

# **Health, Well-being and Attendance Management Policy**

Many current BTHFT policy documents contain references to the “Divisions” (Medicine, Surgery, Womens & Newborn) which were in place until 31st March 2019, when they were replaced by Clinical Business Units and Care Groups. Whilst the policies still remain valid, from 1st April 2019 all BTHFT policy should be applied in the context of the new organisational structure and its associated governance. Any queries about the application of the new governance to this policy document should be directed to the Director of Governance and Corporate Affairs.

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<b>Target audience</b>	All Employees
<b>Summary</b>	Employee Health and Well-being is critical to the delivery of our strategic objectives. This policy provides a framework for the proactive management of employee attendance and health and well-being.
<b>Changes since last revision</b>	Put into standard policy format and sections re-ordered to avoid duplication. Highlights support and advice in respect of employees with disabilities.
<b>Monitoring arrangements</b>	<i>Detailed in the relevant section</i>
<b>Training requirements</b>	<i>Management Cascade, update of Time2Talk Management Essentials Training.</i>
<b>Equality Impact Assessment</b>	<i>Assessed in August 2018 see relevant section.</i>

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## 1. Introduction

The Foundation Trust considers the health, safety and wellbeing of all employees critical to the delivery of outstanding patient care. In order to support the Foundation Trust to deliver on its strategic objectives it is committed to:

- Promoting the [health and well-being](#) of our employees and;
- Providing a safe, healthy and supportive working environment.

It is acknowledged that there are occasions when employees are unwell and are therefore unable to attend work. It is also accepted that the impact of ill health and employee absence can significantly affect the quality and cost of the services the Foundation Trust provides.

The Trust will provide appropriate support to all employees to maintain attendance, facilitate early returns to work and take reasonable steps to allow individuals to maintain their employment. This includes making reasonable adjustments for disabled employees

This policy promotes a balanced and proactive approach to supporting staff and the management of sickness absence in line with the delivery of service needs and outstanding patient care.

**N.B. This policy includes [hyper-links](#) to more detailed information and guidance;** these links are up to date at the time of writing this policy and we will endeavour to keep these up to date, however in the event that they change please refer to the relevant internet/intranet pages.

## 2. Purpose and Scope

This policy applies to all employees of Bradford Teaching Hospitals NHS Foundation Trust including medical staff, (in conjunction with [Maintaining High Professional Standards in the NHS](#) for medical staff only). Reference should also be made to the [Disciplinary, Capability, Ill Health and Appeals Policy and Procedure for Doctors and Dentists](#). Other arrangements may apply to those on probationary periods or specific learning agreements.

This policy incorporates the following forms of absence:

- Sickness absence
- GP/dental appointments
- Absence relating to planned procedures or treatment for long term conditions

Please refer to the appropriate Foundation Trust policy for detailed guidance on the following:

- [Study leave](#)
- [Annual leave](#)
- [Maternity, Paternity, Adoption and shared Parental Leave](#)

## 3. Objectives

This policy helps achieve the following strategic objectives of Bradford Teaching Hospitals NHS Trust:

- To be in the top 20% of NHS Employers
- To provide outstanding care for patients

#### **4. Definitions**

**Sickness Absence:** Any absence from work attributed to illness or injury and accepted as such by the Foundation Trust.

**Absences:** The Foundation Trust defines periods of sickness absence as follows:

- Short Term Sickness Absence – a period of continuous absence of between one day and four weeks/28 days.
- Long Term Sickness Absence – a period of continuous absence lasting more than four weeks/28 days.
- Unauthorised Sickness Absence – any sickness absence that has not been notified to the manager as detailed in the policy, and/or is not covered by an appropriate certificate, is deemed to be unauthorised (regardless of the duration).

**Trigger points:** These are used to indicate that an employee may have a health concern.

**Managers:** For the purpose of this policy ‘Managers’ are defined as any employee of the Foundation Trust who has management responsibility for other employees e.g. line manager, team leader, ward sister, supervisor etc.

**Fit Note (Form Med 3).** A Fit Note is the name given to the Statement of Fitness for Work certificate, which was introduced on 6 April 2010 to replace the sick note (medical statement or doctor’s note). GPs usually issue Fit Notes.

**Hospital Note (Form Med 10):** These Certificates may be issued by a hospital to cover a stay in hospital.

**Underlying Health Condition:** a long lasting medical condition which has an impact on an individual’s health. Having the condition may mean that the individual’s health needs are different to someone who does not have the condition.

#### **5. Roles & Responsibilities**

##### **Executive Directors**

- To provide commitment in addressing the organisational factors that can affect attendance.
- Ensure that as far as reasonably practicable the workplace environment and working conditions do not contribute to an employee’s ill health.

##### **Managers**

- Promote and maintain safe and healthy work conditions and policies.
- Ensure employees are aware of the importance of good attendance, the support available to help them maintain good attendance and the impact of absence on productivity and colleagues.
- Ensure employees are fit to be in the workplace and take appropriate action if they are not.
- Ensure all employees have an awareness and understanding of the Managing Attendance and Health and Wellbeing Policy including any local arrangements, ensuring employees follow the procedure for reporting absences.

- Accurately report and monitor absence levels within their remit of responsibility, ensuring sickness is logged in the E-roster system or reported to Workforce Information promptly.
- Maintain an appropriate level of contact with employees who are absent from work and ensure they forward on relevant information as necessary.
- Participate in sickness absence case management reviews as appropriate.
- Pro-actively manage all episodes of sickness absence in accordance with the Foundation Trust policy and procedure.
- Implement the procedure for managing sickness absence fairly and consistently, ensuring all meetings are documented.
- Handle information about an employee's sickness history in a confidential manner and with sensitivity in accordance with the Data Protection Act.
- Make reasonable adjustments in line with the Equality Act 2010.
- Explore as part of return to work interviews whether the absence relates to domestic violence.

### **Employees**

- Take responsibility for maintaining good health and wellbeing and advise managers of any work or other problem at an early stage to enable support and/or reasonable adjustments to be made to prevent absences occurring.
- Ensure awareness of the policy and seek clarity if required.
- Notify sickness absences in accordance with the procedure of local arrangements, and ensure the appropriate certification is provided.
- Ensure managers are kept up to date with progress and likely return to work date whilst absent from work.
- Attend and fully participate in meetings with managers and Occupational Health.
- Work with managers to take action to improve their attendance.
- Ensure any work related accidents are recorded appropriately in accordance with the Risk Incident and Investigation Policy.

### **Human Resources**

- Ensure procedures are applied fairly and consistently so that both managers and employees have full confidence in the process.
- Advise managers and staff on employment legislation relevant to the management of attendance, including equality legislation pertinent to those who have a disability.
- To ensure managers have implemented the policy accordingly following due process, including conducting Return to Work interviews.
- To provide Managers with current advice and support them with the management of attendance issues, including administrative support where appropriate.
- Maintain confidentiality as appropriate.
- participate in case management reviews as appropriate.

### **Occupational Health**

- Provide employees with a confidential service with access to support and provide advice.
- Provide managers with timely and relevant medical advice in order to assist them in making decisions including:
  - The presence or absence of an underlying medical condition
  - A prognosis or any long-term affects
  - Whether an employee is medically fit to undertake the full range of their duties

- An assessment of disability
- Work in partnership with managers, staff representative and Human Resources to ensure employees are treated fairly and consistently.

### **Staff Representatives**

- Work in partnership with managers, the Human Resources department and Occupational Health to ensure employees are treated consistently and fairly within the framework of this policy.
- Represent members in the workplace at the formal stages of this policy at the request of the member.

## **6. Policy Statement**

The purpose of this document is to provide a framework to ensure that employee absence is managed pro-actively and robustly across the Foundation Trust in a fair and consistent manner. The Management of Attendance and Employee Health and Wellbeing Policy and Procedure is compliant with the relevant legislation, best practice and guidance as follows:

- [The Equality Act 2010](#)
- [The ACAS Code of Practice](#)
- [National Agenda for Change Terms and conditions Handbook](#)
- [Access to Medical Reports Act \(1988\)](#)
- [Guide to the General Data Protection Regulations](#)
- [Data Protection Act 1998](#)
- [Health and Safety at Work Act \(1974\)](#)

The Foundation Trust relies on employees to manage their own health and wellbeing and be responsible for decisions they make about their fitness to attend work. This is in line with the Foundation Trust's Personal Responsibility Framework.

The Foundation Trust recognises the significant impact that sickness absence and reduced productivity due to health related issues can have on the delivery of quality patient care, employee's health, morale and the costs associated with sickness absence. The Foundation Trust strives to raise employee awareness of the benefits of leading a healthy lifestyle, and to minimise the amount of time an employee is either absent from work or has reduced productivity as a result of health related problems.

The Foundation Trust recognises that there is a link between poor attendance and domestic violence; managers are encouraged to be alert to signs of domestic violence and support the employee in accordance with the relevant policy (more information is available via [NHS Employers](#)).

The Foundation Trust will:

- Support employees to maintain a healthy lifestyle and promote health and wellbeing initiatives.
- Provide, as far as possible, a safe, healthy work environment and staff training to reduce the likelihood of work-related illness and injury.
- Provide early intervention to, wherever possible, minimise the effects of health related issues on the delivery of services and on other colleagues.
- Manage employees who experience sickness absence in a sympathetic, supportive but robust manner.

- Apply the procedure in a fair and consistent way.

Where employees are unable to attend work due to ill health, or where interventions could not or have not enabled the employee to remain in work, this may lead to them being dismissed for reason of either incapability due to ill health or inability to attend work on a regular basis.

All employees are expected to comply with the requirements of this policy and procedure. Any employee not doing so may be subject to investigation in relation to their conduct and disciplinary action may be taken.

## **7. Reasonable Adjustments**

Bradford Teaching Hospitals NHS Foundation Trust is committed to equality and diversity and will make every effort to ensure that disabled people are supported in employment. The Foundation Trust displays its commitment to disabled employees through the ✓✓ symbol and will utilise any supporting advice on sickness issues.

