/home/>. Alternatively, please call 0113 843 4388.

MSK priority appointment via GP referral

The MSK service provides specialist assessment, diagnosis, advice and treatment for a wide range of musculoskeletal conditions (such as low back and neck pain, knee pain and shoulder pain, associated with osteoarthritis or as a result of injury or overuse).

You do not need to reside in the Leeds area to access the service but the service needs to be made aware that you live outside of the City.

Leeds GP's refer via directly booked Choose and Book.

If your GP is outside of the Leeds area, please ask your GP to email the referral to [msk.meanwood@nhs.net](mailto:msk.meanwood@nhs.net) or fax to 0113 843379 with the heading of 'LCH staff referral'.

You will need a referral from your GP prior to contacting the MSK service on 0113 8430247 to arrange an appointment.

Please see Q & A document for further information (Elsie-GPS-Support Services-MSK Service)

Counselling Services: SWYFT Staff Counselling and Therapy Services

To arrange an appointment contact the service on 01924 316031 or complete the counselling form and return it to us via the post or via email – from an NHS Mail account to [occupationalhealth.lypft@nhs.net](mailto:occupationalhealth.lypft@nhs.net) (secure email address).

Mindfulness Based Stress Reduction:

Mindfulness can help to reduce stress, anxiety and conflict. At LCH, we offer a Mindfulness Based Stress Reduction (MBSR) course which runs weekly over an 8-week period. Typically each class will last 2.5 hours and we usually will have one

course running in the afternoons (2-4.30 pm) and another in the evenings (6 - 8.30pm). If you are interested in booking a place on either course above or would like some more information please contact the OD team on [lch.od@nhs.net](mailto:lch.od@nhs.net).

### Coaching

We offer coaching to staff who believes it would help them through the changes they wish to make in their lives and goals they wish to attain. Staff can gain access to coaches via the website: <https://nhsmentorcoach.mye-coach.com>

Coaching is about change and transformation, about the human ability to grow.

Coaching is a conversation between coach and coachee, where the coach helps the coachee to challenge their present perceptions and belief systems, in business and in life, in order to create new ways of thinking.

For further information please contact: [liz.whitworth@nhs.net](mailto:liz.whitworth@nhs.net) 0113 8433191

### Mediation service

Good working relationships are important to us all helping with our job satisfaction and well-being at work whilst impacting on the quality of what we do. Unresolved disputes can lead to workplace stress for those involved and those who witness their effects. They are likely to affect our communication and decision making and, if left, often result in the engagement of formal processes which are stressful and costly in terms of emotion, energy and time. We have a mediation service which is informal, voluntary and confidential and helps to build and maintain effective workplace relationships. For more information [liz.whitworth@nhs.net](mailto:liz.whitworth@nhs.net) 0113 84 33191 or access information on Elsie

### Anti-Harassment and Bullying Support Officers (AHBSO):

The role of this service is to maintain the employment relationship in a safe and fair environment. The service provides a support mechanism where an impartial person is available to be contacted through the gatekeeper by an individual who believes that s/he is being bullied or harassed or is being accused of being a bully and/or harassing someone. The service is voluntary - no one is forced to see an AHBSO and is available to all members of staff of Leeds Community Healthcare NHS Trust. For further details please contact, Liz Whitworth: 0113 84 33191 or Polly Long: 0113 20 33444

### Freedom to Speak up Guardian:

The service is to support staff concerns about patient safety or care in our Trust. This service will support whistleblowing and support staff concerns about patient care without going down the formal path of whistleblowing.

For further details please contact, John Walsh on [lch.freedomtospeakup@nhs.net](mailto:lch.freedomtospeakup@nhs.net), tel: 07949 102354

### Library Services:

Tel: 0113 843 3591 or e-mail [library.enquiries@nhs.net](mailto:library.enquiries@nhs.net)

The library have a set of "mood boosting books" which are available for all staff to borrow, and also have self-help books for common mental health problems such as anxiety and stress.



