

This toolkit is designed to support the effective management of absence in line with the Policy and Procedure on Managing Attendance at Work. The toolkit should be utilised in conjunction with this Policy.

**Managing Attendance Toolkit**

**Introduction**

The toolkit includes a number of forms and documents to support line managers and employees during sickness absence. This toolkit should be used in conjunction with the Policy and Procedure on Managing Attendance at Work.

Table of Contents

[SECTION ONE: FORMS AND DOCUMENTATION 3](#_Toc417479173)

[SA TK 1 Sickness Absence Notification and Return to Work Interview Form 3](#_Toc417479174)

[SA TK 2 Self Certification Form 7](#_Toc417479175)

[SA TK 3 Reasons for sickness absence 8](#_Toc417479176)

[SA TK 4 Short Term Sickness Absence Checklist 17](#_Toc417479177)

[SA TK 5 Long Term Sickness Absence Checklist 18](#_Toc417479178)

[SA TK 6 Occupational Health Referral Form 19](#_Toc417479179)

[SA TK 7 Redeployment Application Form 23](#_Toc417479180)

[SECTION TWO: ‘HOW TO’ GUIDES FOR MANAGERS 26](#_Toc417479181)

[SA TK 8 How to Manage Sickness Absence 26](#_Toc417479182)

[SA TK 9 How to Manage Instances of Short Term Absence or a Pattern of Absence 27](#_Toc417479183)

[SA TK 10 How to Manage Instances of Long Term Absence 28](#_Toc417479184)

[SA TK 11 How to Get the Best Out of Your Occupational Health Referral – Guidance for Managers 30](#_Toc417479185)

[SA TK 12 How to Conduct a Return to Work Interview 31](#_Toc417479186)

[SA TK 13 How to Conduct a Stage 1 Sickness Absence Meeting 33](#_Toc417479187)

[SA TK 14 How to Conduct a Stage 2 Sickness Absence Meeting 35](#_Toc417479188)

[SA TK 15 How to process a Return to Work on a Rehabilitation Programme 37](#_Toc417479189)

[SA TK 16 Redeployment of Staff: Management Guidance 38](#_Toc417479190)

[SECTION THREE: TEMPLATE LETTERS 40](#_Toc417479191)

[SA TK 17 Stage 1 Sickness Absence Meeting Invite Letter 40](#_Toc417479192)

[SA TK 18 Stage 1 Sickness Absence Meeting Outcome Letter 41](#_Toc417479193)

[SA TK 19 Stage 1 Sickness Absence Interim Review Meeting Outcome Letter 43](#_Toc417479194)

[SA TK 20 Stage 1/2 Sickness Absence Review Meeting Outcome Letter – No Further Action Required 45](#_Toc417479195)

[SA TK 21 Reactivate Sickness Absence Process Meeting Invite Letter 46](#_Toc417479196)

[SA TK 22 Stage 2 Sickness Absence Meeting Invite Letter – Further Action Required 46](#_Toc417479197)

[SA TK 23 Stage 2 Sickness Absence Meeting Outcome Letter 48](#_Toc417479198)

[SA TK 24 Stage 2 Sickness Absence Interim Review Meeting Outcome Letter 50](#_Toc417479199)

[SA TK 25 Stage 2 Sickness Absence Review – Further Action Required 52](#_Toc417479200)

[SA TK 26 Stage 3 Sickness Absence Hearing Invite 53](#_Toc417479201)

[SA TK 27 Stage 3 Sickness Absence Hearing Rescheduled 55](#_Toc417479202)

[SA TK 28 Stage 3 Sickness Absence Hearing Outcome 56](#_Toc417479203)

[SA TK 29 Long Term Sickness Absence Attendance Review Meeting Invite Letter 58](#_Toc417479204)

[SA TK 30 Long Term Sickness Absence Attendance Review Meeting Outcome Letter 59](#_Toc417479205)

[SA TK 31 Long Term Sickness Absence Attendance Review Meeting – Phased Return to Work 61](#_Toc417479206)

[SA TK 32 Long Term Sickness Absence Meeting Outcome Letter - Redeployment 62](#_Toc417479207)

[SA TK 33 Long Term Sickness Absence Meeting Outcome Letter – no return in foreseeable future 64](#_Toc417479208)

[SA TK 34 Expiry of Sickness Pay 65](#_Toc417479209)

[SA TK 35 Notice of Termination – Ill Health Retirement 66](#_Toc417479210)

[SA TK 36 Unauthorised Absence Letter – Letter 1 67](#_Toc417479211)

[SA TK 37 Unauthorised Absence Letter – Letter 2 68](#_Toc417479212)

[SECTION FOUR: USEFUL INFORMATION 69](#_Toc417479213)

[SA TK 38 Summary of Benefits and Allowances 69](#_Toc417479214)

[SA TK 39 Access to Work 70](#_Toc417479215)

[SA TK 40 Useful Contact Numbers 71](#_Toc417479216)

# SECTION ONE: FORMS AND DOCUMENTATION

# SA TK 1 Sickness Absence Notification and Return to Work Interview Form

|  |
| --- |
| **PART A – SICKNESS ABSENCE NOTIFICATION**On receiving a telephone call from a member of staff to notify you of their sickness absence it is paramount that the following Information is asked for & documented within this form. Should there be an unwillingness to provide the information asked for a note should be made in the comments field.  |
| **NAME OF EMPLOYEE:** |  |
| **JOB TITLE:** |  |
| **DEPARTMENT / BASE:**  |  |
| **DATE AND TIME ABSENCE REPORTED:**  |  |
| **NAME OF PERSON REPORTING IN ABSENCE (IF NOT EMPLOYEE)** |  |
| **NATURE OF ILLNESS / REASON FOR ABSENCE:***Please note that staff informing you that they are ‘unwell’ or ‘sick’ is not sufficient.* |  |
| **IF THE EMPLOYEE ATTENDED FOR WORK, WHAT TIME DID THEY LEAVE:**  |  |
| **IS THE ABSENCE A RESULT OF AN INCIDENT/ACCIDENT AT WORK:**  |  **YES NO** **If yes, please ensure an incident form has been completed** |
| **IS THE EMPLOYEE CURRENTLY ON ANNUAL LEAVE:** |  **YES NO** |
| **WHEN DATE DID THE ANNUAL LEAVE START:**  |  |
| **WHEN WAS THE ANNUAL LEAVE DUE TO END:** |  |
| **DATE OF EXPECTED RETURN TO WORK:** |  |
| **DOES THE EMPLOYEE HAVE MORE THAN ONE POST WITH THE TRUST:** | **YES NO****If yes, is it appropriate for the employee to undertake work in either post?**  |
| **REFERRAL TO OCCUPATIONAL HEALTH:**  | **YES NO** **If yes, what date was the referral made:**  |
| **AGREED METHOD AND FREQUENCY OF CONTACT:***The level of contact will be dependent upon the circumstances of the sickness absence. However, a follow up contact date/time should be agreed on every occasion* |  |
| **CONTACT DETAILS:** | **Home:****Mobile:** |
| **COMMENTS *(****Comments should include any information that you feel may be pertinent to the call or sickness absence)* |
| **MANAGERS NAME:** |  |
| **MANAGERS SIGNATURE:** |  |
| **Date Sickness Absence recorded on ESR:** **Recorded by:**(this must be recorded on the **first** day of absence) |
| **FOLLOW UP CONTACT RECORD** |
| **DATE OF CALL** | **TIME** | **STATUS OF ILLNESS / ACTIONS UNDERTAKEN** | **EXPECTED RTW DATE** | **NEXT CONTACT DATE** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| PART B – RETURN TO WORK INTERVIEW FORMThis must be completed by the Line Manager on the Employee’s first day back at work or as soon as possible. Both the Line Manager and the Employee must sign and date the form.Copy to be given to the Employee and a copy retained on the Employee’s personal file. Please ensure the Return to Work Interview date is recorded on ESR before the sickness absence end date has been recorded.  |
| DATE WHEN FIT TO RETURN TO WORK: |  |
| DATE ACTUALLY RETURNED TO WORK: |  |
| DATE OF RETURN TO WORK INTERVIEW: |  |
| ABSENCE PERIOD: | From…………….……….. To………………….………. |
| TOTAL CALENDAR DAYS ABSENCE: |  |
| REASON FOR ABSENCE: |  |
| Previous Absence Periods within the past 12 months: *Attach ESR record* |
| **DOES THIS ABSENCE TRIGGER THE SICKNESS ABSENCE POLICY?** | **YES 🞎 NO 🞎**IF YES, PLEASE ENSURE THE EMPLOYEE HAS BEEN ADVISED OF WHAT ACTION WILL BE TAKEN. |
| **IS THE EMPLOYEE WELL ENOUGH TO RETURN TO WORK?** | **YES 🞎 NO 🞎** |
| **HAS THE EMPLOYEE SUBMITTED THE NECESSARY CERTIFICATION?** | **YES 🞎 NO 🞎** |
| **WAS THE REASON FOR ABSENCE LINKED TO AN INJURY AT WORK?** | **YES 🞎 NO 🞎** |
| **IF YES, HAS THE EMPLOYEE COMPLETED THE NECESSARY ACCIDENT REPORTING DOCUMENTATION?** | **YES 🞎 NO 🞎** |
| Details of Issues Discussed during the Return to Work Interview:  |
| Details of Support Offered to Employee: |
| Actions Agreed (Including Timescales):  |
| Managers Signature: |  | Date: |  |
| Employee Signature: |  | Date: |  |

