

Wellbeing at Work Policy	
Supporting Staff Health & Wellbeing	
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Executive summary

This policy sets out Leeds Community Healthcare NHS Trust’s (the Trust) Wellbeing at Work 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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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.

‘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.’¹

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 equitably, in line with Policy and guidance.

The Trust is committed to supporting and promoting employee’s health and wellbeing at work. The Trust will support employee’s 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.

2 Aims and objectives

- The Trust is committed to supporting and promoting employee’s health and wellbeing at work, so that they can attend work regularly in order to ensure service delivery and patient care.

¹ NHS Employers, 2021, <http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/the-way-to-health-and-wellbeing>

- 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 Health and Wellbeing

When referred to in this policy, 'Health and Wellbeing' is defined using the NHS Health and Wellbeing Framework as part of the People Promise.² This includes physical wellbeing, mental and emotional wellbeing, social wellbeing and promoting a healthy lifestyle.

3.2 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. For absences of more than seven days, including weekends or bank holidays, employees 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.

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.

² NHS England, 2021, <https://www.england.nhs.uk/publication/nhs-health-and-wellbeing-framework/#heading-1>

3.3 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.

3.4 Disability and Long-Term Conditions

Under the Equality Act 2010, a person is defined as having a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.³

‘Substantial’ means more than minor or trivial. An impairment has a ‘long-term’ effect if it has lasted (or is likely to last) at least 12 months, for the rest of the worker's life or if it is likely to recur if it is in remission. A person diagnosed with HIV, cancer or multiple sclerosis will automatically meet the definition of disability under the Equality Act 2010.⁴

A long-term health condition is defined as a condition that cannot at present be cured but can be controlled by medication and therapies. This includes conditions such as arthritis, asthma, cancer, COPD, diabetes, epilepsy, sickle cell, stroke, migraines, and long-term mental health conditions (NHS Employers, 2020). Menopause, and its symptoms, are considered under long-term condition.⁵ Long-term conditions are not included under the Equality Act 2010, but, for the purposes of this policy, the Trust considers long term conditions in the same way as disability.

3.5 Reasonable adjustments

A reasonable adjustment is an alteration that an employer could make which would enable an employee with a disability or long-term condition to be able 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

³ s 6(1) Equality Act 2010

⁴ Gov.uk, 2019, <https://www.gov.uk/definition-of-disability-under-equality-act-2010>

⁵ NHS Employers, 2020, <https://www.nhsemployers.org/articles/long-term-health-conditions>

make reasonable adjustments for employees with a disability. The Trust will also make reasonable adjustments for employees with long term conditions. Reasonable adjustments can take many forms and will be pertinent to the individual, their health condition, the workplace, the team, and the service. Throughout all steps in this process, line managers will work with employees and explore potential reasonable adjustments that support the employee in improving their attendance and/or returning to work.

Line Managers will consider the following when determining whether reasonable adjustments can be made:

- The extent to which it is practical to make the adjustment i.e., impact on core duties
- Effects on the quality of services provided and the impact on service users and other team members
- Financial and other costs, including any options for assistance i.e. Access to Work

The following list gives some examples of how a manager might accommodate reasonable adjustments for an employee who has a disability or long-term condition. This list is not exhaustive:

- Making adjustments or modifications to work premises.
- Altering the employees working hours or duties
- Acquiring or adapting equipment
- Providing additional supervision
- Medical redeployment to a suitable existing vacancy
- Refresher training, re-induction, or re-orientation into the role

Reasonable adjustments may be temporary or permanent, any request should be actioned in a timely manner to provide effective support. Where it is agreed that reasonable adjustments are required this must be captured in writing (this can be recorded using the 'LCH Health Passport' found in Appendix C) and a copy kept on the personal file. This record should be reviewed periodically to ensure any

adjustments remain fit for purpose and the information recorded is accurate. If the employee's health changes relating to the disability/long term condition or on returning to work from sickness absence, the manager will review the reasonable adjustments as part of the Return-to-Work conversation.

For more information on Reasonable Adjustments, refer to the Managers' Guidance in Appendix D.

3.6 Leave for Medical Appointments

The Trust supports staff to take paid leave to attend hospital or doctors' appointments which are essential to the treatment of their disability or long-term condition.

Where an employee has a confirmed appointment, which is for the treatment of their disability or long-term condition, they should inform their manager as soon as possible that they would like to take leave for this appointment and provide evidence of the appointment confirmation from the medical practice or hospital. On the day that leave is taken to attend the appointment, the manager must record this time on the employees ESR (and Health Roster if applicable), record as 'Paid Leave – Disability or Long-term condition medical appointment'.

Leave taken for this purpose should be monitored and recorded appropriately. Managers have the discretion to authorise this leave as appropriate. It should be noted that this time can be taken in hours or days and can include travel time.

3.7 Risk Assessment

The use of risk assessments can identify any areas that might impact employee health. Line managers should conduct risk assessments with employees where deemed necessary and should record the assessments. A general risk assessment template can be found [on the intranet here](#), as well as a specific

risk assessment for [new and expectant mothers](#). Managers can seek support from HR as appropriate.

The risk assessment must be reviewed regularly, including on return from any period of sickness absence or if the employee's health or job role changes. This is to ensure the risk assessment remains fit for purpose and any adjustments or restrictions are accommodated, where practicable, in a timely manner.