Further advice is available from the Human Resources Department, Department of Equality and Diversity and the Occupational Health Department. The Foundation Trust will make every effort to retain a disabled employee through use of reasonable adjustments to the workplace or to the employee's duties, and this will be addressed via a case management approach. The Foundation Trust Disability Reasonable Adjustment Agreement form should be used which can be found at [appendix 1](#).

A reasonable adjustment is an alteration or amendment to an individual's role which has the material impact of either improving or sustaining their attendance at work. Adjustments may include altering the way work is done, the working environment, providing equipment or altered levels of responsibility to allow for a gradual re-introduction of the individual to their workloads/pressures and those activities inherent in their roles.

Occupational Health may occasionally advise temporary redeployment to a less physical/stressful role in order to monitor progress. Reasonable adjustments will usually be for an agreed period of time but may become a permanent recommendation depending on the level of capability long term. The law (Equality Act 2010) requires that an employer accommodates where appropriate changes and adjustments to roles to support those with health issues. However the law does not ask that an employer creates a role or makes adjustments where this impacts significantly on service delivery. Advice should be sought from Human Resources in circumstances where temporary or permanent adjustments cannot be made. Reasonable adjustments may include:

- Modifying sickness absence trigger points
- Adjusting premises
- Reallocation of some duties
- Redeployment into another role
- Altering the disabled person's hours of work
- Using a different workplace
- Allowing absence for rehabilitation, assessment or treatment
- Providing training
- Acquiring or adjusting equipment
- Modifying testing or assessment procedures
- Providing additional supervision
- Agreeing a career break

Discrimination must not occur against an employee who becomes disabled or has a disability which worsens. In dealing with any sickness absence, managers must have due regard where appropriate to the requirements of the Equality Act 2010. Whilst sickness absence trigger points may be case-managed in respect of a disabled employee it remains good practice to

meet with the employee on a regular basis to review their attendance and offer support where appropriate.

Employees with a disability who are seeking redeployment on health grounds should be given prior consideration for any vacant post in the Foundation Trust on the same or lower band and where they meet the essential criteria for the post with or without adjustments.

### **7.1      Redeployment**

Employees with a long term health condition or disability who are seeking redeployment on health grounds should be given prior consideration for any vacant post in the Trust on the same or lower band and where they meet the essential criteria for the post with or without adjustments. In these circumstances advice should be sought from occupational health.

## **8.      Promoting Health and Well-being**

The Foundation Trust has a number of initiatives in place to encourage and enable employees to lead a healthy lifestyle. Managers are encouraged to ensure employees are aware of what support and initiatives are available. The Health and Well Being Service (Occupational Health) - hereafter referred to as Occupational Health - can signpost both managers and employees to these.

Managers are also encouraged to lead by example in demonstrating awareness of working practices which encourage and promote health and wellbeing in the workplace, for example:

- Being seen to take and benefit from breaks where appropriate.
- Working within contracted hours where possible and using up annual leave entitlements subject to normal approval processes.
- Utilising and promoting the benefits of other Foundation Trust policies (e.g. Domestic Leave) where appropriate.
- Promoting and encouraging participation and involvement in health and wellbeing initiatives.

### **8.1      Preventing Sickness Absence Episodes**

Both managers and employees have a responsibility where appropriate to prevent potentially avoidable sickness absence.

Managers should ensure they report any concerns or risks which could impact on the health and safety of employees in an appropriate and timely manner and take corrective action where appropriate. Advice should be taken from the Occupational Health Department or the Risk Management Department where relevant undertake appropriate risk assessments and implement relevant action plans. These may include Moving and Handling, Control of Substances Hazardous to Health (COSHH), Stress and others and in relation to night workers.

Where required by legislation, Occupational Health will organise suitable health surveillance for employees exposed to workplace hazards, including skin, respiratory and others related to physical hazards in the workplace.

### **8.2      Infection Prevention**

Employees have a responsibility to make sure their health does not pose a risk to colleagues, patients or others. Therefore in the interests of infection control, employees

who have had one of the following conditions MUST consult their line manager for advice BEFORE returning to work:

- ***Diarrhoea and/or vomiting. Employees should stay away from work for 48 hours after the last symptom (without medication to control it).***

Reference should be made to guidance issued by Infection Control and [the Diarrhoea and Vomiting Policy](#) or advice may be sought from Occupational Health or Infection Control by telephone about other conditions.

### **8.3 Rapid Access to Treatment and Rehabilitation**

The Foundation Trust has agreed that when an employee is on long term sickness absence or where a health related issue is impacting on an employee's productivity within their role, and the reason for this is that they are waiting for outpatient assessment, investigations or inpatient/outpatient treatment in Bradford hospitals, the Foundation Trust will try to expedite the employee's care, providing that there is a reasonable expectation that this will facilitate an early return to work or return to full duties. Employees should discuss with their managers in the first instance. Managers should refer to the Foundation Trust Procedure for the Fast Tracking of NHS Staff appointments or contact Occupational Health or Human Resources for further guidance.

### **8.4 Supporting Employees**

The Foundation Trust's aim is to ensure that the policy is applied consistently to all employees, to ensure employees are supported and managed in the same, fair and equitable way.

Support for all employees is available from:

- [Occupational Health](#)
- [Counselling Services](#)
- [Musculo-skeletal Physiotherapy service](#)

Employees may self-refer to these services.

The Foundation Trust currently offers all employees access to a free [Employee Assistance Programme](#) (EAP). This service is available 24 hours a day, 7 days a week via a confidential telephone helpline. Just click on the link above and type in the **user name: BRHlogin** and the **password: wellbeing**.

Members of trade unions may also wish to contact their local representative to see what support is available from the union.

### **8.5 New Starters**

Line managers, supported by Human Resources advice and Occupational Health advice, will proactively assess the fitness of prospective employees, taking into account relevant legislation, notably the Equality Act 2010. The attendance of new starters should be monitored and discussed at probationary review meetings in line with the Guidance for Managers on the Effective Management of Probationary Periods.

## **8.6 Setting Standards – Employee Induction**

New employees must be made aware through the local induction process of the standards expected of them regarding regular attendance at work and in particular the notification of absences. They should be made aware of all Foundation Trust policies which reference work related absence.

New employees should ensure they read the document [Sickness Absence Procedures – Guide for Employees](#) at the start of their employment as part of the induction process.

## **8.7 Existing Employees**

In circumstances where employees are deemed not to be fit enough to be at work, managers should send the employee home, taking advice from Occupational Health and Human Resources where appropriate.

The Foundation Trust reserves the right to request an Occupational Health assessment for existing employees where there are deemed to be health or attendance concerns. Employees are contractually obliged to co-operate with this process.

## **9 Notification of Absences**

All Departments and Divisions should have an agreed local procedure which all employees are aware of (in line with this Policy and the [Sickness Absence Procedures – Guide for Employees booklet](#)). Managers are responsible for ensuring all members of staff are aware of the sickness reporting arrangements. This should include details of how to report absences, particularly when and who to contact (both in and out of hours).

Where local procedures confirm that voice messages can be left to notify a manager of an absence, it should be clear that this will be followed up by the Manager later that shift or day. Local procedures should be highlighted to all staff at local induction, and employees should be told how and where these can be accessed. Local procedures should be consistent with the principles set out in this policy.

### **9.1 Minimum Reporting Requirements**

As a **minimum**, employees are required to:

- Notify their line manager of sickness absence on the first day of absence. Notification must take place as soon as possible, normally before the employee's scheduled start time. Where cover for the sickness absence would be required, employees are expected to give as much notice as possible to minimise any detrimental effect on the service provided.
- Speak to their line manager, or where this is not possible, the most senior person on duty to report their sickness absence. Texting or e-mailing will only be accepted in agreed circumstances – e.g. if an employee has a particularly disability. A family member should only contact the manager on the employee's behalf if the employee is not well enough to phone in person.
- Indicate when they are likely to return to work. Where appropriate the employee should report any key work commitments during the period of absence to the manager.

For reporting and recording purposes, employees who have had short term absence prior to a rostered day off must inform their manager of their fitness for work despite it being a

'day off'. If an employee does not confirm that they are fit then the rostered day off may be recorded as sickness absence.

If an employee becomes sick on a rostered day off and the sickness will prevent them from working the following day then the employee is required to notify their manager as soon as possible so that cover may be found, where appropriate.

## **9.2 Planned Procedures**

Where an absence is planned (i.e. a scheduled operation) the employee must give their line manager as much notice as possible of the date the absence will occur and the expected length of absence.

Where an employee has a choice regarding the date of a procedure, the employee should discuss this with their manager prior to agreeing a date, providing that this would not have a detrimental effect on the employee's health or recovery. This is to ensure wherever possible, that this avoids peak times in the service and equally therefore does not have a detrimental effect on the service provided.

The short term absence triggers may be modified to take account of planned procedures.

## **9.3 Absences for Medical/Dental Appointments**

Managers should facilitate employees' attendance for medical appointments as this is in the interests of both parties.

Routine (i.e. non urgent) appointments should be arranged in the employee's own time. However, urgent appointments must be authorised by the appropriate line manager, and should be arranged at either the start or the end of the day whenever possible to minimise disruption.

Exceptionally employees may be released for appointments if they have no choice of appointment times outside normal working hours. Employees will be expected to make up this time or use flexible working arrangements. Managers may ask to see proof of appointments.

Similarly, staff who have suffered injury or illness and require rehabilitative therapy should discuss the time required with their manager. The timing of these appointments needs to be managed against the requirement to provide a service.

## **9.4 Recording of Workplace Absences**

Managers must keep records of all absence to enable them to identify individual absence patterns at an early stage. Managers are responsible for ensuring that weekly absence returns are submitted to the Workforce Information Department (unless sickness is reported through the E-rostering System or other management system); this may be delegated to Sickness Absence Co-ordinators. Regular reports will be issued through the Electronic Staff Record (ESR) reporting system to the Board, Divisional General Managers, Divisional Clinical Directors and Heads of Service. Sickness reports are available to managers through ESR Self Service for employees in relation to their own staff.