# SA TK 2 Self Certification Form

 To be completed by an employee on their first day back at work following an episode of sickness absence lasting from 1 up to and including 7 days. Once completed please return to your Line Manager.

|  |  |
| --- | --- |
| **FULL NAME:**  |  |
| **JOB TITLE:** |  |
| **LOCATION:** |  |
| **SERVICE / DEPARTMENT:** |  |
| **THE DAY AND DATE YOU BECAME UNFIT:** | *PLEASE INCLUDE WEEKENDS* |
| **THE DAY AND DATE YOU WERE FIRST ABSENT FROM WORK** |  |
| **THE DAY AND DATE YOU WERE FIT** |  |
| **THE DAY AND DATE OF YOUR RETURN TO WORK** |  |
| Was this episode of absence linked to an injury sustained at work? | **YES 🞎 NO 🞎*****If answered yes****, then you must inform your Manager in order to complete the Accident Form in accordance with Trust Procedures* |
| Was this episode of absence linked to an injury sustained outside of work in circumstances where you may have a claim for damages against someone else?***If answered yes****, then you must inform your Manager* |
| Details of Sickness/Injury. Please say briefly why you were unfit for work – give details of your sickness – words like ‘unwell’ or ‘illness’ are not specific enough. |
| I declare:1. the information I have provided above is complete and correct to the best of my knowledge and that I have submitted, as appropriate, all Statement of Fitness for Work (Fit Notes) to my manager
2. I have not worked during the period of sickness absence stated above for the Trust or any other employer
3. To the best of my knowledge the information above is factually correct.

I understand that if I knowingly provide false information this may result in disciplinary action and/or I may be liable for prosecution and/or civil recovery.I consent to the disclosure of information on this form and any other associated documentation to the Local Counter Fraud Specialist and/or the NHS Counter Fraud and Security Management Service for the purpose of verification and the investigation, prevention, detection and prosecution of fraud. |
| Employee Signature:  |   | Date:  |  |
| Manager Signature: |  | Date |  |