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 employee's health and wellbeing (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 (and Health Roster if applicable) within 3 working days of the absence being reported.
- closing episodes of sickness absence on ESR (and Health Roster if applicable) 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;
- keeping in touch with employees who are absent due to sickness with a view to facilitating a return to work; and if not already done so, providing detail of the range of health and wellbeing support that staff can access.
- arranging review meetings in a timely manner, giving employees reasonable notice. Where absence becomes long term, regular contact should be maintained, and support meetings should take place in line with the Policy. How contact is made can be made in agreement with the employee.
- 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, **including fast track referrals (within one week)** for any sickness absence relating to mental ill health at work.
- making employees aware of the support services (Appendix E) 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 username and NHS Mail account will be inactive due to absence lasting longer than 90 days.

4.3 Employee responsibilities

Employees are responsible for:

- taking appropriate care of their own health, safety, and wellbeing,

seeking appropriate support as needed.

- keeping their manager informed of any medical, or other condition, or any other factor, which may affect their health and wellbeing e.g., taking prescribed medication.
- 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);
- for absences of more than seven days, including weekends or bank holidays, providing a GP/doctor's medical certificate. The medical certificate must be sent to the line manager within 3 working days in order that accurate records can be made.
- 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;
- 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 and agreed, which would facilitate an effective return to work.
- completing a Health Passport (Appendix C) which records adjustments and support to help the employee to continue 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.
- fostering a workplace culture which supports employee health and wellbeing, where sickness is managed in a compassionate way
- 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

The Trust is committed to proactively and consistently supporting employee's health and wellbeing. Managers are responsible to regularly check in with staff about their wellbeing and explore ways to keep staff well at work before sickness absences occur, such as with reasonable workplace adjustments, paid leave for clinical appointments related to the treatment of disability or long-term condition, flexible working and promoting staff to access the Trust's support services.

This next section of the policy relates to the procedural elements which need to be conducted when managing sickness. It is recognised that the tone of the policy shifts to become process focused as its purpose is to instruct managers of how to manage and report sickness. The underlying aim of the policy to support staff wellbeing, and manage sickness in a proactive, supportive, and compassionate way is still recognised as a crucial element throughout the necessary processes below.

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/Health Roster.

Please note that when a member of staff is returning following an extended period of absence, prior to returning managers should ensure that access to all IT systems, mobiles etc have been reinstated in advance of the return

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 This meeting should be supportive (See 5.1)

5.2.2 Fast track referral (within one week) to Occupational Health for all mental ill health sickness absence or when line managers are notified of an employee struggling with their mental ill health at work. Early referral may prevent short term absence turning into Long Term.

5.2.3 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.

5.2.4 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).

5.2.5 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.

5.2.6 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.

5.2.7 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 or long-term condition issue or a need for an occupational health service referral or medical report;
- whether the absences are related to pregnancy, underlying health condition, disability, or long-term condition.
- 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.

5.2.8 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.

5.2.9 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/ long-term condition, 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.

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).

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

- whether there is a possible disability/long term condition issue or a need for an occupational health service referral or medical report;
- whether the absence is related to pregnancy or disability/long term condition;
- 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.

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.

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

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.

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**.

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 presents 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

Employees are not permitted to report their absence by email or text message. They must report absence in person by telephone. Telephone calls can be supported by a family member or friend, the important aspect being that the manager must hear the employee speaking for themselves that they are reporting sickness.

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 F).

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 (and Health Roster if applicable) 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 Health Roster if applicable) 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 or Health Roster. 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, employees 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 G.

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 H).

The episode of absence must be closed on ESR (and Health Roster if Applicable) 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/AHP 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 F).

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)
Less than 1 year	1	2
More than 1 year but less than 2 years	2	2
More than 2 years but less than 3 years	4	4
More than 3 years but less than 5 years	5	5
More than 5 years	6	6

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 7 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.

Covid-19 related absences

From 1 September 2022 Covid related absences will be treated as any other sickness absence.

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 L.

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/AHP fit note or occupational health report. Phased returns should ideally be planned prior to the employee's return to work (Appendix J) 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, AHP, 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.

During a phased return, the manager should inform the IT Helpdesk that the employee will need access to all IT systems, mobiles etc which may need to be reinstated in advance of the return beginning.

12 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 36th week of pregnancy, maternity leave will automatically commence as per the Maternity, Adoption, Paternity and Shared Parental Leave Guidelines.

13 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. Managers should also ensure that a fast-track referral is made to occupational health within one week if the stress is contributing to mental ill health.

14 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.

15 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.

16 Fertility treatment

Time off for fertility treatment will be managed in line with other medical appointments (Appendix M) 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.

17 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/an AHP, 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.

18 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.

19 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 K). 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

20 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.

21 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 Wellbeing at Work 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 12th 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.

21.1 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.

