



WELLBEING AND SICKNESS ABSENCE MANAGEMENT POLICY

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1. Policy Statement

Lindsey Lodge Hospice is committed to the welfare of its staff and will ensure that there are fair and consistent methods of dealing sympathetically with individuals who are absent from work due to sickness (relating to either physical or mental health) or who have health problems which affect their ability to perform their role. The Hospice is committed to providing every reasonable support to individuals when they are absent from work through sickness or experience difficulty in coping with work as a result of ill-health.

For the purpose of clarity, this policy and procedure differentiates sickness absence into short and long term sickness. All staff will be informed of the Hospice Policy on Sickness Absence Management, reporting procedures and sick pay on commencing their employment with the Hospice and at regular intervals during employment when this policy and associated procedures are reviewed.

2. Introduction

This policy aims to support employees who are absent from work through sickness by detailing the reporting procedures to be followed, and the provision of sick pay arrangements in accordance with agreed contractual terms and conditions. The policy also describes the steps a line manager must take to support the attendance of all employees and to properly manage both short and long term sickness in a fair, consistent and equitable manner ensuring the appropriate involvement of occupational health to advise and support both line manager and individual. It is acknowledged that both physical and mental health and well-being can affect attendance at work and occasions do arise when people are away from work on a short term or long term basis as a result of chronic and acute ill health. It is also recognised all sickness absence cases must be dealt with on an individual basis with all relevant factors taken into consideration because of differing individual circumstances and therefore the following provides a framework for the principles to be followed.

3. Scope

This policy applies to all employees of Lindsey Lodge Hospice and this includes individuals on temporary and fixed terms contracts. The scope of this policy is to manage attendance at work as a result of sickness absence - all other types of absence should be dealt with in accordance with other appropriate policies and processes including maternity, adoption, compassionate and special leave.

4. Definitions

SSP - Statutory Sick Pay is a set amount determined by Government annually and paid by the employer for up to 28 weeks.

OSP - Occupational Sick Pay is a contractual payment determined by the employer - pay during periods of sickness absence are set out in section 14 of the Agenda for Change terms and conditions handbook (Agenda for Change provisions are currently reflected in Lindsey Lodge contracts of employment).

Sick pay provision, does not however indicate the amount of sick leave an employee is entitled to have. In accordance with the Agenda for Change handbook (point 14.15) sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession or where contributable negligence is proved.

Long Term Sickness is sickness absence continuing longer than 4 weeks, or an acute illness that causes an employee to have regular and repeated absence from work due to an underlying health condition.

Short-Term Sickness - is defined as absences from work lasting up to four working weeks.

The Equality Act - Under the Equality Act 2010 a person has a disability if they have a physical or mental impairment which has a substantial and long term negative effect on their ability to carry out normal day to day activities. The Hospice will consider reasonable adjustments to the workplace so that an employee with a disability as covered under the act should not be at any substantial disadvantage. The Hospice encourages individuals to disclose any disability or condition which may have a long term and substantial effect on their ability to carry out normal day to day activities.

5. Responsibilities and Accountabilities

5.1. Chief Executive Officer (CEO)

The Chief Executive has ultimate responsibility for implementation of this policy. The CEO will ensure that this policy is approved by the Board of Trustees.

5.2. Line Managers

Line Managers are responsible for ensuring that staff experiencing sickness are properly guided and supported, and will be the first point of contact for information and liaison. Managers will also be responsible for monitoring absence levels and for taking appropriate action in accordance with the processes outlined in this policy. Managers should ensure that when managing sickness absence they understand their and the Hospice's duties under the Equality Act 2010 in respect of disability related absence. Line Managers will be responsible for completing the necessary documentation for all management referrals to occupational health ensuring that this is shared with the individual prior to any information being forwarded to the Occupational Health Department. The aim should always to be ensure complete transparency on the reasons for the referral which should be agreed by the individual concerned and should be regarded as a supportive action.