# SA TK 3 Reasons for sickness absence

|  |  |
| --- | --- |
| **Primary** | **Further Detail** |
| S10 Anxiety/stress/depression/other psychiatric illnesses | S10001 Anxiety |
|  | S10002 Behavioural disorder |
|  | S10003 Bipolar disorder |
|  | S10004 Delusion disorder |
|  | S10005 Depression |
|  | S10006 Eating disorder |
|  | S10007 Insomnia |
|  | S10008 Manic disorder |
|  | S10009 Obsessive compulsive disorder |
|  | S10010 Panic attacks |
|  | S10011 Personality disorder |
|  | S10012 Phobic disorders |
|  | S10013 Psychosis |
|  | S10014 Schizoaffective disorder |
|  | S10015 Schizophrenia |
|  | S10016 Self harm |
|  | S10017 Stress |
|  | S10998 Other psychiatric illnesses |
|  | S10999 Not specified |
| S11 Back Problems | S11001 Back ache/pain |
|  | S11002 Disc problems |
|  | S11003 Lumbago |
|  | S11004 Sciatica |
|  | S11005 Scoliosis |
|  | S11006 Spinal stenosis |
|  | S11007 Spondylitis |
|  | S11008 Spondylosis |
|  | S11998 Other back problems |
|  | S11999 Not specified |
| S12 Other musculoskeletal problems | S12001 Arthritis |
|  | S12002 Carpal tunnel syndrome |
|  | S12003 Cartlilage disorder |
|  | S12004 Frozen shoulder |
|  | S12005 Ganglion |
|  | S12006 Hand arm vibration syndrome (HAVS) |
|  | S12007 Ligament disorder |
|  | S12008 Neck ache/pain |
|  | S12009 Osteoarthritis |
|  | S12010 Osteoporosis |
|  | S12011 Pinched/trapped nerve |
|  | S12012 Pulled muscle |
|  | S12013 Repetitive strain injury (RSI) |
|  | S12014 Rheumatism |
|  | S12015 Rheumatoid arthritis |
|  | S12016 Shoulder ache/pain |
|  | S12017 Tendon problem |
|  | S12018 Tennis elbow |
|  | S12019 Vibration white finger |
|  | S12020 Whole body vibration |
|  | S12998 Other musculoskeletal problems |
|  | S12999 Not specified |
| S13 Cold, Cough, Flu - Influenza | S13001 Cold |
|  | S13002 Cough |
|  | S13003 Flu Influenza |
|  | S13998 Other cough cold flu |
|  | S13999 Not specified |
| S14 Asthma | S14001 Non-allergic (intrinsic) asthma |
|  | S14002 Allergic (extrinsic) asthma |
|  | S14003 Exercise-induced asthma |
|  | S14004 Seasonal asthma |
|  | S14005 Nocturnal asthma |
|  | S14006 Combination of two or more of the above types of asthma |
|  | S14998 Other asthma |
|  | S14999 Not specified |
| S15 Chest & respiratory problems | S15001 Breathing problems |
|  | S15002 Bronchitis |
|  | S15003 Chronic bronchitis |
|  | S15004 Chronic obstructive airways disease (COAD) |
|  | S15005 Chronic obstructive pulmonary disease (COPD) |
|  | S15006 Emphysema |
|  | S15007 Lower respiratory tract infection |
|  | S15008 Pleurisy |
|  | S15009 Pneumoconiosis |
|  | S15010 Pneumonia |
|  | S15011 Tracheitis |
|  | S15012 Upper respiratory tract infection |
|  | S15998 Other chest and respiratory problems |
|  | S15999 Not specified |
| S16 Headache / migraine | S16001 Headache |
|  | S16002 Migraine |
|  | S16999 Not specified |
| S17 Benign and malignant tumours, cancers | S17001 Benign tumour |
|  | S17002 Bladder cancer |
|  | S17003 Bowel cancer |
|  | S17004 Brain cancer |
|  | S17005 Breast cancer |
|  | S17006 Cervical cancer |
|  | S17007 Colon cancer |
|  | S17008 Colorectal cancer |
|  | S17009 Leukaemia |
|  | S17010 Lung cancer |
|  | S17011 Melanoma |
|  | S17012 Mesothelioma |
|  | S17013 Non-Hodgkin's lymphoma |
|  | S17014 Oesophageal cancer |
|  | S17015 Ovarian cancer |
|  | S17016 Pancreatic cancer |
|  | S17017 Prostate cancer |
|  | S17018 Stomach cancer |
|  | S17019 Testicular cancer |
|  | S17020 Throat cancer |
|  | S17998 Other types of cancer |
|  | S17999 Not specified |
| S18 Blood disorders | S18001 Anaemia |
|  | S18002 Sickle-cell disorders |
|  | S18998 Other blood disorders |
|  | S18999 Not specified |
| S19 Heart, cardiac & circulatory problems | S19001 Angina |
|  | S19002 Cardiovascular disease |
|  | S19003 Cardiomyopathy |
|  | S19004 Cerebrovascular disease |
|  | S19005 Deep vein thrombosis (dvt) |
|  | S19006 Disease of the arteries |
|  | S19007 Endocarditis |
|  | S19008 Heart failure |
|  | S19009 Hypercholesterolemia |
|  | S19010 Hyperlipiaemia |
|  | S19011 Hypertensive disease |
|  | S19012 Hypotension |
|  | S19013 Mitral valve disorder |
|  | S19014 Myocardial infarction |
|  | S19015 Mycocarditis |
|  | S19016 Pericarditis |
|  | S19017 Pulmonary heart disease |
|  | S19018 Renal disease |
|  | S19019 Rheumatic fever |
|  | S19020 Stroke |
|  | S19021 Thrombosis |
|  | S19998 Other heart or circulatory problems |
|  | S19999 Not specified |
| S20 Burns, poisoning, frostbite, hypothermia | S20001 Burns from air and hot gases |
|  | S20002 Burns from hot objects |
|  | S20003 Chemical burns |
|  | S20004 Chilblains |
|  | S20005 Electrical burns |
|  | S20006 Frostbite |
|  | S20007 Hypothermia |
|  | S20008 Poisoning by wrong medication |
|  | S20009 Poisoning by wrong substance |
|  | S20010 Poisoning by venomous animals |
|  | S20011 Scalds |
|  | S20012 Sunburn |
|  | S20998 Other burns/poisoning |
|  | S20999 Not specified |
| S21 Ear, nose, throat (ENT) | S21001 Allergic rhinitis |
|  | S21002 Blocked eustachian tubes |
|  | S21003 Blocked nose |
|  | S21004 Hay fever (seasonal rhinitis) |
|  | S21005 Hearing loss |
|  | S21006 Laryngitis |
|  | S21007 Meniere's disease |
|  | S21008 Nose bleed |
|  | S21009 Otitis externia |
|  | S21010 Otitis media (glue ear) |
|  | S21011 Perforated ear drum |
|  | S21012 Pharyngitis |
|  | S21013 Septic throat |
|  | S21014 Sinusitis |
|  | S21015 Sore throat |
|  | S21016 Throat infection |
|  | S21017 Tinnitus |
|  | S21018 Tonsillitis |
|  | S21019 Vertigo |
|  | S21998 Other ear/nose/throat problems |
|  | S21999 Not specified |
| S22 Dental and oral problems | S22001 Dental problems |
|  | S22002 Broken/chipped tooth |
|  | S22003 Dental abscess |
|  | S22004 Mouth infection |
|  | S22005 Mouth ulcer |
|  | S22006 Tooth ache |
|  | S22007 Tooth extraction |
|  | S22998 Other dental and oral problems |
|  | S22999 Not specified |
| S23 Eye problems | S23001 Blurred vision |
|  | S23002 Cataract |
|  | S23003 Conjunctivitis |
|  | S23004 Detached retina |
|  | S23005 Double vision |
|  | S23006 Eye strain |
|  | S23007 Glaucoma |
|  | S23008 Keratitis |
|  | S23009 Tunnel vision |
|  | S23998 Other eye problems |
|  | S23999 Not specified |
| S24 Endocrine / glandular problems | S24001 Adrenal disorders |
|  | S24002 Cystic fibrosis |
|  | S24003 Diabetes - Insulin dependent |
|  | S24004 Diabetes - non-insulin dependent |
|  | S24005 Parathyroid disorders |
|  | S24006 Pituitary gland disorders |
|  | S24007 Thyroid disorders |
|  | S24998 Other endocrine disorders |
|  | S24999 Not specified |
| S25 Gastrointestinal problems | S25001 Abdominal pain |
|  | S25002 Appendicitis |
|  | S25003 Cirrhosis of the liver |
|  | S25004 Coeliac disease |
|  | S25005 Colitis |
|  | S25006 Constipation |
|  | S25007 Crohn's disease |
|  | S25008 Diarrhoea |
|  | S25009 Diverticulitis |
|  | S25010 Duodenal ulcer |
|  | S25011 Food allergy |
|  | S25012 Gall bladder disease |
|  | S25013 Gastric ulcer |
|  | S25014 Gastro-intestinal disorder |
|  | S25015 Gastroenteritis |
|  | S25016 Hiatus hernia |
|  | S25017 Inflammatory bowel syndrome |
|  | S25018 Irritable bowel syndrome |
|  | S25019 Lactose intolerance |
|  | S25020 Liver disease |
|  | S25021 Malnutrition |
|  | S25022 Oesophagitis |
|  | S25023 Pancreatitis |
|  | S25024 Peptic ulcer |
|  | S25025 Stomach ache |
|  | S25026 Ulcerative colitis |
|  | S25027 Upset stomach |
|  | S25028 Vomiting |
|  | S25998 Other gastrointestinal problems |
|  | S25999 Not specified |
| S26 Genitourinary & gynaecological disorders | S26001 Epididymitis (M only) |
|  | S26002 Orchitis (M only) |
|  | S26003 Prostatic (prostrate) problems (M only) |
|  | S26004 Testicular problems (M only) |
|  | S26005 Cervical problems (F only) |
|  | S26006 Endometriosis (F only) |
|  | S26007 Fibroids (F only) |
|  | S26008 Hysterectomy (F only) |
|  | S26009 Uterine problems (F only) |
|  | S26010 Vaginal problems (F only) |
|  | S26011 Menstrual problems (F only) |
|  | S26012 Pelvic inflammatory disease (F only) |
|  | S26013 Problems with fallopian tubes (F only) |
|  | S26014 Ovarian problems (F only) |
|  | S26015 Bladder infection |
|  | S26016 Cystitis |
|  | S26017 Kidney stones |
|  | S26018 Kidney failure |
|  | S26019 Mastitis |
|  | S26020 Sexually transmitted (venereal) disease (STD) |
|  | S26021 Urinary obstruction |
|  | S26022 Urinary tract infection |
|  | S26998 Other genitourinary or gynaecological problems |
|  | S26999 Not specified |
| S27 Infectious diseases | S27001 Anthrax |
|  | S27002 Chickenpox |
|  | S27003 Cholera |
|  | S27004 Diphtheria |
|  | S27005 E coli infection |
|  | S27006 Glandular fever |
|  | S27007 Hepatitis A |
|  | S27008 Hepatitis B |
|  | S27009 Hepatitis C |
|  | S27010 Hepatitis E |
|  | S27011 HIV |
|  | S27012 Listeria |
|  | S27013 Malaria |
|  | S27014 Measles |
|  | S27015 Meningitis |
|  | S27016 Mumps |
|  | S27017 Rubella (German measles) |
|  | S27018 Salmonella |
|  | S27019 Scarlet fever |
|  | S27020 Shingles |
|  | S27021 Tetanus |
|  | S27022 Trachoma |
|  | S27023 Tuberculosis |
|  | S27024 Typhoid fever |
|  | S27025 Typhus fever |
|  | S27026 Whooping cough |
|  | S27027 Yellow fever |
|  | S27998 Other infectious disease |
|  | S27999 Not specified |
| S28 Injury, fracture | S28001 Animal bite |
|  | S28002 Broken arm |
|  | S28003 Broken back |
|  | S28004 Broken finger |
|  | S28005 Broken foot |
|  | S28006 Broken leg |
|  | S28007 Broken toe |
|  | S28008 Complications of surgery |
|  | S28009 Cut |
|  | S28010 Dislocation |
|  | S28011 Electric shock |
|  | S28012 Fractured ankle |
|  | S28013 Fractured hip |
|  | S28014 Fractured knee |
|  | S28015 Fractured nose |
|  | S28016 Fractured pelvis |
|  | S28017 Fractured rib |
|  | S28018 Fractured shoulder |
|  | S28019 Fractured skull |
|  | S28020 Fractured wrist |
|  | S28021 Injury to elbow or fore arm |
|  | S28022 Injury to foot or ankle |
|  | S28023 Injury to hip or thigh |
|  | S28024 Injury to knee or lower leg |
|  | S28025 Injury to shoulder or upper arm |
|  | S28026 Injury to wrist or hand |
|  | S28027 Insect bite |
|  | S28028 Laceration |
|  | S28029 Sprain |
|  | S28030 Strain |
|  | S28031 Whiplash |
|  | S28998 Other injury/fracture |
|  | S28999 Not specified |
| S29 Nervous system disorders | S29001 Alzheimer's disease |
|  | S29002 Dementia |
|  | S29003 Epilepsy |
|  | S29004 Huntington's disease |
|  | S29005 Motor Neuron Disease |
|  | S29006 Multiple Sclerosis |
|  | S29007 Muscular dystrophy |
|  | S29008 Parkinson's disease |
|  | S29009 Sleep disorders |
|  | S29998 Other disorders of the nervous system |
|  | S29999 Not specified |
| S30 Pregnancy related disorders | S30001 Amniotic fluid disorders |
|  | S30002 Bladder infection |
|  | S30003 Ectopic pregnancy |
|  | S30004 Gestational diabetes |
|  | S30005 Infection of urethra |
|  | S30006 Infection of urinary tract |
|  | S30008 Haemorrhaging |
|  | S30009 Kidney infection |
|  | S30010 Miscarriage |
|  | S30011 Morning sickness |
|  | S30012 Placental disorders |
|  | S30013 Pre-eclampsia |
|  | S30998 Other pregnancy related conditions |
|  | S30999 Not specified |
| S31 Skin disorders | S31001 Cellulitis |
|  | S31002 Contact dermatitis |
|  | S31003 Eczema |
|  | S31004 Hives |
|  | S31005 Impetigo |
|  | S31006 Pruritis |
|  | S31007 Psoriasis |
|  | S31008 Ring worm |
|  | S31009 Seborrhoea |
|  | S31010 Skin allergy |
|  | S31011 Urticaria |
|  | S31998 Other skin disorders |
|  | S31999 Not specified |
| S32 Substance abuse | S32001 Alcoholism |
|  | S32002 Drug dependence |
|  | S32998 Other substance abuse |
|  | S32999 Not specified |