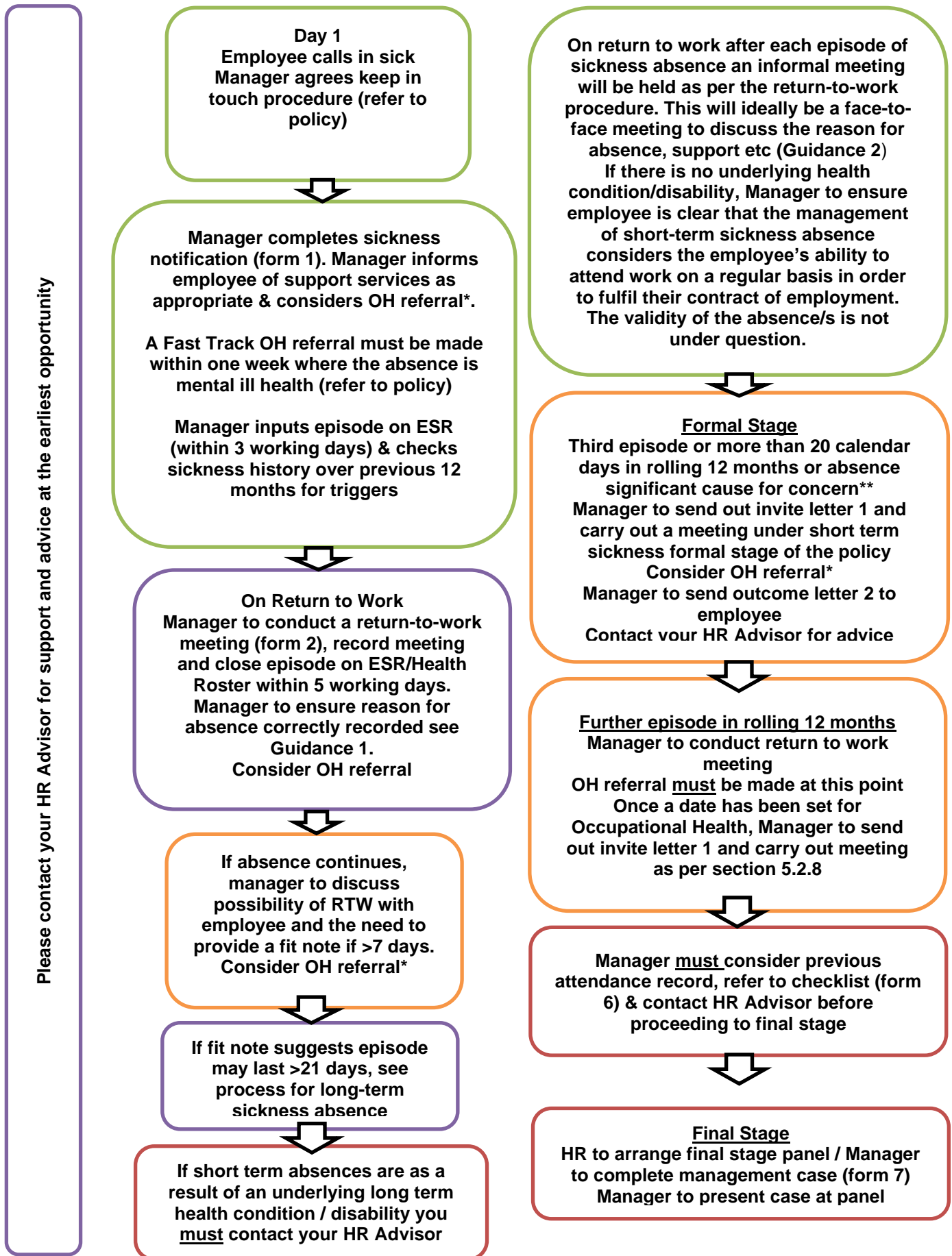
The HR Advisor will provide support and guidance to line managers to help them actively manage the redeployment process.

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

22 Long Covid

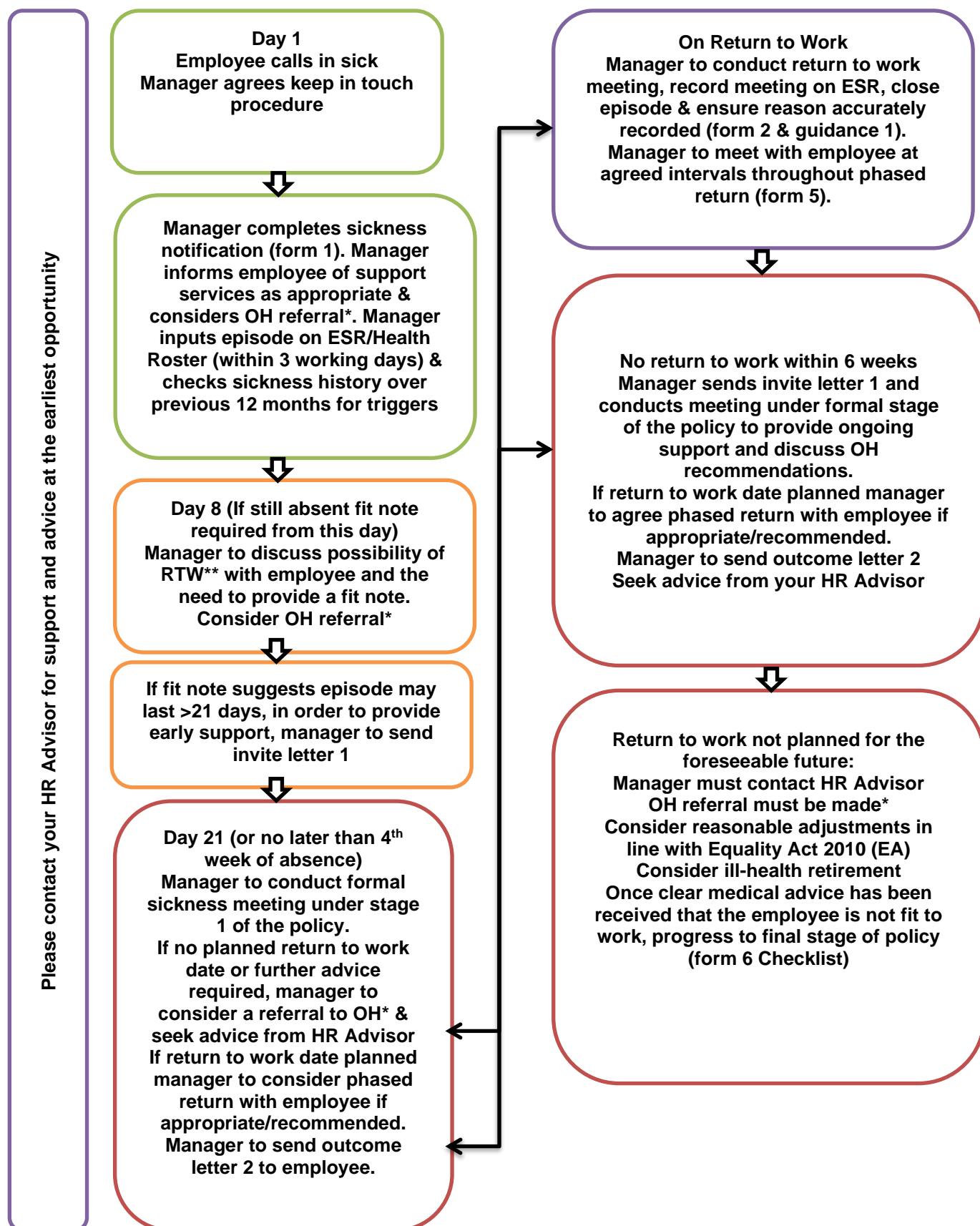
From 1 September 2022 employees absent due to Long Covid will now be managed under the Wellbeing at Work Policy. Covid-19 related absences will be counted as a sickness episode under this policy. Managers should have regular Health & Wellbeing meetings with employees to check in and support employees ensuring they are able to access the support available through the Trust. There is further guidance for manager on [MyLCH](#) of support available for employees.