5.3. Employees

It is the responsibility of the individual employee to comply with the requirements set out in this policy and procedure including notifying the Hospice of any period of sickness absence in accordance the reporting arrangements and submitting certification as detailed. Individuals should also alert their manager to any issues that may be contributing to their ill health, absence or ability to attend work at the earliest opportunity to enable support to be identified. This includes any underlying medical conditions that may affect attendance at work to enable discussion regarding the reasonable adjustments that may be required in line with the Equality Act 2010.

5.4. Workforce Committee

The Workforce Committee (a sub-committee of the Board of Trustees) will approve and recommend any update and review of this Policy and be responsible for reviewing sickness absence data on a quarterly basis to monitor overall sickness absence rates and where appropriate identify possible interventions to support the overall wellbeing and attendance of the Hospice workforce.

5.5. Workforce Department

Advice and guidance on the application of this policy is available from the Workforce department. Line managers are encouraged to seek advice on the application of this policy both in the early stages of an employee's absence and at any formal stages set out in this document

6. Pay during sickness absence.

It is the Hospice's policy to pay employees their normal basic rate of pay exclusive of overtime or unsocial hour's payments during periods of sickness absence, subject to length of service and length of sickness absence (section 14 of the Agenda for Change Terms and Conditions sets out the detail around sick pay provisions). Payment is, however, conditional upon an employee complying with the Hospice procedure for notifying his/her manager of the absence, attending a return to work interview with the line manager on request, completing a self-certification form/submitting a fit note in a timely manner and where it is appropriate, agreeing to attend an appointment with Occupational Health.

False sickness absence and working elsewhere whilst off sick are offences of potential fraud which directly impact upon the resources available for patient care and can be deemed to be gross misconduct resulting in summary dismissal. Sick pay is awarded on the basis an individual is unfit for work and an individual should not therefore engage in any form of employment and/or training whilst claiming sick pay unless prior authorisation has been obtained from the line manager. All secondary employment should be disclosed to the line manager and formally recorded on an individual's personal file.

Any incidents of alleged working elsewhere whilst off sick will be investigated in line with the Hospice's disciplinary procedure.

While absent due to sickness employees will be expected to act in such a manner that will assist their recovery and should not engage in any activity which is inconsistent with the nature of their illness or injury. If any individual is uncertain on this point they should seek advice from their line manager or [Workforce](#) department.

7. Absence Reporting and Recording

For any period of sickness absence the employee should call their manager with as much notice as possible but at least one hour prior to their start time. Wherever possible reporting absence through text, email or through a 3rd party should be avoided as it is important that there is two way communication between line manager and individual in respect of absence management and cover arrangements. Employees should maintain regular contact with their manager, particularly when their absence extends beyond the original estimated length and should agree the frequency and contact arrangements with their manager providing updates on their condition

throughout the period of absence. Line Managers should complete a Sickness Absence Notification Form (Appendix A) (available on the LDRIVE: L:\HR Information for Staff\Forms\Sickness Absence\Sickness absence notification forms). Managers should ensure they maintain regular communication with employees during periods of sickness absence.

When initial discussion identifies that sickness absence relates to anxiety/depression or other stress related problems employees should be considered for immediate referral to occupational health by their line manager. This should be regarded as a positive measure to identify and implement any support required and to ensure timely interventions as far as possible. Where absence is related to work related stress a risk assessment will be undertaken by the line manager at the earliest opportunity to identify possible actions to support the employee with a further assessment being completed prior to a return to work. Advice on completing stress risk assessments can be sought from the Workforce Department.

Individuals should ensure that their entire period of absence is certified either by self-certification or via a statement of fitness for work, 'a fit note'. Individuals should complete a self-certification form for all periods of sickness absence up to and including seven calendar days which is available from the HR department or on the LDrive:HR/HR information for staff/forms/self - sick note certification). (Appendix B).

Where sickness absences last longer than seven days individuals should obtain a fit note from a registered medical practitioner as soon as possible to ensure all absence is covered. Fit notes should be submitted within 5 working days of the date the fit note is required from. If individuals fail to comply with these reporting requirements consideration may need to be given to suspending pay from the first day of non-certified sickness absence until appropriate certification is submitted.

