

Livewell Southwest

**Sickness Policy**

Version No 4.10

Review: October 2018

**Notice to staff using a paper copy of this guidance**

**The policies and procedures page of Intranet holds the most recent version of this guidance. Staff must ensure they are using the most recent guidance.**

**Author: Human Resources Manager**

**Asset Number: 342**

## Reader Information

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### Document review history

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# Sickness Policy

## 1. Introduction

- 1.1 Livewell Southwest is committed to establishing fair and consistent management practices for managing sickness effectively.
- 1.2 Sickness management requires efficient recording, constant monitoring and reviewing and should be dealt with fairly, consistently, promptly and supportively, recognising the need for reasonable adjustments in accordance with the Equality Act 2010. This policy will identify best practice when dealing with sickness and will ensure compliance with relevant legislation. Managers are advised to contact HR and Occupational Health & Wellbeing for specialist advice.
- 1.3 Everyone responsible for the implementation and delivery of this policy should do so in a way which is consistent and culturally sensitive to the needs of our diverse workforce.

## 2. Purpose

- 2.1 The purpose of sickness management is to support the individual to achieve good attendance at work. Both persistent short-term and long-term absence can eventually lead to termination of employment. In such cases the reason for such a termination is the employee's incapability to do the job.
- 2.2 Consideration must be given to individual circumstances and each case must be looked at on its own merits although guidance will be given to 'triggers' to achieve a consistent approach.
- 2.3 Sickness absence by one employee affects more than the individual concerned:
  - a) It affects colleagues, who may have to cover absences.
  - b) It has an impact on the effectiveness of the team or department and may make the difference between delivering the service and not.
  - c) The workload increases and reduces flexibility of remaining staff.
  - d) Morale of other staff can suffer and stress levels can increase which may result in additional sickness absence.
  - e) Costs including occupational sick pay, overtime and locum cover.

## 3 Definitions

- 3.1 **Short-Term Absence** – periods of absence lasting less than 28 calendar days;
- 3.2 **Long-Term Absence** – a continuous period of absence of 28 calendar days or more which may include a diagnosis regarding substantive medical, therapeutic intervention or an accident;

## 4 Duties

- 4.1 The **Board** is responsible for setting and agreeing targets in respect of sickness and ensures that it is monitored on a regular basis.
- 4.2 The **Human Resources Department** has overall responsibility to ensure the consistency of managing sickness arrangements, which includes:
  - 4.2.1 The policy is regularly reviewed and amended as necessary;
  - 4.2.2 Managers are aware of their duties in monitoring and taking action in all cases of sickness absence of their staff;
  - 4.2.3 Accurate sickness data is collected and shared appropriately by the Finance Directorate's Business Intelligence Team.
  - 4.2.4 Appropriate training support to all managers will be provided through a series of seminars jointly delivered by HR and Joint Trade Unions.
- 4.3 **Managers should:**
  - 4.3.1 Make staff aware of the procedure to follow when reporting sickness or absence (See Section 8).
  - 4.3.2 Record all sickness on E-Roster or other appropriate recording mechanism, both of which can be audited.
  - 4.3.3 Complete a Monthly Absence Record Form and forward to SBS, this must include episodes of when staffs were on-call, as directed (Appendix A). It is important wherever possible when using code S98 'Other Known Causes' you specify the reason for absence.
  - 4.3.4 A stress risk assessment must be completed where there are indications of stress within one or more team members. The appropriate form can be found within the Stress Policy and then once completed must be discussed with the Locality Manager/Deputy or equivalent and HR.
  - 4.3.5 All managers must conduct return to work interviews with all staff using the return to work form which must be signed by both parties, following every period of sickness, regardless of the length of absence or reason (Appendix B).
  - 4.3.6 Monitor and regularly review sickness absence records of all staff to identify whether further action needs to be taken.
  - 4.3.7 Undertake training in sickness management in line with the knowledge and skills framework.
  - 4.3.8 Not refer staff to Occupational Health & Wellbeing for age-related reasons alone unless justified.

4.4 **Employees** – under the contract of employment employees have a responsibility to:

4.4.1 Attend work on a regular basis and be in a fit state to do so. If they are unable to attend work for any reason they must contact their manager (or designated person) on the first day of absence together with the following information:

- a) Brief details of reason for absence.
- b) How long they expect to be absent.
- c) Whether a GP has been or will be consulted.

4.4.2 Employees must adhere to the reporting process (see Section 8) and should, unless there are exceptional circumstances, report to their Manager. It is not expected that staff will text or leave telephone messages to report their absence.

4.4.3 If an illness develops after the normal calling time, reporting should be made as soon as possible. This should normally be no later than 30 minutes after the time an employee would be expected to start work.

4.4.4 Submit required documentation i.e. medical certificate, if required.

4.4.5 Employees must not abuse their entitlement to occupational sick pay. For example an employee who reports unfit (with or without a medical certificate) for work whilst working for another employer will be regarded as being fraudulent and may, depending on the circumstances be dismissed.

## 5. Monitoring and Control of Sickness and Absence

5.1 Employees who are absent due to sickness who report their absence properly and provide appropriate certificates may be entitled to two kinds of sick pay.

- a) Occupational Sick Pay
- b) Statutory Sick Pay

5.2 If you fail to report your sickness absence properly, not only do you inconvenience your manager and colleagues over the covering of your duties but you may also forfeit your entitlement to Occupational Sick Pay or both.

5.3 Furthermore, formal action will be taken against employees who repeatedly fail to report their sickness absence in accordance with the reporting procedure.

## 6. Record Keeping

6.1 The Monthly Absence Returns Form (Appendix A) must be completed and forwarded to SBS Mailbox ([SBS-S.ply-absence@nhs.net](mailto:SBS-S.ply-absence@nhs.net)). This information is used to provide up-to-date reporting on levels of absence. In addition the supplementary 'Reasons for Absence' form (Appendix A) must be completed to enable patterns or trends of reasons to be identified. Every day of the week is counted as sickness, including weekends and public holidays.

- 6.2 It is important for employees to let managers know when they are fit to return so that they are not penalised financially or in terms of their sickness record inaccuracy.
- 6.2.1 The employee must complete the required documentation and this should be collected at the Return to Work Interview with the exception of a medical certificate, which should be sent to the line manager on the eighth day of absence. Medical certificates should be continuous without breaks. For the purposes of occupational sick pay, sickness absence is calculated in days rather than hours, therefore, a part time and a full time member of staff would be entitled to the same level of benefits.
- 6.2.2 **Three continuous days or less** - verbal self-certification.
- 6.2.3 **Four to seven continuous days inclusive** - an employee should complete a Self-Certification form. (This form can be downloaded from <http://pchnet.derriford.phnt.swest.nhs.uk/Portals/3/Documents/Forms/Sickness%20forms/SSP%20certificate.pdf>)
- 6.2.4 **Eight continuous days and over** - the employee should produce a GP's medical certificate, which they must sign on the back of the certificate. It is the employee's responsibility to submit medical notes on time. There should be no gaps in Medical Certification. Medical certificates must be stored confidentially in the department and be placed on the individual's personal file.
- 6.3 Failure to provide the appropriate certification may result in non-payment of occupational sick pay or Statutory Sick Pay.
- 6.4 All records must be kept correctly and up-to-date. Originals should be placed on the employee's personal file and a record held by the manager.
- 6.5 Without efficient record keeping, dealing with absence effectively will be hampered and prolonged.

## **7. General Principles of Sickness Management**

### **7.1 Action to be taken when an Employee reports they are absent:**

7.1.1 Ascertain the following information from the employee:

- what is the reason for absence;
- will a GP be consulted;
- anticipated return to work date;
- agree when contact will be made if the absence is anticipated to be longer than one day.