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.

Health Passport

The individual who owns this document:

Role:

This is your health passport, which you own and take with you as move through roles within the NHS.

The passport is where you can store information about a disability, long term health condition, mental health issue, or learning disability/difficulty.

How to use the passport

You can use the passport to tell a new line manager about your health and anything you have in the workplace which enables you to carry out your role. For example, this could be:

- different start and finish times
- regular breaks at work
- a specific seat at your desk
- modifications to your desk
- any appointments you regularly need to attend to stay well at work.

You own this passport. It should be held by yourself and your current line manager in the department you work in.

You can make changes to the information within the passport when you need to. These should be shared with your line manager, and then recorded on the back page of the passport.

Information about you

The passport has three sections:



Things my manager should know about my disability or health condition.



Things that help me to do my role.



Things to avoid or that make my work more difficult.

In each section there is a space for you to provide this information, which will help your current and future managers understand quickly and clearly the best way to support you at work.

Things to know about my health condition or disability

Include any useful information you would like your line manager or future line managers to know.

For example

- Any tasks you need help with or cannot do easily.
- Any tasks which may take longer for you to carry out.
- Any diagnosis you feel would be helpful for your manager to know about.
- Any information regarding medication or interventions that you feel are relevant to work.

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Things that help me to do my role

Include information that helps you to access your role and makes your time at work easier. This could be reasonable adjustments you have had put in place to support you.



Time - what times of the day are you able to best work?

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Space – what sort of space do you like working in?

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Communicating at work – how do you like to be communicated with in the office and given tasks? For example, you may like to be emailed your work tasks to help you remember or prioritise.

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Technology and equipment- what do you find difficult to use?

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Keep your passport up to date

You can record any changes to your condition or to your working environment in the passport.

Please add the date and sign it so both you and your manager can check that you have the latest version.

Last updated (date)	Passport owner (signed)	Manager (signed)

Manager Guidance for Reasonable Workplace Adjustments to support our staff with Disabilities and Long-term Conditions

Purpose of this document:

This document provides further detail to the provision regarding reasonable adjustments contained within the Wellbeing at Work Policy (s3.4). This document aims to support managers when making shared decisions with their staff about reasonable workplace adjustments.

The contents of this guidance supports both actions 1 (Promote the current range of reasonable adjustment and support that is available to staff and managers) and 7 (Review the Wellbeing at Work Policy through a disability lens) of the [NHS Workforce Disability Equality Standards](#).

Desired outcomes:

This guidance provides increased clarity to staff about reasonable workplace adjustments, with the desired outcomes for our staff with disabilities and long-term conditions to feel better understood in the workplace and for their diverse needs and lived experiences to be integrated into the Trusts organisational approaches.

This guidance aims to encourage staff with disabilities or long-term conditions to share information about their disability or long-term condition, feeling confident in the knowledge that they will be supported by the Trust should they require reasonable workplace adjustments to support their wellbeing at work.

This guidance provides an overview for managers who are responsible for making adjustments for staff. This guidance explains manager obligations, the best practice procedure to follow for considering and agreeing adjustment, as well as provides examples of adjustments that can be made and sources of support and guidance.

1. Reasonable Adjustments

A reasonable adjustment is an alteration that an employer could make in the workplace that would enable a disabled person 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. The Trust will also make reasonable adjustments to support employees with managing long term conditions.

[ACAS](#) advise that an employer must consider making reasonable workplace adjustments when:

- They know, or could be expected to know, an employee or job applicant has a disability
- An employee or job applicant with a disability asks for adjustments
- An employee with a disability is having difficulty with any part of their job
- An employee's absence record, sickness record or delay in returning to work is because of or linked to their disability

Reasonable adjustments apply to all workers, including trainees, apprentices, contract workers and business partners ([Gov.uk](#)).