Where fit notes indicate an employee may be fit to work if possible changes are made within the work environment on a temporary basis, a discussion will then take place between the manager and the individual taking account of the medical advice to establish whether adjustments are practical and can be accommodated. Where it is not possible for suggested changes to be made the fit note should be used as if the medical professional had advised the individual is not fit to work for the remaining duration of the note. Individuals will not be required to visit their medical professional again until the original note expires. If an employee believes they are fit to return to work prior to the expiry of their fit note they may return to work without seeing their GP but must discuss and agree this with their manager prior to returning.

Managers **must** record all sickness absence via normal reporting mechanisms and submit on a weekly basis using the Staffcare system. This will enable the Workforce department to report on sickness absence and notify payroll for pay purposes. This should be undertaken using Staffcare on a weekly basis by the line manager (or designated deputy) with information submitted by 5pm Monday on any sickness absence from the previous week. Managers must also ensure that updates are provided to the Workforce department when individuals return to work by completing and submitting the return to work interview documentation and recording on Staffcare (Appendix B). The timely and accurate recording of sickness absence is vital as it not only ensures employees are paid accurately but also enables accurate monitoring and management of individuals with health issues identifying appropriate interventions to support and maintain regular attendance.

Sickness as a result of an injury sustained at work

It is essential that detailed records are kept where an employee is on sick leave with a condition that is wholly or partly attributable to an injury sustained at work.

The period of sickness may not immediately follow the date the accident occurred and in these circumstances clarification must be sought from the employee as to whether the sickness is related. Following an accident at work the procedure set out in paragraph 9 of the Hospice Health and Safety policy must be followed. An incident form must be completed; one copy to be filed with the central administrative team and a copy retained in the employee's personal file (Appendix C).

Sickness whilst on annual leave

On occasion an individual may fall sick during a period of annual leave, it is possible for the annual leave to be credited back to the employee for the period during which they were unfit for work. In order to have the leave credited back, the employee must contact their manager on the first day of the sickness to report that they are unfit for work and the reason and must produce a fit note to cover the period for which they are unfit for work. It is important that the employee also notifies their manager when they become fit for work.

8. Phased return to work

Where Occupational Health recommends a programme for rehabilitation and phased return, the Hospice will wherever possible support such a programme. The line manager will consider the advice from Occupational Health against the needs of the service and discuss this with the employee to agree a return to work plan. Phased returns will normally be for a maximum of 4 weeks and the employee will receive full pay during the first two weeks of the phased return. Any period greater than 2 weeks will be covered by use of the employee's accrued annual leave or unpaid leave.

9. Return to work discussion

A return to work discussion should take place between the line manager and employee after all periods of sickness absence regardless of length and a return to work form completed for the individual's record (Appendix B) The discussion which should be supportive in nature, undertaken confidentially and sensitively, could include the following key areas:

- confirmation that the individual is fit to return to work,
- whether there are any particular health issues that require support such as referral to the Occupational Health service,
- previous recent sickness absences in order to identify possible patterns or trends
- any other related matters which may impact upon the individual's ability to attend for work .

10. Sickness management absence procedures

10.1. Short Term

The Hospice aims to encourage all its employees to maximise their attendance at work while recognising that employees will, from time to time, be unable to come to work due to sickness. Short-term sickness absences from work are defined as those lasting up to four working weeks.

While it is understood that there will inevitably be some short-term sickness absence among employees, Line managers will also need to give due regard to the requirement to fulfil service needs. If an employee is frequently and persistently absent from work, this can impact upon service provision negatively, and place an additional burden of work on the employee's colleagues. By implementing the following approach, the Hospice aims to achieve a reasonable balance between service delivery and supporting individuals to sustain regular attendance.