7.1.2 Complete the Monthly Absence Returns Form (Appendix A).

7.2 If an employee identifies they are suffering from work related stress they may be referred to the Counselling Service (obtained through Occupational Health &

Wellbeing) for personal support as necessary. The Manager, based on the findings of the risk assessment, will refer the individual to Occupational Health & Wellbeing. The timing of this is crucial to the outcome of the referral.

7.3 Monthly reports outlining sickness reasons, including stress related illness will be provided to the Board by the Finance Directorate's Business Intelligence Team.

## 8. Reporting Procedure for Employees

8.1 Aims:

- a) To clarify the action you must take when you are absent due to sickness.
- b) Improve communication, ensure that you receive any payment to which you are entitled and enable Livewell Southwest to operate effectively and efficiently. This can only be achieved if your supervisor/manager is fully informed of your situation.

8.2 This procedure **must** be followed by all employees who are absent from work due to sickness.

### 8.3 When does your sickness absence begin?

8.3.1 Staff is expected not to attend work if they feel unwell.

If work less than 75% of your working day	Recorded as sick for whole day/shift
If work at least 75% of your working day	Not recorded as sick and will not be required to make up the shortfall in hours.

8.3.2 If a pattern emerges that is of concern, this will be dealt with under the monitoring triggers as detailed in Section 10.3 along with exploring any additional support needs.

### 8.4 Day One

8.4.1 As soon as you know you will be unable to attend work you must notify your manager or nominated deputy direct at least one hour before your normal starting time. Night staff must inform their manager that they are unfit for work during the normal working **day** shift to allow time for cover to be arranged.

8.4.2 You should telephone in person; exceptionally someone else may do so on your behalf. **Text messages, emails or answerphone messages are not acceptable.**

8.4.3 When telephoning you must provide an adequate explanation as to why you cannot attend work. "Sick" or "Not Well" is not a sufficient description as to why you are unfit for work.

8.4.4 If you do not follow this procedure you may be designated as being on unauthorised leave for which you will not be paid. This will be recorded on the monthly absence return and e-roster.

#### 8.4.5 **Staff with symptoms of gastroenteritis/D&V**

- Staff with symptoms of gastroenteritis/D&V should not attend work or, if at work, inform their Line Manager immediately and then leave work.
- Clinical staff should already be issued with a specimen pot and yellow request form in order that they can submit a stool specimen.
- All other staff can obtain specimen pots and request forms from their Line Manager or General Practitioner, if this is not possible contact Microbiology at Derriford Hospital (Tel: 01752 792387 or Ext: 52387).
- The yellow request form should clearly indicate where they work and may be submitted to Microbiology at Derriford Hospital either directly or via their General Practitioner, requesting a copy of results be sent to Occupational Health and Wellbeing.
- Staff should not return to work until 48 hours free of symptoms.
- If NHS Professionals/Agency staff is used to cover the absence, they will need to be offered 2-3 days of work, as they will be unable to work elsewhere in the Organisation for 48 hours following their contact with the ward during the outbreak.
- This is part of a shared Infection Control Policy with Plymouth Hospitals NHS Trust.

8.4.6 See Section 10.2 concerning recording of D&V sickness absence.

### **8.5 Certification**

8.5.1 Three days or less – Verbal

8.5.2 Four to seven days inclusive – Self-certificated.

8.6 Eight days or over - employee to produce a GP's fit note. The responsibility for submitting fit notes on time rests with the employee and the responsibility for ensuring it is received without delay also rests with employee (refer to Section 4). GP fit notes for any other reason can only be requested by HR or Manager.

8.7 On expiry of the first fit note, if you do not return to work, you must obtain and provide further notes to cover your absence and update your Manager on progress. To ensure that there are no gaps, make sure you see your GP before the expiry of the earlier note.

8.8 A fit to work note is required to confirm that your GP is happy for you to return to work, this may include any adjustments or support needed.

## 8.9 Sickness during a Holiday

8.9.1 If you fall sick during annual leave, your manager must be notified wherever possible on your first day of sickness and produce a GP's fit note for the period, which must be forwarded to your manager. Only then will your annual leave be recognised as sickness absence leave. Employees will not be entitled to additional holiday if sick on a statutory public holiday.

## 8.10 Holiday during a sickness absence

8.10.1 If you go on holiday whilst on sickness absence, you must notify your manager and if the nature of the holiday indicates you would be fit to work, contradicting the reason for the absence, you may be referred to Counter Fraud for investigation.

## 8.11 Return to Work

8.11.1 When you know you will be returning to work, you should notify your manager immediately, giving as much notice as possible.

8.11.2 On returning to work you and your manager, at the very earliest opportunity (ideally on the first day of return), must arrange a return to work meeting. Managers cannot commence Stage 1 or Stage 2 sickness monitoring if Return to Work interviews have not taken place.

## 8.12 Working during Sickness

8.12.1. You must not work for another employer when absent sick from Livewell Southwest or otherwise engage in any activity which is inconsistent with being on sick leave. Abuse of sick leave may be considered fraud and may result in investigation by the organisation's Counter Fraud Specialist and may, depending on the circumstances, result in criminal convictions and/or dismissal.

## 8.13 Other Points to Note

8.13.1 **Occupational Health & Wellbeing Medical Examination** – Livewell Southwest has the right to refer you for a medical examination with Occupational Health & Wellbeing. Livewell Southwest HR department and/or appropriate Manager has the right to request a GP's fit note to cover any period of absence due to sickness, regardless of the procedure detailed above. If the GP's certificate involves a fee, this will be paid by Livewell Southwest.

8.13.2 If your entitlement to Statutory Sick Pay expires you will be sent an SSP1 form from SBS. **Note:** Late submission of a claim may lose you benefit.

8.13.3 If you have any questions about sick pay please contact SBS in the first instance (SBS Helpline: 0303 123 1144).

## **9. Contact with Absent Employees**

- 9.1 A manager has a duty to maintain contact with an employee whilst they are absent. Keeping in regular contact should be seen as a supportive measure whilst enabling the manager to effectively manage the absence.
- 9.2 The employee's reason for absence should be taken into consideration and managers should use discretion where appropriate.
- 9.3 With short-term absences the employee has a responsibility to keep their manager informed on a weekly basis and if they fail to do so it is appropriate for the manager to make contact with the employee.
- 9.4 An employee has a responsibility to contact their manager on the first day of absence. In this initial conversation agreement should be made as to how contact will be made in the future. When an individual is not sure whether they will return the following day agreement should be made when they will contact their manager. If the absence is anticipated to be long-term, agreement should be made as to who will contact whom and when. Where long-term absences are concerned it is best practice to contact the employee every two weeks. Many employees who are on long-term absences feel isolated and often guilty about their absence regardless of how genuine it may be. Maintaining contact will reduce their anxiety and help them in their return to work.
- 9.5 If the employee is suffering from work related stress it may be appropriate to offer them an opportunity of speaking to another manager, Occupational Health & Wellbeing or an HR Manager.

## **10 Monitoring Triggers**

- 10.1 In order for the manager to effectively manage sickness absence, absence data should be regularly reviewed and appropriate action taken when the following 'triggers' occur, irrespective of whether the periods of absence are covered by medical certificates. Please refer to Appendix J for a flowchart of the monitoring stages.

### **10.2 Persistent Sickness Absence**

- a) three occasions of un-certificated, self-certificated or certified absence in a rolling 12 month period\*
- b) 15 days continuous and/or cumulative absence in a rolling 12 month period\*\*
- c) where a combination of odd days, longer periods and patterns of absences exist, including previous years, which cause concern, but may not meet other triggers, advice should be taken from HR in such cases.