This guidance is intended to be read alongside and further support the guidance in the [Endometriosis Friendly](#) employer pledge, which also provides instructive information around reasonable workplace adjustments. For Menopause, further information about reasonable adjustments can be found here [NHS England » Supporting our NHS people through menopause: guidance for line managers and colleagues](#)

1.1 Embedding the NHS Workforce Disability Equality Standards

The [Workforce Disability Equality Standard](#) (WDES) is a set of ten specific measures which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. NHS organisations use the metrics data to demonstrate progress against the indicators of disability equality.

The WDES enables NHS organisations to better understand the experiences of their disabled staff and supports positive change for all staff by creating a more inclusive environment for disabled people working and seeking employment in the NHS.

The WDES is important, because research shows that a motivated, included, and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

Becoming familiar with the WDES is important for managers who are supporting staff with disabilities, impairments, and long-term conditions. Within the Trust's WDES Action Plan there are specific actions to support managers to build their skills, knowledge, and capacity to support their disabled staff (e.g., Action 2: Initiate the delivery of bi-monthly Reasonable Adjustment awareness sessions for managers)

2. Guidance for Managers

2.1 Initial conversations

Managers should be aware that reasonable workplace adjustments are to be considered for anyone who currently works for the Trust, as well as for anyone who is engaged in the recruitment process with the Trust. Including apprentices or trainees. With this in mind, there should be a concerted effort to have early open interactions with all staff to identify if any adjustments would need to be made to support their wellbeing at work. If a manager is recruiting to a post, they should inform potential candidates that LCH is a disability friendly employer, and the organisation will do its best to accommodate any impacts of disability or long-term condition.

Where a disability or long-term condition is endorsed on an application form it should instigate a conversation of the disability or long-term condition with the new employee. Managers should be proactive in discussing the potential need for reasonable adjustments with staff, and in initiating a referral to occupational health. It is important to make staff aware of why they are being referred in order to prevent anxiety.

In the early conversations, the manager should be clear about the confidentiality of any information shared about the staff members disability or long-term condition, reassuring the staff member that information will only be known to the line manager, HR, and Occupational Health, unless there is a health and safety concern that needs to be discussed wider.

The manager and staff should agree between themselves the most appropriate and comfortable way to communicate about disability, long term condition and reasonable adjustments. It is important that the communication doesn't create any pressure or anxiety for the staff member.

In some case, such as where the staff member may likely be hospitalised for their condition, the manager and staff should agree to nominate a person to keep the Trust updated e.g., a close family member.

2.2 Being inclusive to diverse needs, supporting individual staff to bring their whole selves to work

The manager should communicate in an open way, not assuming any needs/adjustments of the individual based on their disability or long-term condition but instead suggesting and discussing what would be best for the individual to carry out the responsibilities of their post most effectively and protect their wellbeing. This should be a shared decision-making process.

2.3 Putting Reasonable Adjustments in place

When discussing reasonable workplace adjustments, the manager should consider the following

- The extent to which the adjustment will help to reduce or remove the disadvantage
- The extent to which the adjustment is practicable or feasible
- The financial and other costs of making the adjustment
- The extent to which the adjustment would disrupt the service
- The financial and other resources available to the staff and the employer (e.g., the [Access to Work Grant](#), a government run programme which helps to

overcome barriers that disabled people come across when moving into or retaining employment)

- That an adjustment is not reasonable if it will impose a disproportionate burden on the employer or service area

Any reasonable adjustments decided between the manager and staff should be documented using the 'LCH Health Passport', which can be found in Appendix C of the Wellbeing at Work Policy.

2.4 Flexible Working

A reasonable adjustment that a person managing a disability or long-term condition could need is a flexible working pattern. This could allow the individual flexibility to attend appointments, be able to start earlier or later in the day to avoid tricky times of the day for their disability/long term condition or to achieve a more workable work life balance to promote their wellbeing and reduce the risk of future disability/long term condition related sickness absence.

For more information on Flexible working, see the [Trust's policy here](#) and resources from [NHS Employers](#).

2.5 Dedicated Support for Staff with Long Term Conditions

NHS Employers provide a useful overview of the dedicated support available for staff with long term conditions on their page [here](#).

2.6 NHS Health Passports

The LCH Health Passport has been designed for individuals working in the NHS with a disability, long term health condition, mental ill health or learning disability/difficulty. It allows individuals to easily record information about conditions, any reasonable adjustments they may have in place and any difficulties they face. The passport helps to ensure there is a clear record and can be used with new line managers to

explain what is needed in the workplace to help them carry out their role.

The passport can be found in Appendix C of the Wellbeing at Work policy. Guidance for Managers to support their staff completing the passport can be found from [NHS Employers](#).

2.7 Checking in and reviewing adjustments

Managers and staff should be meeting at regular intervals to discuss the adjustments that have been made, how effectively the adjustments are managing needs and difficulties and if the staff member needs any further support or changes to the arrangements due to changes in their condition.

2.8 Working with Human Resources and Occupational Health

HR and Occupational health are there for managers and staff to provide support and advice about supporting staff and planning reasonable adjustments. They can provide any relevant policies or guidance, as well as refer to staff networks and wider support offers.

2.9 Managing the service/team

Managers of staff with a disability or long-term conditions have a responsibility to ensure that staff members are not treated differently by other members in their team on the basis of their disability or long-term condition. In extreme cases this can escalate to bullying or harassment. It is important that the manager is aware of the team dynamic and has a zero-tolerance approach to any poor treatment of staff based on protected characteristics.

