

# **Employee Wellbeing and Attendance Management Policy**

## **W22 (Version 6)**

**This policy (V6) will be effective from 23<sup>rd</sup> April 2025. Any employee currently at an informal or formal review stage will continue to be managed using Version 5.13 Policy.**

**Any new cases will be managed through this version of the policy.**

**In agreement with Staff side, the People Advisory Service will carry out in September 2025 a review of all cases being managed under V5.13. Those cases may then be transitioned under this version (V6) of the policy at the corresponding stage and employees will be notified accordingly.**

Additionally refer to:

- Employee Wellbeing and Attendance Management Guidance
- Handling Concerns About Doctors and Dentists Conduct and Capability (W31)
- Drugs, Alcohol and Other Substance Misuse Policy (W34)
- Disciplinary Policy (W7)
- Grievance Policy (W8)
- Staff Domestic Abuse and Sexual Violence Policy (W50)
- Employee Performance Management Policy (W10)
- Leave Cluster (includes Annual leave, Maternity Leave and Special Leave) (W19)
- Employee Investigations Policy (W37)
- Flexible Working Policy (W23)
- Maintaining Personal Files and Electronic Employees Records (W27)
- Health and Safety Management Policy (HS01)
- Incident Reporting and Investigation Policy (HS02)
- Safe Moving and Handling Policy (HS08)
- Stress Management Policy and Risk Assessment Procedure
- Infection Prevention & Control Policy: Diarrhoea & Vomiting, including Norovirus (IPC48)
- Infection Prevention & Control Policy: Management of Infections in Staff
- Prevention and Management of Needlestick Injuries
- Food Safety Policy

HR policies are available from: [http://intranet/hr/HR\\_Policies.asp](http://intranet/hr/HR_Policies.asp):  
Other policies and guidance are available on the document library/Intranet

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V5.1	3.10.18	Erica Cobbold	draft	Discussed at JNCC Policy Meeting
V5.2		Erica Cobbold	draft	Further work on policy
V5.3	April 2019	Erica Cobbold	draft	Further work on policy
V5.4	November	Erica Cobbold	draft	Further work on policy
V5.5	January 2020	Erica Cobbold	draft	Feedback from JNCC Policy Meeting
V5.6	February	Erica Cobbold	draft	Feedback from JNCC Policy Meeting
V5.7	March 2020	Erica Cobbold	draft	Feedback from JNCC Policy Meeting and prior to policy group
V5.8	May 2020	Erica Cobbold	draft	Feedback from JNCC Policy Meeting and prior to policy group in June

V5.9	June 2020	Erica Cobbold	draft	Feedback from JNCC Policy Meeting and working group phone call
V5.10	January 2022	Erica Cobbold	Final	Amendment to section 5.7 on Representation (agreed by Staff side)
V5.11	Sept 2022	Erica Cobbold	Final	Minor amendments discussed at WPPG Sept 2022
V5.13	Sept 2023	Diana Martin	Final	Staff Psychological Support information added.
V6	March 2025	Michelle Pitt	Final	Full review of the policy has been undertaken which particularly included changes in the trigger points in the sickness procedure.

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## 1. Policy on a Page

The Trust has an important role to play in supporting the health and wellbeing of our employees. Effective and supportive management and early interventions are essential to support employees when they are not fit for work and assisting them to return to work successfully. We also know that patients receive better care from employees who are fit and well.

This Policy sets out key responsibilities for all parties in a clear, fair, and consistent process to enable supportive management of sickness absence across the Trust.

- The Policy applies to all Trust employees including Medical, Dental and Bank employees.

For employees:

- Take responsibility for their own health and wellbeing and where necessary seek support from their GP, line manager or other appropriate support.
- Notify their manager when absent from work, maintain contact throughout periods of absence and certify absence appropriately.
- Attend and engage with Occupational Health and other related appointments to enable their manager to support them.

For Managers:

- Support and manage employees in line with the process set out in this policy.

Consider early interventions to support employees when they are absent from work. Be open to exploring adjustments, new ways of working and to support employees that enable them to remain at work or return to work when they are able to.

- A Flow Chart outlining the process is included at Appendix A
- Annual Leave Entitlement Ready Reckoner after 12 weeks at Appendix B

The following appendices can be located in the Employee Wellbeing and Attendance Guidance document which must be read in conjunction with this policy.

- A Return to Work Form/Welcome Back Discussion template is included at Appendix C
- Sick Pay Extension Application Form at Appendix D
- Assessment for Extension of Sick Pay Application at Appendix E
- A description of early interventions is outlined in Appendix F
- Rapid Access to Treatment flowchart and form at Appendix G
- The Health Passport at Appendix H
- The Framework for supportive conversations in Appendix I
- Wellbeing Wheel and Action Plan in Appendix J & K

## 2. Policy Statement and Scope

- 2.1 The Shrewsbury and Telford Hospital NHS Trust (SaTH) is committed to supporting the health, wellbeing, and attendance of all its employees. The Trust recognises that maintaining and improving a healthy workplace and healthy employees is a fundamental factor in delivering the safest and kindest patient care. The objectives of the policy are to:
- Support the health and wellbeing of employees in the workplace.
  - Support employees to return to work following a period of sickness absence safely and as quickly as possible.
  - Support employees to sustain their attendance at work.
  - Provide managers with guidelines and tools to support them in the process of managing health and wellbeing of employees and sickness absence.
- 2.2 This policy recognises that each employee will be supported according to individual circumstances. It is designed to provide a framework for the fair, consistent, transparent, supportive, and effective management of sickness absence, balancing the interests of the employee with the needs of the service and the Trust. The focus is on what our employees can do, or might be capable of doing with reasonable help, and encourages managers to make reasonable workplace adaptations.
- 2.3 Managers, the HR Advisory Service, Trade Union and Professional Organisations (TUPO) representatives and agreed companions will work in partnership for the best interests of the employee, patients, and the service, and in support of the organisation's Health and Wellbeing Agenda.
- 2.4 This policy applies to all employees of SaTH including Medical and Dental employees, Very Senior Managers (VSM's) and employees engaged via the Temporary Staffing Department and Medical Temporary Staffing. This policy excludes agency workers and other contractors.

## 3. Overview

- 3.1 This policy relates to the Trust values in the following ways:

Partnering	Is supportive of others and encourages them to achieve their potential and look after their own wellbeing with appropriate support.
Ambitious	Focuses on solutions rather than problems, to give the best experience at work for our employees
Caring	Demonstrates how we will care for our employees who in turn care for our patients.
Trusted	Recognises and values employees for the work that they do and their contribution.

- 3.2 This policy works alongside the Trust's Health and Wellbeing Agenda and assists employees in finding support to help manage their own health and wellbeing, thereby minimising absence from work.
- 3.3 The management of sickness absence under this policy and discussions about an employee's health will be handled with confidentiality by all those involved. In accordance with the General Data Protection Regulations (2018) any information obtained as part of the sickness absence process

may be retained within employees' personal files (held securely in their department) and/or stored securely (electronically or hard copy) within the HR Department. Further information is available in the Maintaining Personal Files and Electronic Employees Records Policy.

- 3.4 This policy should be applied fairly to all employees ensuring that there is no discrimination as described within the provisions of the Trust's Equality, Diversity and Inclusion Policy or the Equality Act 2010.
- 3.5 Where it is suspected that an employee's sickness absence may be attributable to alcohol or substance misuse, please refer to the Trust's Drug, Alcohol and Other Substance Misuse Policy (W34). Where it is suspected that an employee's sickness absence may be attributable to domestic violence, please refer to the Trust's Staff Domestic Abuse and Sexual Violence Policy (W50) and Guidance on domestic abuse, (Guidelines for Managers and Employees: Domestic Abuse), available in the Managers Resources Folder. In both cases make an immediate referral to the Trust's Occupational Health service for advice.
- 3.6 This policy is not designed to be used to manage poor performance unless the underlying cause of the poor performance is identified as relating to an individual's health condition.
- 3.7 Any abuse of this policy, including falsifying sickness or associated paperwork, or providing misleading information may lead to the employee losing their entitlement to NHS sick pay and Statutory Sick Pay, referral to the NHS Counter Fraud Team and action under the Trust's Disciplinary Policy (W7).
- 3.8 Sickness absence in itself is not a disciplinary matter. However, the Trust's Disciplinary Policy may be used in certain circumstances, such as:
- where an explanation for absence is not forthcoming or satisfactory;
  - where this policy and procedure is not followed by the employee or manager;
  - where sickness absence is not reported in accordance with departmental and Trust procedures;
  - where sickness or evidence of sickness is believed to have been falsified, or misleading information is provided by the employee as part of their explanation for sickness absence;
  - where an employee fails to attend Occupational Health appointments and management meetings without justifiable reasons;
  - where a Fit Note is not provided within 7 days of issue, as reasonably practicable.

#### 4. Definitions

**Sickness Absence:** Absence from work due to ill health.

**Self-Certification:** Employees are requested to complete the Return to Work Form when they return to work to confirm they have been off sick for up to 7 calendar days.