\*Employees who are absent due to D&V need to be aware that this absence will be counted in terms of calculating sick pay due and will be taken into consideration when looking at overall spells of sickness but may not result in action being taken on that occasion. For further advice contact the HR team.

\*\*Pro Rata – example:

- Employee A works 37.5 hours per week – they are absent for two weeks, so their sickness will be 14 days (as every day of the week is counted)

- Employee B works 15 hours per week (e.g. Monday and Tuesday) – they are absent for two weeks, so their sickness will be 14 days (as every day of the week is counted)
- It is important for all employees to immediately inform their Manager they are fit for duty even if it is a non-working day.

10.3 **Long Term Sickness Absence** – Long-term sickness absence can be defined as a continuous absence which exceeds or is expected to exceed 28 days or recurrent periods of absence due to serious health problems. It is not necessary to wait 28 days before taking action,

## 11. Managing Short-Term Persistent Sickness Absence

11.1 High levels of short-term persistence absence can cause chronic organisational problems. Short-term absence is more difficult to predict, cover and generally places more pressure on remaining staff, which may affect budgets due to the cost of ad hoc overtime or bank cover. In consideration of the individuals circumstances Managers may apply discretion at every stage of this Policy, specifically in cases where the Equality Action 2010 may apply.

### 11.2 Return to Work Meetings

11.2.1 Return to Work Meetings should be conducted in a supportive manner on the first day back following **every** occasion of sickness absence. Discussion should take place around the circumstances of the absence and this should be recorded on the Return to Work Record Form (Appendix B). Delays in holding the welcome back meeting reduce the value of the process, so should always be conducted promptly.

11.2.2 The benefit of Return to Work meetings is that they are the single most effective way of making the employee aware that their absence has been noted and offering support where appropriate. Return to Work meetings are particularly effective in reducing the number of 'bogus' absences whilst supporting staff returning from long-term absence.

11.2.3 A Return to Work meeting should be conducted by the employee's line manager. If the line manager is unavailable it must be delegated to another manager within the same area.

11.2.4 The employee should be asked about their absence and any further forms should be completed i.e. absence return form. Example questions to ask:-

- a) How are you?
- b) Did you see your GP regarding your sickness absence?
- c) Is there anything about your work that is concerning you i.e. hours, shifts?
- d) Would you like to use the facilities of our Occupational Health & Wellbeing or counselling service?
- e) Is this likely to affect your ability to come to work in the future?

11.2.5 For further detail on preparation for, conducting of and action following a Return to Work meeting see the Return to Work Checklist (Appendix C).

### 11.3 Stage 1 – Sickness Review Meeting

- 11.3.1 Where an employee's absence record matches any of the triggers shown at 10.2 above, the Manager will hold a Stage 1 Sickness Review meeting with the employee to discuss the level of absence and its impact.
- 11.3.2 The meeting should be supportive.
- 11.3.3 The manager should explore with the employee the reasons for absence, whether there are any patterns/trends, i.e. Fridays, Mondays, similar reasons and listen to the employee's explanations. It may be that there are personal issues or matters outside of work, which are the root of the problem.
- 11.3.4 The employee should be made aware of their absence record over the past 12 months (or less if appropriate). It must be remembered that the Manager is not normally questioning the genuineness of the absence. They are identifying that the level is high and in line with Livewell South policy they need to discuss this with the individual.
- 11.3.5 This is an opportunity for the individual to discuss and make their manager aware of any problems they are experiencing whether work related or not. The manager should endeavour to establish whether there are any work related issues i.e. hours, work related stress or the employee is not able to cope with the full remit of their role.
- 11.3.6 If frequent absence, is there an underlying medical cause? If the reasons are medically related, referral to Occupational Health & Wellbeing should be made at this stage to determine whether there are underlying medical reasons. A referral **must** be discussed with the employee **before** any referral to Occupational Health & Wellbeing is progressed.
- 11.3.7 The manager must make the employee aware that their absence level must improve and that it will be monitored. Should there be further sickness (two further absences or a single absence of seven days) this would trigger moving to Stage 2 (see below). Advice can be sought from HR. A flowchart of the monitoring stages is available in Appendix J.
- 11.3.8 Issues to Consider:
- a) Length of absences and the periods of good health between them.
  - b) Medical information and whether this affects the individual's ability to perform in their role.
  - c) The impact of the absence on the department and colleagues.
  - d) The individual's work performance.
  - e) The possibility of redeployment.
  - f) The impact of the individual's absence on workload – how is it covered and the urgency of the work.
  - g) Absence rates within the department as a whole.

## 11.4 **Stage 2 – Formal Sickness Review Meeting**

- 11.4.1 Where the sickness in Stage 1 has triggered referral to Stage 2 it will be appropriate to meet with the individual. The individual will have the right to representation by either a recognised Trade Union Representative or a workplace colleague. The Manager should contact HR in advance of the meeting to confirm that this is the appropriate action. HR will not attend meetings at this stage.
- 11.4.2 The purpose of the meeting is to draw together previous sickness review meeting actions and to discuss the employee's absence record and formally establish:
- a) The employee's current state of health and whether there is an underlying medical reason relating to the absence.
  - b) The employee's perception of their situation.
  - c) Whether there are any work related issues relating to their absence.
  - d) Whether there is anything preventing them from improving their absence record.
  - e) Whether any reasonable adjustments should be considered.
- 11.4.3 The employee will be made aware that there needs to be an immediate and sustained improvement to their absence record and that it will be monitored. The triggers to determine if referral to a Capability Panel will be made are two further absences or one absence of seven days. If triggers are met then a further formal meeting would be arranged to review the situation and the way forward will be dependent on the outcome of this meeting. However the expected way forward would be referral to a Capability Panel. A flowchart of the monitoring stages is available in Appendix J.
- 11.4.4 During Stage 2 monitoring employees are not permitted to apply for any internal job vacancies/secondments unless approved by the HR Department due to, for example, a recorded work-related injury.
- 11.4.5 During Stage 2 monitoring employees are not permitted to work additional hours or overtime, this restriction relates to work both in substantive posts and other areas within Livewell Southwest. In addition, employees are not permitted to undertake work in this organisation via NHSP or other agencies. This restriction can only be removed by a Locality or Deputy Locality Manager or Professional Practice and is only expected to be removed in exceptional circumstances.

## 11.5 **Stage 3 – Capability Hearing**

The capability hearing will follow a 3 step process as outlined in legislation. This is as follows:

### **Step 1 – Written Notification**

- 11.5.1 Livewell Southwest will set out in writing the employee's alleged circumstances which have led it to contemplate dismissing them. In this

letter the employee will be invited to attend a meeting (described in Step 2) and advised of their right to be accompanied by either a Trade Union representative or a work colleague. The letter inviting the employee to the meeting will also provide an indication of the potential outcome of the meeting, which may include dismissal.

11.5.2 The employee must be aware of the basis of the alleged circumstances in advance of the meeting (Step 2) and the employee will be given all relevant documentation relating to their case at least 5 working days (Monday – Friday) in advance of the meeting.

11.5.3 The employee must provide sufficient copies of any relevant documentation relating to their case for all panel and management representatives 5 working days in advance of the meeting.

## **Step 2 – The meeting**

11.5.4 The employee will be responsible for arranging for their Trade Union representative/work colleague to attend the meeting. In the event that they or their representative are unable to attend the planned meeting they should contact the meeting organiser to request for the meeting to be rescheduled.

11.5.5 The meeting will be held at a venue decided upon by Livewell Southwest and where consideration has been given to the privacy and dignity of the employee.