3. Reasonable Workplace Adjustments Examples

See below a non-exhaustive list of examples of different types of reasonable

workplace adjustments.⁶

3.1 Working Environment or Equipment

Examples include:

- Providing an accessible car parking space near the office entrance
- Making physical changes to the workplace, such as installing a ramp for a wheelchair user or an audio-visual fire alarm for a deaf person
- Allowing a disabled person who experiences limits to their mobility to work on the ground floor of the office
- Changing their equipment, for instance providing a special keyboard if they have arthritis
- Changing their chair to provide more support and reduce fatigue
- Allowing someone with social anxiety disorder to have their own desk instead of hot desking
- Allowing the member of staff to work in a private room
- Making adjustments to premises to enhance access for individuals with physical or sensory impairments, mental health or learning needs or health conditions such as epilepsy or diabetes.
- Acquiring or modifying equipment e.g., magnifier, induction loop, desk-lamp, larger PC screen, adjustable-height furniture, voice activated software, or a telephone adapted with an amplifier
- Providing Standing desks

3.2 Working style/the way things are done in a service

Examples include:

- Having another colleague support them with certain tasks (such as reading) if they have a long-term condition which affects sight
- Offering employees training opportunities, recreation, and refreshment facilities
- Job re-design or adjusting the current working pattern or arrangements of the role

⁶ These examples have been collated based on information from [ACAS](#), [Gov.uk](#), [East of England Ambulance Trust](#) and [Leicester Partnership Trust](#).

- Use of an interpreter or reader
- Use of a hearing loop or other auxiliary aid
- Reallocation of certain work duties
- Additional support provision for specific duties or aspects of the role
- Modification to performance-related pay progression
- Providing information in an accessible format such as larger font or alternative coloured paper

3.3 Working Patterns

Examples include:

- Allowing employees who become disabled to make a phased return to work, including flexible hours or part-time working
- Allowing an employee to start working hours later if they are fatigued by their long-term condition
- Approving absence during working hours for rehabilitation, assessment, or treatment
- Allowing more frequent breaks to be able to take a short walk or get a refreshment

3.4 Support, training and linking in with wider networks

Examples include:

- Regular scheduled check ins between manager and staff
- Additional coaching or mentoring offer
- Transcribing or modifying instructions e.g., putting agendas, minutes or other information into accessible formats such as large font, Braille, or CD-ROM, making documentation available electronically via email attachment or on the Intranet.
- Disability awareness training for colleagues
- [Remploy workplace Mental Health Support Service](#), this is a free and confidential service, delivered by Remploy and funded by the Department for Work and Pensions is available to any employees with depression, anxiety, stress, or other mental health issues affecting their work

Manager Tool – Reasonable Workplace Adjustments Flow Chart

Before having conversations with staff, the manager should **familiarise themselves with the Wellbeing at Work Policy (3.3-3.5), the Guidance for Supporting our Staff with Disabilities or Long Term Conditions and the NHS Workforce Disability Equality Standards.**

The manager should **now have inclusive and open initial conversations to understand the needs of the individual** and any reasonable adjustments that need to be made to support them in the workplace.
These conversations should include **HR and Occupational Health** as appropriate.

The manager and staff should discuss:
Flexible Working
Leave for Medical Appointments
Creating a **NHS Health Passport**

The manager and staff **should discuss and document** reasonable workplace adjustments for the following categories:

Working environment or equipment

Examples: accessible car parking, installing a ramp, standing desks, more supportive chairs or office equipment, larger PC screen, physical or sensory adjustments.

Working style/the way things are done in a service

Examples: having another colleague support for certain tasks, reallocation of certain work duties, recreation, and refreshment facilities

Working Patterns

Examples: allowing flexible or part time working, allowing to start earlier or later in the day, allowing more frequent breaks

Support, training and linking in with wider networks

Examples: regular check ins, additional mentoring, providing information in accessible formats, disability awareness training for colleagues, links with workplace networks

Managers should ensure they have **regular check ins** with their staff to discuss the effectiveness of current adjustments and if **further adjustments** are needed if the individuals need change.



Support services offered by Leeds Community Healthcare



Occupational Health Services provided by Southwest 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
- Support for staff who sustain a Sharps or Splash injury
- Support for staff experiencing Menopause

In-service management referrals for absence

To make an Occupational Health referral you should use the following link: <https://swy.cohort.hosting/Cohort10/logon.aspx>

New Users to use the management referral module for the first time, use the following link to create a user login to access the system; <https://SWY.cohort.hosting/Cohort10/ManagementReferral/Register.aspx?passcode=189235>

Self-referrals

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

The General Advice Line is **01924 316036**. The phonenumber will be monitored daily and geared towards managerial and staff advice, including Covid-19, sharps injuries and self-referrals.

Employee Assistance Programme (EAP)

A range of support and guidance is available from Health Assured, who are an external company, commissioned to provide support for any member of LCH staff.

The EAP is designed to help you deal with any personal or professional problems which could be impacting on your general health and well-being.

It offers a variety of support such as:



The offer includes a Listening service, self-help guides, top tips, and counselling sessions (6 sessions free).

Available 24/7, 7 days a week, 365 days a year:

Free 24-Hour Confidential Helpline with BACP accredited counsellors: **0800 030 5182**

Visit the website: healthassuredeap.co.uk

Username: **Leeds**

Password: **NHS**

Their app **My Healthy App** is available to download onto your mobile.

Click on the play/app store images below or scan the QR code with your mobile camera to download to your mobile device and sign up using the employer code **MHA110077**

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 GPs refer via directly booked Choose and Book.

When you get a referral, ensure that they mention you are a staff at LCH.

Visit the [LCH Musculoskeletal \(MSK\)](#) page.

