

Health and Wellbeing Procedure and Guidance

Procedure

1. ABSENCE REPORTING PROCEDURE

All colleagues are required to follow the reporting procedure set out below.

If colleagues cannot attend work because they are ill or injured they should telephone an appropriate manager, person in charge or follow local procedures as soon as is practically possible. The following details should be provided:

- The nature of ill health or injury
- The expected length of absence from work
- Contact details
- Any outstanding or urgent work that requires attention

Colleagues should only use a third party to report their absence in exceptional circumstances where it is not practicably possible for them to do so themselves.

If taken ill or injured whilst at work colleagues should report this to an appropriate manager. If necessary managers should make arrangements for anyone who is unwell to be accompanied home or to receive medical treatment where necessary.

Line managers will ensure that:

- Any absence related to ill health that is notified to them is recorded
- Arrangements are made, where necessary, to cover work and to inform colleagues (whilst maintaining confidentiality)
- Appropriate agreements are made to keep in contact during the period of absence

Colleagues should expect to be contacted during their absence by an appropriate manager and/or People Services and/or Occupational Health who will want to enquire after their health and wellbeing to identify support and any reasonable adjustments where appropriate.

2. SUPPORTIVE HEALTH AND WELLBEING DISCUSSIONS / MEETINGS

A health and wellbeing discussion/meeting should take place as soon as is practicably possible at an appropriate agreed time and date. It is however acknowledged that there may be times when an urgent meeting needs to be called.

A health and wellbeing discussion/meeting will take place when a colleague may require support with their Health and Wellbeing. This could include:

- At the request from a colleague in the team
- A pattern of absence due to ill health (please see section 14)
- Planned surgery
- A prolonged period of absence due to ill health.
- A colleague struggling with their health and wellbeing
- Pastoral support to ensure physical and emotional welfare
- A long term condition that may require support and adjustments

During the discussion/meeting, the following may be discussed:

- Reasons for the absence(s)
- Where there is a prolonged period of absence, determining how long the absence is likely to last
- Discussion regarding patterns of absence and if they are likely to reoccur

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- Consider whether medical advice is required or, if already obtained, what that advice is
- Consider what support or reasonable adjustments might improve health and wellbeing

An outcome of the discussion/meeting may be:

- Agree a support plan
- A Management referral to Occupational Health and Wellbeing (please see section 11)
- Self-referral to Occupational Health (please see section 11)
- Signposting to any other support i.e. Employee Assistance Programme, physiotherapy, GP, financial advice
- Temporary/Permanent adjustments to role/working pattern agreed (please see section 12)
- Temporary or permanent redeployment being explored (please see section 13)
- Phased return to work agreed (please see section 14)
- Advice sought from People Services.
- Completion of an appropriate Risk Assessment (RA) e.g stress RA, Pregnancy RA
- Agree how to continue to keep in touch and the frequency of contact
- Consideration of ill health retirement (please see section 18)
- Consideration of employment break (please refer to the Special Leave Policy)

It is recommended that a record of discussion is made following any discussions/meetings which note the key discussions and agreements. A copy of the record should be shared with the colleague. *(a template can be found on Net-i)*

3. FORMAL HEALTH AND WELLBEING MEETINGS

The formal process should be considered where support mechanisms have been unsuccessful in improving attendance, there is a continued pattern of absence and/or in cases of a prolonged period of absence due to ill health where there is no indication of a return to work.

Supportive discussions will already have taken place through the health and wellbeing discussions/meetings as outlined in section 2.

The focus of the formal health and wellbeing meetings will be to give a colleague further support to facilitate their continued attendance at work or in cases of a prolonged period of absence due to ill health help to facilitate a return to work.

The discussions and actions taken during the formal stages will depend on the colleague's individual circumstances.

It is expected that if consideration is being made to move to a formal stage then advice and support is obtained from the People Services Advisory Team.

During the meeting there will be a review of previously identified support measures and initiatives as outlined in section 2 and consideration whether any alternative and/or additional support and/or adjustments are appropriate. Account will also be taken of any Occupational Health advice received or consideration if a re-referral to Occupational Health is required to obtain up to date medical advice.

As an outcome from the meeting there will be agreement regards an appropriate support plan, clear expectations set regards standard of attendance and timescales for review. Colleagues

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must also be advised that their employment may be at risk if attendance does not improve or there is no indication of a return to work date within a reasonable period of time.