**Working Day:** A period of time when an employee is expected to be in work.

**Part Day Absence:** Where an employee attends work and is unable to complete their working day due to sickness absence, see paragraph 6.1. A part

<b>Fit Note:</b>	<p>day absence is any absence during an employee's working day.</p> <p>Statement of Fitness for Work issued by a GP to certify absence from work of 8 calendar days or more or recommend adjustments to enable an individual to work.</p>
<b>Sick Pay:</b>	Employees absent from work owing to illness will be entitled to receive sick pay in accordance with their terms and conditions.
<b>Short term:</b>	Any period of absence that is less than 4 weeks.
<b>Long term:</b>	Absence from work that is (or is likely to extend to) a period of 4 weeks or more.
<b>Episode:</b>	An unbroken period of sickness absence lasting one or more working days. If one or more episodes occur within 7 calendar days for the same reason, they may be treated as 1 episode.
<b>Trigger Points for supportive conversations:</b>	<p>We want to support our employees to be fit and healthy. Absence can also have an impact on teams, colleagues and patient care; therefore, we have set some trigger points below where we would suggest managers have a supportive conversation with the member of employees, and if absence continues may need further discussions under this policy.</p> <p>These triggers will be assessed over a 12-month rolling period excluding the pattern trigger which may be assessed over a longer period, this is shown in the flowchart (Appendix A).</p> <ul style="list-style-type: none"> <li>• 10 working days (pro rata).</li> <li>• 4 episodes in a 12-month rolling period.</li> <li>• Any absence greater than 4 weeks.</li> <li>• Recognisable patterns/trends of absence.</li> <li>• If one or more episodes for similar reasons occur within 7 days, they may be treated as 1 episode.</li> </ul>
<b>Managers discretion:</b>	<p>Managerial discretion to apply this policy on an individual basis should be consistent and fair to determine how to reasonably support and manage an individual's sickness absence. Factors can include but are not limited to:</p> <ul style="list-style-type: none"> <li>• previous levels of attendance,</li> <li>• circumstances surrounding the absence,</li> <li>• conditions covered by the Equality Act 2010,</li> <li>• advice from Occupational Health</li> <li>• length of service of the employee.</li> </ul> <p>Discretion may include increasing/extending triggers, holding a further formal review before progressing to final formal review, phased returns, discounting an absence related to an outbreak in the ward/dept (Covid or Norovirus) or other adjustments. Managers are encouraged to seek advice from the HR Team. This</p>



discretion is to support employees and not to disadvantage employees.

<b>Food handler:</b>	A term referring to an individual (directly employed or an agency worker/external contractor) who: <ul style="list-style-type: none"><li>• directly touches open food as part of their work; or</li><li>• touches food contact surfaces or other surfaces in rooms where open food is handled.</li></ul>
<b>Gastroenteritis:</b>	An over-arching term which includes diarrhoea, vomiting and Norovirus. Food Handlers should refer to the Section 17 and Food Safety Policies.
<b>The Equality Act 2010:</b>	The legislation that protects people from discrimination in the workplace and in wider society. This incorporates 9 'protected characteristics' These are age, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and disability.
<b>Disability:</b>	The Equality Act 2010 contains a very broad definition of disability, which includes both physical and mental impairments that last, or are expected to last, 12 months or more and are substantial in terms of their effects on the person's day-to-day life.
<b>Mental Health</b>	Mental health refers to an individual's emotional, psychological, and social well-being. It encompasses how individuals think, feel, and act, as well as their ability to cope with the normal stresses of life, work productively, and contribution. Good mental health allows individuals to realize their full potential and thrive in everyday life.
<b>Long Term Incapacity</b>	Unpaid leave can be requested for up to 3 months to support the assessment, rehabilitation or treatment required as part of a disability or long-term incapacity. (to apply see Leave Policy W19 Chapter 8 – Special leave Procedure).
<b>Reasonable Adjustment:</b>	As required under the Equality Act 2010, an employers' requirements to make reasonable adjustments to ensure people with a disability or long term condition are not disadvantaged in the workplace.

## **5. Roles and Responsibilities**

### **5.1 Trust Board / People and OD Assurance Committee**

- PODAC has a responsibility to ensure the Trust commits to supporting employee's Health and Wellbeing at a senior level through the necessary policies, occupational health, and counselling provisions.
- PODAC has a responsibility to oversee this policy and ensure that appropriate processes and actions are in place.

## **5.2 All Managers, Employees, Human Resources and Staff Side colleagues**

It is the responsibility of all parties to comply with:

- Health and safety requirements.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) (as amended).
- The Equality Act 2010 and;
- Other relevant legislation.

It is the responsibility of all parties to maintain confidentiality throughout the process of managing sickness absence issues from when an employee reports absence through to and including any formal stages of the process.

## **5.3 Employees**

- Take responsibility for their own health and wellbeing.
- Notify their manager as soon as possible of their absence in accordance with Section 6.2 below.
- Advise managers of any work that may need to be covered in their absence. Provide Fit Notes to their manager within 7 calendar days of its issue, where reasonably practicable;
- Not knowingly withholding or falsifying information on their health record. This may result in disciplinary action and may constitute gross misconduct in certain circumstances.
- Take responsibility for their regular attendance at work in accordance with their contract of employment.
- Comply and co-operate with the requirements set out in this policy.
- Consider advising their manager that they have/may have a disability (within the bounds of the Equality Act) in order that relevant support can be provided, using the Health Passport (available on the intranet or Managers Resources Folder).
- Keep in contact with their manager and update them on their progress as necessary, whilst accepting that the manager may also contact them at home during the period of absence, which should be by an agreed method and at agreed times wherever possible.

## **5.4 Human Resources**

- To provide support and guidance on the implementation of this policy and ensure consistency of approach across the Trust.
- Monitor the application of this policy, adhere to relevant legislation, and update the policy as required.
- Provide training for managers on supporting employees' health and wellbeing and implementing this policy.
- Work closely with managers, employees, and TUPO representatives, in conjunction with Occupational Health where applicable, to facilitate and support a return to work from sickness in an appropriate, safe, and timely manner. Support managers in considering any requested adjustments so that all reasonable options are explored.

## **5.5 Divisional Lead/Head of Service**

It is the responsibility of the Divisional Lead or equivalent Head of a corporate function (i.e. a manager one step away from a Board position) to:

- Ensure effective management of health and wellbeing within their areas of responsibility;
- Take timely decisions regarding the extension of paid sick leave;

- Take decisions regarding the termination of employment with the Trust or delegate authority to an appropriate manager.
- Take decisions regarding eligibility for Temporary Injury Allowance using the NHS Injury Benefit Scheme Employer Guidance.(See section 15 of the Employee Wellbeing and Attendance Guidance for the link)
- Ensure that this policy is effectively and appropriately implemented.
- Ensure that the processes within the policy are monitored and non-compliance is acted upon.

Although ultimate responsibility rests with the Divisional Lead or equivalent Head of a corporate function, it can be delegated on an operational basis as appropriate - please refer to the Authority to Take Action Table in Appendix 5 of the Trust's Disciplinary Policy.

## **5.6 Managers**

- Maintain ongoing, regular contact as agreed with absent employees in line with this policy.
- To ensure they support the health and wellbeing of their employees, seeking advice as appropriate from other appropriate specialities (e.g., Human Resources, Occupational Health, Health & Safety or Manual Handling).
- Ensure they understand and comply with this policy and procedure and apply this consistently across their teams.
- Where applicable ensure that employees rotas (including allocation of bank shifts) allow for employees to take appropriate rest breaks in line with the Working Time Directive (WTD).
- Report absence via the appropriate system i.e. e-rostering and ESR. Where employees choose to take annual leave during a period of sick leave, managers must also ensure that they notify Pay Services to ensure appropriate payment is made, please refer to Section 9.4.7.
- Conduct return to work discussions on the first day back at work or within 72 hours and ensure that the return to work form is signed by the employee as an accurate record and all Fit Notes, (where required,) have been submitted.
- Ensure that their employee understands this policy and procedure and how to access it.
- Work with the appropriate department (e.g. Pay Services, e-rostering, ESR) to ensure that the individual receives the correct sick pay, taking account of the provisions relating to work-related injury or disease.
- Managers should liaise with pay services to seek information on the status of an employee's sick pay entitlement in cases where there is long term or frequent short term absence and ensure that the employee is made aware if they are moving into half or nil pay situations.
- Regularly monitor and review arrangements to identify where and how the management of absence in their department can be improved, in partnership with relevant Trust and Employees Side representatives.
- Liaise with the employee and agreed support, (see Section 11.8) to ensure that meetings take place in a timely manner.
- Treat employees sensitively and ensuring confidentiality at all times. Offering them appropriate support, ensuring that any work-related contributory factors or environmental issues affecting their health are dealt with as soon as reasonably practicable.
- Complete departmental and individual's stress risk assessments as necessary in line with the Health and Safety Risk Assessment Templates Policy.
- Attending relevant training or view training material such as podcasts to ensure they understand how to apply this policy and support employees.
- Ensure all employees have access to support materials especially where the employee have limited access to electronic resources.

## **5.7 Trade Union/Professional Organisation Representatives and Trust Employed Colleagues**

At any formal meeting, an employee has the right to be represented, if they wish, by either a representative from a recognised Trade Union or Professional Organisation or a Trust employed work colleague. Although there is no right to be accompanied at informal meetings; to support wellbeing and with the permission of the manager, employees may request to be accompanied at informal meetings provided this does not unreasonably delay the meeting.

Where the employee is a member of a Trade Union or Professional Organisation and has asked for representation, it is the responsibility of that accredited representative to:

- Support the employee effectively;
- Provide the employee with advice on all aspects of this policy;
- Liaise with the employee and manager to ensure that meetings take place in a timely manner;
- Work closely with managers to ensure that the policy and guidance are applied effectively;
- Work with the employee and the manager to facilitate a safe and appropriate return to work as soon as is reasonable, taking into account advice from any other appropriate specialities (e.g., Human Resources, Occupational Health, Health & Safety or Manual Handling);
- Support the organisation's health and wellbeing agenda.

The role of the Trust employed work colleague is to provide the employee with support. They may also take part in relevant meetings/hearings and speak on behalf of the employee with their permission.

The colleague does not have the right to answer questions on the employee's behalf, address the meeting, (if the employee does not wish it) or prevent the employee or employer from explaining their cases.

Family members or partners who are also employed by the Trust are not able to accompany an individual unless they are required to assist with disabilities or language difficulties or any other extenuating circumstances.