**For further advice on defining an individual’s reason for sickness contact the Occupational Health Department.**

#

# SA TK 4 Short Term Sickness Absence Checklist

**SHORT TERM SICKNESS ABSENCE CHECKLIST**

|  |  |
| --- | --- |
| Name:Employee Number: | Position:Line Manager responsible for sickness absence management: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Action**  | **By whom**  | **Date actioned** | **Comments**  |
| Self Certificate completed, retained on personnel file and ESR updated accordingly with start and end date of absence including return to work interview date.  |  |  |  |
| Record all contacts and retain on personal file (including e-mail correspondence). |  |  |  |
| Return to work Interview form completed and retained on personal file. |  |  |  |
| Trigger point met within Attendance at Work (Sickness Absence) Policy - meeting arranged as per Stage 1 of this policy and outcome recorded on personal file. |  |  |  |
| Referral to Occupational Health discussed with employee and form sent if required. |  |  |  |
| Check sick pay entitlement and inform employee as necessary. |  |  |  |
| Review absences – if further absences occur meet under Stage 2 – all action recorded on personal file. |  |  |  |
| Review absences – if further absences occur meet under Stage 3 – all action recorded on personal file. |  |  |  |
| Engage Human Resources as required. |  |  |  |

#

# SA TK 5 Long Term Sickness Absence Checklist

**LONG TERM SICKNESS ABSENCE CHECKLIST**

|  |  |
| --- | --- |
| Name:Personal Number:Line Manager responsible for sickness absence management: | Position:Date sickness commenced: |

|  |  |  |
| --- | --- | --- |
| **Action**  | **By whom**  | **Date actioned** |
| Self Certificate completed, retained on personnel file and ESR updated accordingly. |  |  |
| Fit Note requested, retained on personnel file and ESR updated accordingly.  |  |  |
| Keeping in touch arrangements agreed. |  |  |
| Maintain a record of contacts. |  |  |
| Referral to Occupational Health discussed with employee and form sent (copy retained on personal file). |  |  |
| Engage Human Resources. |  |  |
| Meeting arranged with employee to discuss Occupational Health report. |  |  |
| Confirm outcome of meetings in writing with employee. |  |  |
| Check with Pay Services sick pay entitlement and inform employee when necessary. |  |  |
| Include copies of all correspondence on personal file (including e-mail correspondence). |  |  |
| Return to work interview form completed and retained on personal file. |  |  |

# SA TK 6 Occupational Health Referral Form



**Occupational Health and Wellbeing Service**

**REFERRAL FORM**

*Manager information for correspondence*

|  |
| --- |
| Name of Referring Manager: |
| Manager’s Job Title: |
| Manager’s Contact Telephone Number: |
| Manager’s Contact Email Address: |
| HR Adviser Dealing with the Case: |

**EMPLOYEE DETAILS**

|  |  |
| --- | --- |
| Surname: | Forename: |
| Title: Dr / Mr / Mrs / Miss / Ms / Other | Date of Birth: |
| Home Address: | Home Tel: | Mobile: |
| Email Address: |
|  |
| Job Title: | Department Location: |
| Hours of Work: | Length of Time in Post: |
| Features of the Job *(Please circle as appropriate)* |
| Management responsibility | *High* | *Medium* | *Low* | *None* |
| Work mostly undertaken: | *Seated* | *Standing* | *Mobile* |  |
| Physical effort required: | *Heavy* | *Medium* | *Light* | *Minimal* |
| Moving and Handling: | *High* | *Medium* | *Low* | *None* |
| Work pattern | *Day* | *Night* | *Shift* |  |
| ***Please indicate in ‘Reason for Referral’ section any other features to be taken into consideration if not listed above.*** |

Please list sickness absence over the last year:

|  |  |  |
| --- | --- | --- |
| From | To | Reason given for absence |
|  |  |  |
| **Reason for referral (please include details of current health problems and as much background information you have or any other information you feel may be of use to the OH Professional undertaking the assessment. This will help us to take your points into consideration as well as the employees):** |

**ADVICE REQUESTED:**

I would be grateful if you would advise on *(please tick appropriate boxes below):*

□ Whether they are fit to carry out the full range of duties relating to their stated post?

□ Will they be able to offer regular and efficient service?

□ If he/she is not fit at present for his/her full range of duties, please advise on:

1. Their probable date for fitness to resume normal duties
2. Whether restricted duties are required to facilitate a return to work as part of a rehabilitation programme? If so please give details
3. Is a phased return to work likely to be required? If so please indicate timescales for consideration.

□ The range or type of work which the individual might be able to undertake, in light of his/her condition, should it be necessary to seek suitable alternative employment or to consider re-deployment.

□ Are there any underlying medical reasons for the intermittent sickness absence?

|  |
| --- |
| Please outline any measure/adjustments that have already been introduced, e.g. temporary adjustments of hours, redeployment, etc. If there are any adjustments in the workplace that you can or cannot accommodate please ensure that these are clearly indicated here: |

|  |
| --- |
| **For referrals for stress, depression or any diagnosed mental health issues - please only complete if relevant** |
| If a referral is being made for a work related stress issue has a stress risk assessment been completed? If YES please provide a copy with this referral. | YES | NO |
| Is the employee already receiving counselling support from their employer’s staff support service or from another external service? | YES | NO |

|  |
| --- |
| If possible please indicate any days or times the employee can definitely NOT attend an appointment, e.g. school run. Whilst every effort will be made to accommodate the employee’s preferred time we cannot guarantee this. |
| Following assessment the Occupational Health Service will provide a report to management and Human Resources. This will only contain information with the employee’s consent. A copy of the report is also provided to the employee. |

|  |
| --- |
| **Management/Employee disclosure (Please ensure one of the below is signed)** |
| *I consent to a consultation with an Occupational Health Adviser/Physician and agree for a report being supplied in confidence to my referring manager and a member of the HR Team.*Employee’s Signature: Date: |
| *By signing the below you are confirming that the employee has been made aware of the purpose and content of this referral and provided consent to attend a consultation with an Occupational Health Adviser or Physician and agrees to a report being supplied in confidence to their manager and a member of the HR Team.*Manager’s Signature: Date: |

To get the best out of this referral please ensure that all relevant sections of this form are completed fully and declaration signed.

Please feel free to contact the Occupational Health Service should additional support or guidance on completing this referral form be required.