It is not appropriate to record sickness absence as annual leave or to cover the hours lost through overtime/additional hours worked. In consultation with Occupational Health and through the case management approach it may be agreed that employees with a disability

or an underlying health condition be permitted to use flexible working arrangements to cover some short term absences.

When recording absences in E-rostering, managers should ensure continuous absence episodes are recorded as such, ensuring they are not entered as separate episodes. For absences in excess of a week managers should ensure that they are recorded as continuous. Managers should not continue to roster staff in such circumstances but annotate them with an appropriate "Non Effective". Wherever possible the absence reason should be record and the use of "unknown" or "other known causes" be limited to those specific circumstance. This is to ensure reasons for absence can be monitored both for individual and groups of employees so appropriate support can be put in place.

## 9.5 Illness Which Occurs at Work

Where illness occurs whilst an employee is at work, the absence should be recorded as follows:

Absence starts	Recorded as
<b>less than 50% of a shift has been completed</b>	Full day's absence*
<b>50% or more of a shift has been completed</b>	Not recorded as sickness absence **

\*if the employee is sent home by the manager or on the advice of Occupational Health/A&E Department, this will not count towards the management triggers.

\*\*recorded on the roster or through flexi records as appropriate. See Managers Guidance for further information.

## 9.6 Work Related Injury or Illness

Where there is clear evidence that the illness or injury is work related, the manager will normally discount the period of sickness in question for the purposes of sickness absence triggers or adjust most triggers depending on the nature and the length of the sickness.

In accordance with the [NHS Terms and Conditions of Service Handbook](#) for Agenda for Change employees, when aggregating periods of absence due to illness for the purpose of sick pay calculations no account will be taken of injuries or diseases sustained to members of staff in the actual discharge of their duties through no fault of their own.

Where an employee goes off sick due to an illness or injury at work, s/he must notify their manager immediately in order that the incident can be recorded in Datix. This will also ensure compliance with Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

## 9.7 Other Absences

It is important that all absence is accurately recorded. Managers should refer to the [Family Friendly Policy](#), [Study Leave Policy](#) and [Leave from Work Policy](#) for information about the management and recording of other types of leave from work.

## 10. Attendance Related Misconduct

Where concerns are raised regarding an issue of conduct that is related to attendance at work then these should, depending on the circumstances, be managed in line with the

Foundation Trust Disciplinary Policy and Procedure. Examples of possible attendance related misconduct include, but are not limited to:

- Persistent lateness, extended breaks or leaving early without prior permission
- Repeated failure to follow correct reporting procedure
- Having unauthorised absence
- Late submission of continuous Fit Notes without good reason
- Working elsewhere whilst off sick (see section 19.3)
- Failure to attend sickness meetings or Occupational Health appointments without good reason
- Patterns of absence, other information bringing into question whether the absence is genuine. Examples might include:
  - Employee found to be undertaking activities inconsistent with the reason given for illness during sick leave.
  - Pattern of absence suggesting deliberate avoidance of being managed under the policy.
  - Patterns of absence e.g. holiday periods such as bank holidays, religious festivals, before and after rostered days off or when annual leave has been declined.

Prior to taking action, the manager should consider whether it is appropriate to refer to Occupational Health to establish whether patterns of absence are attributable to an underlying health condition.

It should be noted that if an employee is absent through sickness but fails to comply with the certification and reporting requirements, the Foundation Trust is not obliged to pay sick pay for the period they are absent from work. The absence will be recorded as unauthorised and the Foundation Trust may take action in accordance with the Foundation Trust Disciplinary Policy and Procedure.

Annual leave will not accrue during periods of unauthorised absence. Anyone with a period of unauthorised absence should have their annual leave for the current year recalculated and adjusted by their manager.

Where it is not possible to make contact with the employee or the employee does not intend to return to work the matter should be discussed with the Human Resources Department as soon as possible.

## **11. Maintaining Contact**

Employees have a responsibility to keep in touch on a regular basis with their manager during the absence period and provide updates about their health and treatment – e.g. GP appointments, and likely return to work date.

Employees who have been off sick, regardless of the duration of the sickness absence, must confirm their plans to return to work at the earliest possible opportunity (or as soon as is reasonably practicable) to avoid unnecessary staffing/cover arrangements being made and to ensure support is available, if appropriate, on the employee's return.

Employees must ensure that they provide line managers with a telephone number on which they can be contacted during the absence period.

In cases of short term absence the employee should contact the manager on a daily basis by telephone unless an alternative arrangement is agreed.

For all absences, the manager and employee should agree:

- who will make contact – i.e. the employee or the manager
- the agreed frequency of contact e.g. weekly or on agreed dates
- how contact will be made

The amount and type of contact will be reasonable and dependent upon the circumstances of the absence.

Employees must be aware that failure to maintain contact with their manager during periods of either short or long term sickness absence may result in their pay being withheld, as the absence may be classed as unauthorised and/or disciplinary action being taken in accordance with the Foundation Trust Disciplinary Policy and Procedure. Employees may also be subject to a disciplinary process if they fail to attend meetings or maintain contact or fail to provide the Foundation Trust with the required self-certificates and/or Fit notes for each episode of absence.

## 12. Certification Requirements

Employees are required to inform the Foundation Trust of sickness absence and provide the necessary certification, as follows:

Length of Absence	Certification Required
One to seven calendar days	BTHFT Self-certificate Form
Eight calendar days or more	Fit Note (Med3) or Hospital note (Med 10)

Days that are not normally worked are **included** for certification purposes **IF** the employee is unwell on those days.

Employees should use the Foundation Trust Self Certificate Form ([Appendix 2](#)) which is available on the Human Resources section of the intranet. A copy of Fit Notes should be taken for retention on file and the original returned to the employee. Failure to appropriately certify an absence could result in non-payment of sick pay.

## 13. Return to Work

Employees **do not** require any certification from a doctor confirming fitness to return to work unless this is specified by their doctor. Employees can return to work at any time, even if this is before their Fit Note expires. They do not need to go back to their doctor first.

Employees are required to give their manager as much notice as possible that they will be returning to work. Employees who return to work without giving any notice of their return to their manager may be offered an alternative shift if arrangements have already been made to cover their absence.

If there are concerns about the employee's fitness to work, advice should be sought from Occupational Health.

### 13.1 Return to Work Interviews

Return to work interviews are an essential tool in effectively managing attendance and can be used to identify potential issues before they become serious.

A return to work discussion must be conducted and recorded by the appropriate line manager or supervisor (or suitable alternative manager if necessary) after **every** period of sickness absence with the aim of assisting the employee's return to work. Managers using ESR Self Service will receive a prompt to conduct a return to work interview via a notification.

The discussion should take place as soon as possible after the employee's return to work following sickness, ideally on their first day back to work.

The return to work discussion may be delegated to a suitable deputy and may, exceptionally, be conducted by telephone where the manager and employee are based on different sites.

Where the illness is of a potentially sensitive nature and both the employee and manager agree that further discussion at this stage is inappropriate, the discussion can be limited to factual issues such as dates of absence. It may be appropriate to refer to Occupational Health where the individual is unwilling to discuss the reason for absence.

Where the absence is for 1 to 7 days and a self-certificate/medical certificate is required from the employee, this should be used as a basis for the discussion between the manager and the employee. Any employee who has a chronic illness should make the manager aware at the return to work interview.

Alternatively, if the employee has not completed a self-certificate by the time the return to work discussion is conducted, the manager should issue a self-certificate to the employee and request its completion before the end of the discussion or by the end of the working day. A note of return to work interviews should be made.

See [Appendix 3](#) for the standard format for recording return to work interviews.

## 14. Supporting Employees to Return to Work

In the majority of cases following a period of absence an employee will be able to return to the role to which they are employed without the need for alternative considerations to be made.

In circumstances where an employee has been absent for a long period it may be necessary to agree a return to work plan in conjunction with the employee, Human Resources and Occupational Health where appropriate. A return to work plan might include:

- the expected date of return
- actions which may need to be undertaken prior to the employee's return e.g. risk assessments, ordering of equipment, transfer of duties etc.
- details of any therapeutic return plan (see Section 14.3 below)
- the agreed detail of any phased return including the duration and the expectations of what the employee will be able to do when this has been completed (see Section 14.4 below)

Any rehabilitation programme should provide details of the adjustments to be made which may include shorter hours, altered duties/shifts etc. However, all of these should be time bound and monitored. Failure to progress would require advice from Occupational Health. Programmes need to be individually tailored to take into account the employee's particular circumstances, but also need to take into account practical operational constraints within the department.

## **14.1 Review and/or Undertake Risk Assessments**

A risk assessment may be needed to ensure risks relating to an employee's duties are minimised or removed following a return from sickness absence. Advice should be sought from Occupational Health or Risk Management as appropriate. This may include undertaking a stress risk assessment in accordance with the *Stress Management Policy*.

A risk assessment should be undertaken when absent following an injury or illness caused by work. It may be appropriate to include ergonomic/moving and handling assessor advice.

## **14.2 Temporary Alternative Work**

Alternative work focuses on what contribution the employee can make to the organisation, and therefore is not necessarily about a specific job, role or grade being available. Alternative duties could include, for example, admin tasks, meeting and greeting, assisting the feeding of patients, etc.

If the alternative work is agreed as a short term measure until the employee is fit to return to their substantive role, it should only be agreed for a maximum of 4 weeks initially. Any extension should only be agreed where there is a planned end date and return to their substantive position agreed for the employee. Where this is agreed a review date must be determined and documented. All circumstances in excess of 4 weeks must be approved by the Divisional General Manager in conjunction with their Human Resources Manager.

