

Attendance Management Policy & Procedure

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We are compassionate



We are inclusive



We are proud



We are one team

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Review dates and details of changes made during the review.

This policy replaces the UHL Sickness Absence Management Policy. The key changes in this policy include an improved new person-centered approach emphasising manager discretion; the updated sickness indicators, new terminology regarding warnings and combining short term and long-term absence to ensure overall attendance is being reviewed. This means staff returning from long term sickness, where appropriate will be placed on the relevant stage.

All staff whose attendance levels are already being managed under the old policy, will move over this policy. Support can be provided from People Services where appropriate.

Key Words:

Sickness, Absence, Attendance, Sick Pay, Sickness Reporting, Indicators, Return to Work, Wellbeing, Health, Monitoring Period, Ill Health Retirement, Pension, Hearing, Capability, Dismissal, Redeployment.

1. Introduction and Overview

- 1.1 University Hospitals of Leicester NHS Trust (UHL) is committed to ensuring a supportive, compassionate, and inclusive working environment, and a culture that is centred on the promotion of positive health and wellbeing.
- 1.2 At UHL, we are keen to work with you and to provide any necessary reasonable support to enable you to remain at work. Furthermore, we encourage you to look after and take pride in your own health and wellbeing and maintain your attendance at work. However, we understand that there will be times when you cannot come to work due to illness, and in these circumstances, we will support you while you are unable to work, and to facilitate a return to work.
- 1.3 All sickness absence will be managed sympathetically and sensitively. Although every case will be handled according to the individual's circumstances, this procedure has been developed to provide a consistent, fair, and clear approach with the main objective being to support your recovery and return to work.
- 1.4 This policy will help you understand what will happen when you are not well enough to come to work, provide guidance and signpost you to support as required.
- 1.5 UHL is committed to embedding a Just and Learning culture; and this applies to how you are supported regarding your health and any time off work. Managers are committed to taking a person focused approach and looking at an individual's absences as part of a bigger picture. This means staff will be supported during any periods of absence and will work with managers to look at all options to support you.

2. Policy Scope

- 2.1 This policy applies to all UHL employees.
- 2.2 For Medical and Dental colleagues, please also refer to the Trust's "Conduct, Conduct Capability, Ill Health and Appeals Policies and Procedures for Medical Practitioners (B29/2024) [Conduct Capability Ill Health and Appeals UHL Policy](#).
- 2.3 There is also further and supporting information in other Trust policies and various sources of support and sign-posting support for you, including (all of which can be found on UHLConnect):
 - ❖ UHL NHS Trust, You Matter: Colleague Support Policy (A1/2023): [You Matter Colleague Support UHL Policy](#), which includes Family Friendly, Work-Life Balance and Special Leave sections, including:
 - Special Leave
 - Supporting Staff with Pregnancy Loss
 - Bereavement / Compassionate Leave
 - Parental (Child) Bereavement Leave
 - Pregnancy & Maternity Leave (including pregnancy related sickness)
 - Leave for Fertility Treatment

- Carers Leave
 - Routine, Hospital and Emergency Appointments
 - Organ / Bone Marrow Donation
 - Cosmetic Surgery
 - Menopause
- ❖ Gender Affirmation: (please also refer to the Trust's [Trans and Non-Binary Employees UHL Policy](#) (Trust Ref: B38/2011))
- ❖ Managing Drug & Alcohol Misuse at Work Policy (B6/2004): [Managing Drug and Alcohol Misuse at Work Policy \(B6/2004\)](#) In some cases, sickness absence may be caused by a drug or alcohol related problem. Please see the Trust's for further information.
- ❖ Stress Management Policy (B20/2005): [Stress Management Policy](#) The UHL Connect intranet page on stress contains lots of helpful links including, the Stress Risk Assessment Action Plan.

3. Definitions and Abbreviations

Discretion	Your managers will make person centred based decisions – ensuring health is supported and attendance at work is fostered through wellbeing conversations and applications of relevant policies.
Disability	The Equality Act defines a disability as, “a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.” ‘Substantial’ is more than minor or trivial, e.g., it takes much longer than it usually would to complete a daily task like getting dressed. ‘Long-term’ means 12 months or more, e.g., a breathing condition that develops because of a lung infection. It is important to note that there are a wide range of disabilities, including both visible and non-visible disabilities.
Disability Leave	Disability leave is a period of paid time off work that has been approved by the Trust, for a reason related to a disability. Leave is set at a maximum of 6 days paid leave (45 hours) pro rata for part time staff, can be requested per annual leave year (April to March). Disability leave can be considered as a reasonable adjustment under the Equality Act 2010. For more information, please refer to the UHL Reasonable Adjustments Guidance. ReasonableAdjustments
Equality Act 2010	This legislation protects you against discrimination linked to a protected characteristic and includes a legal definition of who is a “disabled person”. The Act also outlines the need for the Trust to act appropriately and fairly in managing sickness absence so as not to discriminate you if you have a protected characteristics. For more information, please refer to UHL Reasonable Adjustments Guidance. Staff Disability UHL Policy (B31/2011)
Fit Note	A note obtained from your healthcare professional to advise the Trust as to whether you are fully or partially fit for work or unfit for work/duties.
Indicators	Previously a ‘Trigger’ – new term for a level of absences, that will prompt your manager to discuss your recent number of absences and how to support you.

Long-Term Sickness	A period of absence that is (or is expected to be) 28 calendar days or longer.
Monitoring Period	A period in which your manager will review your levels of attendance. Your manager will meet with you during this time to review your attendance levels and any support that has been put in place (or needs to be).
OSP	Occupational Sick Pay
Phased Return	A phased return is a short-term reduction of working hours and then a gradual build-up of hours as a temporary adjustment to support you in returning to work.
Protected Characteristics	<p>The following are known as Protected Characteristics: age, gender reassignment, being married or in a civil partnership, being pregnant or on maternity leave, disability, race, nationality, ethnic or national origin religion or belief, sex and sexual orientation.</p> <p>You have a legal right not to be treated less favorably, or subjected to an unfair disadvantage, by reason of one or more of these characteristics.</p>
Reasonable Adjustments	<p>Legally the Trust must make 'reasonable adjustments' for you if you are disabled. What's considered 'reasonable' depends on your individual circumstances. Adjustments might be around indicator points e.g.an increase of up to 50%.</p> <p>Examples of reasonable adjustments could be:</p> <ul style="list-style-type: none"> • not counting some or all sickness absence related to a disability towards any indicators. • recording disability absence separately to other sickness absence (disability leave – see p13). <p>The criteria by which the Trust can decide whether an adjustment is 'reasonable' are whether it is safe, effective, practical, and financially viable and degree of impact on the service or colleagues.</p>
Return to Work Meeting	These discussions take place after every period of absence you have to ensure that all the necessary support is in place.
Short-Term Sickness	Periods of absence lasting fewer than 28 calendar days.
SSP	Statutory Sick Pay
Stages	There are three stages within the policy – if your attendance continues to be of concern then your manager will advise you that you are progressing through the policy; with Stage 3 being a hearing.
Therapeutic Return	A therapeutic return is a supportive return to the workplace, undertaken whilst you are still certified as sick. During this time you will be classed as supernumerary.
Wellness Action Plan	<p>If you are a line manager this guide is designed to be a helpful starting point in supporting your team members with their mental health at work.</p> <p>Wellness Action Plan - managers.pdf - UHL Connect (uhl-tr.nhs.uk)</p>