# SA TK 7 Redeployment Application Form

|  |
| --- |
| **Section 1: Employee Details** |
| **Full Name:** |          |
| **Employee Number:**  |          |
| **Role Title:**  |          |
| **A4C Pay Band:** |          |
| **NHS Start Date:** |          |
| **Internal Contact Telephone Number:** |         |
| **Email Address:** |          |
| **Line Manager/Supervisor:** |          |
| **Section 2: Current Employment** |
| **Current role title:** |          | **Date appointed to current role:**  |
| **Hours of work:** | Full time: [ ]  Part time: [ ]  Would you consider vacancies that were part time if you currently work full time or full time if you currently work part time? Yes [ ]  No [ ] What is your current work pattern i.e. what days/hours are you contracted to work?         Would you consider changing your current work pattern? Yes [ ]  No [ ] If yes, please give an indication of the days/hours you could work: | **Current end date:**          **(if fixed term/temporary)**   |
| **Work location:**What is your current work location?         Would you wish to be considered for vacancies based at other sites/locations?  |

|  |
| --- |
| **Summary of main duties and responsibilities and % of time spent on key areas:** |
| Main duty or responsibility1.        2.        3.        4.        5.        6.         |  % of time spent                               |

|  |
| --- |
| **Section 4: Education, Qualifications and Training**  |
| **Name of School/College/ University/Training Provider/Awarding Body/Professional Body** | **Subject** | **Qualification** | **Result/Award** **(including classification)** | **Date Awarded****(DD/MM/YYYY)** |
|          |       |       |       |       |
|       |       |       |       |       |
|          |          |          |          |          |
|       |       |       |       |       |
| **Section 5: Skills Profile** |
| **Please outline what you consider to be your key skills and strengths:**          |
| **Any other additional information to support redeployment:**         |
| **Section 6: Role Preference (please indicate the types of roles you may wish to be considered for)** |
|          |
| **Declaration**I confirm that I wish to be considered for redeployment/selection and am aware that the details of this form and any other relevant information I provide will be shared with recruiting departments. I am aware that a reference may/will be sought from my current Line Manager to support the selection process. I certify that to the best of my knowledge, the information given in this form is accurate and without omission. I also consent to the data on this form being processed by the Trust in accordance with the terms of the Data Protection Act 1998. Signature:.......................................................................... Date:.........................................................**Please return this form to the HR representative supporting your Redeployment.** |

# SECTION TWO: ‘HOW TO’ GUIDES FOR MANAGERS

# SA TK 8 How to Manage Sickness Absence

Policy/Procedure Awareness: Managers must ensure all employees are aware of the Trust/ Local reporting procedures and their responsibilities under these procedures, including the standards for reporting sick leave e.g. nominated person to contact, how to contact, and by when, the provision of self certification and medical certificates and the relevant timescales.

Recording and Monitoring: Ensure accurate absence records for each employee are kept and maintained both in paper form and on ESR. Monitor these records to identify any patterns or trends in sickness absence.

Absence lasts between 1 – 7 calendar days

Absence extends to 8 Calendar days or more

Employee notifies absent from work due to sickness absence.

* Must contact Line Manager (LM) by phone.
* LM must identify reasons for absence, likely return date and if any support required.

LM completes Notification of Sickness Absence Record – SA TK 1.

ESR updated with end date and date return to work interview conducted. Self Certificates/Fit Notes submitted and associated documentation should be kept on Personnel File for audit purposes.

LM records Sickness Absence on ESR on first day of absence.

Self Certification Form must be completed by employee and submitted to LM on return to work. – SA TK 2

A Medical certificate (Fit Note) must be submitted by the employee in the ensuing week to the LM and further Fit Notes as required in subsequent weeks.

The LM should agree the frequency of contact to ensure support to employee is provided.

Take relevant action as required i.e. OH referral, appropriate management of absence in line with Managing Attendance at Work (Sickness Absence) Policy.

Employee returns to work:

* Return to work interview conducted and Return to Work Interview Form completed and retained on personnel file. – SA TK 2
* Take relevant action if required: OH referral or appropriate management of absence if triggers for review reached.

# SA TK 9 How to Manage Instances of Short Term Absence or a Pattern of Absence

Each case is to be managed appropriately in accordance with the Policy and Procedure on Managing Attendance at Work .. There may be as many meetings as appropriate in order to effectively support the individual and manage their absence. Before reaching a meeting at Stage 3 it is essential that a thorough exploration of the facts has been undertaken and any possible adjustments or other alternatives have been explored – at as many meetings as necessary.

Absence reaches 4 episodes in a rolling 12 month period, 15 days in 12 months, – or where it appears a pattern of absence is emerging.

Stage 1 Meeting and appropriate actions agreed with a 6 month monitoring period.

Absence reaches a further 2 episodes at any point in the following 6 month period – or where it appears a pattern of absence continues.

Stage 2 Meeting and appropriate actions agreed with a 6 month monitoring period.

Employee is absent from work due to sickness absence.

Line Manager records sickness absence on ESR on day one.

Return to Work interview conducted.

ESR updated with end date and date return to work interview conducted. Fit Notes submitted and associated documentation should be kept on Personnel File for audit purposes.

Absence reaches a further 2 episodes at any point in the following 6 month period – or where a pattern of absence continues.

Interim review at 3 months.

Stage 3 Hearing and appropriate actions agreed.

(Redeployment, a further monitoring period or termination of employment on grounds of incapability).

Interim review at 3 months.

Final review at 6 months. Case closes if no further absences.

Final review at 6 months. Case closes if no further absences.

#

# SA TK 10 How to Manage Instances of Long Term Absence

Key Points to be followed throughout the process in all cases:

1. Each individual case is to be managed in accordance with the Policy and Procedure on Managing Attendance at Work by the line manager with the support of Human Resources. Occupational Health advice must be sought and recorded at each stage. Meetings before the eighth and fourteenth weeks of absence are the minimum requirement, two-way communication at regular intervals throughout the period of absence is essential.
2. All absence must be recorded on ESR from the outset.
3. Before a Final Review Hearing is instigated, it is essential that a thorough exploration of the facts has been undertaken and all reasonable adjustments or alternative employment has been considered and applied where appropriate.
4. The employee must be given the option of bringing support to each meeting. This can either be a work colleague or staff side representative.
5. At each meeting the following must be fully explored: Latest Occupational Health advice, nature of illness or injury, likely recovery time, steps taken towards recovery, support required, expected return to work date, if return to work date identified – rehabilitation plan and other reasonable adjustments (this list is not exhaustive).
6. If termination of employment is considered the employee must be made aware at the earliest opportunity.

**Week 14 onwards**

**Weeks 8 to 14**

**Weeks 1 to 8**

#

# SA TK 11 How to Get the Best Out of Your Occupational Health Referral – Guidance for Managers

* Ensure that you have made the employee aware of the reasons for their referral so that they understand exactly why they are being referred.
* Ensure that all the fields on the referral form, relating to the employee and manager information, are accurately completed. This will ensure that we have the most up to date contact details as well as accurate information on their current job role. Perhaps attach a job description – needs to always be attached if ill health retirement is to be considered.
* If there are specific days/times that may make it difficult for the individual to attend their Occupational Health appointment, these should be included in the referral.
* Identify and highlight any key risks or hazards associated with the role, such as manual handling, exposure to noise, control and restraint, working with chemicals, etc.
* Provide as much information as possible about the individual’s short or long term absence history, including any patterns or trends that you may have noticed (e.g. repeated absence on a Monday). You may wish to attach an absence history report from the ESR system.
* Provide as much information as possible about the current issues and the reason for referral.
* Provide details of any adjustments or support that can be given in order to support the employee, especially in order to facilitate a return to work.
* Provide details of any adjustments or support that has already been provided to the employee, including information on what has or has not worked and your view as to why things have not worked.
* If there are certain adjustments that you would not be able to accommodate, for any reason, please state these in the referral. If you have specific proposals on adjustments/phased return that you are able to accommodate, especially to facilitate a return to work, include these in your referral.
* Include any information on any other issues which may be influencing factors to the absence, e.g. organisational changes.
* Include relevant information from other sources, e.g. work station and risk assessments.
* If there are specific questions that you want answers to, please ensure that these are stated in the referral, either by ticking one of the standard questions or writing your own specific questions (e.g. if the individual likely to be eligible for ill-health retirement?) This could also include a statement of management concerns and defined outcomes to be considered.

# SA TK 12 How to Conduct a Return to Work Interview

A face to face return to work interview must be held following every period of sickness absence regardless of the length and is normally held by the employee’s line manager.

The return to work interview should take place immediately following the employee’s return to work or as soon as it is practical.

Where there are exceptional circumstances the return to work interview may take place at the first opportunity and the reasons for the delay are to be clearly recorded on the return to work Interview form.

**Step 1 - Preparation**

1. **Arrange an appropriate date and time to meet:**  Meet with the employee on their first day if returning to work or as soon as it is practical. Book an appropriate room where you will be able to discuss the absence in private and without interruption. The meeting should take place on a 1:1 basis.
2. **Gather Information**: before the return to work interview with the employee familiarise yourself with the case e.g. reason and length of absence. It is essential that you obtain the employee’s previous sickness absence record. This will help you to establish whether any action is required as detailed in section 12 of the policy.

**Step 2 - The Return to Work Interview**

1. **Meet with the employee:**Welcome the employee back to work and enquire how they are feeling on returning to the workplace, establishing whether any support is required. Discuss the nature of the absence and what other support can be made available.

Every case of sickness absence is different due to the nature, duration or frequency of the illness or employee absences. There may be occasions when you will be able to advise an employee that their absence has now triggered a review in line with the Policy and Procedure on Managing Attendance at Work and a Sickness Absence Meeting will need to arranged.