The manager must confirm the agreed standards of attendance, timescale for review and any supportive actions agreed to the colleague in writing. *(a template can be found on Net-i)*

In certain circumstances a case conference may take place. A case conference usually consists of a face to face discussion between an Occupational Health Professional, the colleague, the colleague's representative (should they wish to invite one); the line manager and a People Services representative. The purpose of a case conference is to discuss any health and well-being concerns relating to a colleague. By discussing the employment circumstances and medical background of the colleague and the Occupational Health recommendations, a case conference aims to reach a common understanding of the issues and to agree a way forward with specific actions, e.g. another appointment at a later date, deciding to ask for consent for GP reports. It may also be useful where further clarification or discussion regarding Occupational Health advice is required. When to call a case conference will vary greatly on a case by case basis. However, in all cases a referral to Occupational Health will have been actioned and an Occupational Health assessment will have taken place. Further information regards a case conference can be obtained from the People Services Advisory Team or Occupational Health.

4. FINAL REVIEW MEETING

Where formal support mechanisms have been unsuccessful in improving attendance, there is a continued pattern of absence and/or in cases of a prolonged period of absence due to ill health where there is no indication of a return to work a final review meeting should be convened.

The final review meeting will comprise of a Chair with the authority to dismiss and no prior involvement. A Senior People Services Representative who will be present in an advisory capacity. Persons also in attendance may include:-

- The colleague
- Accredited Trade Union representative or work colleague
- The manager
- People Services support to manager
- Any other specialist by agreement

The Chair will be responsible for ensuring that the panel, colleague and their representative are advised in writing of the arrangements and provided with the management statement of case (prepared by the manager) prior to the hearing.

In reaching a decision about the appropriate outcome of the meeting consideration should be given to the content and outcomes of the supportive health and wellbeing discussions and formal management. Before termination of employment is considered all other options must have been explored and exhausted.

If notice of termination is issued, it will be subject to payment in lieu of notice and any outstanding accrued annual leave.

The right of appeal within 14 calendar days will also be advised from the date on which the decision letter was sent.

The outcome of the final review meeting and the rationale for the decision will be confirmed in writing by the Chair within a time frame to be agreed.

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5. APPEALS

Colleagues may appeal against the outcome of the final review meeting. The appeal should be made in writing, stating the full grounds of appeal, to the person identified in the decision letter within 14 calendar days of the date on which the decision letter was sent.

Where practicable, an appeal meeting will be conducted by a manager more senior to the individual who conducted the final review meeting. Also in attendance will be People Services support (present in advisory capacity), individual and appropriate representative/colleague (see section 19).

Following an appeal, the original decision may be confirmed, revoked or replaced with a different decision.

The date that any dismissal takes effect will not be delayed pending the outcome of an appeal. However, if the appeal is successful, the decision to dismiss will be revoked with no loss of continuity of service or pay.

The final decision will be confirmed in writing, within a timescale agreed at the appeal meeting.

There will be no further right of appeal.

Further Guidance

6. CERTIFICATION

For absences due to ill health between four to seven calendar days a self-certification form must be completed. This should be forwarded to the line manager as soon as possible. (This is available from <https://www.gov.uk/government/publications/statutory-sick-pay-employees-statement-of-sickness-sc2>).

For absences due to ill health for more than 7 calendar days a certificate from a healthcare professional (a 'Statement of Fitness for Work') will need to be obtained stating that the colleague is not fit for work and the reason(s) why. This should be forwarded to the line manager as soon as possible. If absence continues, further medical certificates will be required to cover the whole period of absence.

If a healthcare professional provides a certificate stating that the colleague 'may be fit for work' they must inform an appropriate manager as soon as possible to start discussions regards a suitable return to work plan.

Should there be concerns about the nature of any absences, or frequent short-term absence, a medical certificate may be required regardless of the duration. In such circumstances, the Trust will cover any costs incurred in obtaining such medical certificates, on production of a healthcare professional's invoice/receipt.

If absence due to ill health is not properly reported or appropriate medical or self-certification is not provided this could lead to pay being temporarily stopped and the absence being recorded as unauthorised.

7. ABSENCE DUE TO ILL HEALTH DURING PRE BOOKED ANNUAL LEAVE

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When a colleague becomes unwell during a period of previously arranged annual leave they can choose whether their period of illness is to be treated as absence due to ill health or as annual leave. If they wish the period of illness to be treated as absence due to ill health they are required to report this in line with normal notification and certification procedures. The colleague will be deemed to have been on absence due to ill health rather than annual leave from the date of notification and ESR/E-Roster systems should be updated accordingly by the line manager.

8. ANNUAL LEAVE ACCRUED DURING ABSENCES DUE TO ILL HEALTH

Whilst a colleague is absent due to ill health they will continue to accrue annual leave, however, they will not accrue bank holidays for the duration of the absence.