4. Roles & Responsibilities

4.1 The Chief People Officer (Executive Lead)

- Overall responsibility for the strategic approach to health and wellbeing in the Trust and for ensuring the implementation of this policy.

4.2 All Colleagues

- To attend work on a regular and consistent basis and engage and work collaboratively with managers to boost your health, wellbeing, and attendance.
- To familiarise yourself with this policy.
- To report your sickness absence in line with this policy and local reporting arrangements.
- To maintain regular contact throughout your absence and inform your manager if there are any significant changes, including improvements, to your health and wellbeing.

4.3 Line Managers

- To create an environment in which a low sickness absence record is the norm and low attendance is being proactively addressed.
- To take a supportive, compassionate and flexible approach to their staff members when they are unwell and need time off work, and to follow the processes outlined effectively and fairly.
- To consider reasonable adjustments.
- To record, monitor and analyse the attendance levels of their team in a timely manner using Trust systems.
- To ensure that their teams are aware of the department's notification procedure for all types of absence (e.g. special leave, carer's leave, emergency annual leave and sickness absence).
- To make management referrals to occupational health when appropriate.
- To maintain regular contact throughout absence at agreed intervals.

4.4 People Partners / Assistant People Partners / Employee Relations Team

- To provide advice and guidance to managers and staff in the application of this policy.

4.5 Health & Wellbeing Team

- To promote physical and mental wellbeing, including providing support and guidance and health promotion.

4.6 Occupational Health

- To provide independent, impartial health, wellbeing and work advice and guidance to both individuals and managers.
- This includes the assessment of fitness for work, advice on the provision of reasonable adjustments and strategies to assist you to return to work / stay in work where applicable.

4.7 AMICA Counselling Service

- Is a free, confidential counselling and psychological support service for UHL colleagues, available 24 hours a day through the phonenumber or by using the website to access therapeutic modules on Silver Cloud. Contact 0116 254 4388 / www.amica-counselling.uk/contact-us Text chat support (with a real person) is also available via the AMICA website.

4.8 Staff Side Representatives

- To assist members of recognised trade unions with advice and support on the application of this policy.
- To work in partnership to support colleagues' health and wellbeing.
- To agree the date offered or provide alternative dates to meetings as soon as possible to prevent delays to meetings. Staffside to provide 3 alternative dates to ensure meeting takes place in a timely manner.

5. Sickness Absence Reporting & Pay

5.1 If you are unable to work, it is crucial that you let us know as soon as is reasonably possible. You need to call your manager, or another designated manager by telephone before you are due to start work (in accordance with local arrangements).

5.2 Make sure you know who you need to call if you cannot come to work and have the phone numbers you need. It is important that you make the call yourself and you will need to let your manager know the following:

- The reason for your absence and how long you expect to be absent from work.
- Any adaptations or reasonable adjustments which would enable an earlier return to work.
- Your phone number and contact information so that your manager can keep in touch with you at mutually agreed intervals. There should be an agreed next contact date.
- Details of any urgent or outstanding work that needs to be picked up whilst you are absent.

5.3 Please note we do not accept text messages/emails or messages via a colleague or on answer phones unless you cannot call yourself. This is so that we can support you. In exceptional circumstances, if you are too unwell then a close friend / relative may report the initial absence. This will then need to be followed up by you when you are well enough to do so.

5.4 It is important that you follow the absence reporting procedure for every period of absence. If you do not, your absence may be recorded as unauthorised absence; this could result in your pay being withheld, which we would want to avoid. If you do not speak directly to your line manager, we advise that you make a note of who you informed and the time at which the call was made.

5.5 Unauthorised absence without leave is referred to as a conduct concern and therefore could lead to action being taken in line with the Disciplinary Policy and Procedure (B31/2024). [Disciplinary Policy and Procedure](#).

5.6 Part Day Absences

5.6.1 If you become unwell when you are at work and need to leave work early, you must let your manager (or another appropriate manager) know. It is important that we know that you have left or finished work. If you leave work early or if you are late to work, due to sickness, then this day would not be counted as sickness absence in terms of pay if you attended work for more than 50% of your working day/shift.

5.6.2 Managers will record 'part paid days' and monitor this locally, and where there is a pattern or a high frequency of absences for less than 50% of the shift, this may be considered when considering sickness indicators and absence management.

5.7 Keeping in Touch

- 5.7.1 During the time you are off work, you need to stay in touch with your manager so that we can continue to support you.
- 5.7.2 You and your manager should agree on the appropriate frequency and times of contact to update them on how you are doing. The frequency of contact will be dependent on the individual circumstances; it should be agreed at the outset of your absence and should be least once a fortnight unless there are special circumstances.
- 5.7.3 Whilst off you are sick from work, it is important that we can contact you for meetings, such as occupational health appointments and sickness review meetings.
- 5.7.4 There may be occasions where it is appropriate for your manager to arrange to visit you at home; this will only be done with your prior agreement. This is to support you in circumstances when you are unable to travel into work for a sickness meeting or would prefer to meet with your manager in person.
- 5.7.5 If you feel the reason for your absence is because of work, please talk to your manager or another manager from within the same CMG/Directorate as soon as possible so that we can try to address any issues and help you get back to work. In addition, support is available from Freedom to Speak Up Guardians, Staffside, People Services, Occupational Health and AMICA.