## **5.8 Occupational Health**

Key responsibilities for Occupational Health (OH):

- Provide impartial and evidence-based advice to managers and employees on:
  - Fitness to work including reasonable adjustments.
  - Rehabilitation into the workplace
  - Suitable alternative roles for redeployment
  - Fitness for continued employment and ill health retirement
- Establish the reason for absence, whether there is an underlying medical condition, if it is likely to be classified as a disability, advise on sustained attendance levels and in certain circumstances if rehabilitation, redeployment, and retraining is appropriate.
- Indicate the likely length of continued absence.
- Assess the effect of an illness/injury on the employee's ability to do their job, what they are capable of undertaking and if any adjustments can be made to facilitate their return as soon as safe and practical. This may include liaising with the employee's GP or consultant specialist(s) and interpreting records or seeking clarity where there may be a difference in medical opinion while maintaining medical confidentiality. This will be done with the written consent of the individual.
- Provide advice on a phased return to work from long term absence where appropriate and necessary.
- Encourage and empower employees to take ownership of their own health and well-being and

provide support in the form of medical and lifestyle advice and through signposting to other support services or agencies, as appropriate.

- Advise employees and managers on the justification for ill-health retirement.
- Liaise with the line manager to ensure there is a full awareness and understanding of the employee's role.
- Advise managers and HR on temporary exclusion from work on medical grounds in accordance with a statutory requirement or in the case of contact with a notifiable or contagious disease.
- Where OH becomes aware that an employee has had a work-related injury, include this in their report to bring to the attention of the line manager to ensure it is reported via the Datix system and to Health and Safety as appropriate.

## **5.9 Staff Psychology Service**

The Staff Psychology Service is available to support any employee who is experiencing emotional distress in relation to a work-related issue. Employees wanting to access their support can refer themselves by emailing: [sath.staffpsychology@nhs.net](mailto:sath.staffpsychology@nhs.net) or a manager can refer on their behalf. Information about the service is also available on the intranet: [SaTH Intranet - Staff Psychology Service](#).

Support for non-work related issues is also available via HELP employee assistance programme. Information about these services is available on the intranet: [Sath Intranet – Staff Psychology](#)

## **6. Reporting Sickness Absence and Maintaining Contact**

### **6.1 Sickness at Work / Part Day absence**

If an employee becomes unwell whilst at work, they should report their illness in person to their line manager (or other authorised person as specified in departmental procedures). The manager will then record that the employee went home sick on Health Roster (if this is used), part day absences are not recorded on ESR and therefore will not appear on trigger reports as a period of absence.

Part day absences will be classed as a full day's attendance for pay purposes. The part day of absence will be recorded for monitoring purposes and a return to work form completed. Repeated part day absence (an employee repeatedly presents as unfit for work or becomes unfit during the course of the day) may trigger a review under 'patterns of absence,' see section 11.2 Part day absences can be reviewed looking at return to work forms or part day absences on e-rostering (where used).

If the employee continues to be unwell the following day, the absence should be recorded on ESR/HealthRoster from this date, (the first full day of absence).

### **6.2 Notifying / Reporting Absence – Non-attendance at Work**

If an employee is too unwell to come to work, they are required to personally contact their manager on the first day of absence (or other authorised person as specified in departmental procedures). Contact should be made at the earliest possible opportunity in order to arrange cover if necessary. Where reasonably possible, it is expected that an employee will notify their manager of sickness absence in an appropriate timescale for their work area bearing in mind that it may be necessary to find cover for the absence – for example:

- in areas such as wards which operate a 24-hour service, no later than 1 hour before the start of their shift and for employees on night duty, no later than 4 hours before the start of their shift;
- in areas staffed during usual 'office hours' (e.g. 9 am – 5 pm), as close to the normal departmental start time as possible.
- and at the latest by the time agreed locally for each department.

Employees will need to explain the nature of the illness, if it is due to a work-related injury or illness and if possible, give some indication of the likely date to return to work to assist their manager in planning for any cover that may be required.

The employee should also agree with their manager when calling in sick when they will next contact them, should the absence continue.

If the manager or his/her nominated deputy is not available to take this call, employees can leave a message to confirm their absence due to sickness, the telephone number they wish to be contacted on, and the manager will call them back that day.

Notification by text message, e-mail or any form of social media is not acceptable unless this has been pre-agreed with the manager.

In exceptional circumstances, it may be appropriate for a friend or family member to contact the employee's manager; however, the employee should call their manager themselves at the earliest opportunity.

Failure to follow the correct absence notification procedure without good reason, may be considered an act of misconduct and could lead to action under the Disciplinary Policy.

### **6.3 Keeping in touch during periods of absence.**

Regular contact should be maintained between the employee and their manager, (additionally a buddy may also be allocated by the manager to keep in touch with the employee and in some circumstances undertake the return to work discussion if appropriate), throughout the period of absence. Please refer to Employee Wellbeing and Attendance Guidance appendix F on Early Interventions that can support an employee with their health and wellbeing and possibly shorten the length of their absence.

Should absence continue after 5 days then appropriate contact arrangements can be agreed. Should absence become long term then contact should be made at least monthly. Managers should document how often they have agreed to contact the employee during their absence.

## **7. Certification/Recording of Sickness Absence**

For information about self-certification and Medical Certification/Fit Notes refer to section 7 of the Employee Wellbeing and Attendance Management Guidance.

### **7.1 Unauthorised Absence**

Failure to properly report sickness absence may result in the absence being considered as unauthorised and therefore unpaid. This could lead to action under the Disciplinary Policy.

The manager will make reasonable attempts to contact the employee during their absence. Should contact not be made by the employee and the absence continues for more than one day/shift then the manager should write to the employee to inform them that their absence is unauthorised and pay will cease. The manager will instruct Pay Services accordingly. Should there continue to be no contact within the timescales indicated in the letter or a failure to report absence, then the manager will contact HR for advice on progressing this through the Disciplinary Policy.

## **7.2 Medical suspension**

If an employee displays symptoms of a serious illness which could impact on the health and safety of themselves, colleagues, or patients, the employee may be suspended from work on medical grounds. Medical suspension is a neutral action to allow the Trust to investigate the nature of the health issue. Advice should be obtained from Human Resources, Infection Control, Health and Safety and a referral to Occupational Health should be made for the employee to determine their capability to work. During periods of medical suspension, the employee will receive full pay.

Continuation of medical suspension should be reviewed at 10-day intervals and the employee should be kept informed about the progress of the investigation at each interval.

Example of Absence Reasons (not an exhaustive list, but advice can be provided by Infection Protection Control team).

- open Tuberculosis (TB),
- infectious stages of whooping cough,
- measles,
- rubella,
- chicken pox

## **8. Secondary employment and bank work**

Where an employee is off sick, they are indicating they are not fit to fulfil their role as an employee either in full or adjusted in line with their GP Fit Note or Occupational Health guidance. No other paid employment, (including other Trust jobs and Bank employment within the Trust) should normally be undertaken during the period of sickness. Managers should remind employees of this when they first call in sick.

Exceptionally, where the Fit Note has specified and allowed other employment, an employee may continue to work in that role whilst remaining off sick from their (other) Trust role. The employee must ensure that they notify their line manager(s) within the Trust in writing that they are working elsewhere and provide a copy of the Fit Note that authorises this. The line manager should liaise with the HR Advisory Team and Pay Services in order to ensure that appropriate payments are made.

Where an employee is found to be working elsewhere whilst in receipt of contractual sick pay and a Fit Note cannot be provided to confirm their eligibility to work in their secondary employment, this may be treated as gross misconduct under the Trust's Disciplinary Policy (W7). The Trust's Counter Fraud Officer will also be notified, and this may be investigated as a criminal offence.

Where a volunteering (i.e., unpaid) role will be beneficial to the individual's recovery the employee may undertake such work provided this is reported in writing to their line manager.

## **8.1 Bank Work via the Temporary Staffing Department following sickness absence.**

The Trust recognises that returning to work following a period of absence can be tiring. To ensure that the employee has sufficient rest following a period of sickness absence that exceeds one working week, employees that hold bank posts in addition to their substantive post should only undertake bank work after one week from their date of return to work in their substantive post. Employees who are on a phased return to work will need to have returned to their full duties and contracted hours of work before undertaking any bank work. Exceptions to the above should be discussed and agreed with line managers.

## **8.2 Absences when an employee is involved in a grievance or disciplinary.**

It is acknowledged that involvement in a grievance or disciplinary may impact on an employee's stress and anxiety levels. Early Occupational Health advice should be sought in order to confirm that the employee is fit enough to proceed in any management discussions, (where appropriate) with the aim of resolving the outstanding issues as quickly as possible in order to support an early resolution to the grievance or disciplinary.

## **9. Pay and other types of leave**

For information on extension to sick pay refer to Section 15 and medical appointments refer to Section 24 of the Employee Wellbeing and Attendance Management Guidance.

### **9.1 Sick Pay**

Pay will be in accordance with Agenda for Change NHS Terms and Conditions of Service Handbook, Section 14 or the National Conditions of Service for Medical Employees (refer to individual contract information). Further information on sick pay can be found via the relevant links at the back of this policy.

### **9.2 Withholding Sick Pay**

Employees will not be eligible to receive sick pay in the following circumstances:

- Where they fail to adhere to this policy and/or departmental sickness absence procedures;
- The absence is found not to be due to the sickness of the employee receiving sick pay;
- Following an accident, damages are received from a third party (see paragraph 14.16 of the Agenda for Change Terms and Conditions of Service);
- Sick pay is also not normally payable for an absence caused by an accident due to active participation in sport as a profession, or where contributory negligence is proven. (see paragraph 14.15 of the Agenda for Change terms and Conditions of Service).

### **9.3 Payment of enhancements when off sick**

Not all employees are entitled to enhancements when off sick. In line with the Agenda for Change Terms and Conditions of Service or the National Conditions of Service for Medical Employees, the following employees during sickness absence, will have their pay calculated on the basis of what they would have received had they been at work. Pay will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements. It will be based on the previous three months at work:

- For employees that have a basic salary of £18,160 or less.



- Those employees who are absent due to injuries, diseases or other health conditions sustained or contracted in the discharge of their duties of employment which are wholly or mainly attributable to their NHS employment, whom the employer determines are eligible to receive injury allowance in line with paragraphs 22.3 and 22.4; (see also paragraph 14.7 of the Agenda for Change Terms and Conditions of Service Handbook).