Where an individual incurs frequent short-term absences the manager should arrange an interview between the individual and line manager only, in order to establish the facts. **The process should be initiated after the third spell of short term absence within a rolling 12 month period.** The number and pattern of absences should be available for discussion together with the causes to allow a joint discussion of any factors that may be contributing to the attendance issues. This is essentially an informal review meeting which notes the previous absence history and considers what may be appropriate action going forwards. A record of this interview will be kept and the outcomes may include the following:

- A) no further action (where there are particular mitigating factors).
- B) a referral to occupational health
- C) a review period set which sets out a specific target for improvement.

A review meeting will take place at the end of this monitoring period and where targets achieved the individual will be advised that no further action will be required. If however after a specified review period there is no improvement in attendance levels a further meeting will take place.

First formal review meeting

If sickness absence continues to be an ongoing problem the employee will be invited to a formal interview where they will have the opportunity to be accompanied by a colleague or representative and a member of the Workforce department will be present. Individuals will be given five working days notice of such a meeting. Consideration will be given at this meeting as to identifying whether there is any other appropriate support and/or other interventions such as a referral to Occupational Health in order to support the individual. The outcome of the meeting will be confirmed in writing.

Second formal review meeting

If after a further specified period there is still no improvement the employee will be asked to attend a further formal review meeting with the manager and Workforce with the opportunity to be accompanied by a colleague or representative having been given five working days notice of such a meeting. Following discussion at this meeting which will explore the reasons for continued difficulties in maintaining acceptable absence levels and consider possible appropriate support, the individual will be informed in writing of the specific areas in which improvement is required and the timetable for improvement. The letter will also set out the possibility that the sickness absence concerns may need to be referred to a senior manager and a case review organised if sustained improvement in attendance levels cannot be achieved.

If there is still no improvement in absence levels after a specified monitoring period then the matter will be referred to a senior manager for a case review meeting (as set

out in para 10.3) to be undertaken which may include consideration of the termination of the contract of employment on the grounds of incapacity. If at any point during the process outlined above the review discussions reveal an underlying medical condition then the member of staff shall be dealt with in accordance with the process for managing long term sickness absence. (see below).

10.2. Long-term sickness absence

Long-term sickness absence can be categorised under two broad headings: Absence to cover health conditions where length of absence may be reasonably predicted such as broken bones, and in patient operative procedures that require rehabilitation but which last longer than 4 weeks in duration.

or

Absence where it is more difficult to predict the likely duration of the sickness absence period, such as undiagnosed conditions, musculoskeletal or stress or mental health issues which last longer than 4 weeks in duration.

It is important that managers maintain regular contact with the employee during the period of absence and it is sensible for the manager and individual to mutually agree the contact arrangements. Regular review meetings should take place which should be documented by the manager. The individual should be referred to occupational health if discussions conclude that there is no likelihood of an imminent return to work after 28 days or medical advice is required to support the employee's return to work or there is a need to establish the employees' capability for returning to work at any time in the foreseeable future.

Long term sickness absence is likely to have one of the following outcomes:

i. Employee fit to return to work in the foreseeable future

Regular communication should take place between the individual and the line manager to establish the progress of the recovery and to enable a planned and supported return. Consideration may need to be given as to a possible return initially on a part time or reduced hours basis to support the individual back into the workplace. Where appropriate and practical advice should be sought from occupational health on arrangements for a phased return in accordance with section 8 of this policy.

When an employee returns to work following a period of long-term absence line managers should ensure adequate support and assistance including possible adjustment to duties, equipment or hours of work have been put in place where appropriate and that any changes to organisational arrangements including, environmental matters, organisational processes and health and safety issues have been communicated to the individual returning. It is recognised that for some individuals returning after a lengthy period of sickness absence may cause additional anxiety and every effort should be made by the line manager and reasonable steps taken to allay an individual's concerns.

ii Employee not deemed permanently 'unfit' but no return can be anticipated in the foreseeable future

In these circumstances, the Line Manager and a member of the [Workforce](#) Department may meet with the employee, together with a representative/colleague if requested, in order to explore the situation. The

individual will be given an opportunity to comment on the medical opinion and give his/her view of the health position providing further medical evidence if applicable. The line manager will consider possible reasonable adjustments to enable the individual to remain in employment. This could include the possibility of redeployment (on an interim or permanent basis) to other suitable roles where this is appropriate or holding permanent posts open to allow individuals the option to undertake a period of unpaid leave and return to Hospice employment when fully recovered. The use of temporary cover may facilitate this arrangement where appropriate.