You should ensure you cover all of the points below and document this on Part B - Return to Work Interview Form SA TK 1:

* Express concern for the wellbeing of the employee
* Ascertain the current health position of the employee and whether they are fit to return to work
* Ascertain the position regarding their ability to perform their full range of duties
* Any on-going support that may be required
* The nature of the illness/absence
* Establish if the absence was work related – if so you will need to explore this further with the employee and ensure all relevant incident forms have been completed.
* Whether the employee considers themselves fully fit to return (or in the case of a long term or repetitive absence for the same reason, whether their GP/Consultant considers they are fit to return to work)
* Discuss if any reasonable adjustments or workplace modifications are required.
* Ensure self-certification and all medical certificates have been received and completed correctly. These must be placed on the employee’s personal file.
* Review any difficulties that may have been experienced during the management of the absence e.g. loss of contact.
* Explain the possible courses of future action which could be taken in line with the Policy.
* Identify what future action needs to be taken
* Establish if another stage of the Trust Policy and Procedure on Managing Attendance at Work is appropriate.

**If a Stage (1 or 2) Sickness Absence Meeting is required, please refer to Section 12.0 of the Policy and Procedure on Managing Attendance at Work for further advice.**

At the end of the return to work interview update the employee of any changes within the department during their absence.

Ensure both you and the employee sign and date the Return to Work Interview Form.

**Step 3 – After the Return to Work Interview**

1. **Documentation**: Ensure the Return to Work Interview Form has been signed and dated by both you and the employee and then place the copy of the employee’s personal file.
2. **Update the absence record on ESR:** Ensure you have recorded the return to work interview date on ESR and then entered the absence end date.

# SA TK 13 How to Conduct a Stage 1 Sickness Absence Meeting

This Meeting is held between the Employee and their Line Manager.

The Line Manager will be given support by a Representative from the Human Resources Department and therefore the Employee has a right to be represented or accompanied at all meetings by a staff side (Trade Union or Professional Organisation) representative or Trust work colleague.

The following guide provides steps to help you conduct a Stage 1 Sickness Absence Meeting fairly and consistently, helping you to support the employee whilst maintaining effective staffing levels within your team.

Every case of sickness absence is different due to the nature, duration or frequency of the illness or employee absences.

***This should be used in conjunction with the Trust Policy and Procedure on Managing Attendance at Work .***

**Step 1 – Preparation**

1. **Gather relevant information:** Prior to the Stage 1 Sickness Absence Meeting, gather all the relevant information you require e.g. sickness absence records, trend information, return to work interview records, relevant self/medical certificates, occupational health reports, pay information, etc.
2. **Arrange an appropriate date, time and venue:** Arrange to meet with the employee as soon as possible, booking an appropriate venue to allow for privacy.
3. **Invite the employee to the meeting:** Advise the employee that you would like to meet them, inform them what the meeting is about and confirm the date, time and venue using SA TK 17.

**Step 2 – During the meeting**

1. Make the relevant introductions and inform the employee the meeting is being held in accordance with the Trust Managing Attendance at Work (Sickness Absence) Policy. Explain the purpose of the meeting and cover the following discussion points:
* Check if employee is happy to continue without representation if attending unaccompanied.
* The reasons for and impact of ongoing absences.
* Whether there is a likelihood of future absences;
* Any underlying health issues or a need for an occupational health service referral or medical report;
* Whether the absences are related to pregnancy or a disability;
* Whether the absence is the result of a capability issue.
* Whether the absences are related to work incidents or situations where some further investigation might be required;
* Whether there is a pattern of absence;
* Whether there is any ongoing treatment or investigation which will require future planned absence to be arranged;
* Offer support that the manager or the Trust is able to provide i.e. (NOSS, Fast Track Physio)
* Discuss OH report (if appropriate) and if any reasonable adjustments required.
* The impact the sickness absence is having on the service.
* Decide relevant actions to be taken and support required e.g. occupational health referral, continued monitoring, etc.
* Set an interim review date for the 3 month point to review actions.
* Explain that a further review meeting will also be arranged at the interim review meeting for the next 3 months.
* Explain that if a further 2 episodes of absence occur at any point during the next 6 months, it might be necessary to review their sickness in line with Stage 2 of the Policy and Procedure on Managing Attendance at Work .

**Step 3 – After the meeting**

1. Write an overview of your conversation during this meeting and any agreements in a letter (SA TK 18) and send it to the employee to confirm your discussion after having the letter reviewed by a HR Representative.
2. Ensure a copy of the letter is placed on the employee’s personal file.
3. Complete any documentation as required e.g. Management referral to Occupational Health.
4. **Monitor progress/review date(s)**: Monitor the employee’s progress and, if appropriate, meet with the employee at the agreed interim/final review date(s), recording details of the meeting and arranging for this to be placed on the personal file.

If it is clear the agreed actions to facilitate an acceptable level of attendance have been achieved and sustained, no further action will be taken, however if attendance deteriorates again during the three months following a monitoring period or if further trigger points are reached the procedure may be reactivated.

A further 2 episodes of absence within a 6 month period following a Stage 1 Sickness Absence Meeting will result in escalation to a Stage 2 Sickness Absence Meeting.

# SA TK 14 How to Conduct a Stage 2 Sickness Absence Meeting

A Stage 2 Sickness Absence meeting will take place if:

* + - If the employee has not achieved a regular attendance level following a Stage 1 Sickness Absence Meeting hence a further trigger for review has been reached in line with Section 12.5 of the Policy and Procedure on Managing Attendance at Work .

The employee is entitled to be accompanied at a Stage 2 Sickness Absence Meeting(s) by a staff side (Trade Union or Professional Organisation) representative or Trust work colleague. A HR Representative should also be present during this meeting. Please refer to Letter SA TK 22.

**Step 1 – Preparation**

1. **Gather relevant information:**Prior to the meeting, gather all the relevant information you require: information from the Stage 1 sickness absence meeting, sickness absence records, return to wok interviews etc. Read the Trust policy to gain an understanding of what options are going to be available to you.

Ensure you are fully prepared prior to the Stage 2 Sickness Absence meeting; your preparations may include, but are not limited to:

* Copies of any prior written communication including letters, return to work forms, medical certificates, any occupational health reports and Sick Pay information.
* Diary or history of sickness absences that may show a trend.
* Understanding of the reasons for prior absences.
* Consider whether or not there is any additional assistance you could provide to the employee.
* If a management referral to occupational health is required.
1. **Arrange an appropriate date, time and venue:**Arrange to meet with the employee as soon as possible following the point at which they triggered the need to progress to a Stage 2 Sickness Absence meeting, booking an appropriate venue to allow for privacy and allowing sufficient time so that the meeting is not rushed.
2. **Invite the employee to the meeting:** Advise the employee that you would like to meet them, inform them what the meeting is about and confirm the date, time and venue. The employee has a right to be accompanied at this meeting by a work colleague or staff side (Trade Union or Professional Organisation) representative. You must give the employee at least 7 calendar days’ notice of the Stage 2 Sickness Absence meeting and this must be communicated in writing. (SA TK 22)

**Step 2 – During the meeting**

1. Make the relevant introductions and inform the employee the meeting is being held in accordance with the Trust Policy and Procedure on Managing Attendance at Work . Explain the purpose of the meeting and cover the following discussion points:
* Check if employee is happy to continue without representation if attending unaccompanied.
* The reasons for and impact of ongoing absences.
* Whether there is a likelihood of future absences;
* Any underlying health issues or a need for an occupational health service referral or medical report;
* whether the absences are related to pregnancy or a disability, taking the Equality Act into consideration where appropriate;
* whether the absences are related to work incidents or situations where some further investigation might be required;
* whether there is a pattern of absence;
* whether there is any ongoing treatment or investigation which will require future planned absence to be arranged;
* the support that the manager or the Trust is able to provide i.e. (NOSS, Fast Track Physio)
* Advice received from Occupational Health.
* The impact the sickness absence is having on the service.
* Any reasonable adjustments required.
* Alternative employment, either permanent or temporary (see section 18 of the Policy and Procedure on Managing Attendance at Work for further information).
* If the employee is a member of the NHS Pension Scheme that they may be eligible to apply for retirement on the grounds of ill health – advice must be sought from Occupational Health.
* The expected levels of attendance and the need for improvement in attendance and a suitable timescale for monitoring the improvement.
* Set an interim review date for the 3 month point to review actions.
* Explain that a further review meeting will also be arranged at the interim review meeting for the next 3 months.
* Explain that if a further 2 episodes of absence occur at any point during the next 6 months, it might be necessary to review their sickness in line with Stage 3 of the Policy and Procedure on Managing Attendance at Work .
* When setting the target an appropriate allowance should be made for any conditions recognised under the Equality Act 2010. Consideration must also be given to occupational health advice or any underlying medical condition. The employee must be warned that not achieving the agreed attendance target may result in a Stage 3 Sickness Absence Hearing in line with the policy which may include the decision to dismiss on the grounds of incapability.