## Sickness Notification Form – to be completed on first day of absence

Name					
Job title / team				Contact no.	
1 <sup>st</sup> day of absence				If attended work – time employee left work	
Reason for absence					
Date inputted on ESR (within 3 working days of absence)					
No. of absences / days absent in <u>rolling 12 month period</u> (including this absence) (tick box that applies):					
1 episode & < 21 days in total		Ensure return to work meeting completed on 1 <sup>st</sup> day back at work			
2 episodes & < 21 days in total		Ensure return to work meeting completed on 1 <sup>st</sup> day back at work			
3 episodes or > 20 days absence in total		Arrange formal sickness meeting if absence expected to last more than 20 days			
Was the absence related to an accident at work?					
Yes		No		If yes, date Datix report completed:	
If absence related to an accident at work and > 7 days, date RIDDOR completed:					
Is the absence related to an accident attributable to a 3 <sup>rd</sup> party?		Yes		If yes, ensure this is recorded on ESR.	
		No			
Is the absence related to participation in a sport as a profession?		Yes		If yes, contact HR for advice.	
		No			
Date support services discussed with employee (as appropriate):					
Occupational Health				Counselling	
IAPT / Stress management / Mindfulness courses				MSK	
Bullying & Harassment Support Officers				Coaching	

## Record of contact

Date	Notes	Manager's initials

### **Statement of fitness for work**

A GP will issue a fit note stating 'may be fit to return to work' if, in their opinion, an employee may be able to return to work with support. The note should detail what adjustments are suggested.

The suggestions should be discussed with the employee. If it is not possible to implement the adjustments the fit note will be treated as if it states that the employee is not fit for work.

It may still be necessary to refer to Occupational Health for advice as this is given in conjunction with the employee's job description and a clearer understanding of the role.

Please see the website for guidance:

<http://www.dwp.gov.uk/docs/fitnote-employer-guide.pdf>

### **Reporting as fit to return**

Example 1: an employee works Monday-Friday and has been off work sick since Tuesday. By Friday they are beginning to feel better and ring to let their manager know they expect to be back the following Monday. If the employee returns to work on the Monday, the episode of sickness will be recorded as ending on the Friday.

Example 2: an employee works Monday-Friday and has been off work sick since Tuesday. They return to work the following Monday. The episode of sickness will be recorded as ending on the Sunday.

**Employee Self-certification and return to work meeting record**

To be completed following all episodes of sickness absence

To be completed by employee:

Name			
Job title / team			
1 <sup>st</sup> day of absence		Return to work date (or fit to return date if reported to manager earlier)	
Reason for absence (it is not acceptable to state 'sick' or 'unwell')			

Was the absence related to an accident at work?			
Yes		No	
If yes, date Datix completed?			

To be completed by manager:

Date of return to work meeting	
Issues /actions arising out of return to work meeting:	

<b>Declaration:</b>
<p>I declare that I have not undertaken any unauthorised secondary employment, for the Trust or another organisation, during the period of sickness stated above and that the information given is factually correct</p> <p>Employee's signature.....</p> <p>Date.....</p> <p>Manager signature.....</p> <p>Date.....</p>



### **Phased Return to Work Guidance**

Under some circumstances it may be appropriate to assist and facilitate the return to work of an employee through phasing the return to their duties and contractual hours. An individual's confidence may be affected by an illness and there may be some apprehension in returning to work. The best way of facilitating a return to work should be determined considering all medical evidence and in conjunction with the individual.

This is normally where:

- an employee is fit to return following a period of long term absence;
- an employee is fit to return on advice of the GP and or Occupational Health service with adjustments;
- advice from a specialist or third party associated with the employees care;

These adjustments, during the phased return period, may include, but are not limited to temporary:

- changes in duties to an alternative role;
- reduction in moving and handling duties;
- reduction in specific elements of a role;
- reduction in workload;
- alternation to working pattern, e.g. no night working;
- reduction in hours.

In relation to the nature of the duties of an individual's post and/or any physical limitations that might exist during the phased return period, a risk assessment of the employee's general wellbeing and health and safety must be carried out. This might identify, for example, for an individual with a short-term limited mobility, what specific fire evacuation and reporting procedures might be required to support the phased return.

## **Planning a Phased Return**

Using the return to work plan and based on the advice above, managers must clearly set out and agree with the employee:

- the return to work date;
- the expected working hours and duties that will be worked initially;
- how the hours / duties will be increased and phased in over the phased return period.