## **14.3 Therapeutic Return to Work**

A Therapeutic Return to Work may be agreed in some circumstances. It can allow those on long term sick who have not fully recovered from their condition to be introduced back into their workplace whilst still covered by a Fit Note. Employees will receive sick pay if eligible. This reduces the risk of alienation, fear of return and helps improve confidence. It is especially useful where the individual has work related/stress/relationship issues or is recovering from a chronic physical or mental health condition. This can include for example, undertaking mandatory training, visiting the workplace, attending departmental meetings/training days, meeting with colleagues etc.

## **14.4 Phased Return to Work**

Occupational Health may in some circumstances recommend that, after discussion with the manager, an employee undergoes a phased return to work or modified duties following a period of long term absence. The aim of a phased return is to support the employee through their recovery and rehabilitation back into the workplace whilst incrementing to their full contracted duties. If a phased return plan is felt to be appropriate this will be suggested by an Occupational Health Practitioner following a consultation with the employee and line manager. A phased return will normally only be agreed following a minimum of four calendar week's absence. It should be agreed in advance what the purpose of the phased return is and how it will support the employee in returning to work, based on advice from Occupational Health. The phased return should be reviewed regularly and adjusted as appropriate, in conjunction with Occupational Health if necessary.

### **14.4.1 Payment for Phased Returns**

Any phased return may require a gradual increase in hours up to the employee's full working hours over an agreed period up to a maximum of 4 weeks, which will be paid (this should be made up of any unused statutory holiday entitlement which has been carried over in the first instance). Continuation of this phased return is then subject to use of a

combination of annual leave, special leave and flexi-time scheme, where appropriate and should only be used in exceptional circumstances. The aim is that the employee will return to the full range of duties/hours during this phasing period.

#### **14.5 Redeployment**

Advice on the redeployment of an employee on the grounds of ill health on a long term or permanent basis must be sought from Human Resources with input from Occupational Health. Human Resources will ensure that the details of employees requiring redeployment on health grounds are included on the Foundation Trust Redeployment Register.

Where an employee returns temporarily on a lower grade or rate of pay, protection of salary and other terms and conditions may be granted for a period to be agreed between the employee and the line manager with advice from Occupational Health, up to a maximum of 6 months, or up to the point that a decision to permanently move a lower grade post is made (whichever is the sooner).

If a return to work on a lower grade post exceeds twelve months, the Manager should contact the Pensions Office for advice.

Where an employee returns permanently on a lower grade or rate of pay by reason of his/her disability in accordance with the Equality Act, the appropriate DGM/Head of Service/Head of Nursing/Director may offer a further period of pay protection as a reasonable adjustment dependant on the circumstances of the case.

### **15. The Role of the Occupational Health**

Occupational Health Professionals will provide advice and support to managers and staff on risk assessment, fitness to work, phased-return and rehabilitation, reasonable adjustment and ill-health retirement for the manager to consider (see section 7).

#### **15.1 Occupational Health Referrals**

Referrals will normally be initiated by managers or Human Resources. Employees are able to self-refer if they wish to discuss a health problem in relation to their work. It may be appropriate for self-referrals to be discussed with an Occupational Health Practitioner prior to an appointment being offered.

It is important to treat each referral on an individual basis. The triggers for referral are as follows: -

- Any period of sickness attributed to work-related stress or musculo-skeletal problems. Referrals should be made as soon as possible following notification to the manager. (Referrals for musculo-skeletal problems may be triaged in Occupational Health and referred to the in-house Physiotherapy Service).
- Where the employee has reached a formal stage of the capability procedure
- For fitness to return to work assessments, at the earliest opportunity.
- On indication of any potential problem in the workplace that may affect the health of the member of staff where preventative advice may be appropriate.
- Where an absence will be or is likely to be long term. Early referral will assist in an early return to work. Referral to Occupation Health should be initiated after **2 weeks' absence**. Managers using ESR Self Service will receive a prompt to refer to Occupational Health after a member of their team has been absent for 4 weeks as a reminder.

It will also usually be appropriate to refer to Occupational Health where an individual is off sick pending disciplinary action or required to attend formal meetings associated with a grievance or dignity at work complaint.

## **15.2 Alternative Medical Opinion**

Where the employee does not accept the contents of the report from Occupational Health they should be given a reasonable opportunity to obtain a second opinion. This cost will be borne by the employee and the timescale for the provision of the report should be agreed at the outset with the manager.

## **15.3 Management Referrals**

- It is a contractual requirement that an employee attends for an occupational health assessment by an Occupational Health Professional when required.
- If a member of staff refuses to attend, the manager should remind them that it is a condition of their contract of employment. If the employee continues to refuse to attend or fails to cooperate with agreed Occupational Health procedures this will be classed as a breach of contract and appropriate management action will need to be taken in line with the Foundation Trust Disciplinary Policy and Procedure.
- Referrals should be made in accordance with the current Occupation Health Guidance using the standard pro-forma which is available on the Occupational Health intranet page.
- Where the employee does not accept the contents of the report from the Occupational Health Department they should be given a reasonable opportunity to obtain a second opinion. This cost will be borne by the employee and the timescale for the provision of the report should be agreed at the outset with the manager.
- If the manager does not understand the advice provided by occupational health or feel the advice is no longer relevant as the health condition has changed they should contact occupational health to clarify rather than ignore the advice.

## **15.4 Self Referrals**

- Staff may self-refer to Occupational Health. This may be done by telephone. Self- referrals will be triaged by an Occupational Health Practitioner and an appointment made as appropriate.
- If the employee does not understand the advice provided by occupational health or feel the advice is no longer relevant as the health condition has changed they should contact occupational health to clarify rather than ignore the advice.
- Where appropriate, the line manager will be involved with the employee's consent.

## **16. Trigger Points**

When an employee reaches one of the trigger points, detailed below, managers **must** instigate the first stage of the procedure. Managers should have a discussion with the employee about applying the process at the first available opportunity which will usually be during the return to work meeting. The agreed trigger points are:

- Continuous absence exceeding 28 calendar days
- Reaching the Bradford triggers
- 'Patterns of absence' i.e 2 or more occurrences which cause concern, for example:
  - same day of the week
  - before or after weekends or days off
  - when an employee is scheduled to work a particular shift
  - when an employee is required to perform a particular duty/task

- when an employee is scheduled to work with a particular colleague
- annual patterns of absence – e.g. holiday periods
- following refusal of annual leave requests.

## 17. Short Term Sickness Absence

Short term sickness absences are normally repetitive, frequent absences of various lengths, attributable to ailments which may be unconnected, that are unpredictable and often cause problems in terms of providing cover and have a negative impact on service delivery. They can be self-certified or covered by medical certificates.

The Foundation Trust uses the Bradford Factor to monitor absence and to determine trigger points for management actions.

The Bradford Factor is a short-term absence data analysis tool which assists managers in identifying where there might be attendance issues which require consideration. The Bradford factor is based on a formula which produces a 'score' based on the number of times an employee is absent from work and the total number of working days lost as a result. The tool enables managers to identify where potential health issues might exist with a view to ensuring that appropriate and timely interventions can be made.

The Bradford Factor formula is:

**Number of absences/episodes of absence in last 12 months x number of absences/episodes of absence in last 12 months x total number of shifts/days lost**

Only rostered shifts/normal work days are counted as shifts lost.

The examples set out below illustrate how various periods of absence are highlighted in the points score:

No. of Absences in 12 mths	x	No. of Absences in 12 mths	x	Total no. of shifts lost in 12 months	=	Bradford Factor Score
1	X	1	X	4	=	4
2	X	2	X	7	=	28
3	X	3	X	8	=	72
4	X	4	X	11	=	176
5	X	5	X	13	=	325
6	X	6	X	15	=	540
7	X	7	X	18	=	882
8	X	8	X	20	=	1280

The Bradford Factor formula applies over a rolling twelve month period.

Managers should first ensure that the return to work management processes detailed in Section 13-14 are adhered to.

The Foundation Trust acknowledges that frequent episodes of short-term absence may be indicative of an underlying problem and is committed to offering appropriate support to assist the staff member in overcoming the problem and achieving a good attendance record in the future.

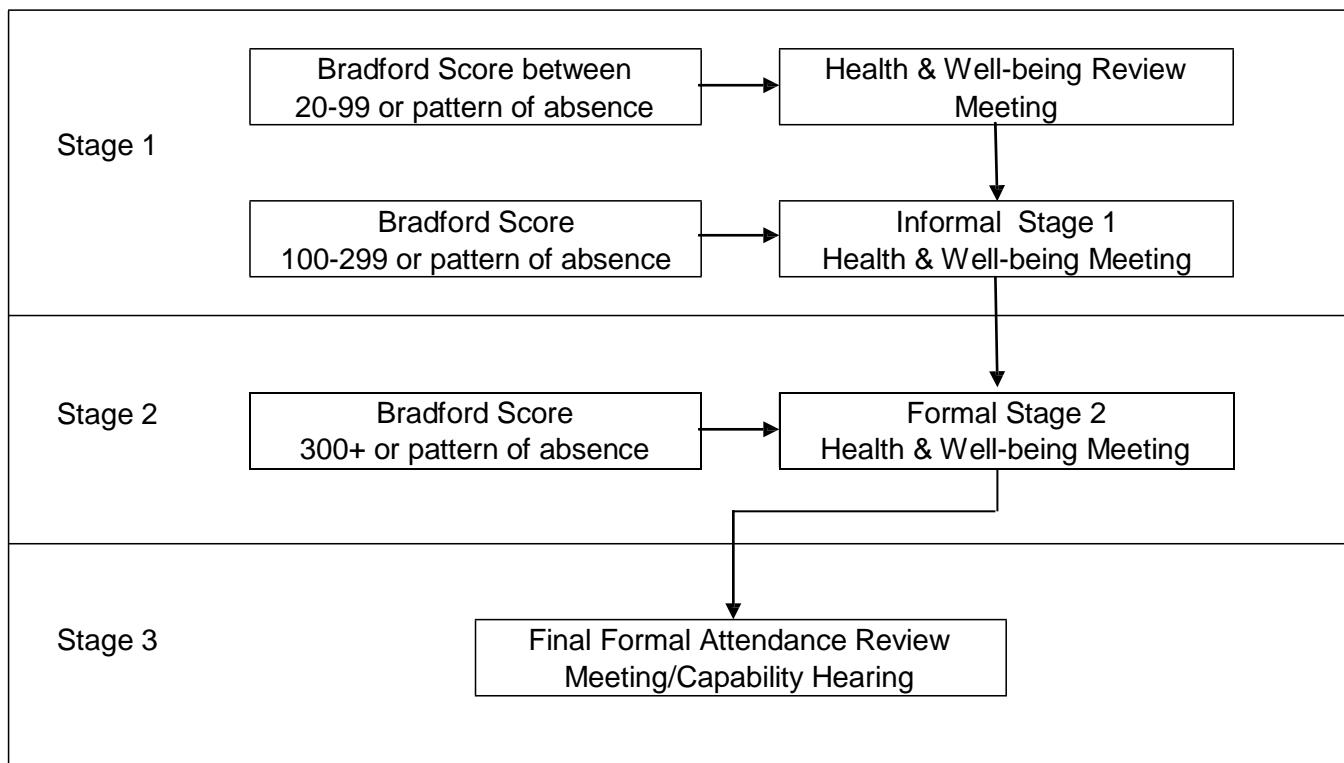
Short term absence monitoring does not seek to challenge whether absences are genuine, but rather the frequent absences may render staff unable to support service delivery needs and which may be subject to the Disciplinary Policy and Procedure (or the