**Step 3 – After the meeting**

1. Write an overview of your conversation during this meeting and any agreements in a letter (SA TK 23) and send it to the employee to confirm your discussion after having the letter reviewed by a HR Representative.
2. Ensure a copy of the letter is placed on the employee’s personal file.
3. Complete any documentation as required e.g. Management referral to Occupational Health.
4. **Monitor progress/review date(s)**: Monitor the employee’s progress and, if appropriate, meet with the employee at the agreed interim/final review date(s), recording details of the meeting and arranging for this to be placed on the personal file.
5. If it is clear the agreed actions to facilitate an acceptable level of attendance have been achieved and sustained, no further action will be taken, however if attendance deteriorates again during the three months following a monitoring period or if further trigger points are reached the procedure may be reactivated.

A further 2 episodes of absence within a 6 month period following a Stage 2 Sickness Absence Meeting will result in escalation to a Stage 3 Sickness Absence Hearing.

Each case is to be managed appropriately in accordance with the Policy and Procedure on Managing Attendance at Work . There may be as many meetings as appropriate in order to effectively support the individual and manage their absence. Before reaching a Meeting at Stage 3 it is essential that a thorough exploration of the facts has been undertaken and any possible adjustments or other alternatives have been explored – at as many meetings as necessary.

# SA TK 15 How to process a Return to Work on a Rehabilitation Programme

Line Manager liaises with OH to specify details of return: hours/days/duties/length of rehabilitation period/timescale for increasing amount of duties the individual can undertake etc. (This may include the recommendation that the employee returns to an alternative post during part of the Rehabilitation programme)

Initial Return to Work

Towards end of Rehab Programme

Employee has been off sick for 28 calendar days or more. Line Manager refers employee to OH

OH assesses fitness of employee to return on restricted duties or reduced hours.

Line Manager discusses with employee the details of the phased return to work, including the monitoring of progress at agreed intervals.

Towards the end of the Rehabilitation programme, the Line Manager liaises with OH for a recommendation as to whether the employee is fit to resume their normal hours/duties.

Line Manager makes necessary amendments to hours of pay (if appropriate).

*Fit to resume*: Employee has a final review with their Line Manager before resuming work.

If modifications require the purchase of equipment etc. this must be met from the Line Manager’s budget. Employment Services may be able to assist with costs – managers should contact HR for further detail.

*Not fit to resume*: A further period for Rehabilitation may be set.

*Fit to resume but* have agreed with Line Manager a permanent change in duties or hours.

Line Manager makes necessary amendments to hours for pay (if appropriate).

#

# SA TK 16 Redeployment of Staff: Management Guidance

**Introduction**

This guidance has been developed to assist Line Managers in the redeployment of staff when occupational health recommend that an individual is unable to continue to fulfil the duties of their current role for a reason relating to their health and should be redeployed to a suitable alternative employment.

**Procedure**

1. On notification from occupational health that redeployment is advised for a member of staff the Line Manager and a HR Advisor will meet with the employee to explain the process.
2. The member of staff will need to complete a redeployment form (attached) with an up to date CV detailing their skills, knowledge and experience. The Human Resource Advisor will record the employee’s details on the Redeployment Register.
3. Any suitable vacancies that may arise will be checked against the individual’s requirements and experience and if the post appears suitable as a possible redeployment opportunity the Line Manager and the member of staff will be notified. The member of staff will have two days to decide if they wish to be considered for redeployment to this post. If the vacancy is not a match it will be released to advert.
4. The suitable vacancy will be placed on hold and the information provided on the redeployment form will be forwarded to the recruiting manager to consider for interview. If the post has already gone to advertisement, and the member of staff meets the essential criteria they will be interviewed before other applications are considered.
5. If the vacancy is refused, this will be recorded and the vacancy released for advert should there be no other suitable redeployees interested in the role.
6. The selection process will have two stages:
* The information provided on the redeployment form will be forwarded to the recruiting manager to consider for interview; with any member of staff to be redeployed they will need to meet the essential criteria on the person specification to be interviewed.
* The member of staff will be interviewed by the manager of the alternative role and a Human Resource Advisor. The interview will determine based on the essential criteria of the person specification if the applicant’s immediate suitability or suitability after reasonable and appropriate training and development is applicable. The interview will also give the individual an opportunity to ask questions about the post, or department etc.

Any offer of a suitable alternative employment will be subject to occupational health clearance.

1. If the redeployee does not meet the essential criteria of the person specification and is not shortlisted for the role the recruiting manager must justify in writing the reasons for this and submit it to HR.
2. **Trial** **Periods**
* The normal period for a trial in a redeployment situation will be four weeks, allowing the manager and employee to assess suitability of the new role. Until the end of the trial period the member of staff will remain on the establishment of the substantive department.
* If during the trial period it becomes apparent that the new role is unsuitable despite appropriate training and supervision and the member of staff is consistently or significantly failing to meet the performance standards required the redeployment will be terminated and the member of staff will return to their original department.
* A member of staff will be considered for a trial period in a maximum of three posts notwithstanding a maximum search period of twelve weeks.
1. If the redeployee is successful in their four week trial they will be appointed to the post substantively following a review meeting with their new Line Manager and a HR representative.
2. Should the redeployee be unsuccessful during their trial period this will need to be communicated to them in a review meeting by their new Line Manager and a HR representative. The member of staff will then return to their original department and the redeployment register to continue the search for a suitable alternative role. The vacancy will then be released to advert accordingly.

# SECTION THREE: TEMPLATE LETTERS

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

# SA TK 17 Stage 1 Sickness Absence Meeting Invite Letter

**Private and Confidential**

Name

Address

Date

Dear <name>

**Stage 1 Sickness Absence Meeting**

I write to advise you that upon reviewing your attendance records that you have been off work due to sickness on (x) occasions in a ‘rolling’ 12 months as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| **Absent Period Start Date** | **Absent Period End Date** | **Number of Days** | **Reasons for Absence** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **This equates to <number> of episodes and <number> of days sickness absence** |

In accordance with the Trust’s Policy and Procedure on Managing Attendance at Work , (copy attached for your information), you are therefore required to attend a meeting with me on <Date>, at <Time>, in <Venue>. I will be accompanied by <Name>**,** Human Resources Manager/Advisor.

The purpose for this meeting is to discuss with you the reasons for your absences and the level of sickness absence and to ascertain what support or assistance can be offered to you in order to facilitate an acceptable level of attendance at work.

Although the purpose of the meeting is primarily for welfare purposes, the Trust has agreed with its recognised unions that members of staff are entitled to be accompanied at such meetings by either a member of Staff Side/Trade Union or Professional Organisation or Trust Work Colleague. Would you please make the necessary arrangements to be accompanied if you so wish.

I would be grateful that on receipt of this letter you can confirm your attendance by contacting me on <telephone number>. In the meantime, if you have a query or concern relating to this letter please do not hesitate to contact me.

Yours sincerely

**<Name>**

**<Job Title>**

Enc. Policy and Procedure on Managing Attendance at Work

Cc: Personal File

 Staff Side/TUPO representative if one nominated

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

# SA TK 18 Stage 1 Sickness Absence Meeting Outcome Letter

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Stage 1 Sickness Absence Meeting**

I am writing to confirm the outcome of our meeting on <insert date> which was held in line with the Trust’s Policy and Procedure on Managing Attendance at Work . In addition to you and myself, <insert name or delete as appropriate>, Human Resources Advisor was at the meeting as well as your Staff Side/TUPO Representative or Trust Work Colleague – <insert name> OR You chose not to be represented although you were reminded of this right.

We discussed your attendance record, which amounts to <insert number> days lost and <insert number> of episodes sickness absence during the last 12 month rolling period.

I explained that the purpose of the meeting was primarily for welfare purposes, to discuss your attendance levels, reasons for absence and where appropriate to offer additional support and agree a need for improvement.