Where alternative options and possible adjustments have been considered and exhausted, and taking into account the impact upon the service of the ongoing absence the line manager may then need to refer the case to a formal case review meeting chaired by either the Deputy Chief Executive or Chief Executive in accordance with paragraph 10.3.

iii Employee unfit to return to normal duties on a permanent basis.

If medical opinion suggests that an employee remains unfit to return to normal duties on a permanent basis the matter will need to be referred to the Deputy Chief Executive/Chief Executive. The provisions of the Equality Act place a responsibility upon the organisation to review the job to see if any reasonable adjustments can be made which would enable the employee to continue in that role and/or to explore the feasibility of redeployment.

A reasonable timescale will be agreed to explore the feasibility of redeployment opportunities. If the Hospice is unable to accommodate the employee despite best efforts it may be necessary to consider the termination of the individual's contract on incapacity grounds/ retirement on health grounds. This process would require a full case review meeting chaired by a senior individual within the organisation who had previously not been involved in the management of the case and the steps set out in paragraph 10.3 followed.

10.3. Case Review Meeting

A case review meeting should be followed where earlier stages of managing attendance procedure has been progressed but there continues to be concerns regarding the individual's ability to sustain acceptable attendance levels or where up to date medical advice suggests the individual cannot return to their role either permanently or for the foreseeable future, and efforts to consider reasonable adjustments have been exhausted.

The invitation to the case review meeting should clearly set out the reasons for the meeting and include copies of all relevant evidence (written documentation from Occupational Health or Specialist). The individual employee should be informed that they can be accompanied by a colleague or trade union representative and be given a minimum of 5 working days notice of such a meeting.

The panel will consist of Chief Executive or deputy and a Workforce representative. At the meeting the panel will consider all the relevant information including where appropriate up to date medical advice, representations from the individual and the line manager setting out the details in respect of the management of the case.

The purpose of the case meeting will be to review and give consideration to all the circumstances of the case and to make a decision as to whether there is any realistic

expectation of the employee being able to achieve a satisfactory level of attendance. Possible outcomes could include setting a further review period with targets for sustained levels of acceptable attendance/ postponing a decision until further medical advice is obtained/ /further consideration of redeployment options or the termination of employment on the grounds of incapacity. In the event that a member of staff has their contract terminated on the grounds of incapacity they will receive notice in accordance with their contract of employment. Where an employee retires on the grounds of ill health he/she will receive notice in accordance with his/her contract of employment

The outcome of the case review will be confirmed in writing. In circumstances where a decision is taken to terminate the contract the employee will have the right to appeal against any such dismissal. Appeals should be submitted in writing to Chair of trustees within 14 days of the date of the letter confirming the outcome of the case review. Appeals will be heard by three Trustees of the Hospice's board.

11. References - Related Hospice Policies / Guidelines

Health and Safety Policy
 Agenda for Change Terms and Conditions of Service
 Statement of Equality & Diversity

This policy replaces any terms relating to sickness absence management that were previously set out in the Lindsey Lodge Staff Handbook.

11.1. Monitoring and Review

This policy will be monitored every two years by the Chief Executive in respect of its effectiveness and will be updated in accordance with changes in the law.

11.2. Evidence Referenced

Equality Act 2010 Employment Rights Act 1996 Social Security Contributions and Benefits Act 1992 Working Time Regulations 1998 (SI 1998/1833) Working Time (Amendment) Regulations 2003 (SI 2003/1684) Working Time (Amendment) Regulations 2007 (SI 2007/2079) Social Security (Medical Evidence) and Statutory Sick Pay (Medical Evidence) (Amendment) Regulations 2010 (SI 2010/137).