5.8 Sickness Certification – Fit Notes

- 5.8.1 You no longer need to complete self-certification forms for absences of less than 7 calendar days.
- 5.8.2 If you are going to be off work for more than seven calendar days regardless of your shift pattern and the hours that you would have worked during this period, you will need to get a Fit Note from your doctor or other medical professional to cover your absence from the eighth day onwards. You need to provide your manager with the Fit Note without delay. If you are struggling to obtain a GP appointment, then please make your manager aware.
- 5.8.3 You should call your manager, giving as much notice as possible and, at the latest, the day before your Fit Note expires, to let them know whether you will be returning to work. You should also keep your manager updated with any new information about your sickness and how you are progressing.
- 5.8.4 You can return to work prior to the date specified on a Fit note provided that both you and the Trust agree, and any necessary support measures are implemented. If you need any advice, you can speak to your GP or Occupational Health.
- 5.8.5 After 7 calendar days any uncertified gaps in your attendance that are not covered by a Fit Note will be classed as unauthorised absence and will be unpaid. Fit Notes should run back-to-back and will not ordinarily be backdated for pay purposes if they are submitted late.
- 5.8.6 In exceptional circumstances, you may be required to produce Fit Note before the eighth day of sickness absence. Your manager must first discuss this with a People Services representative.
- 5.8.7 Any potential fraud identified in relation to Fit Notes, e.g. a suspicion around falsification, will be managed in line with the Trust's Disciplinary Policy (B31/2024) and

will also be referred to the Trust's Local Counter-Fraud Team. [Disciplinary Policy and Procedure](#).

5.9 Sick Pay

5.9.1 Those employed on Agenda for Change Terms and Conditions or NHS Medical and Dental Staff Terms and Conditions, you will be entitled to Occupational Sick Pay (OSP) as follows when a break of not more than 12 months has occurred:

1 st Year of Service	One-month full pay and two months' half pay
2 nd Year of Service	Two months' full pay and two months' half pay
3 rd Year of Service	Four months' full pay and four months' half pay
4 th and 5 th Year of Service	Five months' full pay and five months' half pay
After 5 Years' Service	Six months' full pay and six months' half pay

5.9.2 Sick pay entitlement is based not only on your length of service but the amount of sick pay you have already been paid in a rolling 12-month period. You will not be entitled to the full amount highlighted in the table above if you have had other period of sickness (in particular long-term absences).

5.9.3 Sick pay may be withheld in the following circumstances:

- You fail to follow this policy, including the reporting procedure without good reason.
- You participate in activities that are not consistent with your reason for absence.
- You do not attend arranged occupational health appointments.
- You repeatedly fail to attend meetings to discuss your sickness absence.
- You fail to provide Fit Notes after the 8th day of absence.

5.10 Annual Leave & Sickness Absence

5.10.1 Staff continue to accrue annual leave entitlement during sickness absence (minus bank holidays). If a member of staff is unable to take all their annual leave before the end of the leave year, they will be able to carry over (to a max of 20 days for full time staff – minus anything they have already taken.)

5.10.2 If a member of staff is due to be on duty and is sick on a public holiday, they are not entitled to any compensatory holiday entitlement.

5.10.3 For further information on annual leave and sickness absence (including carry over of annual leave due to sickness absence, sickness absence during periods of annual leave or over a bank holiday and taking accrued contractual annual leave during long-term sickness) please refer to the UHL NHS Trust You Matter Colleague Support Policy (B37/2024). [You Matter Colleague Support UHL Policy](#).

6. Returning to Work

6.1 Return to Work Meeting

6.1.1 A return-to-work meeting should take place with your manager after every sickness absence, on the first day you return to work, or as soon as possible after your return. Your manager will welcome you back to work, ask how you are, and discuss if there is any support or adjustments required. They will also update you on any important information you may have missed.

6.1.2 To be effective, your return-to-work meetings must be carried out in a fair and consistent way and approached in a supportive manner. They will usually be informal and brief.

6.1.3 Your manager will ensure that payroll is informed of your return to work.

6.1.4 Your manager will let you know at your return-to-work meeting if you have met a sickness indicator i.e. had more than 4 absences in a 12-month period. If you do reach a sickness indicator, your manager will invite you to a Stage 1 or 2 Sickness Meeting (see Sections 16 below). If you and your manager agree, the Sickness Meeting can happen straight after your return-to-work meeting, or it can be arranged for an alternative date.

6.1.5 The Return-to-Work discussion will be recorded by the manager on the Return-to-Work form (Appendix 1), signed by both you and your manager and kept on the personal file. You should receive a copy.

6.2 Therapeutic Return to Work

6.2.1 A therapeutic return allows you to start to link in with the department prior to a 'full' return to work. This may include steps like coming into the workplace for a meeting with your manager and/or colleagues to have an informal catch up, attending team meetings.

6.2.2 The aim is to build up familiarity and help you settle back into your workplace more easily after a longer period of absence.

6.2.3 During this period, you will receive sick pay entitlement, providing you have not already exhausted this. As you will be on certified sick leave, you will not be entitled to be paid as normal or to accrue time for hours worked regardless of your sick pay entitlement at that time. You must not work under any other employment arrangement (directly employed bank, agency or self-employed) with the Trust or any other employer during this time.

6.3 Phased Return to Work

6.3.1 A phased return is a reasonable adjustment that may be offered to support you in returning to work. It can be used when you are well enough to return to work and do not have a Fit Note in place. It will not be needed in all cases, and it is not an automatic entitlement, but something that will be discussed and may be recommended by Occupational Health/GP and then agreed with your line manager. Managers can offer a phased return without clinical input, if appropriate.

6.3.2 The phased return facilitates a gradual return to the workplace and ordinarily involves your line manager working with you to agree a plan for the phased return to include an increase in your hours each week. Consideration could be given to you being supernumerary, if required. A weekly review will be conducted by your manager during the phased return to review your progress and to identify any additional support that may be required.

6.3.3 If you are on full or half pay sick entitlement immediately prior to your return to work, you will receive full pay for your period of phased return. The days/hours not worked will be covered by special leave with pay. One phased return to work in a 12-month period will be supported in this way. However, management discretion is allowed if a further phased return to work is needed within the same 12-month period. Thereafter annual leave, unpaid leave, reduced hours or other flexible options must be considered.

6.3.4 If you are in a no pay situation prior to your phased return to work, you will need to use annual leave etc to cover any periods where you are not working during your phased return to work.