## 9.4 Sickness Absence and Annual Leave/Public Holidays

### 9.4.1 Sickness and public/bank holidays

If an employee is off sick on a public/bank holiday they cannot reclaim that public/bank holiday entitlement. This applies to both short and long term absences. Managers must also manually adjust Healthroster to deduct the relevant day to ensure correct recording of information.

Situation	Outcome	Manager Actions
Rostered to work but off sick on public holiday	<ul style="list-style-type: none"> <li>Sickness recorded on HealthRoster (or ESR for areas not using HealthRoster).</li> <li>Annual leave for the public holiday is not accrued and therefore needs to be removed from entitlement.</li> </ul>	<ol style="list-style-type: none"> <li>Record the sickness absence on HealthRoster/ESR78</li> <li>Reduce annual leave entitlement by 1 day (7.5 hours for full time staff, regardless of shift length. Pro rata for staff working less than 37.5 hours).</li> <li>Add note to explain why it has been reduced.</li> </ol>
Booked annual leave for the public holiday but then off sick on the public holiday	<ul style="list-style-type: none"> <li>Sickness recorded on HealthRoster.</li> <li>Annual leave for the public holiday is not accrued and therefore needs to be removed from entitlement.</li> </ul>	<ol style="list-style-type: none"> <li>Record the sickness absence on HealthRoster</li> <li>Reduce annual leave entitlement by 1 day (7.5 hours for full time staff, regardless of shift length. Pro rata for staff working less than 37.5 hours).</li> <li>Add note to explain why it has been reduced.</li> </ol>
Rostered as a day off (rest day, or non-working day) on the public holiday and then off sick on the public holiday with <u>short term absence</u> (less than 4 weeks)	<ul style="list-style-type: none"> <li>Sickness recorded on HealthRoster.</li> </ul>	<ol style="list-style-type: none"> <li>Record the sickness absence on HealthRoster. (no reduction to annual leave is needed).</li> </ol>
Rostered as a day off (rest day, or non-working day) on the public holiday and then off sick on the public holiday with <u>long term absence</u> (more than 4 weeks)	<ul style="list-style-type: none"> <li>Sickness recorded on healthroster</li> <li>They do not accrue the public holiday entitlement for any public holidays that fall during the <u>long term</u> absence.</li> </ul>	<ol style="list-style-type: none"> <li>Record the sickness absence on HealthRoster</li> <li>Reduce annual leave entitlement by 1 day for each public holiday during the absence (7.5 hours for full time staff, regardless of shift length. Pro rata for staff working less than 37.5 hours).</li> <li>Add note to explain why it has been reduced.</li> </ol>

### 9.4.2 Accruing Annual Leave during Sickness Absence

If an employee is absent from work because of long term sickness absence they will accrue full annual leave entitlement, (excluding general public holidays) during the first 12 weeks of sickness absence. After this, they will accrue statutory annual leave only, at the rate of 2.88 hours per week, (pro-rata for employees contracted for less than 37.5 hours per week).

For a ready reckoner demonstrating the effects for employees employed on Agenda for Change Terms and Conditions of Employment please see Appendix B.

For Medical and Dental staff, employees should refer to the following guidance for details:

The contracts refer to them under the Schedules for Leave and Public Holidays-

- Consultant 2003 – Schedule 18 [Microsoft Word - Terms and conditions - consultants \(England\) 2003 \(version 15, August 2024\)](#)

- Specialist 2021 – Schedule 15 - [TCS-for-specialist-grade-england-2021\\_0.pdf](#)
- Specialty Doctor 2021 – Schedule 15 [Specialty-Doctor-terms-and-conditions-June-2022.pdf](#)
- Resident Doctors 2016 – Schedule 10 [NHS-Doctors-and-Dentists-in-Training-England-TCS-2016-VERSION-11.pdf](#)

For guidance on how to recalculate annual leave for someone who has been off sick longer than 12 weeks a number of podcasts refer to the guidance in the Managers Resources Folder: [X:\Workforce\ManagersResources\PODCASTS.](#)

#### **9.4.3 Sickness during Annual Leave**

If an employee becomes sick during a period of annual leave they can convert annual leave into sickness absence so long as they report sickness absence in accordance with their ward/department's sickness reporting procedure (excluding bank holidays). If their sickness absence is 8 calendar days or more, they will need a Fit Note or equivalent medical certificate if overseas which must include the medical practitioners' details and patient identifying reference. Failure to follow departmental reporting procedures will result in the annual leave not being reinstated.

If an employee has pre-booked annual leave that falls during a period of sickness absence their annual leave can be cancelled, unless they wish to take the annual leave, see Section 9.4.5.

- E-Rostering actions a cancellation automatically when sickness absence is entered onto the system. If the individual is taking the leave they will need to manually deduct the number of hours from their entitlement on E-rostering and instruct Pay Services to make a payment for the required hour's annual leave to the individual, if on half or nil pay.
- Where E-rostering is not utilised, employees are advised to discuss this with their manager to ensure their leave record is accurate. The manager should instruct Pay Services to make a payment for the required number of hour's annual leave, (if the individual is on half or nil pay).

#### **9.4.4 Carry-over of annual leave due to Sickness Absence**

If an employee is unable to take their annual leave in the current leave year, it is expected that they will take their reinstated annual leave as soon as possible in the new leave year, and definitely within three months of returning. In the unlikely event that this is not achieved, any leave must be taken within 18 months of the end of the year during which the holiday was accrued.

Managers are encouraged to discuss annual leave with their employees to try and support as much leave as possible to balance the needs of the service with the employee's wellbeing, allowing for rest and recuperation using their annual leave.

#### **9.4.5 Taking annual leave when off sick.**

If an employee is off sick and they wish to take a holiday either in the UK or abroad, the Trust requires them to notify their line manager. Once this notification is received, the manager will consider the following factors as to whether the time should be recorded as sickness absence to support and aid recovery or as annual leave and accordingly deducted from their leave entitlement. This needs to be a reasonable decision on a case-by-case basis considering the following factors:

- The distance the employee is planning to travel during the time away and will this be by car, plane etc.

- The employee's physical and mental health, and reason for sickness absence.
- The nature of the holiday and if it will be beneficial to the employee's recovery.
- Any advice from the employee's GP or Occupational Health.
- Whether the employee is travelling to be cared for by family abroad or has little/no support network in this country or locally.

It does not matter if this holiday was pre-booked prior to the sickness or whilst off sick. Employees should only take holidays during sickness if it is not detrimental to their health or will not hinder their recovery. Annual leave should not be used to cover up sickness absence if they are not fit for work. For consistency and fairness, managers are encouraged to speak to the HR Team if they are unsure about whether to agree a request or not. Where an employee is dissatisfied with the decision the manager has made, they can seek advice from their Trade Union Representative and refer to the Trust's Grievance Policy (W8).

#### **9.4.6 Being away from home during sickness absence**

Employees can be away from home for an extended period, normally a period exceeding normal weekly days off, however they must notify their manager in advance that they will be away from home. This would normally be for a period of recuperation, either being cared for or supported by a friend/relative. Unless in extenuating circumstances, the Trust would not support this extended period being overseas. For clarity, this is not for taking a holiday either in the UK or abroad, please refer to Section 9.4.5.

An employee's manager will need to explore the reasons for being away from home and discuss arrangements for maintaining regular contact during absence. It is the employee's responsibility to be available to attend any sickness related meetings during sick leave. It is also the employee's responsibility to keep in contact with their manager during sick leave. Failure to do so or abusing this policy position could result in sick pay being withheld and/or disciplinary action being taken. In these circumstances annual leave is not deducted from the employee's entitlement.

#### **9.4.7 Payment for annual leave when off sick**

If an employee is off sick, their employment status will always be 'off sick' until they are fit to return to work. However, please refer to Section 9.4.5. Practically this means that once they have notified their manager of the dates and number of hours annual leave they wish to take, these hours are deducted from their leave entitlement, and they will receive a payment in lieu of their annual leave if in receipt of half or nil pay.

An employee's manager will instruct Pay Services to make a payment to this effect in the next pay period. It is the employee's responsibility to make sure they have fully explored all of their personal financial circumstances, including the effect of a leave payment on any benefits they may be receiving.

### **9.5 Pregnancy related absence and maternity leave**

If an employee is off work ill, or becomes ill, with a pregnancy-related illness during the last four weeks before the expected week of childbirth, maternity leave will normally commence at the beginning of the 4th week before the expected week of childbirth or the beginning of the next week after the employee last worked, whichever is the later.

Sickness absence prior to the last four weeks before the expected week of childbirth, supported by a medical statement of incapacity for work, or a self-certificate, shall be treated as sickness absence in accordance with this policy.

Odd days of pregnancy-related illness during this period may be disregarded if the employee wishes to continue working till the maternity leave start date previously notified to the Trust.

Employees who are absent from work due to sickness whilst pregnant should still be managed in line with this policy. However, periods of sickness absence relating to the pregnancy should not be counted as absences for the purpose of trigger points. Non pregnancy related sickness absence should be managed as usual in line with this policy.

## **9.6 Other types of leave**

When there are times of unexpected family or other difficulties employees may have problems that affect their ability to attend work. In such cases claiming sickness absence is not appropriate and would amount to misuse of the policy. Please refer to the Trust Leave Policy Cluster (W19, Chapters 1 – 8) on the intranet to identify the relevant procedure to follow in the event that employees have to take leave at short notice, to deal with personal problems or emergencies. It is advised that employees should discuss such problems and possible options with their manager to identify support or assistance that can be provided.

## **10. Returning to Work**

### **10.1 Welcome back/return to work discussion**

The welcome back/return to work discussion is an important part of welcoming the employee back to work, updating them on any changes or work matters, discussing any Occupational Health advice, confirming any adjustments and also if a phased return is appropriate, (if not already discussed/agreed prior to returning). It is important that the return to work discussion is held on the employee's first day back at work or no later than 72 hours of return.

For further information and advice on how to prepare for the discussion, refer to section 8 of the Employee Wellbeing and Attendance Management Guidance.