Disciplinary, Capability, Ill Health and Appeals Policy and Procedure for Doctors and Dentists).

## 18. Short Term Health and Well-being Procedure

The following sets out the procedural steps based on Bradford Factor scoring.

**Short Term Absence – Flow chart**



Regardless of the Bradford Factor a return to work discussion meeting between the employee and their line manager to welcome the employee back to work and offer support should be undertaken after each episode of sickness.

Consider whether or not the employee should be signposted to appropriate Foundation Trust services e.g. occupational health or the Employee Assistance Programme

Patterns of absence can trigger meetings in accordance with the above stages.

Absences relating to medical suspension will not be included in the short term absence management triggers (refer to 23.1 for more information on medical suspension).

### 18.1 Health and Well-being Review Meeting

A score between **20 and 99** would trigger a Health and Well-being Review meeting between the employee and their line manager at which the absence/s and the reasons for the absence/s would be explored in more detail. Notes of the meeting will be taken and be kept locally, along with details of any specified improvement targets that have been agreed, or the fact that no further action is required in the judgement of the manager. This record will be kept on file for a period of 12 months.

The purpose of the meeting is to:

- Provide the employee the opportunity to discuss any reasons for the attendance problems they are having e.g. problems at home or at work.
- Identify the likelihood of further absence.
- If the employee indicates that there may be an underlying medical reason or disability for what might otherwise appear to be unrelated absence then the manager should seek advice from Occupational Health, and/or make a management referral and complete [appendix 1](#).
- Agree solutions to address causes of absence from work (either at the meeting or on receipt of advice from Occupational Health).
- Agree targets and timescales for improvement where appropriate in the context of the health issue(s) at hand
- Make the employee aware that where no specific health or disability related issues have been identified then a lack of improvement in their attendance record could result in formal action being taken through the Disciplinary or Attendance Management procedure depending on whether it is a conduct or capability concern.

Where there is clear evidence that the absence is as a result of a work related injury or illness, the manager will normally discount the period of sickness for the purpose of the sickness absence triggers or adjust those triggers depending on the nature and length of the sickness. This decision will be taken as part of a case management approach to managing sickness. Work related injury or sickness should not be seen to automatically exclude affected employees from management in accordance with this policy.

If at the end of the Attendance Review period the employee's attendance meets the required standards then the manager should write to the employee to confirm their attendance has significantly improved and no further action needs to be taken.

If the employee does not make any sustained improvement and their Bradford Factor score increases then an Informal Stage One Meeting should be arranged.

#### **18.1.2 Informal Stage One Health and Well-being Meeting**

Where an employee's attendance does not improve or where a Bradford Factor score of **100-299** is evident the manager will consult with HR where an informal Stage 1 meeting will be held.

The reasons for absence should be explored along with any further adaptations to facilitate improved attendance at work. At this stage a management referral to Occupational Health should be considered if it hasn't already been done.

Where a referral to Occupational Health is made the informal Stage 1 will be held as soon as possible once the report is available. Where no specific health or disability-related reasons can be identified for the levels of absence at this stage then, following discussions with Human Resources, consideration will be given to referring the matter through the formal stages of this procedure if no improvements are made.

If the Stage One targets for improvement of attendance levels are not met the manager must contact the Human Resources department for advice and guidance.

The line manager will invite the employee to a Stage Two meeting in writing giving five working days' notice. Either a member of the Human Resources team or another manager/ management representative will be present. The employee will be given the right to be accompanied by a work colleague or trade union representative. All pertinent papers will be provided in advance of the meeting to allow the employee to consider and prepare.

## 18.2 Formal Stage Two Health and Well-being Meeting

A score of **300 or greater** will normally result in the case being escalated to the formal stage of the process with Human Resources support however where there is an employee that has an underlying health problem and/or disability then it may be appropriate to continue to manage this under Stage One following Human Resources advice.

Scores of 300 or more, where there is no specific health or disability related issues, will normally result in the formal stage of the procedure being invoked.

The Stage Two meeting should follow the same approach set out at Stage One and cover the same issues described above with the addition that a referral to Occupational Health should occur, if not already undertaken

The employee should be advised of potential implications for their future employment if their attendance does not improve. An appropriate review timescale, normally between 3–6 months in duration will be agreed, however this can be brought forward if absence levels remain unchanged, to review attendance against the action plan.

If at the end of the Stage Two meeting the individual's attendance meets the required standards then the manager should write to the employee to confirm their attendance has significantly improved and subject to sustained attendance levels no further action needs to be taken. A copy of this letter should be held on the employee's personnel file.

If, at the end of the Stage Two monitoring period, there has been a failure to improve attendance and if there are no mitigating circumstances or underlying problems that warrant an extension to the monitoring period, then Health and Well-being/Capability Hearing (Stage 3) should be convened.

## 18.3 Stage 3: Health and Well-being/Capability Hearing

If the employee remains unfit for work, the employee will be notified in writing of the meeting by the appropriate manager. A minimum of 7 working days' notice will be given.

The employee must be advised in the letter inviting them to the meeting, that as a result of the meeting their contract of employment may be terminated on the grounds of incapability due to ill health or inability to fulfil their contractual obligations.

This meeting will be chaired by a manager with the authority to dismiss who will be accompanied by a Human Resources Representative. The meeting will be conducted in a supportive and compassionate way, with recognition for the potential impact of the situation on the employee.

The Line Manager must prepare a formal report which should include current Occupational Health advice and send it to the staff member and Chair which will normally be provided 7 working days prior to the date of the final formal meeting.

The meeting will consider the management case which will contain information relating to the absences, including Occupational Health advice. The Chair of the meeting should satisfy him/herself that discussions regarding alternative employment, reasonable adjustments or ill health retirement have taken place prior to any decision to terminate the contract.

If it is decided to terminate the contract of employment the employee must be given due notice and be informed of their right of appeal. All other terms and conditions will cease on the date of termination.

The outcome of the meeting must be confirmed in writing to the employee and their representative (if appropriate).

In some circumstances it may not be appropriate to complete all stages of the procedure prior to proceeding to a capability hearing e.g. when progressing an ill-health application.

## **19. Long Term Sickness Absence Procedure**

Long term absence due to sickness is defined as a period of medically certified sickness which is continuous for at least 28 calendar days.

The Foundation Trust's approach to managing long term sickness is governed by two main factors:

- The need to treat employees reasonably and fairly
- The need to maintain efficient and cost effective service delivery over a period of time with reduced employee levels due to absence

Regular consultation between employees on long term absence and their line manager throughout the period of sickness is essential to gather necessary information and to find out whether any help, advice or action is needed. This contact should be face to face at least on a monthly basis with telephone contact in between.