6.3.5 Your health and wellbeing is important to us, and following periods of sickness, consideration will be given to whether you should be allowed/asked to work additional hours. This will be considered on a case- by-case basis, considering the specific circumstances of your health issue, reasons for sickness absence, and the impact that additional hours may have on you and your substantive role.

7. Support and Adjustments

7.1 Occupational Health Referrals

7.1.1 We may want to refer you to the UHL Occupational Health service to get advice on your health and any adjustments that may help you. Your line manager should refer you to Occupational Health when it is identified that in-work support ('reasonable adjustments') may be required, or an opinion is required in relation to your fitness to work or supporting and managing your attendance.

7.1.2 Occupational Health referrals should be made by your manager in good time to allow time for the appointment and report. Referrals may not always be required, particularly if, for example, the absence relates to a planned surgical procedure that is associated with a straightforward recovery, or where there is an expectation of an imminent return to work. Often, people can make their own decision about when to return to work. [Recovering from Surgery — Royal College of Surgeons](#)

7.1.3 It is important that you attend your occupational health appointment as it will help your manager to support you. Referrals should be discussed with you before the referral is made, and a copy of the referral shared with you. Occupational Health advice plays an important part in supporting you. If necessary, Occupational Health may seek your permission to liaise with your GP or Specialists about your health and any pending appointments/treatment, and this could be of benefit to you. Please be aware that if you do not engage with referrals to Occupational Health, we can only support you and make decisions based on the information we have available.

7.1.4 You can also self-refer to the Occupational Health Department in relation to sickness absence or other health problems, which may affect your work: 0116 258 5307, email enquiries to: HealthSPA@uhl-tr.nhs.uk

7.2 UHL Physiotherapy Service for Colleagues

7.2.1 Early intervention such as physiotherapy is important for preventing acute conditions becoming chronic and securing successful rehabilitation.

7.2.2 At UHL, you can refer yourself for physiotherapy without needing to speak to your GP or occupational health. There are two options available to refer to the physiotherapy service:

- Option 1: physiotherapy appointment (45-minute session). You can self-refer for an appointment by completing the referral form on UHL Connect and emailing it to UHLStaffPhysiotherapySelfReferral@uhl-tr.nhs.uk

- Option 2: quick access physiotherapy triage appointment (30-minute triage session). You can book a streamlined triage appointment online using this [booking link](#). Appointments are released seven days in advance and have limited availability.

Both options are reviewed by the physiotherapy team so you can choose whichever is most convenient for you. You can find more information and further booking details on UHL Connect [Physiotherapy Service for Staff](#).

7.3 Disability Related Sickness and Leave

7.3.1 We recognise that disabilities may result in absence from work. Disability related sickness absence will still be recorded and monitored and there will be discussion with you to establish whether there are any reasonable adjustments that can be made to support your attendance. Any disability related sickness will still be monitored in line with the Sickness Indicators, however as a reasonable adjustment your manager may alter the expectation in line with advice from Occupational Health.

7.3.2 Disability leave is different from disability related sickness and may be considered a reasonable adjustment under the Equality Act 2010. Disability leave could include paid time off for appointments related to a disability. Such appointments should be discussed with your line manager in advance, who will decide whether disability leave should be granted in each circumstance.

7.3.3 If disability leave is granted, this should **not be** recorded as sickness absence. Further guidance on disability leave can be found on Connect, in the Trust's Reasonable Adjustments Guidance. [Reasonable Adjustments](#)

7.4 Access to Work

7.4.1 Access to Work can help you get or stay in work if you have a physical or mental health condition or disability. The support you get will depend on your needs.

7.4.2 Through Access to Work, you can apply for:

- a grant to help pay for practical support with your work
- support with managing your mental health at work
- money to pay for communication support at job interviews

7.4.3 Access to Work could give you a grant to help pay for things like:

- specialist equipment and assistive software
- support workers, like a BSL interpreter, a job coach or a travel buddy
- costs of travelling to work, if you cannot use public transport
- adaptations to your vehicle so that you can get to work
- physical changes to your workplace

7.4.4 Your workplace can include your home if you work from there some or all of the time.

7.4.5 For more information, please go to the Government website: [Access to Work: get support if you have a disability or health condition: Eligibility - GOV.UK \(www.gov.uk\)](#)

7.4.6 If you do apply under the scheme, please inform your manager as soon as possible so that any potential adjustments can be discussed and understood. This, for example may involve linking in with Procurement and IM&T to source specialist IT equipment.

7.5 Disability in the Workplace and 'Reasonable Adjustments'

7.5.1 You, with your manager's support must consider any support and 'reasonable adjustments' required to enable you to return to work, particularly where the health problems are covered by the Equality Act 2010. Therefore, appropriate discussion must take place regarding this when you return to work following absence if it is believed to be related to a disability.

7.5.2 You do not need to wait until a sickness absence episode has occurred before having these discussions. Therefore, if you are having difficulties, you should raise this as soon as possible to enable proactive measures and support to be put in place which could help to prevent unnecessary/ avoidable absences. Managers should seek advice and guidance from relevant departments where appropriate e.g. OH, People Services, specialist advisors such as 'Access to Work' etc.

7.5.3 Further guidance on reasonable adjustments can be found in the Trust's Reasonable Adjustments Guidance. [Reasonable Adjustments](#)

7.6 Support Information for Colleagues

7.6.1 UHL's "Support Information for Colleagues" booklet is available on UHL Connect and is a useful summary of some of the support available.

8. Specific Information

8.1 Infection Control

8.1.1 If you are absent from work due to infectious conditions, e.g. diarrhoea and/or vomiting, chicken pox etc, you must remain off work until you are clear of symptoms, unless otherwise advised by Occupational Health in line with the [Trust's Infection Prevention Policy](#) (B4/2005) and national guidance. For further advice regarding Communicable Diseases please see the link below:

[Communicable Disease - Staff Health UHL Guideline](#) (B9/2006)

8.1.2 Where you remain symptomatic, absence will be recorded and managed as sickness absence; the symptom free period e.g. 48hrs after the last period of D&V will be recorded as authorised special leave (noting that alternative options, including working from home should also be explored). Your manager will review your individual circumstances, before including any period of absence as a reason to escalate you through the policy (e.g. there has been an outbreak of covid or norovirus on your ward). Repeated occurrences of conditions will be followed up management, to ensure that there are not any patterns that prompt concern.