11.5.6 The organisation will be represented at the meeting by at least the following:

<b>Chair</b>	This will normally be a Senior manager in the area where the employee works.
<b>HR Representative</b>	With no prior direct involvement in the case

11.5.7 A flowchart at Appendix H outlines the process for the meeting.

11.5.8 The Chair, following introductions, will ask the presenting manager to explain the reason for bringing the case to the meeting and go through the evidence that has been gathered. The employee or their representative followed by the Chair and HR representative will be given the opportunity to ask questions of the presenting manager.

11.5.9 Witnesses to support the management position may then be called. Each witness:

- i) Will be questioned by the presenting manager;
- ii) May be questioned by the employee or their representative;
- iii) May be questioned by the Chair or HR representative;
- iv) May be questioned again by the presenting manager on any point that has been raised.

11.5.10 The employee will then present their case and any mitigation. The presenting manager followed by the Chair and HR representative will be given the opportunity to ask questions of the employee.

11.5.11 Witnesses to support the employee's position may then be called.

Each witness:

- i) Will be questioned by the employee or their representative;
- ii) May be questioned by the presenting manager;
- iii) May be questioned by the Chair or HR representative;
- v) May be questioned again by the employee or their representative on any point that has been raised.

11.5.12 The presenting manager followed by the employee or their representative will then have the opportunity to summarise their case, during which no additional information that has not already been considered will be introduced.

11.5.13 The Chair will call an adjournment before reaching a decision and come to a clear view about the facts. If they are disputed, the Chair must decide on the balance of probability which version of the facts is true.

11.5.14 Following an adjournment the Chair will give the employee notice of their decision at the end of the meeting. All outcome decisions will be confirmed in writing within 5 working days of the meeting along with the right of the appeal. Possible outcomes could include no further action but continuation of sickness monitoring, extension to Stage 1 or 2 sickness monitoring, dismissal with notice.

11.5.15 **Step 3 – The Appeal** – Employees will be advised of their right to be accompanied by either a Trade Union representative or a work colleague

11.5.16 Employees will be given the opportunity to appeal the outcome of the meeting described in Step 2.

11.5.17 Where a dismissal has taken place, the appeal meeting need not take place before the dismissal has taken effect (for instance, during a period of notice).

An employee who wishes to lodge an appeal against their dismissal should inform a Senior HR representative within five working days of receiving written notification of the dismissal. Any appeal must be in writing and should include the grounds for the appeal.

11.5.18 In order to hear the appeal, a further meeting will take place. The organisation will be represented at the meeting by at least the following:

<b>Chair</b>	This will normally be a more senior manager than the one on the original panel. The Chair will not have had any prior involvement in the case
<b>HR Representative</b>	Normally a senior HR representative with no prior involvement in the case

NB: If an Executive Director is subject to a Dismissal, the Appeal will be to Livewell Southwest Board Members.

11.5.19 A flowchart at Appendix I outlines the process for the appeal meeting.

11.5.20 The Chair, following introductions, will ask the employee or their representative to make a statement which sets out their grounds of appeal. The Chair of the original meeting followed by the Appeal Chair and HR representative will be given the opportunity to ask questions of the employee.

11.5.21 Witnesses to support the employee position may then be called.  
Each witness:

- i) Will be questioned by the employee;
- ii) May be questioned by the Chair of the original meeting;
- iii) May be questioned by the Appeal Chair or HR representative;
- vi) May be questioned again by the employee on any point that has been raised.

11.5.22 The Chair of the original hearing will make a statement which outlines how they came to their decision at the original hearing. The employee or their representative followed by the Appeal Chair and HR representative will be given the opportunity to ask questions of the employee.

11.5.23 Witnesses to support the Chair of the original hearing's position may then be called.  
Each witness:

- i) Will be questioned by the Chair of the original hearing;
- ii) May be questioned by the employee or their representative;
- iii) May be questioned by the Appeal Chair or HR representative;
- vii) May be questioned again by the Chair of the original hearing on any point that has been raised.

11.5.24 The presenting manager followed by the employee or their representative will then have the opportunity to summarise their case, during which no additional information that has not already been considered will be introduced.

11.5.25 The Appeal Chair will call an adjournment before reaching a decision and come to a clear view about the facts. If they are disputed, the Appeal Chair must decide on the balance of probability which version of the facts is true.

11.5.26 Following an adjournment the Appeal Chair will give the employee notice of their decision at the end of the meeting. All outcome decisions will be confirmed in writing within 5 working days of the meeting. There is no further right of appeal and is the end of the internal process.

## **12 Managing Long-Term Sickness Absence**

- 12.1 Absence is considered to be long-term when it reaches 28 consecutive days. If an individual is likely to be absent for this length of time managers are usually aware of this at the onset or it can be anticipated due to the nature of the absence. This enables managers to implement contingency plans to cover the absence at an early stage. The Manager's role is to focus on support, advice and guidance for the employee.
- 12.2 Where long-term absences are concerned, it may be that a medical issue has resulted in the individual being unable to fulfil the full remit of their role and it is therefore a capability issue. Advice from Occupational Health & Wellbeing will need to be sought and may indicate whether redeployment or ill health retirement is an option and the likelihood of the individual being able to return to their role.
- 12.3 Where it is identified that an individual's health condition is covered under the Equality Act 2010 'reasonable adjustments' will be explored.
- 12.4 Agreement should be reached between the Manager and employee on the frequency of contact (either face to face or verbal), ideally every two weeks. This is an opportunity to update the employee on changes in the workplace and keep the manager updated on the individual's situation.
- 12.5 Advice should be sought from Occupational Health & Wellbeing regarding the timing of a referral. Whilst this should normally be considered to take place at the four-week period, this is not appropriate for every case. For stress related absence an early referral may be appropriate.
- 12.6 Managers should make an appropriate referral to Occupational Health & Wellbeing ideally 3-4 weeks before the anticipated return to work. This is to ensure that the return can be supported taking into account medical advice. The employee must be advised by their manager before the referral is made.
- 12.7 The Manager must ensure payslips are posted to the employee each month along with any relevant literature.
- 12.8 Following receipt of the medical report (which will be copied to the employee), management need to consider:
- a) Whether the employee will be able to return to work in the foreseeable future?
  - b) Whether Occupational Health & Wellbeing have advised follow up meetings?

- c) Whether a change in working conditions would enable a return to work – can reasonable adjustments be made?
- d) Whether retirement or redeployment on the grounds of ill health is an option

## **12.9 Long Term Sickness Review Meetings**

- 12.9.1 Where an employee has been absent for four consecutive weeks the manager should hold a meeting with the employee. Depending on the circumstances they may wish to request a representative from HR to be present. An employee can be accompanied by a union representative or a workplace colleague. The meeting should be held in a supportive context in an attempt to discover whether Livewell Southwest could offer any support, guidance to the individual that may facilitate their return to work. Support mechanisms may include Occupational Health & Wellbeing, counselling service and the disability advice service
- 12.9.2 A way forward should be decided at the I meeting with a specified timescale. The individual may be offered options at this meeting or at a follow up meeting, which may include the possibility of redeployment, adjustments to their existing role (either within the role or the environment), change of hours, staged return to work or ill health retirement. Ultimately the employee's continued absence will make their employment vulnerable and a discussion will need to cover this possibility

## **13. Phased Return to Work / Annual Leave**

- 13.1 A phased return to work may be appropriate where an employee needs a period of readjustment to work usually after a long period of absence. This may be as a result of sickness or connected to incidents which are related to work. During the Phased Return to work it is expected that the Manager will meet weekly with the employee to complete the Return to Work form for the first meeting and then an appropriate Management Supervision note for the subsequent meetings.
- 13.2 An employee or representative may request a phased return or in some circumstances the line manager may decide that it is in the best interests of the employee and/or colleagues.
- 13.3 A phased return will normally be based on Occupational Health & Wellbeing and other relevant advice. The aim of the phased return is to bring the employee back to their contract hours within a reasonable timescale. The actual phasing will be decided on the case-by-case basis but will normally be completed within six weeks.
- 13.4 Where the absence has been caused by a condition which appears to meet the definition of disability set out in the Equality Act 2010 a phased return may form part of the reasonable adjustment that Livewell Southwest makes to support the employee.
- 13.5 A phased return may also include adjustments to the actual work carried out by the employee, in some cases this may involve a change in the type of work and work base.