LCH Support Groups

We have a number of staff communities who are connecting together regularly to gain support, share information, and learn from each other. These are proving to be very helpful forums, so please get involved if you feel you could benefit. You may also want to think about establishing networks or “tea and catch up” sessions within your teams / services – particularly if people are remote working. For more information on any of the following – please contact the contact the named person below or lch.od@nhs.net:

- Support Group for Staff Who are Clinically Extremely Vulnerable from Covid-19 (this is a closed group available to those who are/have been shielding) – lch.od@nhs.net
- [Race Equality Network \(REN\)](mailto:lcht.ren@nhs.net) – lcht.ren@nhs.net
- [LCH Rainbow Ambassadors](mailto:lch.inclusion@nhs.net) - our Trust group for our colleagues from LGBTQIA+ community and allies lch.inclusion@nhs.net
- Men's Health Forum – Steve Keyes stevekeyes@nhs.net
- Health and Wellbeing Engagement Group - Ann Hobson (Asst. DoW)
- Clinical Weekly Drop-in – Steph Lawrence c/o nicola.wood@nhs.net
- Menopause Virtual Support Group - Jane Oldroyd jane.oldroyd@swyt.nhs.uk
(Occupational Health)
- Schwartz Round - Angela Green a.green6@nhs.net [Click here to visit the Schwartz Round intranet page](#)
- Disability and Long-Term Conditions Staff Network, [contact lch.inclusion@nhs.net](mailto:lch.inclusion@nhs.net)

The latest information about staff support networks can be found here: [LCH Support Groups \(lch.oak.com\)](http://lch.oak.com)

We also have the LCH Your Health and Wellbeing - Caring for Each Other Facebook Group. The purpose of the group is to share health and wellbeing resources, as well as being a forum for colleagues to support each other. There is a community feel within the group, where people are free to contribute their ideas and experiences to help others. If you would like to join the group please put 'LCH Your Health and Wellbeing -Caring for Each Other' in the Facebook Search or [click this link](#) - we would be delighted to see you!

Freedom to Speak up

Freedom to Speak Up is a confidential supportive service for staff concerns about patient safety, team culture and staff issues heard in our Trust.

For further details please contact, John Walsh on lch.freedomtospeakup@nhs.net, tel: 07949 102354

Further information can be found on the MyLCH Health and Wellbeing Page [here](#).



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

Name					
Job title / team				Contact no.	
1 st day of absence				If attended work – time employee left work	
Reason for absence					
Date inputted on ESR/Health Roster (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 st day back at work			
2 episodes & < 21 days in total		Ensure return to work meeting completed on 1 st 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 rd party?		Yes		If yes, ensure this is recorded on ESR/Health Roster.	
		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	
LMWS / Stress management / Mindfulness courses				MSK	
Coaching					

Record of contact

Date	Notes	Manager's initials

Statement of fitness for work

A GP or AHP 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 st 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:	

Declaration:
<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, AHP and or Occupational Health service with adjustments.
- advice from a specialist or third party associated with the employee's 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.

Managers should also note to keep the IT help desk informed of any plans for phased return, to ensure the employees IT systems, mobile etc are reinstated in time. m

Length of a Phased Return

At the point of return the GP, AHP or Medical Practitioner has deemed that the employee is fit to return to work, to support reintegration to the workplace a phased return can be agreed. It is the role of the manager to agree the phased return 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 5th 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 (and Health Roster if applicable) 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 forExpected 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:

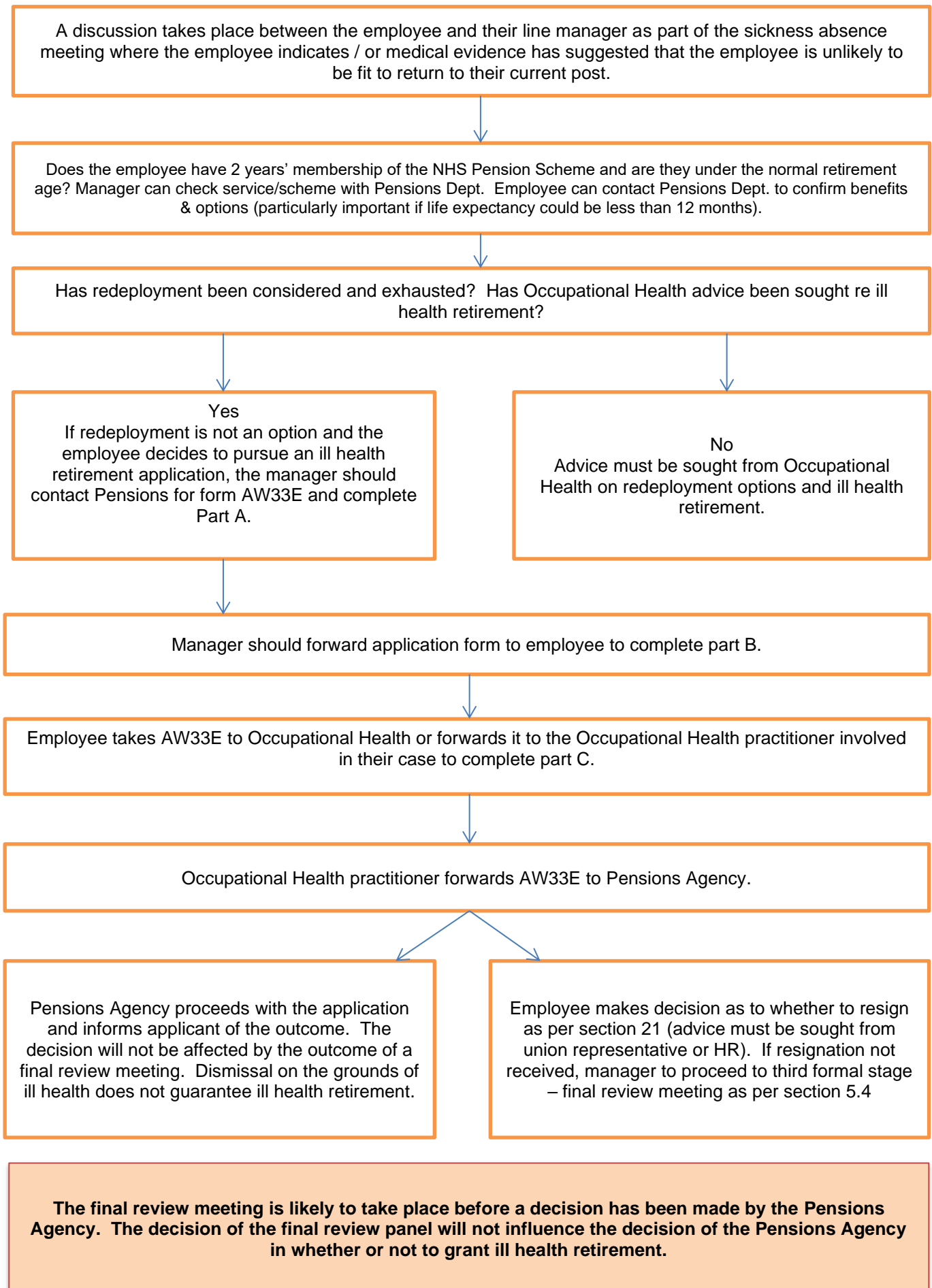
Week 1.....