8.1.3 Any periods of authorised special leave will be recorded and monitored for patterns by your line manager.

8.2 Medical Suspension

8.2.1 If you display symptoms of a serious illness which could impact on your own health and/or safety, your colleagues, or the care of patients, then you may be suspended from work on medical grounds. Medical suspension is a neutral short-term action to allow the Trust to investigate the nature of the health issue, during which a referral to Occupational Health will be made to determine your capability to work. During periods of medical

suspension, you will receive your normal pay and you will be asked to contact your doctor immediately to provide you with a GP note.

8.2.2 Alternatives to medical suspension will always be considered, such as working at home where appropriate.

8.3 Secondary Employment – Working Whilst Off Sick

8.3.1 If you have a second source of employment income, then you must confirm this to your manager in writing at the point you secure further employment.

8.3.2 If you feel that you can continue your secondary employment during any periods of sickness absence, this must first be discussed with your line manager. If you do not do this in advance of carrying out alternative or additional employment, it may result in the suspension of occupational sick pay. It could also be considered a disciplinary issue and be referred to the Counter Fraud team.

8.4 Unauthorised Absence

8.4.1 If you do not attend work or report as sick, this will be classed as unauthorised absence.

8.4.2 In this event your line manager or other designated person will:

- Telephone you and note the outcome of the conversation, or if there is no response send you a letter requesting contact within 48 hours of receipt otherwise the absence will be regarded as unauthorised, will be unpaid and may result in disciplinary action.
- Contact your next of kin where there are welfare concerns.
- Complete the Missing Employee Risk Assessment. (Please contact People Services for this).

8.4.3 It is the responsibility of your line manager to take any necessary steps to inform Payroll that pay is to be withheld until further notice. If your Line Manager has not received contact from you after 7 calendar days, they will contact the People Services team to discuss disciplinary action.

8.5 Professional Registration & Sickness Absence

8.5.1 Please ensure that you maintain your professional registration throughout any periods of sickness absence in line with the UHL NHS Trust Professional Registration Checks Policy & Procedure (B64/2008) your Professional Body requirements. [Professional Registration Checks Policy](#). Allowing your registration to lapse for any reason will impact your pay.

9. Sickness Indicators and Stages

9.1 We approach the management of sickness absence in a way that supports your health and wellbeing, but also addresses, at the appropriate time, the impact that high levels of sickness absence have on the Trust and the service it delivers to patients.

9.2 Sickness absence is defined as either short-term, or as long-term where it has been continuous for 28 or more calendar days. Whilst it is important to define these two categories, this policy is concerned with supporting your attendance overall and therefore short-term and long-term absences are not mutually exclusive. Therefore, any absences whether short or long term in nature will be taken into consideration, when deciding if a sickness indicator has been met.

9.3 The Trust uses the following indicators to identify if your absence may be a cause for concern and require management intervention to improve attendance:

- Four periods of absence in a rolling 12-month period; and/or
- Two working weeks in a rolling 12 month period, pro-rata for part-time staff; and/or
- 28 continuous calendar days; and/or
- Where a pattern of regular absence has formed e.g. Mondays/Fridays, before/after annual leave or a refusal of annual leave, during school holidays, during good or adverse weather, going home sick part way through a shift; missing particular shifts or particular duties.

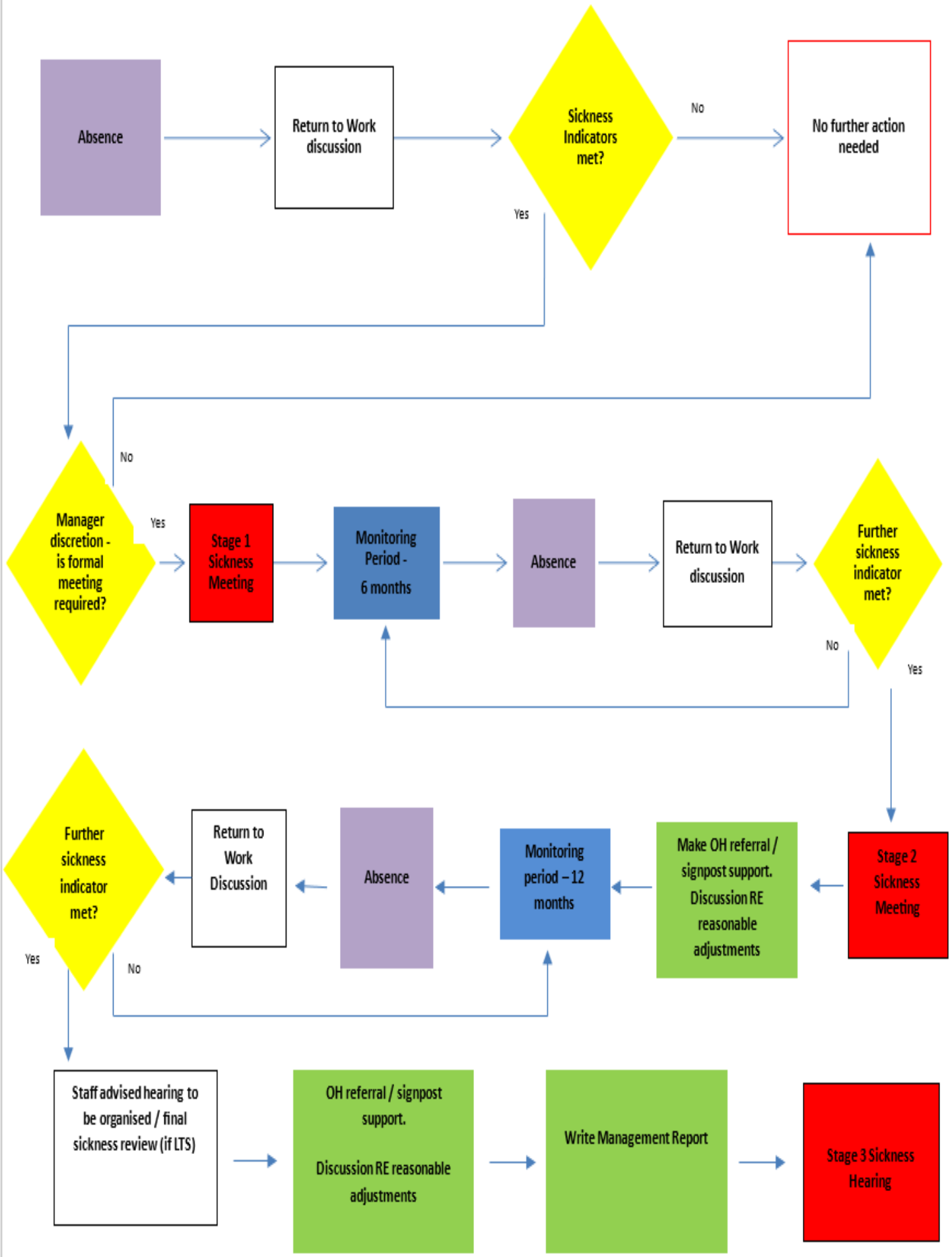
Stage	Sickness Indicators	Occupational Health
<p>Stage 1 First Formal Review</p> <p>You will be monitored for 6 months*, and if no further absences you will be taken off review.</p> <p>If no further absences occur in this period; or there are no further concerns regarding your attendance, you will be taken off review.</p>	<p>4 periods of absence in a rolling 12- month period</p> <p>Or</p> <p>2 working weeks in a rolling 12- month period.</p> <p>Or</p> <p>28 continuous calendar days (long term sickness)</p> <p>Or</p> <p>Where a pattern of regular absence has formed</p>	<p>A referral may be made where any absence relates to a recurring or on-going health condition or any work-related condition including physical and psychological condition.</p> <p>Short-term: referral unlikely, except where it is necessary to rule out any underlying reasons or need for treatment.</p> <p>Long-term: referral required if no known return to work date.</p>
<p>Stage 2 Final Formal</p> <p>You will be monitored for 12 months*.</p> <p>If no further absences occur in this period; or there are no further concerns regarding your attendance, you will be taken off review.</p>	<p><u>Either:</u></p> <p>Within the 6-month period since the Stage 1 First Formal Review meeting there are a further 2 occasions or 1 working week</p> <p>Or</p> <p>5 months since the start of long-term sickness absence</p> <p>Or</p> <p>Where a pattern of regular absence has formed</p>	<p>Occupational Health referral required prior to a Stage 3 review meeting for both short- and long-term absences</p>
<p>Stage 3 Hearing</p> <p>This may lead to an extension of the Stage 2 review period or dismissal.</p>	<p><u>Either:</u></p> <p>Within the 12-month period since the Stage 2 Final Formal Review meeting there are a further 2 occasions or a working week</p> <p>Or:</p> <p>10 months since the start of long-term sickness absence</p>	<p>Update required prior to a Stage 3 Hearing for both short- and long-term absences</p>