- 13.6 During the period of the phased return the employee will normally have no change to their terms and conditions of employment or contracted hours. The employee may request a temporary reduction in contract hours to extend the time period of the phased return.
- 13.7 If the phased return does not succeed as planned for any reason, then a review can be requested either by the employee or line manager.
- 13.8 Where the need for a phased return is primarily attributable to factors related to work, Livewell Southwest will continue to pay the basic salary for contracted hours and other enhanced payments earned during the period of the phased return.
- 13.9 Where the need for a phased return is primarily attributable to factors outside of work, the employee will contribute to annual leave as follows:
- a) First two weeks – no contribution
  - b) Thereafter 50% of the contract hours not worked will be assigned to annual leave. The overall amount of annual leave used will be to a maximum of the leave accrued during the period of sickness absence immediately preceding the return, i.e. if a full-time employee with 10 years' service has been absent for three months prior to the phased return, the maximum annual leave contribution will be  $3/12 \times 247.5 \text{ hours} = 61.9 \text{ hours}$

## **14. Occupational Health & Wellbeing**

- 14.1 Where an employee's health is affecting their ability to undertake their role sufficiently or causing them to have recurrent absences, advice from Occupational Health & Wellbeing should be sought. The referral will be made by the Manager but may be at the request of the individual employee.
- 14.2 Occupational Health & Wellbeing are independent in terms of supporting both the employee and the manager. Occupational Health & Wellbeing can undertake a medical assessment and provide an up-to-date medical opinion on Occupational Health & Wellbeing matters relating to the employee. This information will enable management, with the support of HR, to determine what action needs to be taken. This decision will be made after considering the needs of the employee in line with the operational needs of the department.
- 14.3 Medical reports or feedback from Occupational Health & Wellbeing will offer recommendations to Managers and this should be regarded as guidance. If either the Manager or the employee needs to question the contents of the report, they should in the first instance contact Occupational Health & Wellbeing. Managers or employees are able to obtain second opinions from other medical sources. Advice should be sought from HR.
- 14.3 If for any reason an employee refuses an Occupational Health & Wellbeing appointment they should be made aware that any decisions regarding their employment would be based on the information available to management at the time, which might not be in an employee's best interest. It is a reasonable

management request for an employee to attend an appointment with Occupational Health & Wellbeing.

## **15 Human Resources**

- 15.1 Livewell Southwest's HR Department has a wide range of experience in providing support and guidance for managers when dealing with sickness and absence management. Managers can seek advice on individual cases or discuss strategies for dealing with absence more effectively in their departments.
- 15.2 Advice will be given as to what further action needs to be taken.
- 15.3 As the implications of absence can make employment vulnerable, HR must be involved at the formal stage. However, advice and support can be sought at any time.

## **16 Ill Health Retirement (for NHS Pension Scheme members only)**

- 16.1 Where an employee has been absent from duty and the situation suggests that the employee may not be able to return to work (see below), the manager should review the circumstances surrounding the case. In such instances, managers will need to keep cases under regular review in order to explore the possibility of ill health retirement where appropriate. An early referral to Occupational Health & Wellbeing should be considered in these cases.
- Tier 1 – Unable to do current job due to permanent ill health
  - Tier 2 – Unable to carry out regular employment of like duration due to permanent ill health
- 16.2 Where after receipt of medical opinion/advice, it is not possible for the employee to continue in their post and options for alternative employment have been given due consideration, the subject of ill health retirement should be discussed if appropriate.
- 16.3 It is important that the Manager contacts HR at an early stage to avoid delays in processing the application. This is particularly important in cases of terminal ill health.
- 16.4 Where ill health retirement is to be pursued, HR will contact SBS who will send the ill health retirement form to HR. At the same time SBS will send an ill health retirement forecast to the employee.
- 16.5 The decision on whether the member qualifies for the ill health retirement pension rests with the NHS Pensions Agency **not** the individual or Livewell Southwest. The Agency's Medical Advisor will consider entitlement to ill health pension on a case by case basis. If an application for ill health retirement is refused by the Pensions Agency, the employee will have the right to appeal.
- 16.6 A meeting involving the manager and HR will then take place with the employee to agree a termination date. The employee is entitled to notice i.e. one week for each year of service up to a maximum of twelve weeks.

## 17 Occupational Sick Pay (OSP)

17.1 An employee is entitled to occupational sick pay dependent on their length of service.

Period of Continuous Service	Period of full pay	Period of half pay
Up to 12 months	1 month	2 months
Over 1 year and up to 2 years	2 months	2 months
Over 2 years and up to 3 years	4 months	4 months
Over 3 years and up to 5 years	5 months	5 months
Over 5 years	6 months	6 months

17.2 Entitlement to occupational sick pay is calculated over a rolling 12-month period.

17.3 **Notifiable Diseases** – if LSW requires an employee to refrain from attending duty due to the classification of a notifiable disease, the absence will be treated as paid sick leave and will not count towards an individual's entitlement to occupational sick pay. Managers should liaise closely with Infection Control and as appropriate, Occupational Health & Wellbeing (see Appendix F for List of Notifiable Diseases).

## 18. Equality Act 2010

18.1 In line with the Equality Act 2010, the employer is obliged to consider making 'reasonable adjustments' to a role to enable the individual to complete it successfully. This may include alterations to the workplace and/or the job description. The manager will need to consider what changes could be made and where such changes are unfeasible, they need to be able to justify this decision. It may be that there is a specific part of the role which is causing a risk which could be removed. Guidance on work-based adjustments should be sought from Occupational Health & Wellbeing. Advice on legal aspects of the Equality Act 2010 should be sought from HR (see Sources of Help list at Appendix G).

## 19. Training and Information

19.1 Training will be provided to Managers on their duties in relation to this Policy.

## 20 Monitoring

20.1 Managers are responsible for completing monthly absence returns for all employees including nil returns unless teams are using e-roster. In these circumstances, the sickness will be automatically uploaded to SBS payroll from e-roster.

20.2 Standard Reports are provided as follows:

- a) Board – monthly report on overall absence rates provided by Finance Directorate's Business Intelligence Team.
- b) Locality Managers/or equivalent – monthly sickness absence reports – provided by Finance Directorate's Business Intelligence Team.