### **10.2 Returning before the fit note ends.**

If an employee finds they are able to return to work sooner than indicated, they should inform their manager as soon as possible so that any cover that has been arranged can be cancelled. Should an employee wish to return to work before the date indicated on their Fit Note, they can choose to do so, providing that:

- it is safe for them to return;
- in agreement with their manager.
- They judge that returning early will not have a detrimental effect on their own health.

Where a manager has concerns about an employee's fitness to return to work, they should seek advice from Occupational Health and the HR Team.

## 10.3 Phased return to work / temporary restrictions/adjustments

### 10.3.1 Phased return to work

- Advice will be given by Occupational health as to whether a phased return to work would be beneficial. A phased return to work would usually involve the employee working a percentage of their hours initially and building up to their full contracted hours over a period of up to 4 weeks. If this is applicable Occupational Health can advise on the specifics of the phased return which will depend on a number of factors such as the reason for absence, how long the individual has been absent from work, the number of hours they are contracted to work and the type of job they do.
- The manager will discuss with the employee the recommended phased return and whether it is possible to accommodate this within the service. It is ultimately the manager's decision on whether the phased return is reasonable and can be implemented, however if a phased return cannot be accommodated advice **must** be sought from HR Advisory team. For further information refer Work Adjustment/Return to Work Risk Assessment Form in the Health and Safety Risk Assessment Policy (HS01).
- The aim of a phased return is to help the employee fulfil their potential to the extent of their capability for a defined period up to 4 weeks, documented and reviewed using the Work Adjustment /Return to Work Form. If a longer phased return is needed, then any shortfall in hours should be made up with either annual leave or unpaid. Alternatively, a flexible work request could be submitted for a permanent adjustment to hours. See Flexible Working Policy (W23 – appendix B).

During the 4 week period, the employee will receive their full contractual pay whilst working differently. During a phased return employees earning less than the £18,160 threshold should receive an average of their unsocial hours for up to four weeks.

- Should it become apparent during/after the agreed period of a phased return that the employee will be unable to fulfil their full role, the manager must consider all other possible solutions e.g., further adjustments to hours or duties or seeking redeployment via the redeployment process into a suitable existing vacancy to retain the employee in employment with the Trust.
- If it becomes apparent that the employee will not be able to return to their full role within a reasonable period of time it may be necessary for the manager to consider progressing to a Final Formal Review of the Trust's process for a panel to consider the employee's case including possible termination of employment.

### 10.3.2 Temporary Reasonable Adjustments

- Where employees are awaiting or recovering from surgery, other treatments or are returning to work following a period of long term sickness absence, it may be appropriate for their manager to agree temporary adjustments/restrictions in working arrangements. In reaching their decision, the manager must consider the needs of the employee together with the needs of the service with advice from Occupational Health.
- The aim of temporary adjustments is to help the employee fulfil their potential to the extent of their capability for a defined period up to 4 weeks, documented and reviewed using the Work Adjustment /Return to Work Form

- The manager will discuss with the employee the recommended reasonable adjustment and whether it is possible to accommodate this within the service. It is ultimately the manager's decision on whether any recommended adjustments are reasonable and can be implemented. If recommended adjustments cannot be accommodated advice **must** be sought from HR Advisory team. For further information on adjustments please refer to Appendix E and also the Work Adjustment/Return to Work Risk Assessment Form in the Health and Safety Risk Assessment Policy.
- Any arrangements agreed should be reviewed after the time period indicated. If the employee is unable to undertake full duties after the initial period of adjustments, then a referral back to Occupational Health would be recommended and the adjustments reviewed on receipt of the report.
- Should it become apparent during a period where reasonable adjustments have been made that the employee will be unable to fulfil their full role, the manager must consider all other possible solutions e.g., further adjustments to duties or seeking redeployment via the redeployment process into a suitable existing vacancy to retain the employee in employment with the Trust.
- If it becomes apparent that the employee will not be able to return to their full role within a reasonable period of time it may be necessary for the manager to consider progressing to a Final Formal Review of the Trust's process for a panel to consider the employee's case including possible termination of employment.

### 10.3.3 Managing temporary reasonable adjustments.

Situation	Action
Where temporary reasonable adjustments have been put in place to support an employee or phased return to work has been undertaken	<ul style="list-style-type: none"> <li>• Review after an agreed timescale</li> </ul>
Where the employee is unable to fulfil their role or return to their contractual hours and duties	<ul style="list-style-type: none"> <li>• Review after an agreed timescale</li> <li>• Refer back to occupational health for guidance.</li> </ul>
If after 2 review periods and advice from occupational health with managers discretion if the employee is still unable to fulfil their role or return to their contractual hours and duties and adjustment(s) cannot be continued	<ul style="list-style-type: none"> <li>• Managers should seek support from HR Advisory Service</li> <li>• Employee might consider submitting a flexible working request to reduce hours either temporarily or permanently.</li> <li>• If reasonable adjustments cannot be sustained in the longer term, redeployment may be considered.</li> </ul>

Note: Only if the adjustment becomes permanent does the employee need to complete a flexible working arrangement form.

## **11. Absence Management Procedure**

### **11.1 Trigger points**

The procedure consists of 3 stages, which are progressive and intended to support employees to understand and achieve an acceptable level of attendance in conjunction with the framework for supportive conversations (appendix G), the wellbeing wheel and wellbeing action plans (appendix H) which can be located in the Employee Wellbeing and Attendance Guidance.

The procedure requires a review of absence and wellbeing to be undertaken when the following levels of absence are reached that indicate possible unacceptable levels of sickness absence. Managers have the authority to apply a level of discretion in supporting an individual to improve their wellbeing and levels of attendance, please refer to Section 4 on Manager's discretion.

If an employee reaches the end of a monitoring period without triggering the next stage of the process, they will come out of monitoring and will only re-enter if they trigger absence at stage 1 of the process.

At all stages managers and employees are encouraged to refer to the Framework for Supportive Conversations (appendix I), the wellbeing wheel and wellbeing action plan (appendix J & K) which can be located in the Employee Wellbeing and Attendance Guidance.

Managers can use their discretion to hold additional reviews where appropriate, before progressing to the next stage, please seek HR advice when considering this.

### 11.1.1 For short term absence (less than 4 weeks in duration):

Level of Absence	Action required
<p><b>Stage 1:</b> In a <b>rolling 12 month</b> period:</p> <p>10 working days or 2 working weeks equivalent pro-rata. or 4 episodes in a rolling 12-month period or Recognisable patterns/trends of absence</p> <p><i>If one or more episodes occur within 7 days, they may be treated as 1 episode</i></p>	<p>Stage 1 Informal Review – see details in 11.4. Set further monitoring for next 6/12 months</p>
<p><b>Stage 2:</b> In the next <b>6 months</b> following an Informal Review(s) if an individual has:</p> <p>A further 5 working days or 1 working week equivalent pro rata. or 2 episodes Or</p> <p>In the next <b>12 month</b> period following the Informal Review(s): 10 working days or 2 working weeks equivalent pro-rata. or 4 episodes or Recognisable patterns/trends of absence continue.</p> <p><i>If one or more episodes occur within 7 days, they may be treated as 1 episode</i></p>	<p>Stage 2 Formal Review – see details in 11.5. Set further monitoring for next 6/12 months.</p>
<p><b>Stage 3:</b> In the next <b>6 months</b> following a Formal Review(s) if an individual has:</p> <p>A further 5 working days or 1 working week equivalent pro rata. or 2 episodes Or</p> <p>In the next <b>12 month</b> period following a Formal Review(s): 10 working days or 2 working weeks equivalent pro-rata. or 4 episodes or Recognisable patterns/trends of absence continue.</p> <p><i>If one or more episodes occur within 7 days, they may be treated as 1 episode</i></p>	<p>Stage 3 Final Formal Review – see details in 11.6</p>



Where the line manager feels that Informal and Formal Reviews have been exhausted, and all reasonable options to retain an employee at work with acceptable attendance have been explored, the employee will be invited to a Final Formal Review Meeting. Advice from the HR Advisory Team should be sought before taking this decision.

It is appropriate to move to a Final Formal Review where there is either/or:

- No prospect of a return to work in the near future
- Continued unacceptable levels of attendance.
- No sustained improvement in attendance
- Patterns of absence continue.
- The employee is unable to fulfil their duties, and no other adjustments can be accommodated.

#### 11.1.2 For Long term absence (absence greater than 4 weeks) the procedure is followed as below:

Level of Absence	Action required
Stage 1: Any absence greater than 4 weeks	Stage 1 Informal Review – see details in 11.4.
Stage 2: If following an Informal Review an employee has: any on-going absence which exceeds or is expected to exceed 8 weeks.	Stage 2 Formal Review – see details in 11.5.  Managers can use their discretion to hold additional reviews where appropriate, before progressing to Final Formal Review.
Stage 3: If following a Formal Review an employee has: any on-going absence which exceeds or is expected to exceed 20 weeks.	Stage 3 Final Formal Review – see details in 11.6.

## 11.2 Managing Patterns of Absence

If a manager believes a potential pattern or trend of absence has been identified, they will raise their concerns with the employee at the time they become aware. They will seek to understand the reasons for the potential pattern of absence and utilise any of the support mechanisms at their disposal in order to assist the individual to achieve consistent attendance at work.

If appropriate, the manager may refer the employee to Occupational Health with the employee's consent. If, after this discussion, the manager genuinely believes a pattern has been identified, they will manage the employee in line with the stages set out in this policy. Notes of discussions should be documented in the meeting pro forma or in a file note which is signed by both employee and manager and kept on the employee's personal file.

Examples of patterns could include:

- Absence during planned annual leave (resulting in leave being reinstated).
- Absence prior to or following a period of annual leave, public holidays, rostered days off, study days **or** weekends.
- Absence prior to or following additional hours, bank work or overtime.
- Part day absences where the employee attends work and leaves before the end of their normal working day.
- Absence at the same time each year for example during school holidays, over festive periods such as Eid, Diwali, Easter, Christmas, New Year, or birthdays.