The written plan must include weekly one to one meetings and a facility to adjust the phasing of duties and/or working hours by agreement.

Flexibility within a planned phased return is often required and plans relating to the specific duties and hours to be worked in subsequent weeks may need to be adjusted by agreement as appropriate. During the period of the phased return it is important to remember the purpose is to facilitate a return to work and a rigid adherence to an original plan might set back an employee's progress and ultimately be counterproductive.

There should also be a review at the end of the phased return period.

## **Length of a Phased Return**

It is the role of the manager to agree the phased return to work period taking into consideration:

- the length of absence;
- the nature of the medical condition;
- the employees working pattern and hours
- the medical advice received.

It is considered, that normally, a phased return will take place over a period of between one to four weeks. By the 5<sup>th</sup> week the employee should be carrying out

the role fully and undertaking their full contracted hours. In exceptional circumstances, it may be agreed that a phased return extends beyond four weeks. This will be based on medical advice and will be reviewed weekly by the manager.

### **Pay During a Phased Return**

Employees will receive their full salary during the phased return for up to four weeks. After this date, should reduced hours still be required to maintain progress towards a full return after the plan ends, salary will be paid for the hours actually worked or with agreement with their manager an employee may wish to use their annual leave entitlement. However, a continuing increase in working hours must still be planned over any extended period. This option should be approached with caution and leave entitlements should not be exhausted by doing this. This will not be an option if no further entitlement to annual leave remains.

Managers are responsible for ensuring any temporary reduction in hours is recorded on ESR with a clear end date.

If this situation continues for a significant period of time and further progress does not seem to be being made by the employee, managers may wish to discuss a permanent reduction in hours with the employee.

Return to work plan for .....Expected date of return.....

Length of phased return.....

Week	Mon	Tues	Wed	Thu	Fri	Amended Duties
w/c	e.g 10am – 1pm		e.g 9am – 1pm			e.g Update stat and man training Clear inbox Team meeting
w/c						
w/c						
w/c						

On your first day back at work please report to ..... (person with responsibility for managing return to work)

at ..... (time).

One to one meetings during your phased return will be held on:

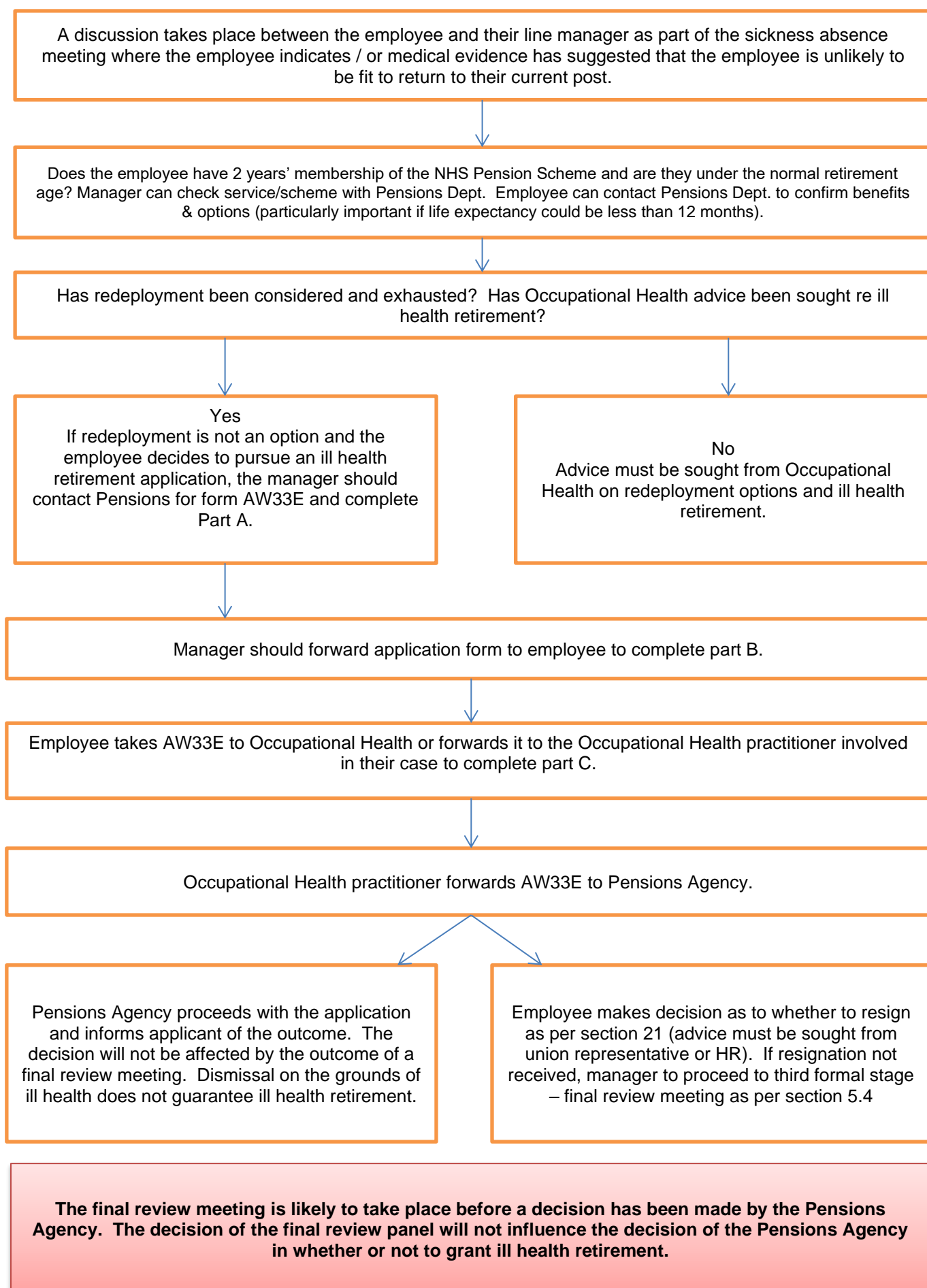
Week 1.....