**All policies are required to be electronically signed by the Lead Director. Proof of the e-signature is stored in the policies database.**

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

Signed: Director of Clinical Practice and Development

Date: October 2016

**VPD 832 LIVEWELL  
SOUTHWEST  
Absence Return**

**BASE:**  
**WARD/DEPT:**

**MONTH ENDING:**

**PLEASE NOTE: You now need to enter the last day of sickness NOT the Fit to work date.**

PAY NO:	FULL NAME (please print)	PERIOD OF ABSENCE		NUMBER OF DAYS	TYPE OF ABSENCE *SEE CODE LIST OVERLEAF	REASON FOR SICKNESS *SEE CODE LIST OVERLEAF	PAID/ UNPAID
		DATE COMMENCED	LAST DAY OF SICKNESS				

CERTIFIED CORRECT (signature): \_\_\_\_\_ DATE: \_\_\_\_\_

NAME PRINTED: \_\_\_\_\_ CONTACT TELEPHONE NUMBER: \_\_\_\_\_

**NB: Please submit absence for full calendar month, and return to SBS Mailbox ([SBS-S.ply-absence@nhs.net](mailto:SBS-S.ply-absence@nhs.net)) by the 5<sup>th</sup> of each month. In the subject line of your email please put VPD 832 - Absence Return - Department - MMM-YY e.g. 832 - Absence Return - Ward E1 - Apr 10 Please ensure that periods of absence commencing prior to the start of this return should state the first day of the absence, NOT the first day of the month of this return.**

TYPE OF ABSENCE – CODE LIST	REASON FOR SICKNESS – CODE LIST
<p><b><u>Type of Absence</u></b> (please note that we are unable to record any absence without this code)</p> <p><b>Sickness</b></p> <p><b>SA</b> Uncertified Sickness – must be 3 days or less</p> <p><b>SB</b> Self Certificate Sickness – cannot exceed 7 days from 1<sup>st</sup> day of sickness</p> <p><b>SC</b> Medically Certified Sickness – required on 8<sup>th</sup> day of sickness until last day of sickness</p> <p><b>SD</b> Uncertified Industrial Injury – must be 3 days or less</p> <p><b>SE</b> Self Certified Industrial Injury – cannot exceed 7 days from 1<sup>st</sup> day of sickness</p> <p><b>SF</b> Medically Certified Industrial Injury – required on 8<sup>th</sup> day of sickness until last day of sickness</p> <p><b>SG</b> Uncertified Accident – OFF DUTY – must be 3 days or less</p> <p><b>SH</b> Self Certified Accident – OFF DUTY – required on 8<sup>th</sup> day of sickness until last day of sickness</p> <p><b>SI</b> Medically Certified Accident – OFF DUTY – required on 8<sup>th</sup> day of sickness until last day of sickness</p> <p><b>SM</b> Medical Suspension – Notifiable Disease</p> <p><b>SN</b> Medical Suspension – Other</p> <p><b>Special/Other</b></p> <p><b>UA</b> Unauthorised Absence</p> <p><b>AA</b> Approved LWOP</p> <p><b>MO</b> Maternity Leave – Ordinary (first 18 weeks paid leave)</p> <p><b>MA</b> Maternity Leave – Additional (unpaid Maternity Leave)</p> <p><b>MP</b> Paternity Leave</p> <p><b>MD</b> Adoption Leave</p> <p><b>PO</b> Special Paid Leave</p> <p><b>UP</b> Special Unpaid Leave</p> <p><b>PC</b> Compassionate Leave</p> <p><b>PL</b> Carers Leave</p> <p><b>PJ</b> Jury Service</p> <p><b>PT</b> Trade Union Paid Leave</p> <p><b>UT</b> Trade Union Unpaid Leave</p> <p><b>US</b> Industrial Action – Unpaid</p>	<p><b><u>Reason for sickness</u></b></p> <p><b>S10.</b> Anxiety / stress / depression / other psychiatric illnesses</p> <p><b>S11.</b> Back Problems</p> <p><b>S12.</b> Other musculoskeletal problems</p> <p><b>S13.</b> Cold, cough, influenza</p> <p><b>S14.</b> Asthma</p> <p><b>S15.</b> Chest &amp; respiratory problems</p> <p><b>S16.</b> Headache / migraine</p> <p><b>S17.</b> Benign and malignant tumours, cancers</p> <p><b>S18.</b> Blood disorders</p> <p><b>S19.</b> Heart, cardiac &amp; circulatory problems</p> <p><b>S20.</b> Burns, poisoning, frostbite, hypothermia</p> <p><b>S21.</b> Ears, nose, throat (ENT)</p> <p><b>S22.</b> Dental and oral problems</p> <p><b>S23.</b> Eye problems</p> <p><b>S24.</b> Endocrine / glandular problems</p> <p><b>S25.</b> Gastro-intestinal problems</p> <p><b>S26.</b> Genitor-urinary &amp; gynaecological disorders</p> <p><b>S27.</b> Infectious diseases</p> <p><b>S28.</b> Injury, fracture</p> <p><b>S29.</b> Nervous system disorders</p> <p><b>S30.</b> Pregnancy related disorders</p> <p><b>S31.</b> Skin disorders</p> <p><b>S32.</b> Substance abuse</p> <p><b>S98.</b> Other known causes – please specify</p>

**NB: Staff taking unpaid leave or those being suspended with pay should be recorded and actioned via a change form at the time of leave/suspension.**

Appendix B

RETURN TO WORK INTERVIEW FORM				
Employee name:				
Meeting date:				
ABSENCE DETAILS				
Start Date				
End Date				
Number of days/hours absent:				
Sickness record in last 12 months	No of days		No of occasions	
Documentation produced - please tick whichever box is relevant: <input type="checkbox"/> Verbal (3 days or less) <input type="checkbox"/> Self-certification form (SC2) (4-7 days inclusive) <input type="checkbox"/> GP's Fit note (8 days or more)				
Reasons for sickness absence given:				
Detail of any treatment/measures taken to aid recovery:				
Employer's duty to make adjustments under the Equality Act 2010. The Equality Act defines disability as "a physical or mental impairment that has a substantial and long term negative effect on a person's ability to carry out normal daily activities". "Long term" means likely to last at least 12 months.				
Does the employee consider themselves to be disabled using the above definition?		Yes		No
If yes, please notify your HR Manager so that the ESR system can be updated.				

<b>Does the employee wish the Manager to consider any adjustments to the job or work premises?</b>	<b>Yes</b>		<b>No</b>	
If yes, the manager will need to take advice from the Planning and Estates Departments, regarding legal requirements, building regulations, costings and funding.				
<b>Outline any potential effect on future attendance and capability to carry out role:</b>				
<b>Action agreed with employee:</b>				
<b>Employee declaration:</b> — The employee needs to sign to confirm that they have not undertaken any work during their absence (this could constitute fraud) unless their fit note expressly states they were able to do so. Seek advice from HR if required.				
I declare that I have/have not* undertaken any work during this period of Sickness Absence. (*delete which is not applicable)				
Employee Signature ..... Date: .....				
<b>Additional Information/Comments</b>				
<b>Please sign this form to confirm the details above are an accurate reflection of the meeting</b>				
	<b>Manager</b>		<b>Employee</b>	
<b>Name (block capitals):</b>				
<b>Signed:</b>				
<b>Date:</b>				

**After the Meeting:**

Complete the return to work meeting record form

Arrange to place certificates on employee's personal file

As appropriate liaise with: HR

Occupational Health & Wellbeing

Both sign the interview form and retain in employee's personal file

## Appendix C

<b>RETURN TO WORK CHECKLIST</b>	
<b>Employee Name:</b>	
<b>Date of Meeting</b>	
<b>Before meeting</b>	✓
• Make arrangements for the meeting to be held in private	
• Check the sickness absence record	
• Consider the nature of absences, the duration of each and total	
• Look for patterns i.e. late shifts, Fridays, Mondays, either side of planned leave	
• Have the requirements for notification and certification been complied with	
• Obtain a Return to Work Meeting Record Form	
<b>The meeting</b>	✓
• Explain the reason for the meeting and confirm confidentiality	
• Welcome the employee back to work!	
• Persistent absence:           Receive completed self-certification form Agree reason for absence and record	
• Long-term absence:           Receive certificate confirming fitness to return to work Agree reason for absence code and record	
• Confirm that employee is fit to return to work	
• Discuss nature of illness and treatment received	
• Explore links with past illnesses	
• Discuss whether the medical condition will affect work performance and attendance in the future	
• Consider any support/measures to help employee at work	
• Consider referral to Occupational Health & Wellbeing where absence related to anxiety/stress/depression/musculoskeletal	
• Obtain full details of the causation if work related	
• Does a risk assessment need to be completed? Consider involvement of Occupational Health & Wellbeing / Manual Handling team if appropriate?	
• Consider if the individual has a known disability which is affecting their absence, consider whether a referral to Occupational Health & Wellbeing is required	
• Consider a referral to Occupational Health & Wellbeing	
• Discuss sick pay implications	
• As appropriate:               Congratulate on previous good attendance record Request to meet separately to discuss absence in more detail	
• Confirm improvement requirements and the review process.	
<b>After the meeting</b>	✓
• Complete the return to work meeting form	
• As appropriate liaise with:   HR SBS Payroll Occupational Health & Wellbeing	
• Sign the interview form and retain in employee's personal file	