- Absence during large sporting events such as the World Cup, Olympics, or other event.
- Absence following the end of a monitoring period as set under this policy.

### **11.3 Absence and wellbeing meetings**

- Each employee should have a health and wellbeing conversation with their manager on an annual basis regardless of whether they have reached an absence trigger. These conversations provide a forum to discuss and support an individual's general wellbeing and help to prevent absence if support is offered at an early stage.
- Using the Framework for Supportive Conversations, absence and wellbeing meetings should be supportive to employees and identify ways to help employees return to work, improve, and maintain their wellbeing and attendance. It is also noted that absence can have a negative impact on colleagues, teams, and the delivery of patient care/services. There will be a time when the level of absence will need to progress, and a Final Formal Review will be required after the process in this policy has been followed.
- Meetings should be held when an employee has reached a sickness absence trigger, see paragraph 11.1 and/or their manager has a cause for concern. This maybe where there has been no absence from work, but the manager feels it would be beneficial to discuss the employee's wellbeing.
- Unless it is impractical to do so, the employee will be given a minimum of 7 calendar days' notice of the date, time, and venue of a formal sickness absence meeting, or with their consent can be done sooner. The meeting will be conducted by the employee's line manager and at formal stages of the process may be attended by a member of the HR Team. The employee has the right to be accompanied at all formal stages of the process, in accordance with paragraph 11.12. No notice is required to be given for informal meetings or discussions although it may be helpful to check with the individual if it is a convenient time for the discussion, e.g. at the end of a night shift may not be the best time.
- Employees must be available to attend meetings unless agreed with the line manager. Not attending without good reason may be treated as misconduct and the meeting may go ahead in the absence of the employee. If the employee or their representative is unable to attend at the time specified, they should immediately inform their line manager who will seek to agree an alternative time as soon as reasonably practicable. In the event that either the employee or their representative fails to attend a re-scheduled meeting, a decision will normally be made in their absence based upon the evidence available. The employee will be notified of the outcome in writing.

The employee's triggers will start from:

- Short term absence - the date of their return to work following the episode triggering a review. Or the date they report in as fit if applicable e.g. employees who work compressed or shifts hours.
- Long term absence - the actual trigger point. For example, at 4 weeks for an informal review or when a fit note for 4 weeks has been provided.
- Regular wellbeing conversations are encouraged and will be used to assess and determine what support or appropriate further action is needed at each stage.

- If an employee is on a trigger point for a long term sickness absence and then returns to work, they will revert to the trigger point they were on for short term absence. Note, this may be at a higher or lower level than the trigger point they reached during their long term sickness absence.
- Employees who return to work from a long-term absence and are subsequently absent again within three months, (for the same reason or a different reason) will be managed at the same stage of the procedure as they were managed previously.
- It is important to take account of the length of the employee's sick pay entitlement when setting review dates, and a review should be scheduled before the employee's sick pay reduces or ends. Managers should liaise with pay services to make employees aware of their sick pay dates.
- In exceptional circumstances in order to facilitate the wishes of the employee, and only with the express agreement of the employee, the manager may progress directly to a Final Formal Review without completing action at 11.6.4, or the employee may seek ill health retirement.

#### **11.4 Informal Review Process (stage 1)**

- Informal Reviews may be carried out face to face, by telephone or online via Teams. The manager should signpost the employee to the wellbeing wheel which they may choose to complete to support the conversation. If completed, the employee and manager should discuss the scores from the Well-being wheel and formulate a wellbeing action plan. The employee should be aware that the conversation is an informal review and in turn they should be informed of the next steps and any reviews needed of the action plan.  
Note: The employee may choose to only complete certain segments of the wellbeing wheel as they feel appropriate.
- A record of the conversation, including any plans made and triggers set to support the employee in improving their attendance at work must be made. Where the information recorded on the action plan and Return to Work Form is not sufficient for this purpose, a specific form or letter may be used. A copy of the notes and triggers must be provided for the employee and a copy retained on their personal file. Where a Return to Work Form is completed after the Informal Review has taken place, the plans and targets must be reiterated on that form.

#### **11.5 Formal Review Meeting Process (stage 2)**

Formal Review Meetings should normally be carried out face to face, with the outcome confirmed in writing by either a copy of the meeting notes and/or an outcome letter. Managers and employees may find it helpful to refer to the Framework for Supportive Conversations (Appendix I) in preparing for a Formal Review. A copy of the outcome confirmation must be provided for the employee, who should sign the form to confirm their agreement with the content, and a copy retained on their personal file. It should include any plans and triggers set to support the employee in improving their attendance at work, as well as the consequences of further sickness absence from work.

The outcome confirmation will include the right of appeal to the employee with copies to the employee's TUPO representative. If the outcome of stage 2 is to move to stage 3 (Final formal review) then employee may wish to appeal the decision. They may do so by using the process outlined in stage 3 of the grievance policy (section 8.3) The appeal hearing must be chaired by an independent manager not previously involved in this process.

Should an employee be unfit to attend Review Meetings at the workplace, it may be appropriate for a manager to discuss and agree an alternative location with the employee, such as their home or other suitable meeting place.

If it is necessary to postpone a Formal Review meeting, then another will be arranged. Where an employee fails to attend a rearranged Formal Review Meeting without notifying and providing a reasonable explanation before the date of the meeting, the meeting will go ahead in their absence and a decision made on the evidence presented.

## **11.6 Final Formal Review Meeting (stage 3)**

11.6.1 Where the line manager feels that Informal and Formal Reviews have been exhausted, and all reasonable options to retain an employee at work with acceptable attendance have been explored, the employee will be invited to a Final Formal Review Meeting. Advice from the HR Advisory Team should be sought before taking this decision.

It is appropriate to move to a Final Formal Review where there is either/or:

- No prospect of a return to work in the near future
- Continued unacceptable levels of attendance.
- No sustained improvement in attendance
- Patterns of absence continue.
- The employee is unable to fulfil their duties, and no other adjustments can be accommodated.

11.6.2 In exceptional circumstances in order to facilitate the wishes of the employee, and only with the express agreement of the employee, the manager may progress directly to a Final Formal Review.

11.6.3 The process for a Final Formal Review is outlined in section 11.6.5. The Chair of a Final Formal Review will have the authority to take action as outlined in the table in the Trust Disciplinary Policy (Appendix 5).

11.6.4 It is important that the following actions have been taken before progressing to a Final Formal Review:

- All reasonable efforts have been made to obtain appropriate medical evidence via the Trust's Occupational Health Service, including recent occupational health advice, on the likely outcome of a successful ill health retirement application; (if applicable) and
- All other options should have been considered, including phased return, a return to work with or without adjustments and redeployment into a suitable existing vacancy with or without adjustments in order to return the employee to work or improve their levels of attendance; and
- the employee has been fully consulted and advised of the consequences of their continued inability to attend work regularly.

## **11.7 Process for Final Formal Sickness Review**

11.7.1 The purpose of the meeting will be:

- To review the meetings that have taken place and matters discussed with the employee along with all paperwork related to the process.
- To consider any further matters that the employee may wish to raise.

- To consider whether there is a reasonable likelihood of the employee achieving the desired level of attendance in a reasonable time, taking into account advice from Occupational Health, the employee's absence history, length of service and triggers already set.
- To make a decision on the employee's contract of employment, which could include termination.
- The effect the on-going absence has had / is having on service delivery within the department / ward.

### **11.7.2 The Hearing Panel**

The Final Formal Meeting will be Chaired by a manager with authority to dismiss or has delegated authority. Where authority is delegated this should be done so in writing prior to the process. They will be supported by a member of the HR team.

The role of the HR representative is to provide support and advice to the Chair and other members of the panel and to participate in the hearing and decision-making process, with the Chair making the final decision. All members of the panel may ask questions at the hearing and this process will be led by the Chair.

### **11.7.3. Exchange of Evidence and Witnesses**

The employee will be given reasonable notice of the hearing date and provided with a copy of the management summary and all relevant documentary evidence. This will be as soon as possible but no later than 10 working days prior to the hearing unless there are exceptional circumstances.

For information on what should be contained in the Management Statement of Case pack refer to section 26 of the Employee Wellbeing and Attendance Management Guidance.

If the employee intends to rely on any written evidence at the hearing which is not already included in the management evidence, this should normally be presented to the Chair, together with the names of any witnesses to be called and a brief reason for calling them. This will normally be at least 3 working days prior to the hearing.

The Chair of the panel may agree to alternative timescales following discussions with the manager presenting the case at the hearing and the employee or their representative.

It is the responsibility of the Chair of the panel to arrange for the exchange of documents prior to the hearing.

It will not normally be acceptable for either party to present their written evidence on the day of the hearing. If written evidence is presented, the hearing may be adjourned to allow time for all parties and the panel to consider this evidence. The party presenting the evidence will be expected to explain to the panel the reasons for it not being available in advance of the hearing.

### **11.7.4 The Process**

The Chair will open the hearing with introductions and will outline the process to be followed.

The manager will present their case and summarise the management of the absence and support offered to the employee in relation to their absence. The manager may be supported in the hearing by a representative from Human Resources.

The employee or their representative may question the manager.  
The Chair and other members of the hearing panel may question the manager.

The employee or their representative will present their case.

Management may question the employee (or in their absence, their representative)

The Chair and HR support may question the employee.

Management will sum-up the case.  
The employee or their representative will sum-up their case.

The Chair of the hearing will ask any further questions of either party to resolve any outstanding queries or matters that have arisen during the hearing.

The Chair of the hearing may adjourn the hearing at any time to seek advice or clarification on any matters that remain outstanding, for example if further evidence is required on any issue raised.

Once all evidence has been presented, the panel will adjourn to consider the information and reach a decision.

The Chair will reconvene the meeting, calling back the employee and their representative and the management representative(s) to inform them of the decision. In many cases, the hearing will reconvene on the same day. In some circumstances, the Chair will inform both parties that more time will be required before a decision can be reached.

On reconvening the panel, the Chair will inform the employee of the decision. and their right of appeal.