Week 2.....

Week 3.....

Week 4.....

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 i.e., 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 E) 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.

Hyper Links from this Policy

Some of the links in this policy are hyper linked into the document. If you have printed this policy or are accessing it as read only, you may not be able to use the links and should refer to the full link addresses below.

Page	Link description	Full Link Address
5	NHS Employers information on retaining and improving the experience of members of the workforce.	http://www.nhsemployers.org/your-workforce/retain-and-improve/staff-experience/health-work-and-wellbeing/the-way-to-health-and-wellbeing
7	The definition of 'Disability' under the Equality Act 2010	https://www.gov.uk/definition-of-disability-under-equality-act-2010
7	The definition of 'Long term condition' from NHS Employers	https://www.nhsemployers.org/articles/long-term-health-conditions
9	Leicester Partnership Trust Reasonable Adjustment Policy	https://www.leicspart.nhs.uk/wp-content/uploads/2022/05/Reasonable-Adjustment-Policy.pdf
9	Nottinghamshire Health Trust Special Leave Guidelines	https://www.nottinghamshirehealthcare.nhs.uk/download.cfm?doc=docm93ijjm4n9140.pdf&ver=16160
9	NHS Employers information on an inclusive approach to disability leave	https://www.nhsemployers.org/articles/inclusive-approach-disability-leave
9	Lincolnshire Community Health Trust Special Leave Policy	https://lincolnshirecommunityhealthservices.nhs.uk/application/files/6415/0053/9609/P_HR_24_Special_Leave_Policy.pdf
10	LCH Risk Assessment	https://lch.oak.com/Content/File/Index/922fdf58-731b-44a8-a733-f58bc857c515?forceApprovalStatus=False&reviewComplete=False#/view
10	LCH Pregnancy Risk Assessment	https://lch.oak.com/Content/File/Index/5319662a-6dd8-4ebd-93d1-3750bdd0cbe3?forceApprovalStatus=False&reviewComplete=False#/view
10	Lincolnshire County Council Disability Leave Policy	https://professionals.lincolnshire.gov.uk/downloads/file/406/disability-leave-policy-and-procedure
46	NHS Workforce Disability Equality Standards	https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes/
47	ACAS Reasonable Adjustments Information	https://www.acas.org.uk/reasonable-adjustments
47	Gov.uk Reasonable Adjustments Information	https://www.gov.uk/reasonable-adjustments-for-disabled-workers
47	Endometriosis friendly employer information	https://www.endometriosis-uk.org/endometriosis-friendly-employer-scheme
47	Menopause friendly employer information	https://menopausefriendly.co.uk/
50	Access to Work Grant	https://www.gov.uk/access-to-work

	information	
50	LCH Flexible Working Policy	https://www.leedscommunityhealthcare.nhs.uk/seecmsfile/?id=4497
50	NHS Employers Flexible Working information	https://www.nhsemployers.org/flexible-working
51	NHS Employers Health Passport information for managers	https://www.nhsemployers.org/system/files/media/Health-passport-manager-guidance-final_0.pdf
52	East of England Ambulance Trust Reasonable Adjustments Policy	https://www.google.com/search?q=East+of+engalnd+ambulanc+e+reasonable+workplace&oq=East+of+engalnd+ambulance+re+asonable+workplace&aqs=chrome..69i57j33i10i160l
54	Re-employ workplace mental health support service information	https://www.remploy.co.uk/sites/default/files/Documents/Workplace%20Mental%20Health%20Support%20Service/Supporting_mental_health_leaflet_for_employers_Oct17.pdf
58	My LCH Musculoskeletal Page	https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/musculoskeletal-msk/
58	LCH Wellbeing Intranet Page	https://lch.oak.com/Home/Index/c1dc4ac9-e4e2-47f0-baab-9703bab0c7d4