	Where a pattern of regular absence has formed	
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** Review period will commence once you return to work if stage is in relation to a period of long-term sickness absence.*

Please note that these sickness indicators are a guidance and reference point for managers to ensure fair application of the policy and are not intended to be punitive. Everyone should be treated in a sensitive manner and on a case-by-case basis. Those colleagues with a recognised disability will have a discussion around appropriate indicators, to ensure that they are 'reasonable', in conjunction with Occupational Health, People Services and Staffside.

- 9.4 Pregnancy-related sickness will be excluded from monitoring when considering sickness indicators. One hospital admission may also be excluded when considering if the indicators have been reached. On occasion it may be appropriate to discount additional hospital admissions e.g. a second hip replacement. Your manager will speak to People Services for advice in these scenarios.
- 9.5 Please see the Flow Chart overleaf for an overview of the process: The following stages of review may be applied where indicators suggest possible concerns regarding your attendance. Indicators are upon 4 episodes of absence, a period of long-term absence, or a pattern that causes concern.



9.6 Stage 1 and 2 Formal Meetings

- 9.6.1 A meeting will be arranged verbally or by email with you, by your manager, who will give you at least five calendar days' notice, but if you wish for the meeting to happen straight after your return-to-work meeting, this can be accommodated. You may be accompanied at the meeting by a recognised Trade Union representative or work colleague.
- 9.6.2 Your manager will endeavour to undertake the Formal Stage 1 / 2 Meeting at the earliest opportunity upon your return to work, ensuring the above notice requirements are met. Where a significant delay has occurred due to management (above six weeks) the date of the formal reviews taking effect will be backdated to the date you returned from your last episode of absence. Where any further absence occurs in the interim; any intervening sickness will be discounted for the purpose of triggering the next review though will count toward overall level of sickness.

Please note the 'Re-issuing' of Trust Targets has been removed from the policy.

- 9.6.3 If you remain absent due to long-term sickness, during Stages 1 and 2, monthly wellbeing meetings will take place. The first should be scheduled by your line manager as soon as 28 continuous days of absence has occurred, providing seven calendar days' notice to attend. You can be supported by a Trade Union/ defence body (for medical and dental staff) representative or workplace colleague. These meetings are to support you and facilitate a return to work, and to keep you up to date with workplace matters. If you are too unwell to attend a meeting on Trust premises, a home visit may be undertaken with your permission, or the meeting can take place via MS Teams.
- 9.6.4 During Stages 1 and 2, if you are at work, interim review meetings will be undertaken by your line manager at three-month intervals during the review period to assess your progress. At least seven calendar days' notice will be given verbally/ by email of the 3-monthly interim review meeting, and this will be followed up in writing. You can be accompanied by a Trade Union/ defence body representative or workplace colleague.
- 9.6.5 At Stage 1 and 2 meetings the discussion will take account of the following information as appropriate to each case:
- Your absence history and the return-to-work discussions during the previous 12 months, or two years if there are recurring problems potentially identified as patterns of absence;
 - Your personal circumstances which may be affecting attendance;
 - Any disability or underlying health conditions and reasonable adjustments that may support you in the workplace;
 - Exploration of any appropriate support or assistance;
 - Whether Occupational Health advice is required to determine any underlying reasons for absence, or for specific advice relating to the nature and/or duration of absence;
 - The outcome of any recent Occupational Health referrals;
 - Discussion of redeployment or alternative work;
 - Consideration of ill health retirement (if applicable);
 - The improvement level required and the consequence if the improvement/return to work is not achieved and sustained.
- 9.6.6 Stage 1 and 2 meetings, including interim reviews meetings and long-term wellbeing meetings, will be documented, and confirmed in writing to you by your line manager.