Colleagues who are unable to use up their annual leave entitlement within a given leave year because of a prolonged period of absence due to ill health will be entitled to carry over the remaining balance of their statutory holiday entitlement into the following leave year. The entitlement is based on the statutory holiday entitlement of 28 days (pro-rata) as defined by the Working Time Directive minus any annual leave and/or public holidays taken before sick leave began.

9. WORK RELATED INJURY/INDUSTRIAL INJURY

If a colleague advises that the reason for absence is because they have been injured at work, or have a disease or condition which is caused or aggravated by their job.

Managers must:

- Obtain information regarding the nature of the illness/injury
- Seek advice from Occupational Health (please see section 11) as to whether the injury, disease or condition meets the definition of injury at work.
- Ensure the appropriate documentation including an incident report and where necessary Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) is completed.
- Consider whether there are any temporary alternative duties or adjustments that may help the colleague to remain at work e.g. to prevent exacerbation of an existing ill-health condition or where they are awaiting a planned operation.
- Must record for payroll purposes that the absences are related to injury at work. Absences related to injury at work will not be counted towards calculation of paid sick leave the colleague is entitled to within the 12-month period.
- Where it has been determined that an injury, disease or condition meets the definition of injury at work then annual leave should not be used to support a phased return to work.
- The colleague should be advised of the potential entitlement to NHS Injury Allowance.

In these circumstances it is also recommended that further advice and support is obtained from the Trusts Health and Safety Team and the People Services Department.

Further information regards industrial injury can also be found in the NHS Terms and Conditions of Service Handbook and via the NHS Employers Website.

10. PATTERNS OF ABSENCE

Identifying patterns of absence can help inform conversations with the colleague to explore any contributing factors and offer support. Examples can include:

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- Frequently leaving work because of illness
- Increased absences associated with particular shift patterns or periods of on-call
- Patterns associated with a reduction in sick pay
- Absence due to ill health on the same day of the week or on a fortnightly, monthly or annual cyclical basis
- Absences before or after public holidays or annual leave
- Absences which are associated with particular outside events e.g. school holidays

11. OCCUPATIONAL HEALTH

Timely and open access to Occupational Health services is recognised to be key to assisting colleagues to maintain their health & wellbeing, provide advice & support to aid recovery after illness and support long-term condition management to enable colleagues to remain in work.

Occupational Health has several roles in the health & wellbeing within the Trust. These fall into 3 main groups:

- Prevention, Education & Awareness – Trust wide
- Wellbeing Support – physical well-being & emotional/mental wellbeing
- Advice & Guidance – Provide specific advice to colleagues, Managers and People Services to support colleagues to remain at work or facilitate the earliest successful possible return to work

All contact details and details regarding Occupational Health services and referral processes are available on NETI.

Colleagues can self-refer to Occupational Health, Covid rehabilitation, skin care management, MSK physiotherapy and counselling with CIC.

Management referrals to Occupational Health are made via COHORT following consent from the individual.

Occupational Health will provide written advice following consent from the individual. This could include:

- An assessment on the likely impact of the condition and a likely prognosis
- A potential for improvement
- What possible options are available to help improve health and wellbeing
- A potential need for medical input
- A likely timescale for a return to work and if necessary a phased return to work plan
- If there is a need for adjustments to duties – temporary or permanent
- Advise on ill health retirement application
- A recommendation for a case conferences for complex cases
- To liaise with GPs

Occupational Health can recommend or offer appropriate work place assessment(s) and monitoring of conditions.

12. REASONABLE ADJUSTMENTS

A reasonable adjustment is a change to remove or reduce the effect of a colleague's disability so they can do their job. The reasonable adjustment could be to:

- The workplace
- The ways things are done
- Getting someone to help the colleague

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The employer must look at what they can do to reduce or remove the disadvantage for the person with a disability. The adjustments will be particular to the colleague and their health condition but can cover things such as:

- Changing working arrangements, for example the colleague's shift pattern
- Removing something from the workplace, for example bright lights above the colleague's workstation
- Providing something in the workplace, for example an accessible car parking space
- Providing extra or specialised equipment
- Getting someone in to help, for example a sign language interpreter

What is considered 'reasonable' will depend on each situation. The Manager needs to consider carefully if the adjustment:

- Will remove or reduce the disadvantage for the person with the disability
- Is practical to make
- Is affordable by the employer or business
- Could harm the health and safety of others

13. REDEPLOYMENT

Dependent upon the nature and permanency of the illness and the Occupational Health advice, consideration should be given to the colleague's suitability to undertake alternative employment if this is available.

Where it is agreed to pursue redeployment, this should be confirmed in writing to the colleague advising that if suitable alternative employment is not secured within an agreed timescale, the matter will be escalated to a final review meeting, which may result in consideration of termination of contract on grounds of capability.