Week 2.....

Week 3.....

Week 4.....30

## FLOWCHART FOR THE APPLICATION OF ILL HEALTH RETIREMENT



**Bank Holiday entitlement when on sick**

- Q. If a member of staff, in a 7 day service, takes sick leave on a week that includes a bank holiday, but it was their rostered day off is the bank holiday deducted from their leave entitlement?
- A. No because it was their day off it would be recorded as sick.
- Q. If a member of staff was on the rota for a bank holiday and was sick would this be deducted from their leave entitlement?
- A. Yes because staff cannot accrue bank holidays when they are sick.
- Q. If a member of staff was on the rota for a bank holiday and was sick could they claim the day back?
- A. No they would not be entitled to an additional day

### **Time off for appointments**

Employees are encouraged to make routine medical and dental appointments outside of their normal working hours, however, it is recognised that this is not always possible. Reasonable time should be given for employees to attend such appointments and in these circumstances flexible options can be offered ie, changing working days, working additional hours and taking the time as lieu.

If appointments are outside of the local geographical area and require overnight attendance or would take a full day then these absences can be recorded as sick leave but will not count towards trigger points when monitoring absence.

All ante-natal appointments can be taken during working time.

Managers are encouraged to allow employees time to attend appointments related to the Trust's support services (appendix A) wherever possible.

Managers can require employees to provide appointment cards in order to approve leave and these should be provided in advance so that service cover can be planned.

Managers and employees can seek further advice from Human Resources where necessary.

Policy consultation process

Title of document	<b>Managing Attendance Policy – Supporting Staff Health &amp; Wellbeing</b>
Authors	<b>Sue Wilson, HR Advisor</b> <b>Helen Dixon, HR Advisor</b>
Lists of persons involved in developing this document	<b>Sue Wilson, HR Advisor</b> <b>Occupational Health</b> <b>Pension Department</b>
Lists of persons involved in the consultation process	<b>Sue Ellis, Director of Workforce</b> <b>Ann Hobson, Assistant Director of Workforce</b> <b>Ruth Davies, Senior HR Manager</b> <b>Sue Wilson, HR Advisor</b> <b>Helen Dixon, HR Advisor</b> <b>General Manager representative</b> <b>Staffside Policy Group</b> <b>Occupational Health representative</b> <b>Patient Experience and Inclusion Manager</b>