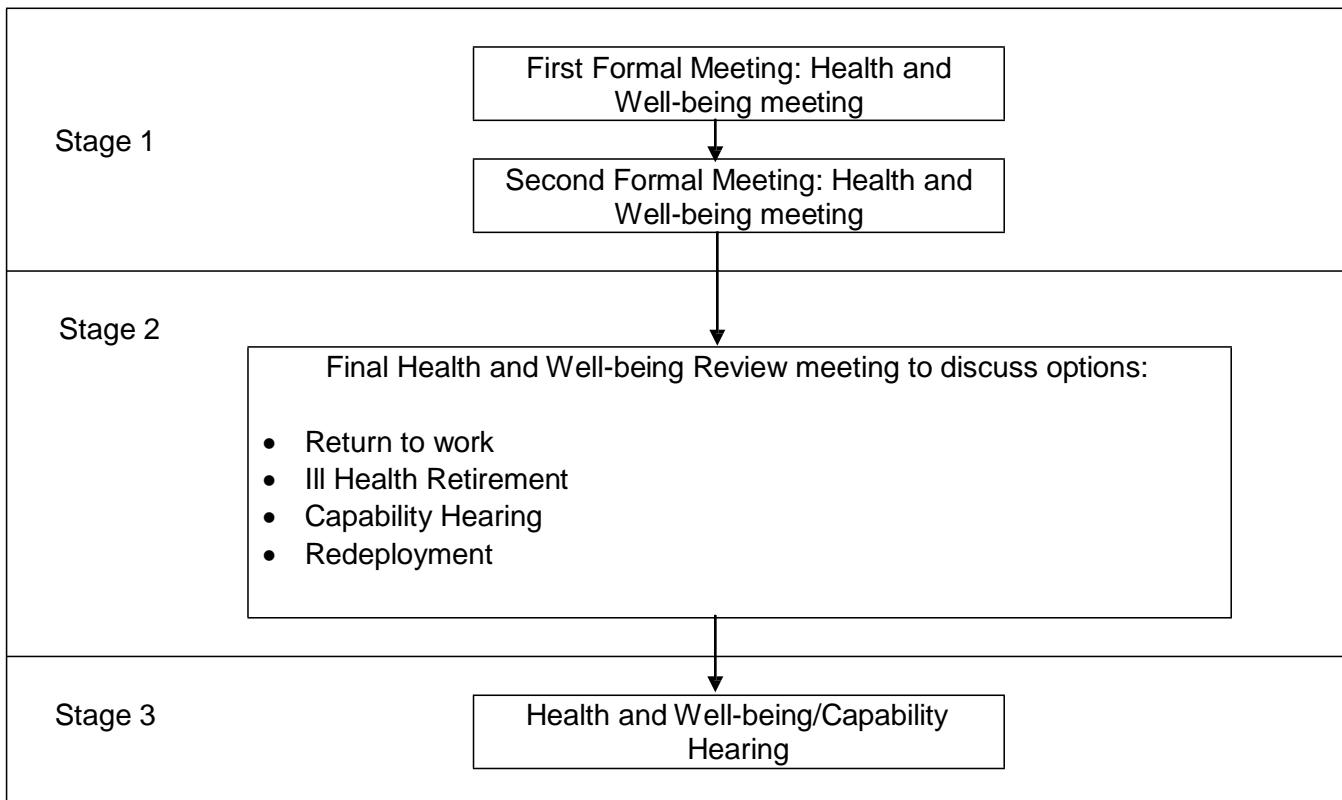
Managers are expected to exercise judgment in respect of the appropriate timing of the scheduling of meetings and Occupational Health referrals. However, an early referral can often facilitate the implementation of an early rehabilitation plan, therefore after no more than four weeks absence the manager should make a referral to Occupational Health with due regard to individual circumstances. (e.g. it may not be appropriate to make these arrangements if the employee is very seriously ill at that time and could not reasonably be expected to attend).

Managers are expected to maintain regular contact with staff members who are off sick. All contact made should be recorded for management purposes. Employees are required to expect and accept telephone calls from their manager or another nominated person during long term absence and are required to maintain regular contact with their manager or another nominated person during any periods of absence.

Managers should keep the employee updated about significant changes in the workplace.

Reference should be made to *Maintaining High Professional Standards in the NHS* in relation to doctors and dentists.

### Long Term Absence – Flow Chart



#### 19.1 Stage One: First Formal Health and Well-being Meeting

Once an employee has been absent – or is likely to be absent - for four weeks continuously, the employee should be notified in writing by their line manager to attend a meeting to discuss their situation.

The line manager will write, giving 5 working days' notice, to the employee advising of a long term sickness review meeting. A member of the Human Resources team or another manager / management representative will be present. The employee will be given the right to be accompanied by a work colleague or trade union representative.

The purpose of this stage is fact finding to determine, where possible, the cause of the absence and to offer assistance based on the individual circumstances. If the employee cannot attend any of the Foundation Trust establishments for medical reasons then it is only at this point the offer of a home visit should be considered.

The following information will form the basis of the discussion:

- A referral to Occupational Health (self-referral should not prevent the manager from making a referral).
- The absence record during the previous 12 months, or longer if there are repetitive/recurring problems potentially identified.

- Any personal circumstances which may be adversely contributing to the attendance record including secondary jobs outside of the Trust, or those employees that have a role as a primary carer in their lives outside of work.
- The possibility of a return to work.
- Whether short term changes to working patterns and or duties would facilitate a return to work
- Agree a method of maintaining regular contact

Where pay is to change as a consequence of being absent from work, Human Resources will send a letter to the member of staff with a copy to their line manager confirming the change that will take place and the effect of the change on the individual's salary. This information can be obtained from the Foundation Trust's Payroll department

Following this initial contact it may be necessary to request an independent medical assessment from Occupational Health. Where the staff member is absent due to stress or musculoskeletal concerns then a referral must be made immediately.

If a risk assessment has been undertaken, a copy of this should be sent with the referral.

Even where employees are known to be returning to work, it is often useful to ask for an assessment, to facilitate the return to work process and to bring to light any issues that may need addressing. The employee should be informed of the reasons for the referral and once the manager refers the employee they should contact Occupational Health to arrange an appointment.

Dependant on the circumstances of each individual case it may require a number of ongoing review meetings to provide support and management of a long term sickness case.

The manager must confirm in writing the outcome of the meeting and a copy placed on the employee's personnel file.

The absence record will be kept under review by the manager. The meetings should normally be every four weeks, depending on the nature of the illness. Where it is deemed to be not appropriate to meet every month, telephone contact should be made at least monthly and a brief record of the conversation kept on file.

### **19.1.2 Stage One: Second Formal Meeting**

If the employee remains absent from work, the employee should be notified in writing by their line manager to attend a meeting to discuss their situation.

The line manager will write, giving 5 working days' notice, to the employee advising of a second formal sickness review meeting. Either a member of the Human Resources team or another manager / management representative will be present. The employee will be given the right to be accompanied by a work colleague or trade union representative.

The following information will form the basis of the discussion:

- The Occupational Health report

- A return to work on a permanent basis with no change to working patterns and or duties of employment. Or a short term change to terms and conditions and or duties to facilitate a return to work.
- Consideration of alternative employment or reasonable adjustments to the current post.
- If the employee is likely to return to work in the near future then an agreed date should be arranged.
- Any personal circumstances which may be adversely affecting attendance, including secondary jobs outside of the Foundation Trust, or those employees that have a role as a primary carer in their lives outside of work.
- The possibility of an application for early/ill-health retirement. Should an application for ill-health retirement be made, termination of the contract will follow once the application has been lodged with the Pensions Agency.
- Where the Occupational Health report indicates that the employee will not be fit for work within a reasonable period, full consideration will be given to the implications for the Foundation Trust and the effect on the employee and they will be dealt with compassionately.
- If the Occupational Health report indicated the employee will be unfit for work within a reasonable period, a referral should be made to them, with the employee's consent, requesting a view on seeking their support for an ill-health retirement application.
- If all options are exhausted then a third stage Final Formal Meeting should be arranged where termination of contract will be considered.

If the employee qualifies as having a disability under the Equality Act 2010, the manager should seek advice from the HR and the Health and Wellbeing Service.

The manager must confirm in writing the outcome of the meeting and a copy placed on the employee's personal file.

Further referrals to the Occupational Health Department and formal review meetings may occur prior to final review meeting.

## **19.2 Stage Two: Final Health and Well-being Review Meeting**

In accordance with section 14.10 and 14.11 of the Agenda for Change Terms and Conditions, a final review meeting will occur to consider the appropriate action to take in relation to the management of each individual case. The terms and conditions state the definition of a final review meeting is where a decision is taken to return to substantive employment, redeployment or termination of contract.

For avoidance of doubt and under this policy this would be a meeting where:

- A return to work plan is agreed for the substantive post
- A return to work plan is agreed for an redeployment post
- An application for ill health is progressed
- An application for early retirement is progressed
- A decision to refer the case to a capability dismissal

Until a final review meeting has occurred then sick pay entitlements should be reinstated at half pay, after 12 months of continuous sickness absence, in accordance with the Agenda for Change Terms and Conditions Handbook for those employed on Agenda for Change terms and conditions.

A decision to reinstate sick pay beyond the entitlements outlined above should be made by the Divisional General Manager/Head of Service (or equivalent) or above.

The employee may also decide to make a personal choice to consider an application for early retirement or voluntary resignation.

### **19.3 Stage Three: Health and Well-being/Capability Hearing**

[See Section 18.3](#)

### **20. Right of Appeal**

An employee dismissed under the provisions of the Short Term or Long Term Absence Procedures is entitled to appeal to a Foundation Trust Board Appeals Panel.

In order to register an appeal the employee must put their reasons in writing to the Director of Human Resources which must be received within 10 working days of the date of the letter confirming their dismissal on the ground of incapability due to ill health, or inability to attend work on a regular basis.

### **21. Representation**

All employees are entitled to be represented by their Staff Organisation Representative or a work colleague during the formal interview meetings.

### **21.1 Documentation at Meetings**

All meetings should be appropriately documented in accordance with the standard templates in the Attendance Management Toolkit with details kept on the employee's file. The employee (and his/her representative where appropriate) will receive a summary absence history together with Occupational Health reports in good time prior to the meetings.

### **21.2 Authority to Manage in Accordance with the Procedure**

Managers are authorised to progress through the stages of this Policy and Procedure as follows:

Action	Authority
Stage 1: meetings under the short or long term procedure	Immediate Manager/Supervisor
Stage 2: meetings under the short or long term procedure	Immediate Line Manager
Stage 3 – Health & Well-being Capability Hearing	DGM/Head of Service/Director or equivalent

### **22. Annual Leave and Sickness Absence**

#### **22.1 Annual Leave Payments Whilst on Long Term Sickness**

The Working Time Regulations (1998) entitle an employee to a statutory entitlement (currently 5.6 weeks) of paid annual leave each year. Such an entitlement continues to be applicable in any current leave year during which there may have been a period of long

term sick leave, but is part of and **not** in addition to the normal contractual annual leave and bank holiday entitlement.

In some circumstances employees who are absent due to sickness on a long term basis may be able to take accrued annual leave during the period of absence. If an employee wishes to do this they should seek further advice from Human Resources.

## **22.2 Sickness Absence During Annual Leave/Bank Holidays**

If an employee falls sick during a period of authorised annual leave then, provided they produce appropriate certification to that effect, they shall be regarded as being on sick leave for the period covered by the medical certification. They should report that they are sick to their manager in the normal manner. Bank holidays do not accrue during any period of sickness.