- 9.6.7 If you are placed on a Stage 1 or 2 and are then absent for more than one calendar month (e.g. due to long-term sickness, maternity/ paternity/adoption leave, career break/sabbatical) your monitoring period will be extended to cover the time off, until you return to work.
- 9.6.8 Your line manager can seek advice from People Services at any time; and a representative from the Employee Relations Team will be assigned from the point of escalation to Stage 2 onwards and for cases of long-term sickness absence.
- 9.6.9 If you meet the required level of attendance during the Stage 1 and 2 monitoring periods, you will be taken off review. This will be confirmed in writing and your improved attendance acknowledged.
- 9.6.10 If your attendance has repeatedly been managed at a formal stage and there are ongoing concerns regarding your attendance the Trust may decide to escalate your attendance management straight to Stage 2. This may also happen if you are off due to long term absence where your line manager may not have had the opportunity to issue a Stage 1, but has maintained regular contact and your absence has met a Stage 2 indicator, e.g. ten month's continuous absence. This decision will only be made if supported by People Services and will be confirmed in writing to you.
- 9.6.11 Your line manager may consider exceptional circumstances where it is appropriate to move directly to the Stage 3 Hearing. Before applying such discretion, advice must be sought from People Services and Occupational Health. An example of where such discretion may be appropriate is a terminal diagnosis or an ill health retirement application, or Occupational Health advises there is no likelihood of a return to work.
- 9.6.12 If your manager has followed the policy at Stages 1 and 2 and sought advice from People Services and concludes there is no evidence that you can return to work in the foreseeable future or give reliable, sustainable attendance in the future, the matter will progress to a Stage 3 Hearing, where dismissal is a possible outcome.
- 9.6.13 A final sickness review meeting should have taken place before your pay is exhausted and you then progress to a hearing (long term sickness). If a final sickness meeting has not taken place then pay may be reinstated, however this will only be where the meeting has not taken place due to management delays.

9.7 Stage 3 Hearing

- 9.7.1 If the ongoing concerns about your attendance have been escalated for consideration at Stage 3, your line manager will prepare a statement of case which will detail your absences and the action taken to date, including Occupational Health advice.
- 9.7.2 At Stage 3, dismissal is a potential outcome. The hearing will be chaired by a dismissing level manager, supported a by People Services representative.
- 9.7.3 You will be given at least ten calendar days' notice of the hearing; you will also be provided with your line manager's statement of case, in advance of the hearing. You can provide a written response to the management statement of case, submitted at least 5 calendar days before the hearing. You can be supported at the hearing by a Trade Union/defence body representative or work colleague.

- 9.7.3 The Chair may dismiss you if they are satisfied that you will be unable to maintain regular and acceptable attendance, or that you are unlikely to return to work in the foreseeable future.
- 9.7.4 Dismissal will be with notice, paid in lieu (by way of agreement for staff on older contracts) and will be whichever is the greater (the statutory minimum or contractual notice entitlement). You will also be paid for any outstanding annual leave entitlement accrued to the date of dismissal.
- 9.7.5 As an alternative to dismissal, the Chair may extend the Stage 2 review period for a further period of up to 12 months, and/or require additional support or adjustments to be put in place to help improve your attendance or facilitate a return to work.
- 9.7.6 The considerations and decision of the hearing panel will be confirmed in writing to you and will explain your right to appeal the decision.

10 Outcomes

10.1 Right of Appeal

- 10.1.1 You have the right of appeal against dismissal. If you wish to appeal, this should be submitted to the Head of Employee Relations and HRGeneralistAdvice@uhl-tr.nhs.uk within 10 working days of the receipt of the dismissal letter, setting out in full the reason/s for which you are appealing and any documentation you wish to provide for consideration. This will be used as your Statement of Case.
- 10.1.2 Your reason for appeal can not simply be that you do not agree with the outcome. Please note that appeal requests received outside of the stipulated timelines will not be accepted.
- 10.1.3 You will be invited to an appeal hearing, which will be chaired by an appropriate manager, who may be accompanied by a second manager to support the decision making. A member of People Services will also be present as an adviser.
- 10.1.4 You can be represented by a Trade Union/defence body representative or work colleague, not acting in a legal capacity.
- 10.1.5 The appeal hearing will be held to consider the facts of the case and will conclude either:
- To uphold the original decision or
 - Change the original decision.
- 10.1.6 The date that any dismissal takes effect will not be delayed pending the outcome of an appeal.
- 10.1.7 The appeal hearing decision is final and there is no further right of appeal.

10.2 Special Applicants Register

- 10.2.1 If you are dismissed, your name will be entered on a 'Special Applicants Register'. This does not prevent you from reapplying to work at UHL in the future, but your dismissal and the relevant circumstances will be taken into consideration.

10.3 Redeployment (Health) and Reasonable Adjustments

- 10.3.1 If you have been assessed by Occupational Health as temporarily or permanently unfit for your duties, reasonable adjustments or redeployment will be considered.
- 10.3.2 Examples of reasonable adjustments could include changes to duties, hours worked or start/finish times, longer or more frequent rest breaks, specialist equipment, extension of a phased return to work, taking account of disability related sickness or allowing Disability Leave.
- 10.3.3 Where reasonable adjustments cannot be accommodated, or are not successful, redeployment to another role in the Trust will be considered. Arrangements for temporary redeployment will be managed by your line manager with support from People Services.
- 10.3.4 Permanent redeployment will be managed via the Trust's Redeployment processes.
- 10.3.5 If a suitable alternative is not found at the end of the Redeployment process, then the matter will be referred to a hearing where the outcome may be dismissal.

10.4 Terminal Illness

- 10.4.1 If you become terminally ill following a diagnosis then we will support you as best we can to provide you with peace of mind and ensure you are able to choose the best course of action for you and your family; recognising that safe and reasonable work can help maintain dignity, offer a valuable distraction and can be therapeutic for some people. We will support you to do what is best for you.
- 10.4.2 The Trust signed up to the "Dying to Work" Campaign on 15th October 2018 whose purpose is to support the rights and choices of staff who are diagnosed with a terminal illness. To find out more visit the website. [Dying to Work | Campaigning for Additional Employment Protection for Terminally Ill Workers](#)

10.5 Ill Health Retirement (IHR)

- 10.5.1 If you become too ill to work, you may be able to retire and receive your pension benefits. We understand that if you are looking to retire on ill health grounds how difficult this time may be for you and we will support you to ensure you have clarity around your options.
- 10.5.2 To be eligible for ill health retirement you will need to have:
- been a member of the NHS pension scheme for a minimum of 2 years, and
 - not reached normal pension retirement age
- 10.5.3 The NHS Pension Scheme provides two levels of Ill-Health Retirement benefits. These are known as Tier 1 and Tier 2 ill health retirement. The tier you receive will depend on the severity of your conditions and how likely it is that you may be able to work again. In the case of a terminal illness there is an option where benefits may be paid immediately as a lump sum (commutation).
- 10.5.4 Please refer to the NHS Pensions website for up-to-date information and advice and guidance on Ill Health Retirement pension benefits and the application process. <https://www.nhsbsa.nhs.uk/member-hub/applying-ill-health-pension-benefits>
- 10.5.5 We would also encourage you to speak to your manager or contact a member of the People Services team at an early stage for further information. It is also vital you contact

the Pension Agency to discuss your options. You may wish to speak to a financial advisor as well.