# Appendix D

<b>STAGE 1 - SICKNESS REVIEW MEETING RECORD</b>			
This form should be used at Stage 1 of the Sickness Absence process. In the meeting you must discuss all of the points outlined below and refer to the Policy/Guidance Notes to ensure you follow an appropriate process.			
	<b>Manager</b>		<b>Employee</b>
<b>Name (block capitals):</b>			
<b>Job Title</b>			
<b>Meeting date:</b>			
<b>ABSENCE DETAILS</b>			
<b>Sickness record during review period (note dates and reasons):</b>			
<b>Have return to work interviews been conducted for all absences? (note where they have not been completed and reasons why)</b>			
Yes / No (delete as appropriate)			
If no, reason not completed:			
<b>Indicate sickness triggers met (<i>this information will be supplied by Business Intelligence</i>):</b>			
a) 3 occasions of absence in 12 months			<input type="checkbox"/>
b) 15 days continuous and/or cumulative in a rolling 12 months period			<input type="checkbox"/>
c) odd days, longer periods and patterns of absence including previous years, which cause concern but may not meet other triggers			<input type="checkbox"/>
<b>No of days:</b>		<b>No of occasions:</b>	
<b>Discuss any patterns/trends with the days, reasons:</b>			

**Discuss with employee any actions they feel may help improve their attendance (e.g. support, training, target, work adjustments, mediation):**

**Discuss implications for continued absences (next stage of process and highlight that process could potentially lead to dismissal):**

— outline next stages of the process and explain that if there is no sustained improvement in attendance then the formal stage of the process will be followed.

**Outcome of meeting:**

- Monitoring period will commence from today for a period up to six months
- Employee is now in a monitoring period and must not exceed the target set in 11.3.7
- Further absences will be dealt with in line with the Sickness Policy which will result in an escalation to Stage 2 of the process
- Discuss and outline outcome of meeting (options above)

<b>Actions following meeting – provide a copy of this review to the employee within five working days</b>		
<b>Form signed and placed on personal file</b>		
<b>Complete referral to Occupational Health &amp; Wellbeing, if appropriate</b>		
<b>Please sign this form to confirm the details above are an accurate reflection of the meeting</b>		
	<b>Manager</b>	<b>Employee</b>
<b>Name (block capitals):</b>		
<b>Signed:</b>		
<b>Date:</b>		
<b>Employee's comments from meeting:</b>		

**PLEASE NOTE YOU CANNOT MOVE TO STAGE ONE UNLESS RETURN TO WORK INTERVIEWS HAVE TAKEN PLACE AND BEEN RECORDED ON APPENDIX B.**

# Appendix E

<b>STAGE 2 – FORMAL SICKNESS REVIEW MEETING RECORD</b>			
This form should be used at Stage 2 of the Sickness Absence process. In the meeting you must discuss all of the points outlined below and refer to the Policy/Guidance Notes to ensure you follow an appropriate process.			
	<b>Manager</b>		<b>Employee</b>
<b>Name (block capitals):</b>			
<b>Job Title</b>			
<b>Employee Accompanied by:</b>			
<b>Meeting date:</b>			
<b>ABSENCE DETAILS</b>			
<b>Sickness record during agreed Stage 1 review period (note dates and reasons):</b>			
<b>Have return to work interviews been conducted for all absences? (Note where they have not been completed and reasons why)</b>			
Yes / No (delete as appropriate)			
If no, reason not completed:			
<b>No of days:</b>		<b>No of occasions:</b>	
<b>Discuss any patterns/trends with the days, reasons:</b>			

**Discuss with employee any actions they feel may help improve their attendance (e.g. support, training, target, work adjustments, mediation):**

**Discuss implications for continued absences (next stage of process and highlight that process could potentially lead to dismissal):**

— outline next stages of the process and explain that if there is no sustained improvement in attendance then the formal stage of the process will be followed.

**Outcome of meeting:**

- Monitoring period will commence from today for a period up to six months
- Employee is now in a monitoring period and must not exceed the target set in 11.4.3.
- Further absences will be dealt with in line with the Sickness Policy which will result in an escalation to a Capability Hearing
- Discuss and outline outcome of meeting (options above)

<b>Actions following meeting – provide a copy of this review to the employee within five working days</b>		
<b>Form signed and placed on personal file</b>		
<b>Complete referral to Occupational Health &amp; Wellbeing, if appropriate</b>		
<b>Please sign this form to confirm the details above are an accurate reflection of the meeting</b>		
	<b>Manager</b>	<b>Employee</b>
<b>Name (block capitals):</b>		
<b>Signed:</b>		
<b>Date:</b>		
<b>Employee's comments from meeting:</b>		

# Appendix F

## ***List of Notifiable Diseases***

- Acute encephalitis
- Acute infectious hepatitis
- Acute meningitis
- Acute poliomyelitis
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Enteric fever (typhoid or paratyphoid fever)
- Food poisoning
- Haemolytic uraemic syndrome (HUS)
- Infectious bloody diarrhoea
- Invasive Group A streptococcal disease
- Legionnaires' Disease
- Leprosy
- Malaria
- Measles
- Meningococcal septicaemia
- Mumps
- Plague
- Rabies
- Rubella
- SARS
- Scarlet fever
- Smallpox
- Tetanus
- Tuberculosis
- Typhus
- Viral haemorrhagic fever (VHF)
- Whooping cough
- Yellow fever

# Appendix G

## *Sources of Help*

### **Internal**

Your Manager

HR Department 01752 434163

Occupational Health & Wellbeing Services 01752 434222

Trade Union Office 01752 435050

Health, Safety & Security Manager 01752 434729

Infection Control Lead 01752 434165

### **External**

Disability Information & Advice Centre (DIAC) 01752 201766 or e-mail: [diac@plymouthguild.org.uk](mailto:diac@plymouthguild.org.uk)

Disability Rights UK 020 7250 3222  
[enquiries@disabilityrightsuk.org](mailto:enquiries@disabilityrightsuk.org)

Jobcentre Plus – Access to Work 02920 423 291  
[atwosu.cardiff@dwp.gsi.gov.uk](mailto:atwosu.cardiff@dwp.gsi.gov.uk)

Plymouth & District MIND Association 01752 512280  
[advice@plymouthmind.myzen.co.uk](mailto:advice@plymouthmind.myzen.co.uk)