In all cases the Chair will confirm the outcome of the hearing and the right of appeal in writing to the employee, with copies to the employee's TUPO representative and to the management representative.

## **11.8 Attendance**

In certain circumstances e.g. where the employee is not well enough to attend or has failed to attend previous meetings and normally with the consent of the employee it may be appropriate to conduct this meeting in their absence. An employee can nominate a representative or colleague to act on their behalf. They must notify the Chair in writing to advise they do not plan to attend and provide written consent of their permission for the representative or colleague to act on their behalf.

If it is necessary to postpone any hearing then another will be arranged. Where an employee fails to attend a hearing and does not notify the Chair or provide a reasonable explanation before the date of the hearing, the hearing will go ahead in their absence and a decision made on the evidence presented.

## **11.9 Records**

With the consent of all parties, all hearings will be recorded. This will normally be an audio recording using digital recording equipment. The audio recording will only be transcribed if there is an appeal.

Employees are not permitted to record the meeting using their own devices. This is prohibited and could amount to gross misconduct.

#### **11.10 Possible Outcomes**

Possible outcomes could include a return to substantive employment, redeployment into a suitable existing vacancy, extension of a monitoring period or the termination of employment.

If notice of termination because of capability due to ill health or some other substantial reason is issued, notice will be paid in lieu and the balance of any annual leave entitlement will be paid in the final payment.

#### **11.11 Appeals against Termination of Employment**

Employees have a right of appeal against termination of employment which shall be stated in the written notice of termination letter. If an employee wishes to exercise this right, they should write to the designated manager, typically the next level of management, setting out the grounds for appeal no later than 14 calendar days after the receipt of the letter.

The lodging of an appeal will not suspend the notice of dismissal.

The manager hearing the appeal will arrange a meeting, at which the employee will have the right to be accompanied, (refer to Section 11.8).

Where an employee or their representative cannot attend the appeal meeting, it will be rescheduled to a mutually agreed date as quickly as possible and normally within 14 calendar days of the original date.

In the event that either the employee or their representative fails to attend the re-scheduled meeting, the appeal hearing will proceed in their absence. A decision will be made based upon the evidence available.

The purpose of the appeal panel is not to re-hear the case but to review the decision to dismiss, and to assess whether this was appropriate based on the evidence presented at the formal meeting. The appeal hearing will consider:

- Why the employee considers the decision unfair or unreasonable; and
- The rationale and justification of the decision to dismiss.

Outcome of the appeal could include reinstatement or that the original decision is upheld. The decision of the manager hearing the appeal is the final stage of this policy.

The manager hearing the appeal will confirm the outcome in writing to the employee, with a copy to the employee's representative, normally within 7 calendar days of the hearing.

#### **11.12 Right to be accompanied.**

The employee has the right to be accompanied at all formal stages under this policy. The companion may be an accredited representative of a Trade Union / Professional Organisation, or a colleague employed by the Trust. Family members or partners who are also employed by the Trust are not able to accompany an individual unless they are required to assist with disabilities or language difficulties or any other extenuating circumstances. In exceptional circumstances and with the agreement of the line manager, the employee may attend an informal meeting with their

representative or colleague, where this will be beneficial in supporting the employee's wellbeing.

## **12. Occupational Health**

Occupational Health (OH) services provide support by offering professional advice in assisting employees and line managers to prevent potential sickness absence and in returning the employee to work as soon as practicable following sickness absence. They have a dual responsibility to both the employee and the employer and are required to be impartial whilst balancing the needs of the individual against the needs of the organisation.

For further information about Occupational Health refer to Section 14 of the guidance.

## **13. Disabilities and Equality Act 2010**

Where an employee has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities, the management of their absence may fall within the scope of equality legislation. This legislation protects employees against discrimination on the grounds of their disability and the Trust has a legal obligation to accommodate their disability as far as is reasonable, considering adjustments and removing barriers as far as possible to enable them to do their role. Please refer to Appendix F on early interventions and adjustments.

Generally, conditions falling within the scope of the legislation must:

- affect an employee's everyday living activities, whether affecting their ability to perform their normal work duties or not.
- have lasted for or be likely to last for at least 12 months.

An employee may still be considered to have an impairment if the condition goes into remission but is likely to reoccur. Additionally, a condition which is controlled or treated by medication, or physical aids is still considered to be on-going if the absence of measures is likely to lead to a reoccurrence of symptoms.

## **14. Support for employees with disabilities and long term health conditions**

One of the key provisions of the Equality Act 2010 for employees with a disability is to make reasonable adjustments to assist them in mitigating against the adverse effects of their disability in performing their role.

Any employee with an underlying health condition or disability should be referred to OH for their advice regarding any potential adjustments that may need to be made to enable the employee to carry out their role effectively, improve attendance and/or return to work. This may occur at commencement of employment or at any other time the Trust becomes aware of an employee's health condition or disability.

The manager should discuss OH recommendations with the employee, completing the Health Passport together and also consider adjustments suggested by the employee themselves. Managers should consider adjustments in conjunction with the requirements of the service but must not unreasonably refuse to implement them and HR advice should be sought.

For further information about Reasonable adjustments refer to Section 19 of the guidance.



## **15. Work related injury and injury allowance**

Section 22 of the NHS Terms and Conditions of Service Handbook outlines the entitlement and payment of injury allowance. Where an employee is absent due to an accident or physical/psychological injury or having contracted a disease attributable to NHS employment, a DATIX incident form must be completed as soon as possible following the event and the Health and Safety Team notified. The employee should have notified the manager at the commencement of the episode that the reason was due to a work related injury or illness. If absence is wholly or mainly attributed to their duties they may be entitled to apply for Industrial Injuries Disablement Benefit. Please refer to the gov.uk process for claiming the benefit via the following link [Industrial Injuries Disablement Benefit: How to claim - GOV.UK](#).

Where a physical injury at work results in absence lasting seven days or more, or significant injury, whether immediately or sometime after the event, or where it is linked to an occupational disease, the incident must be reported to the Health and Safety Executive under RIDDOR regulations, please see Trust policy [Incident Reporting and Investigation \(staff, contractors and members of the public\) including RIDDOR 2013](#). Further advice is available from the Health & Safety Team.

Absence following a work related injury will be managed under this policy; however, the line manager may apply discretion with regards to progressing to the next stage of the policy as appropriate.

## **16. Ill health retirement**

During the management of an employee's sickness absence, a decision may be taken to terminate their employment on the grounds of incapability independently of any application they may have made to the NHS Pension Scheme for ill health retirement.

Where ill health retirement is approved by the NHS Pensions Agency, the Trust is required to formally terminate the employment of the employee. Depending on the circumstances of the employee's case, this formal termination of employment may take the form of a meeting or simply the issue of written contractual notice as appropriate. In exceptional circumstances this may take place in the absence of the employee.

If an employee wishes to seek advice regarding continuing to work on receipt of a successful Tier 1 application please speak to the Trust's Pension Team.

## **17. Training**

The Trust is committed to ensuring Managers are trained to standards set in the NHS Line Managers Framework. Training for this policy is incorporated into this Framework and the Trust's STEP programme. Managers should ensure they are familiar with the policy and competent to support and manage employees under this policy. Podcasts are available to view in the Manager's Resources folder and on LMS. Managers and Employees can contact the HR Advisory Team for advice and guidance on the implementation of this policy. Support will also be provided by the HR Advisory Team on a case by case basis. Employee Wellbeing Training as part of the STEP programme and as a standalone training programme will run periodically and is bookable via LMS.

## 18. Review

The Trust will review this policy when there are changes to the Agenda for Change Terms and Conditions Handbook, relevant legislation, or good practice, or within the normal policy review cycle, i.e. 3 years.

In order that this document remains current, any of the appendices to the policy can be amended and approved during the lifetime of the document without the policy having to return to the ratifying committee.

## 19. Equality Impact Assessment (EQIA)

This policy applies to all employees equally and does not discriminate positively or negatively between protected characteristics.

## 20. Standards of business conduct

The Trust follows good NHS business practice as outlined in the Anti-Bribery and Corruption Policy and Managing Conflicts of Interest Policy and has robust controls in place to prevent bribery. Due consideration has been given to the Bribery Act 2010 in the review of this policy document and no specific risks were identified.

## 21. Process for monitoring compliance of policy

Aspect of compliance or effectiveness being monitored	Monitoring method	Responsibility for monitoring	Frequency of monitoring	Group or Committee that will review the findings and monitor completion of any resulting action plan
That the policy document complies with statutory requirements and good practice in the management of sickness absence.	Review of policy when updated	Chief People Officer	On policy review	JNCC Policies
Reporting Arrangements	Monthly sickness absence reports	ESR Team	Monthly Annual report	JNCC, Workforce Committee, Senior Leadership Team, Trust Board

## **22. References**

### **22.1 Legislation**

Equality Act 2010 (as amended)  
Employment Act 1996

### **22.2 Other References**

Agenda for Change Terms and Conditions handbook. Available from:

[http://intranet/hr/Non\\_Medical\\_Employees\\_Terms\\_and\\_Conditions.asp](http://intranet/hr/Non_Medical_Employees_Terms_and_Conditions.asp)

Health and Safety Executive requirements on Reportable Incidents. Available from:

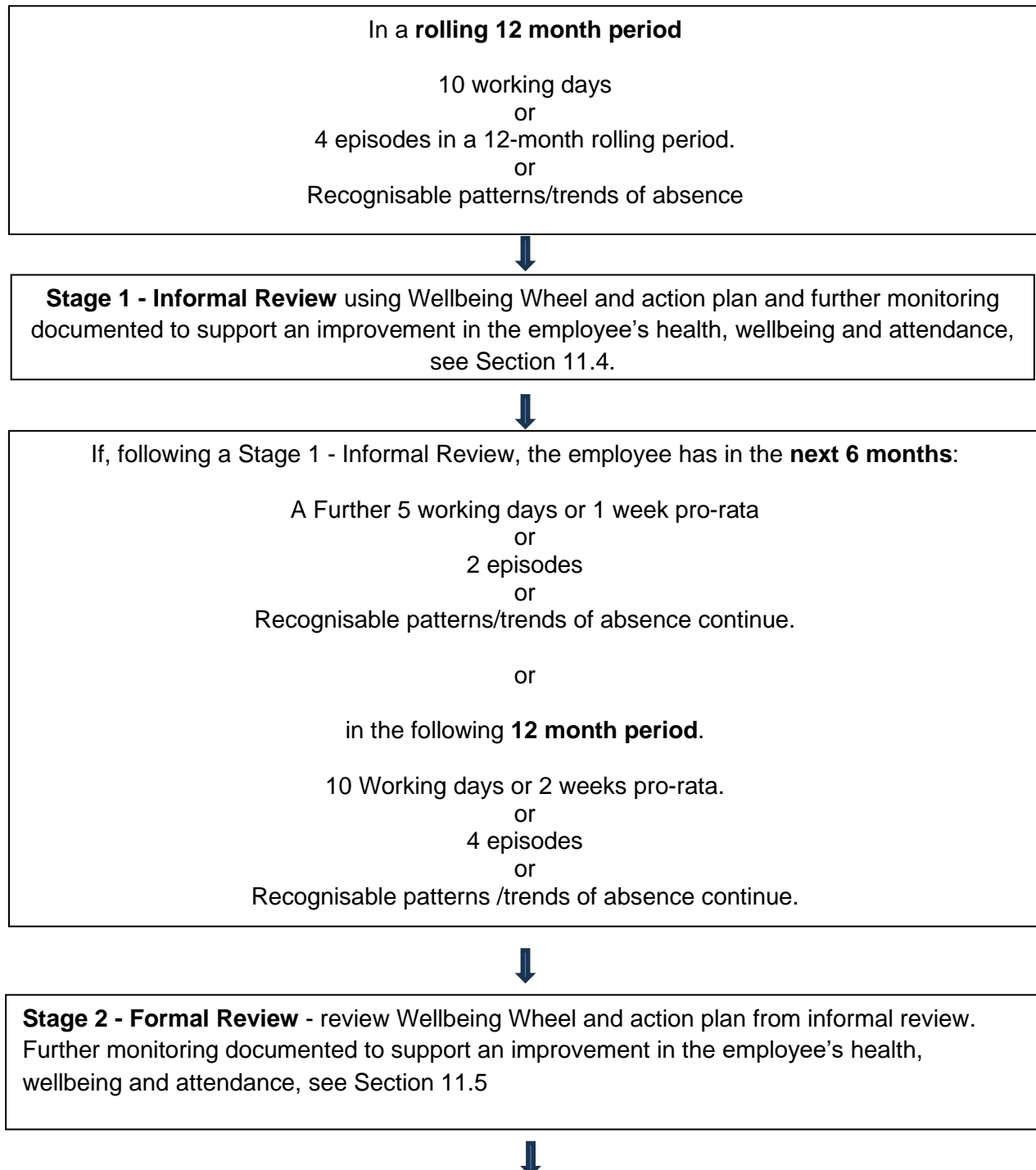
<http://www.hse.gov.uk/riddor/reportable-incidents.htm>

## Flowchart of Trigger points

***N.B. Manager's discretion can apply at all stages of the process and regular wellbeing discussions are encouraged to support employees to improve their own health, wellbeing, and attendance at work.***

### Short Term Absence

*If one or more episodes occur within 7 days they may be treated as 1 episode*



If, following a Stage 2 - Formal Review the employee has in the **next 6 months**:

Further 5 working days or 1 week pro-rata  
or  
2 episodes  
or  
Recognisable patterns/trends of absence continue

or

in the following **12 month period**

10 working days or 2 weeks pro-rata.  
or  
4 episodes  
or  
Recognisable patterns/trends of absence continue.



**Stage 3 - Final Formal Review** – review of attendance, support offered, any improvement in attendance and decision going forward as to whether this level of absence can be accommodated, see Section 11.6

### **Long Term Absence**

#### **Stage 1 – Informal Review**

Any absence greater than 4 weeks. See section 11.4



#### **Stage 2 - Formal Review**

If following the informal Review an employee has any ongoing absence which exceeds or is expected to exceed 8 weeks a stage 2 Formal review is held, see section 11.5.



#### **Stage 3 - Final Formal Review**

If following the Formal Review an employee has an on-going absence which exceeds or is expected to exceed 20 weeks a stage 3 Final Formal review is held, see section 11.6.

## Annual Leave Entitlement Ready Reckoner after 12 weeks Sickness' Appendix B

	First 12 weeks of sickness			Over 12 weeks of absence	Leave accrued per public holiday (in hours)
	Entitlement below shows contractual leave accrued per week (in hours). This figure can be used for calculating entitlement prior to sickness, on return and during first 12 weeks of absence				
Weekly Basic Contracted Hours	On Appointment	After 5 Years' Service	After 10 Years' Service	Statutory leave per week (in hours)	
40	4.14	4.45	5.07	3.07	8
37.5	3.88	4.17	4.75	2.88	7.50
37	3.84	4.12	4.69	2.84	7.44
36.5	3.79	4.07	4.62	2.80	7.31
36	3.73	4.01	4.56	2.76	7.25
35.5	3.68	3.95	4.50	2.72	7.13
35	3.62	3.89	4.43	2.69	7.00
34.5	3.58	3.85	4.37	2.65	6.94
34	3.53	3.79	4.31	2.61	6.81
33.5	3.47	3.73	4.25	2.57	6.75
33	3.42	3.67	4.18	2.53	6.63
32.5	3.37	3.62	4.11	2.49	6.50
32	3.32	3.57	4.06	2.45	6.44
31.5	3.27	3.51	3.99	2.42	6.31
31	3.21	3.45	3.93	2.38	6.25
30.5	3.16	3.39	3.86	2.34	6.13
30	3.11	3.34	3.80	2.30	6.00
29.5	3.06	3.29	3.74	2.26	5.94
29	3.01	3.23	3.67	2.22	5.81
28.5	2.95	3.17	3.62	2.19	5.75
28	2.91	3.12	3.55	2.15	5.63
27.5	2.85	3.06	3.48	2.11	5.50
27	2.80	3.01	3.42	2.07	5.44
26.5	2.75	2.95	3.36	2.03	5.31
26	2.69	2.90	3.30	1.99	5.25
25.5	2.65	2.84	3.23	1.96	5.13
25	2.59	2.78	3.16	1.92	5.00
24.5	2.54	2.73	3.11	1.88	4.94
24	2.49	2.68	3.04	1.84	4.81

	First 12 weeks of sickness			Over 12 weeks of absence	Leave accrued per public holiday (in hours)
	Entitlement below shows contractual leave accrued per week (in hours) This figure can be used for calculating entitlement prior to sickness, on return and during first 12 weeks of absence				
Weekly Basic Contracted Hours	On Appointment	After 5 Years' Service	After 10 Years' Service	Statutory leave per week (in hours)	
23.5	2.44	2.62	2.98	1.80	4.75
23	2.39	2.56	2.92	1.76	4.63
22.5	2.33	2.50	2.85	1.73	4.50
22	2.28	2.45	2.79	1.69	4.44
21.5	2.23	2.40	2.72	1.65	4.31
21	2.18	2.34	2.67	1.61	4.25
20.5	2.13	2.28	2.60	1.57	4.00
20	2.07	2.22	2.53	1.53	4.00
19.5	2.02	2.18	2.47	1.50	3.94
19	1.98	2.12	2.41	1.46	3.81
18.5	1.92	2.06	2.35	1.42	3.75
18	1.87	2.00	2.28	1.38	3.63
17.5	1.81	1.95	2.22	1.34	3.50
17	1.76	1.90	2.16	1.30	3.44
16.5	1.72	1.84	2.09	1.27	3.31
16	1.66	1.78	2.03	1.23	3.25
15.5	1.61	1.73	1.97	1.19	3.13
15	1.55	1.67	1.90	1.15	3.00
14.5	1.51	1.62	1.84	1.11	2.94
14	1.46	1.56	1.77	1.07	2.81
13.5	1.40	1.51	1.72	1.04	2.75
13	1.35	1.45	1.65	1.00	2.63
12.5	1.29	1.39	1.58	0.96	2.50
12	1.25	1.34	1.52	0.92	2.44
11.5	1.20	1.29	1.46	0.88	2.31
11	1.14	1.23	1.40	0.84	2.25
10.5	1.09	1.17	1.33	0.81	2.13
10	1.04	1.11	1.27	0.77	2.00
9.5	0.99	1.06	1.21	0.73	1.94
9	0.94	1.01	1.14	0.69	1.81
8.5	0.88	0.95	1.08	0.65	1.75
8	0.83	0.89	1.02	0.61	1.63

	First 12 weeks of sickness			Over 12 weeks of absence	Leave accrued per public holiday (in hours)
	Entitlement below shows contractual leave accrued per week (in hours) This figure can be used for calculating entitlement prior to sickness, on return and during first 12 weeks of absence				
Weekly Basic Contracted Hours	On Appointment	After 5 Years' Service	After 10 Years' Service	Statutory leave per week (in hours)	
7.5	0.78	0.83	0.95	0.58	1.50
7	0.73	0.79	0.89	0.54	1.44
6.5	0.68	0.73	0.82	0.50	1.31
6	0.62	0.67	0.77	0.46	1.25
5.5	0.58	0.61	0.70	0.42	1.13
5	0.52	0.56	0.63	0.38	1.00
4.5	0.47	0.51	0.58	0.35	0.94
4	0.42	0.45	0.51	0.31	0.81
3.5	0.36	0.39	0.45	0.27	0.75
3	0.32	0.34	0.38	0.23	0.63
2.5	0.26	0.28	0.32	0.19	0.50
2	0.21	0.23	0.26	0.15	0.44
1.5	0.16	0.17	0.19	0.12	0.31
1	0.11	0.12	0.13	0.08	0.25
0.5	0.06	0.06	0.07	0.04	0.13