10.5.6 Please note that the decision to award an Ill-Health NHS Pension is made solely by the NHS Pensions Agency Assessors, but you will be supported through this process.

10.5.7 In some cases, the Trust may consider ending your employment before you have been informed of the outcome of the ill-health retirement application process but will continue to provide support throughout the process.

11 Education and Training Requirements

10.1 Managers who have line management responsibilities should undertake the Trust's Promoting Attendance and Managing Sickness Absence Module Training (booked via People Services).

12 Process for Monitoring Compliance

11. 1 Sickness data will be provided for management information, as part of regular reporting.

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Review of patterns / hotspots, outcomes including number of dismissals due to sickness absence	Head of Employee Relations	Workforce information reports	Annually – annual case work report	Report to People Services Directorate

13 Equality Analysis

13.1 This policy aims to promote equality of opportunity and eliminate unlawful discrimination, by establishing fair and transparent systems for the management of attendance. It adopts a human rights approach and seeks to eliminate discrimination by ensuring that all colleagues, regardless of background, are treated fairly and equitably.

13.2 The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat colleagues, reflects their individual needs and does not unlawfully discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010). This policy aims to uphold the right of all colleagues to be treated fairly and consistently and adopts a human rights approach. This policy has been appropriately assessed.

14. Supporting References, Evidence Base and Related Policies

14.1 This policy will operate in conjunction with the following policies and associated documentation:

- [NICE Guidelines – Managing Long-term sickness absence and incapacity for work](#)
- [ACAS Guidelines for Managing Attendance at Work](#)
- [Equality Act 2010](#)
- [Managers' Guide on Sickness Absence – NHS Employers](#)
- [NHS Employers – An Inclusive Approach to Disability Leave](#)
- [NHS Staff Handbook \(Agenda for Change\)](#)

- [UHL NHS Trust Professional Registration Checks Policy & Procedure \(B64/2008\)](#)
- [UHL NHS Trust Disciplinary Policy and Procedure \(B31/2024\)](#)
- [UHL NHS Trust Stress Management Policy and Procedure \(B20/2005\)](#)
- [UHL NHS Trust Junior Medical Staff Annual Leave Policy \(B22/2018\)](#)
- [UHL NHS Trust Senior Medical Staff Annual Leave UHL Policy \(B35/2004\)](#)
- [UHL NHS Trust Alcohol Drug and Other Substance Misuse in Employment UHL Policy \(B6/2004\)](#)
- [UHL NHS Trust You Matter Colleague Support Policy \(B37/2024\)](#)

15. Process for Version Control, Document Archiving and Review

This document will be uploaded onto SharePoint and available for access by colleagues through Connect and the Policy Directory. It will be stored and archived through this system. The policy will then be reviewed in line with changes in legislation or every 3 years, whichever is sooner.

APPENDIX 1: Return to Work Discussion Form (**CONFIDENTIAL**)

To be completed for EVERY episode of sickness absence, including part days.

Part 1 – To be completed when the employee first reports their sickness absence.

Name			
Job Title		Ward/Dept:	
Absence Reported to:			
Reason for absence: (inc symptoms and causes) (is it related to a disability?)			
First day of illness		First Day of Absence:	
If the employee attended work what time did they leave?			
Adjustments considered to allow the employee to attend work if appropriate (e.g. reduced shift length, alternative duties or work location).			
Date of expected RTW:			
Agreed method of contact			
Early interventions to discuss during initial phone call (refer immediately if required): <ul style="list-style-type: none"> • Occupational Health (for stress absence, if work related stress, also consider completion of a stress risk assessment) • AMICA • Health & Well Being 			
Does the employee hold additional employment either inside or outside the Trust?			
If an infectious disease (D&V / chicken pox etc) has IPC confirmed outbreak on ward/department at the time of absence?		Start date of Special Leave	
		Total days	
Additional Notes/Comments			

Part 2 – To be completed when the employee returns to work.

Last day of illness:		Return to work date:	
Total number of working days of absence for this episode: (if over 7 calendar days fit note required)			
Does the employee believe the absence is the result of an injury at work, or work-related accident or illness?			
Datix No:			Reported to HSE
			Yes / No
Is the absence the result of an accident where damages may be claimed from a third party (e.g. road traffic accident, professional sport injury)?			Yes / No If yes please provide further details

Summary of Sickness Absence in Previous 12 Months

Dates of Absence	No. working days/shifts:	Reasons for absence:	Stage of Procedure / Pattern Identified (if applicable)

Already in a monitoring period?	Yes / No	Stage	Date of Discussion
Does this episode indicator a review is required*		Start Date of (day of return):	

* Consider the following factors when reviewing it moving to a Stage 1 / 2 or 3 is appropriate:

- 1) Nature of illness (someone waiting a long time for hip Operation, someone with weak immune system more prone to infections)
- 2) Past history of sickness absence
- 3) Whether other options of flexible working/ adjustments have been made and it still has not made any difference to their sickness absence
- 4) If sickness is due to illness where staff has been required to be off work premises e.g. COVID, Noro virus, MRSA etc
- 5) Length of service
- 6) If absence is a hospital admission, is it linked to a previous absence e.g. requirement for 2nd hip replacement
- 7) Absence has been prolonged, due to a delay in treatment that is outside the control of the member of staff

If attendance at work does not improve, the individual will reach the reach the next stage; once the following number of episodes is reached:		Episodes	
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If there is a likelihood that the condition will recur, require further treatment, or become part of an ongoing health condition, please detail the agreed support arrangements in the wellbeing action plan and agree a date for reviewing this with the individual.

Additional Notes / Comments:

Employee Declaration:

I certify that I have been unable to work during the above period due to sickness that I am now fit for work and the content of this form is an accurate account of the welcome back meeting.

Signature		Date	
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Manager Confirmation:

I certify that this form represents an accurate account of the welcome back meeting

Manager Signature:		Date	
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Absence opened and closed on Healthroster / ESR
(Unknown/Other must not be used)

Please retain this form on the personal file.