REFERENCES: see para 11.2				
Main Author: Jane Lacey-Hatton				
Ratified by the Workforce Committee of the Board of Trustees January 2018				
Review Interval: 2 years				
To Be reviewed	Review completed	By	Approved By	Circulation
Jan 20	August 20	JLH	Workforce Committee	To all employees

Appendix A
Sickness Absence Notification Form

Sickness Absence Notification Form

This form should be completed to record notifications of sickness absence, and should be attached to the "Return to Work Interview Form" when the member of staff returns to work.

Name of member of staff	
Name of person reporting the absence (if different)	
Date and time due to start work	
Reason for Absence (including whether work related)	
Anticipated length of absence	
Any other information	
Name of staff member taking the message	
Date and time of message	

.....
.....
.....
.....
.....

Signed by Manager Date:

Signed by employee Date:

I give consent to the Hospice using the information in this form in connection with normal employment purposes, for example for the administration of sick pay, to monitor absence, to obtain a medical opinion or to consider rehabilitation measures.

I understand that false statements made by myself may result in disciplinary action, up to and including dismissal.

Signed by Employee

Dated

LINDSEY LODGE HOSPICE, INCIDENT REPORT FORM

(note: the information on this form is confidential)

Please complete this, giving as much information as you can then hand it to your line manager

Your name (print)			
Date of incident		Time of incident	
Location of Incident			
Type of Incident (please tick)			
<i>Unexpected or unavoidable death</i>			
<i>Harm or risk to person</i>			
<i>Harm or risk to care delivery</i>			
<i>Drug/medication error</i>			
<i>Harm or risk to property or equipment</i>			
<i>Adverse media coverage</i>			
<i>Allegation of abuse</i>			
<i>Complaint</i>			
<i>Never event</i>			
<i>Complete the next section if the incident affected a person</i>			
DESCRIPTION OF INCIDENT			
CAUSE OF INCIDENT			
Surname of person affected		First name	
PERSON CODE		ADDRESS	
<i>Patient</i>		House number and street	
<i>Hospice visitor</i>			
<i>Hospice volunteer</i>		Town	
<i>Hospice staff</i>			
<i>Retail visitor</i>		postcode	
<i>Retail volunteer</i>			
<i>Retail staff</i>			
<i>Member of the public</i>			
DESCRIPTION OF INJURY			
INJURY CODE (TICK)		SEVERITY CODE (TICK)	
<i>no injury</i>		<i>no harm</i>	
<i>laceration</i>		<i>low harm</i>	
<i>burn/scald</i>		<i>moderate harm</i>	
<i>fall</i>		<i>severe harm</i>	
<i>bump/bruise</i>		<i>death</i>	
<i>fracture</i>			
<i>mental/emotional distress</i>			
<i>pressure ulcer</i>			

NAME OF DOCTOR ATTENDING	
DOCTOR'S NOTES	
WHAT IMMEDIATE ACTION WAS TAKEN?	
WHO BY?	
WHAT FURTHER ACTION IS NEEDED?	
WHO WILL BE RESPONSIBLE?	
PLEASE COMPLETE THIS SECTION IF THE INCIDENT DID NOT INVOLVE DAMAGE OR RISK TO A PERSON	
DESCRIPTION OF INCIDENT (please give as much detail as possible, e.g vehicle reg. number, equipment purchase date and value, etc.	
CAUSE OF INCIDENT	
WHAT IMMEDIATE ACTION WAS TAKEN?	
WHO BY?	
COMPLETE THE NEXT SECTION FOR ALL INCIDENTS	
WHAT IS THE RISK OF RECURRENCE (TICK)	
<i>unlikely</i>	<i>CONSEQUENCE GRADING OF RECURRENCE (TICK)</i>
<i>possible</i>	<i>none/near miss</i>
<i>likely</i>	<i>low</i>
<i>certain</i>	<i>moderate</i>
	<i>severe</i>
	<i>catastrophic</i>
Date you completed this report	
Your signature	
Line Manager's name	
Line Manager's Comments	