## **23. Absences Related to Specific Circumstances**

### **23.1 Medical Suspension**

In exceptional circumstances It may be necessary to temporarily remove an employee from work or their current place of work if:

- In the opinion of Occupational Health the employee is unfit for work, but is declaring themselves fit or being declared fit by their own doctor.
- If an employee is continuing to attend work but is deemed to be a risk to themselves or to others because of their health, they may be medically suspended on full pay pending confirmation from Occupational Health. Occupational Health will endeavour to confirm whether the individual is fit or not to continue at work within 48 hours.

The employee will be suspended on full pay pending action being taken as soon as possible to confirm the sickness absence position by providing a medical certificate or the employee returning to work.

All cases must be discussed with Human Resources prior to action being taken and approved by the Head of Department or Divisional General Manager as appropriate.

### **23.2 III Health Retirement**

Employees who are members of the NHS Pension Scheme may be entitled to apply for an ill health retirement pension in the event of permanent incapability to do their present job (not all jobs) because of ill health. Employees must have at least 2 years' membership of the pension scheme to qualify, and must satisfy the NHS Pensions Agency's medical conditions before ill health retirement can be accepted. Retirement on the grounds of ill health will be considered as a resignation and appropriate notice served by the employee.

Termination of the employment contract due to ill health will not automatically lead to early payment of pension.

The decision of the Pensions Agency as to whether III Health Retirement is granted and the decision of the Foundation Trust to dismiss on the grounds of Capability are taken independently of each other. Once an application for III Health Retirement has been made, the Trust is not required to await a decision before referring the case to a Capability Hearing.

Further details are available from the Payroll/Pensions Department or in the Attendance Management Guidance and Toolkit

### **23.3 Pregnancy Related Absence**

Managers should take care in dealing with sickness absence during pregnancy as the law states that a pregnant woman may not be subjected to detriment, directly or indirectly, on the grounds of pregnancy. Human Resources can offer advice if required.

Pregnancy related periods of sickness absence should be recorded as 'pregnancy related' for sickness reporting purposes and should be discounted when calculating sickness absence triggers. It may however still be appropriate to continue to meet with employees who are absent due to pregnancy related sickness absence.

Managers should ensure that Pregnant Workers Assessments are carried out in accordance with the [Maternity, Paternity and Adoption Leave Policy](#).

### **23.4 Antenatal and Post Natal Appointments**

Pregnant employees have the right to paid time off for antenatal care. Women who have recently given birth should have paid time off for post natal care. (See the Foundation Trust [Maternity, Paternity and Adoption Leave Policy](#)).

### **23.5 Fertility Treatment**

Fertility treatment is not considered in itself to be sickness absence. However, health issues may arise as a result of the treatment which may lead to the employee taking time off due to sickness. This should be considered as part of the case management approach to managing the sickness.

Employees undergoing fertility treatment should be allowed a reasonable number of paid and unpaid days off towards any fertility treatment. The amount of time off and/or any other required adjustments should be agreed on a case by case basis with advice from Human Resources and Occupational Health where appropriate. Please refer to the Fertility Treatment Guidance for further detail.

## **24. Payments Related to Sickness Absence**

Foundation Trust employees will be paid Occupational Sick Pay and Statutory Sick Pay as outlined in their Contract of Employment and the relevant Terms and Conditions of Service (see Section Agenda for Change Terms and Conditions Handbook and the Hospital Medical and Dental Staff Terms and Conditions of Service. Consultants will be paid in accordance with Section 18 of the Consultant Contract). Bank workers will be paid Statutory Sick Pay only subject to meeting the eligibility criteria. Payment of sick pay is subject to appropriate reporting and certification as outlined in this policy.

### **24.1 Sick Pay and Enhancements**

Pay during sickness absence for all employees covered by Agenda for Change Terms and Conditions will be paid as basic pay except for:

- Staff paid on spine points 1-8
- Those absent due a work related injury or disease. In such cases evidence of a work related injury or illness will be required such as:

- A risk incident report
- Occupational health report

Human Resources will be able to advise whether the evidence available is sufficient.

#### **24.2 NHS Injury Allowance**

Injury Allowance is designed to recompense employees who have temporarily lost income due to an injury or illness as a result of work. The allowance will top up NHS sick pay or earnings when on a phased return or reduced pay up to 85 per cent of pay. The allowance is limited to the period of the employment contract only and restricted to a maximum of 12 months. Evidence of an injury or illness as a result of work will be required e.g. evidence of a risk incident report logged by the employee or the manager.

Queries regarding eligibility and claims should be directed to the Human Resources Department in the first instance who will forward claims to the Payroll Department for processing.

The application form and guidance documents for employees in relation to NHS Injury Allowance are available on the Human Resources Pages of the intranet.

#### **24.3 Working Outside the Foundation Trust Whilst Off Sick**

Employees must not undertake any employment outside the Foundation Trust paid or otherwise (including working for the Foundation Trust bank), while off work due to sickness, unless previously agreed with their manager and dependant on the nature of the secondary employment. Agreement should be recorded in writing.

Should an employee choose to undertake work whilst being off sick this may be treated as fraud and as such this could result in disciplinary action up to and including dismissal, prosecution and civil recovery proceedings being taken against the employee.

#### **24.4 Doctors in Difficulty Programme**

It is appreciated that doctors and dentists may encounter either personal or professional problems which could affect their performance and as a result may struggle to achieve their learning goals within expected timescales. Help and support is available through the Yorkshire and Humber Deanery, and can be within the specialty or by targeted training outside the Foundation Trust, to help trainee doctors & dentists to progress and succeed.

Further information is available on the Yorkshire and Humber Deanery website:  
[www.yorksandhumberdeanery.nhs.uk/policies/doctors\\_in\\_difficulty.aspx](http://www.yorksandhumberdeanery.nhs.uk/policies/doctors_in_difficulty.aspx)

The British Medical Association (BMA) Counselling Line is available for BMA members.

### **25. Equality Assessment Statement**

Bradford Teaching Hospitals NHS Trust is committed to equality and diversity and will make every effort to ensure that disabled people are supported in employment.

This Policy was assessed in July 2018 to determine whether there is a possible impact on any of the nine protected characteristics as defined in the Equality Act 2010. It has potential impact on:

- Age – there could be issues for older staff in manual or physically demanding roles who are likely to have increased levels of sickness absence.
- Disability
  - The annual staff survey has consistently shown that those with a long term health condition or disability feel pressure to attend work when unwell. This policy has been revised to include a specific section on need to support staff with a long term health condition or disability. There have also been various inclusions of need to make adjustments throughout the policy. Further, the Disability or long term health condition Reasonable adjustment agreement is now an appendix ([appendix 1](#)) to the policy to ensure that staff and managers have more direct access to it.
  - Enable, the Network for staff with long term health conditions or disability raised concerns about elements of this policy particularly in relation to the Bradford Factor which they cited as being discriminatory. Human Resources sought legal advice which clarified that the Bradford Factor is not inherently discriminatory but needs to be used in line with appropriate reasonable adjustments as is the case when using any absence trigger mechanisms. This policy has robust safeguards in place to ensure that sufficient reasonable adjustments are made for disabled staff, including adjustments to trigger points. Section 7 refers to considerations required to support disabled employees and the need to make reasonable adjustments when implementing this policy. It is considered that the case management with Human Resources support approach will further reduce the likelihood of discriminatory activity when it comes to implementing this policy.
  - The Disabled Staff Network also raised concern that Return to Work Forms do not record disability. The self- certification and return to work documentation have been amended and now captures disability related absence. The Attendance Management Guidance and Toolkit to support the policy will further clarify the above.
  - The Disabled Staff Network also requested that the policy should not be implemented without having mitigating policies such as a Disability Leave/Reasonable Adjustments Policy. The Foundation Trust is committed to improving the experience of disabled staff and is currently undertaking the Disability Standard Assessment. The outcome of this assessment will form the basis for future activity/policies to ensure that disabled staff members are supported in work.
  - It is recognised that some staff may require support, have specific needs or be unable to understand or read the text of this policy. In such instance it will be explained on a one-to-one basis by the Department responsible for this policy or the manager of the member of staff. Any support will be provided in confidence
- Gender reassignment – there may be issues for staff who are undergoing gender reassignment, please refer to the [Trans Equality Policy](#) for further guidance on this.
- Maternity/pregnancy – the policy makes reference to pregnancy related sickness absence and fertility treatment.

It is has been found not to have impact on:

- Gender
- Marriage and civil partnership
- Race and ethnicity
- Religion and belief
- Sexual orientation

It has also been assessed to determine whether it impacts on human rights against the FREDA principles (Fairness, Respect, Equality, Dignity, Autonomy) and it is considered that it does not have impact.

This assessment will be reviewed when the policy is next updated or sooner if evidence of further impact emerges.

## **26. Financial Impact Assessment**

There are no additional financial implications for the Foundation Trust arising from this policy.

## **27. Duty of Candour**

There are no additional financial implications for the Foundation Trust arising from this policy.

## **28. Training Requirements**

A Training Programme has been developed by the Human Resources Department which has been rolled out across the organisation to ensure that managers understand how to manage attendance.

## **29. Analysis of Sickness Absence Data**

Divisional General Managers/Heads of Service and Human Resources Managers will have access to sickness absence data on a regular basis (either through the receipt of monthly sickness absence data reports from which are produced by Human Resources or through own access to ESR to produce their own sickness absence data reports). These reports should be used to analyse the levels of sickness absence and to ensure appropriate action is taken.

## **30. Organisational Overview of Sickness Absence**

Sickness Absence data reports are provided periodically to the Board of Directors and to the Performance Committee.