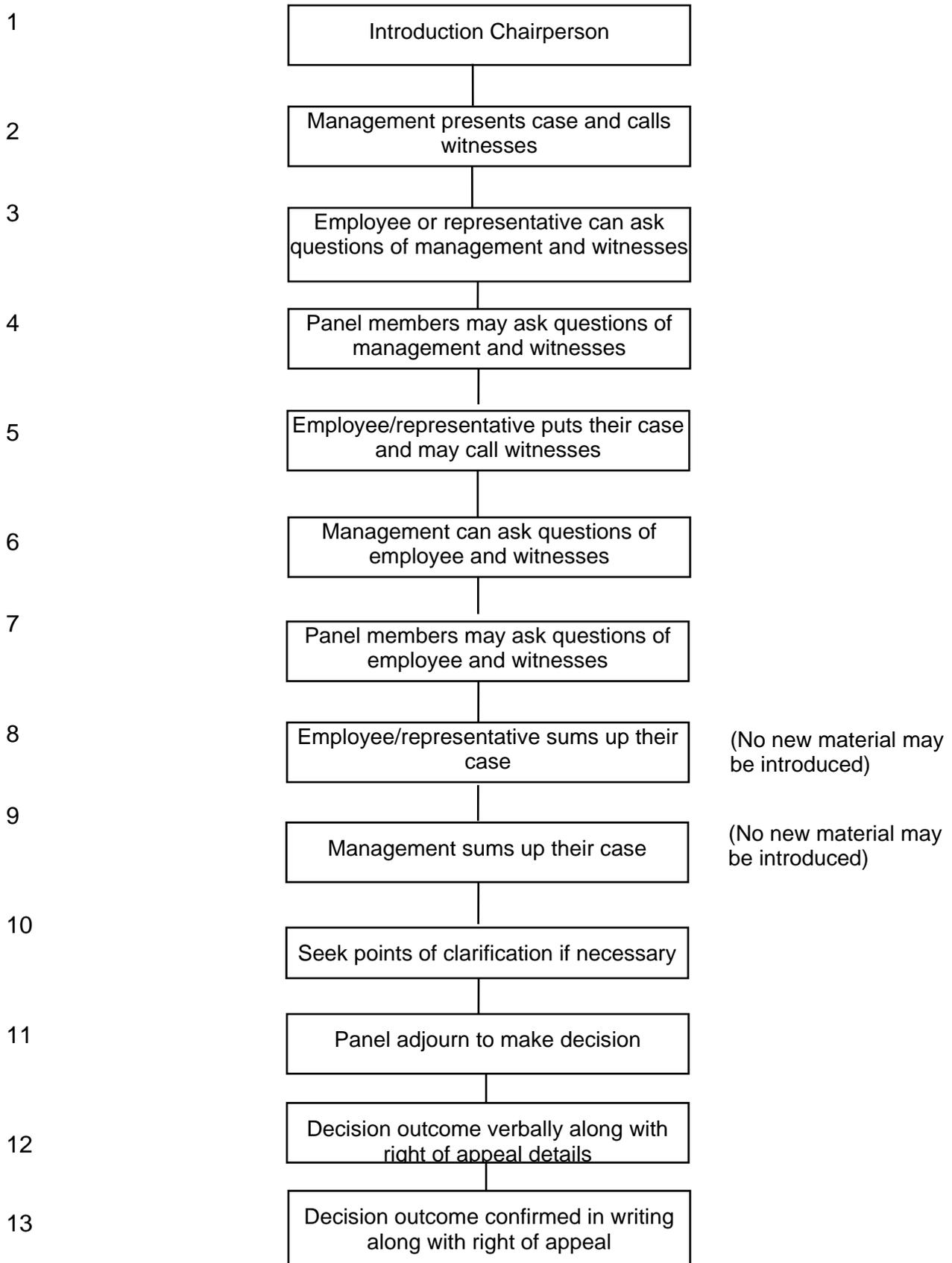
Shared Business Services (SBS Payroll) 0303 123 1144

NHS Pensions Agency 0300 3301 346

Department for Work & Pensions  
Re Incapacity Benefit [www.gov.uk/incapacity-benefit](http://www.gov.uk/incapacity-benefit)

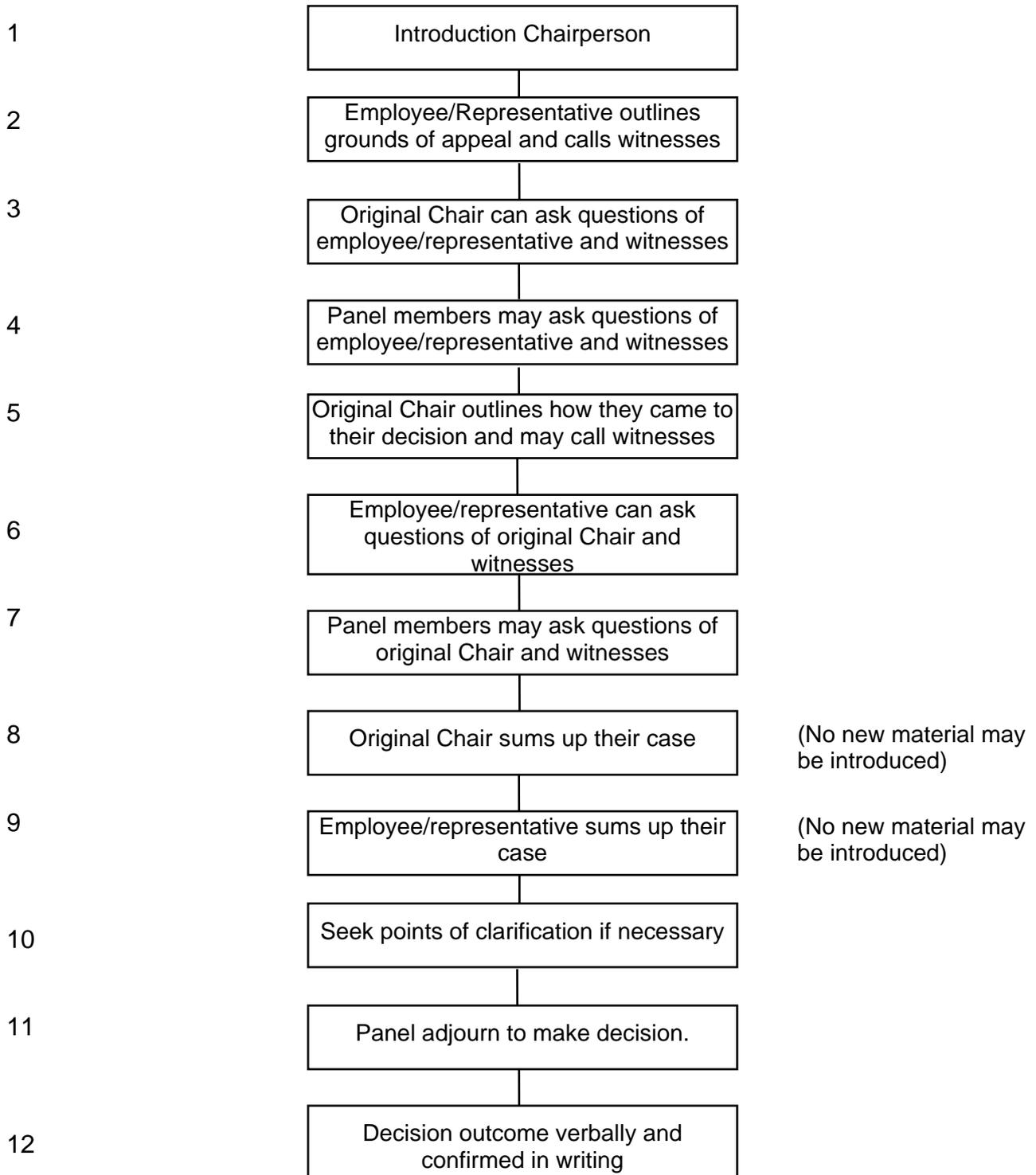
## Appendix H

### Capability Meeting – Step 2 – Flow Chart



## Appendix I

### Capability Appeal Meeting – Step 3 - Flow Chart



## Appendix J

The following flowchart is provided to support the Livewell Southwest Sickness Policy with specific regards to the Sickness Monitoring Process.

Review the full [Sickness Policy v4:8](#) document for details. [Click here](#) for details of managers toolkit sessions.