Please refer to the Trusts Redeployment guidance for further information.

14. PHASED RETURN

A phased return to work is where a colleague returns on reduced hours or alternate duties to facilitate a return to work following a period of absence due to ill health.

The purpose of a phased return to work is to gradually rehabilitate a colleague within an agreed timescale. The overall period of a phased return to work will be dependent on the individual case but will not normally extend beyond four weeks.

Normal pay will not be affected in this period. Outstanding or accrued annual leave may be used to support the phased return but should ideally not exceed the quarterly amount available for the colleague.

Where it has been determined that an injury, disease or condition meets the definition of injury at work then annual leave should not be used to support a phased return to work.

15. AGREEING A RETURN TO WORK PLAN

When a colleague returns to work following any absence due to ill health, the manager and colleague must have a return to work discussion as soon as possible and within 2 working days of the colleagues normal/rostered days back in the workplace.

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The return to work discussion will take place with the manager or designated deputy. The expectation is that this is a face-to-face discussion where possible and telephone or videoconference facilities would only be used where the colleague and manager are content that all other options have been fully explored

The aim of the return to work discussion is to welcome the colleague back to work and ensure that they are ready to return to work with any necessary revisions, amendments or support in place. It is also an opportunity to have a meaningful conversation about how the colleague can be supported to maintain and improve their attendance.

16. MEDICAL SUSPENSION

Although it is not envisaged that this will happen frequently there may be extreme occasions when it is necessary to suspend a colleague on medical grounds for their own safety, or the safety of patients, clients or colleagues. Exclusions of this nature will be subject to the manager taking advice from Occupational Health and People Services and may be subject to the duty to consider reasonable adjustments.

The manager may exclude an employee on these grounds, for example if:

- The manager has doubts about a colleague's ability to perform the full range of duties in a safe way following a period of absence
- The colleague is unwell or is suffering from a condition which causes the manager a concern, and might present a risk to themselves or others
- The colleague has been in contact with an infectious disease/condition.

(This list is not exhaustive)

In all cases colleagues will be placed on full pay until further medical advice can be sought from Infection Control or Occupational Health. This should usually be within 48 hours.

17. PAY DURING ABSENCE DUE TO ILL HEALTH

Pay during absence due to ill health is dependent on length of service. For all information on pay during absence due to ill health, please refer to your contract of employment, the NHS Terms and Conditions of Service Handbook or the relevant Medical and Dental terms and conditions.

18. ILL HEALTH RETIREMENT

In cases where the colleague is a member of the NHS pension scheme, they may be eligible to apply for retirement on the grounds of ill health.

This should be discussed with the colleague and it is the colleague's responsibility to apply for ill-health retirement pension benefits. This will usually follow a discussion with Occupational Health.

The colleague must be made aware that the decision to terminate employment is not linked to or subject to ill health retirement.

Colleagues are advised to contact the Trusts Pension Team to obtain further advice regards ill health retirement and the associated pay entitlements.

The decision to support retirement on ill health grounds lies with the Pensions Agency and not the Trust.

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The ending of employment will not necessarily be delayed in order for a pension application to be made and processed. It is therefore important that colleagues do not delay making a pension application once appropriate medical advice has been received and/or the decision to terminate employment is made.

19. RIGHT TO BE ACCOMPANIED AT MEETINGS

Advice may be sought at any time from Occupational Health and People Services in the best interests of the individual and may attend wellbeing discussion/meeting as appropriate.

Colleagues may bring a companion to any discussions or meetings under this procedure. The companion may be either a Trade Union Representative or a fellow work colleague. It is the colleague's responsibility to make the necessary arrangements for this.

Some companions may not be allowed: for example, anyone who may have a conflict of interest, or whose presence may prejudice a meeting.

20. MEDICAL APPOINTMENTS

It is expected that managers will be empathetic towards employees who require time off work to attend appointments, such as GP, dental and hospital appointments, tests, check-ups, health screenings, rehabilitation, and on-going treatment of long-term health conditions. Employees are expected to endeavour to arrange their appointments for outside of their normal working hours to minimise time off work, but it is accepted that such appointments may not always be available. Where these appointments cannot be arranged outside of the individual's working time, paid time off will usually be granted. If employees require regular time off for appointments on an ongoing basis, it is encouraged that a flexible working agreement is explored.

Managers should consider the locality of the appointment to the employee's base and home address when agreeing paid time off for travel time to appointments. If it is not reasonable to agree paid time off for travel time, then alternative arrangements should be considered such as annual leave, TOIL, and unpaid leave.

Please refer to the Trust's Special Leave policy and Carers guidance if employees require time off work to attend appointments with dependents.