## **31. Monitoring Compliance with the Policy**

Requirement to be monitored. Must include all requirements within NHS LA Standards	Process to be used for monitoring e.g. audit	Responsible individual/ committee for carrying out monitoring	Frequency of monitoring	Responsible individual/ committee for reviewing the results	Responsible individual/ committee for developing an action plan	Responsible individual/ committee for monitoring the action plan
N/A	Sample audits	HRMs	Annual	Executive Directors	HRD	HRD
.N/A	% absence rate	DGMs/ Heads of Service	Quarterly	Executive Directors	Quarterly Review Meetings	Executive Directors

## **32. Review**

The Policy will be reviewed after a period of one year.

## **33. Links to Other Policies**

This policy should be read in conjunction with the following Foundation Trust policies:

- Health and Safety Policy
- Risk Incident and Investigation Policy
- Infection Control Policies
- Management of Stress at Work
- Disciplinary Policy and Procedure
- Disciplinary, Capability, Ill Health and Appeals Policy and Procedure for Doctors and Dentists
- Fraud and Corruption Policy
- Alcohol, Drugs and Substance Abuse Policy
- Maternity/Paternity and Adoption Leave Policy
- Family Friendly Policy
- Leave from Work Policy
- Procedure for the Fast-tracking of NHS Staff Appointments
- Fertility Treatment Guidance
- Trans Equality Policy
- Domestic and Sexual Violence Policy

## **References**

- ACAS Guide Managing Attendance and Employee Turnover
- National Institute for Health and Clinical Excellence Public Health Guidance Managing Long Term Sickness Absence and Incapacity for Work
- CIPD/HSE/ACAS Absence Management Toolkit
- Maintaining High Professional Standards in the Modern NHS
- Getting the most out of the fit note: Guidance for employers and line managers
- Guidelines on prevention and management of sickness absence NHS Employers 2013
- Mental Health & Employment – Toolkit for Employers
- Ethics Guidance for Occupational Health Practice

## Appendix 1

### Disability or long term health condition Reasonable adjustment agreement

This is a record of the reasonable adjustments agreed between

Employee name	
Line Managers name	
Date	

This agreement should be reviewed at least annually but can be amended as necessary with the agreement of both parties at any of the following:

- At any regular one-to-one meeting
- At a return to work meeting following a period of sickness absence
- Before a change of job or duties or introduction of new technology or ways of working
- Before or after any change in circumstances for either party.

#### Employee

#### My long term health condition or disability has the following impact on me in the workplace

#### Wellness at work – employees who have fluctuating mental or physical disabilities

On a 'good day' my disability has the following impact on me at work
When things are breaking down. The following symptoms are indications that I am not well enough to be at work

#### I need the following adjustments

1.	
2.	

#### Agreed Reasonable Adjustments

	Reasonable Adjustments Include flexible working agreements, time off for appointments, etc	Date Agreed	Impact on Budget? Yes/No <sup>1</sup>
1.			
2.			

<sup>1</sup> If yes, contact the budget holder

I will let you know if there are changes to my condition which have an effect on my work and/or if the agreed adjustments are not working. We will then meet privately to discuss any further reasonable adjustments or changes that should be made.

If you notice a change in my performance at work or feel these reasonable adjustments are not working I would be happy to meet you privately to discuss what needs to be done.

### **Emergency contacts**

If I am not well enough to be at work I am happy for my line manager to contact any of the following emergency contacts in the order of preference indicated below

**Please add, amend or delete types of contacts as appropriate**

<b>GP (preference X)</b>	<b>Care co-ordinator (preference X)</b>
Name: Surgery: Telephone: Address:	Name: Telephone: Mobile: Address:
<b>Relative (preference X)</b>	<b>Specialist (preference X)</b>
Name: Relation to me: Telephone: Mobile: Address:	Name: Telephone: Mobile: Address:
<b>Friend (preference X)</b>	<b>Other (preference X)</b>
Name: Telephone: Mobile: Address:	Name: Telephone: Mobile: Address:

### **Line manager**

#### **Keeping in touch**

If you are absent from work on sick leave or for a reason relating to your disability for more than [x] days and have followed the usual procedures for notifying the organisation of your absence I will keep in contact with you in the following way:

Who will contact whom?
How will contact be made? (email, telephone, text, letter, minicom)
How often? (daily, weekly, monthly)
When? (preferred day, preferred time)

## **Conversations while you are on sick leave**

These are the topics we have agreed we will discuss while you are absent, for example;

- How you are feeling,
- What I can do to help,
- Current work,
- Planned phased return to work,
- Return to work date etc, etc.

## **Return to work**

When you are ready to return to work after a period of sickness or disability related absence of more than [x] days we will meet to review this agreement and make any necessary amendments.

At this return to work meeting we will also discuss:

For example:

- Current work issues.
- A phased return/back to work plan.
- What to tell the team.
- Assessments to review existing reasonable adjustments (Access to Work, GP, occupational health) and identify new adjustments that might be needed etc

## **Unauthorised absences from work**

If you are absent from work and have not followed usual procedures for notifying us that you are sick or absent for a reason relating to your disability we have agreed that I will do the following:

For example;

- Try to contact you on your mobile and/or notify your emergency contact whose up to date details are as follows:

An up to date copy of this form will be retained by employee/line manager/HR.

A copy of this form may also be given to a new or prospective line manager with the prior consent of the employee.

Employee signature:

Date:

Employer signature:

Date:

**Sickness Absence Self-Certificate**  
 (To be completed by the employee for all sickness episodes of 1-7 days)

**EMPLOYEE DETAILS:**

EMPLOYEE'S NAME \_\_\_\_\_

EMPLOYEE NUMBER (from payslip) \_\_\_\_\_

OR

NATIONAL INSURANCE No \_\_\_\_\_

JOB TITLE \_\_\_\_\_

BAND/GRADE \_\_\_\_\_ DEPT/WARD \_\_\_\_\_

**MANAGER'S DETAILS:**

NAME OF MANAGER \_\_\_\_\_ JOB TITLE \_\_\_\_\_

**SICKNESS DETAILS:**

DATE OF START OF ABSENCE FROM WORK \_\_\_\_\_

DATE OF START OF SICKNESS \_\_\_\_\_

SICKNESS END DATE \_\_\_\_\_

RETURN TO WORK DATE (IF KNOWN) \_\_\_\_\_

**REASON FOR SICKNESS ABSENCE (Please tick one of the reasons below)**

SICKNESS ABSENCE – SELF CERTIFICATE		
ESR CATEGORY	TICK (one box only)	Examples (from Occupational Health ) This list is not exhaustive
Blood Disorder		Anaemia
Cancer		
Cardiac/Coronary		Heart related problems
Cold		
Dermatological		Skin conditions, dermatitis, eczema
Diarrhoea/Vomiting		
Ears, Nose and Throat		Earache, infections, deafness
Eyes		i.e. infections, glaucoma, detached retina
Gastro-intestinal		Conditions affecting digestive system, oesophagus, stomach, bowels
Genito-Urinary		Conditions affecting, kidneys, bladder,
Gynaecological		Problems specifically affecting womens reproductive system
Headache/Migraine		
Hypertension		High blood pressure
Infection		
Influenza		
Musculo-skeletal Back		Problems affecting muscles and bones in the back
Musculo-skeletal Neck		Problems affecting muscles and bones in the neck
Musculo-skeletal Other Joint, Lower Limb		Problems affecting the knee, wrist, elbow, ankle, feet
Neurological		Conditions affecting nervous system e.g. ,multiple sclerosis, Parkinson's disease, epilepsy
Not Known		
Other		
Other Mental Disorders		Mental health issues, , depression
Pregnancy Related		
Psychological		
Respiratory		Chest conditions, bronchitis, pneumonia
Stress/Anxiety		
Substance/Alcohol Abuse		Drug and alcohol abuse/dependency
Surgery		Operations

WAS YOUR SICKNESS WORK RELATED? YES/NO\*

DISABILITY RELATED? YES/NO\*

WAS YOUR SICKNESS CAUSED BY AN ACCIDENT AT WORK OR INDUSTRIAL DISEASE? YES/NO \*

(Insert Risk Incident Number, if known \_\_\_\_\_)

WAS YOUR SICKNESS CAUSED BY A ROAD TRAFFIC ACCIDENT?

YES/NO \* \* Delete as appropriate

Signed (Employee) \_\_\_\_\_

Date \_\_\_\_\_

Signed (Manager) \_\_\_\_\_

Date \_\_\_\_\_

COMPLETED FORM MUST BE SENT TO YOUR MANAGER. FAILURE TO DO SO MAY LEAD TO PROBLEMS WITH PAYING YOU SICK PAY AS THIS INFORMATION IS REQUIRED FOR INPUT TO THE ELECTRONIC STAFF RECORD

## Appendix 3

<b>Return to Work Interview Form:</b> To be completed by the manager with the employee on their return to work.					
Date of return to work interview:					
Employees Name:					
Job title:	Department:				
Managers Name:					
<b>Interview Details (continue on a separate sheet if necessary). Key questions to be covered:-</b>					
Details of illness:					
Are there any underlying causes? Eg ongoing health related issues. Is everything alright at home?					
Is the absence disability related?					
Have you worked during any period of your sickness? If so, when?					
Date of first day of absence:					
Date of last day of absence:					
Date of return to work:					
Total number of days absent:					
Bradford Factor Score:					
Did the absence result from an injury or incident at work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, was an incident form completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Annual leave refused prior to this period of sickness?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Doctor/GP seen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Certification required:	Self-Cert	<input type="checkbox"/>	Fit Note	<input type="checkbox"/>	
Certification received:	Self Cert	<input type="checkbox"/>	Fit Note	<input type="checkbox"/>	
Follow up action required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes:	Informal sickness review meeting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Formal sickness review meeting	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Referral to Staff Counselling/Physio	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Referral to Occupational Health	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

False statements subsequently proven beyond reasonable doubt or refusal to complete this form or any part therein will be considered to be serious misconduct and may result in further action under the BTHFT Disciplinary Policy and/or the Fraud and Corruption Policy.