We discussed <insert a summary of discussion> – this may include:

* Reasons for and impact of absences and the likelihood of future absence.
* Health and Wellbeing at present time.
* Any personal or work related problems.
* Support offered and whether this was accepted or declined – this could include Occupational Health, NOSS, Fast Track Physiotherapy, Access to Work and reasonable adjustments as appropriate.
* Impact absence is having on the team/department/service.

Following careful consideration of your sickness record and all the other matters we discussed at the meeting I decided to monitor your sickness absence levels for a period of 6 months in line with Stage 1 of the policy.

The following improvement targets were discussed and agreed:

I explained that if the improvement targets were not met during the review period and if a further trigger for review is reached at any point during the monitoring period it might be necessary to review your sickness absence in line with Stage 2 of the Policy and Procedure on Managing Attendance at Work .

An interim meeting to review actions has been set for <insert date> at <time> in <venue>. You have the right to be accompanied at the meeting by either a member of a staff side (Trade Union or Professional Organisation) or a Trust Work Colleague. A final review meeting will be arranged at this meeting.

In the meantime, if you have a query or concern relating to this letter please do not hesitate to contact me.

Yours sincerely

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

# SA TK 19 Stage 1 Sickness Absence Interim Review Meeting Outcome Letter

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Stage 1 Sickness Absence Interim Review Meeting**

I am writing to confirm the outcome of our interim meeting on <insert date> which was held in line with the Trust’s Policy and Procedure on Managing Attendance at Work . In addition to you and myself, <insert name>, Human Resources Advisor was at the meeting as well as your Staff Side/TUPO Representative or Trust Work Colleague – <insert name> OR You chose not to be represented although you were reminded of this right.

We reviewed your attendance record so far and I can confirm that you have had 1/no episodes of sickness absence since our last meeting on <insert date>.

I explained that the purpose of the meeting was to review the actions set at our initial meeting and to ascertain where appropriate if additional support was required.

We discussed <insert a summary of discussion> – this may include:

* Reasons for and impact of absences and the likelihood of future absence.
* Health and Wellbeing at present time.
* Any personal or work related problems.
* Support offered and whether this was accepted or declined – this could include Occupational Health, NOSS, Fast Track Physiotherapy, Access to Work and reasonable adjustments as appropriate.
* Impact absence is having on the team/department/service.

The following improvement targets were reviewed and we agreed that <insert summary>.

I explained that if the improvement targets were not met during the rest of the review period and if a further trigger for review is reached at any point during the monitoring period it might be necessary to review your sickness absence in line with Stage 2 of the Policy and Procedure on Managing Attendance at Work .

A final meeting to review your sickness absence has been set for <insert date> at <time> in <venue>. You have the right to be accompanied at the meeting by either a member of a staff side (Trade Union or Professional Organisation) or a Trust Work Colleague.

In the meantime, if you have a query or concern relating to this letter please do not hesitate to contact me.

Yours sincerely

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

# SA TK 20 Stage 1/2 Sickness Absence Review Meeting Outcome Letter – No Further Action Required

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Stage <insert stage> Sickness Absence Review Meeting**

Thank you for attending the above review meeting on <insert date>. In addition to you and myself, <insert name>, Human Resources Advisor was at the meeting (as well as your Staff Side/TUPO Representative or Trust Work Colleague – <insert name>) OR You chose not to be represented although you were reminded of this right.

The meeting was held in accordance with the Trust’s Policy and Procedure on Managing Attendance at Work and Procedure.

Further to the Stage <insert stage> Sickness Absence Meeting held on <insert date> and interim review meeting on <insert date> I am satisfied that you have achieved all of your agreed actions and sustained an acceptable level of attendance in the workplace therefore no further action will be taken.

I must advise you that I will continue to monitor your attendance and should you have any further absences in the next three months I reserve the right to resume action immediately in line with the process outline in the Policy and Procedure on Managing Attendance at Work .

Thank you for attending the meeting and I trust that the above covers all the key points discussed. However, if you have any queries with regard to the above, or if you have any concerns, please do not hesitate to speak to me.

Yours sincerely,

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

#

# SA TK 21 Reactivate Sickness Absence Process Meeting Invite Letter

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Stage <insert stage> Sickness Absence Meeting**

Dear

I am writing to invite you to attend a sickness absence meeting on <date> at <time> in <venue>.

At the last sickness meeting on <insert date> we closed the sickness absence procedure in line with the sickness absence procedue for short term sickness absence management and you were taken off Stage <insert stage> of the Trust’s Policy and Procedure on Managing Attendance at Work .

You were informed that your sickness absence would be monitored for a further 3 months and if it were to increase, that you would be reinstated on Stage <insert stage>, hence your sickness absence levels have since increased and therefore another review is necessary.

The purpose of this meeting is to discuss your absence with the possibility to reactivate and review your current sickness absence levels in line with Stage <insert stage>of the Trust’s Policy and Procedure on Managing Attendance at Work . You have already been given a copy of the policy but please let me know if you require another copy.

You have the right to be represented or accompanied at the meeting by a representative of a recognised Trade Union or Professional Organisation, or by a Trust Work Colleague. Would you please make the necessary arrangements to be accompanied if you so wish.

I would be grateful that on receipt of this letter you can confirm your attendance by contacting me on <telephone number>. In the meantime, if you have a query or concern relating to this letter please do not hesitate to contact me.

Yours sincerely

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

#

# SA TK 22 Stage 2 Sickness Absence Meeting Invite Letter – Further Action Required

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Stage 2 Sickness Absence Meeting**

I am writing to confirm the outcome of our discussion on <date>, which took place during your return to work interview.

I advised you that you have reached a further trigger for review in line with Stage 2 of the Trust’s Policy and Procedure on Managing Attendance at Work . A copy of this procedure is enclosed for your information; please refer to section 12.5, page 13.

Due to continuing concerns surrounding your unacceptable level of attendance, I now consider that a Stage 2 Sickness Absence meeting is required. You are therefore required to attend a meeting with me on <Date>, at <Time>, in <Venue>. I will be accompanied by <Name>**,** Human Resources Manager/Advisor.

The purpose for this meeting is to discuss with you the reasons for your continued absences and the level of sickness absence, your inability to fully achieve the objectives set in our initial meeting and to ascertain what further support or assistance can be offered to you in order to facilitate an acceptable level of attendance at work.

You are entitled to be accompanied at such meetings by either a member of Staff Side/Trade Union or Professional Organisation or Trust Work Colleague. Would you please make the necessary arrangements to be accompanied if you so wish.

I would be grateful that on receipt of this letter you can confirm your attendance by contacting me on <telephone number>. In the meantime, if you have a query or concern relating to this letter please do not hesitate to contact me.

Yours sincerely

**<Name>**

**<Job Title>**

Enc. Policy and Procedure on Managing Attendance at Work

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

# SA TK 23 Stage 2 Sickness Absence Meeting Outcome Letter

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Stage 2 Sickness Absence Meeting**

I am writing to confirm the outcome of our meeting on <insert date> which was held in line with the Trust’s Policy and Procedure on Managing Attendance at Work . In addition to you and myself, <insert name>, Human Resources Advisor was at the meeting as well as your Staff Side/TUPO Representative or Trust Work Colleague – <insert name> OR You chose not to be represented although you were reminded of this right.

During the meeting I highlighted to you that you had reached a further trigger for review since our last meeting on <insert date> amounting to <insert number> days over <insert number> episodes in line with Stage 2 of the Trust’s Policy and Procedure on Managing Attendance at Work . Therefore your level of attendance is still a cause for concern and you have not achieved the agreed actions set at our initial meeting.

We discussed <insert a summary of discussion and the employee’s response> – this may include:

* Reasons for and impact of absences and the likelihood of future absence.
* Health and Wellbeing at present time.
* Any personal or work related problems/underlying problem contributing to the level of absence.
* Whether there is a pattern of absence.
* Support offered and whether this was accepted or declined – this should include Occupational Health, NOSS, Fast Track Physiotherapy, Access to Work and reasonable adjustments as appropriate.
* Any advice received from Occupational Health.

We discussed what support and assistance could be provided to you and we agreed to put the following support mechanisms in place to facilitate an improvement in your attendance level <insert support mechanisms>.

I informed you that at present your level of sickness absence is unacceptable and there is a need for you to improve and sustain your levels of attendance. An interim meeting to review actions has been set for <insert date> at <time> in <venue>. You have the right to be accompanied at the meeting by either a member of a staff side (Trade Union or Professional Organisation) or a Trust Work Colleague. A final review meeting will be arranged at this meeting.

I must warn you that failing to achieve and sustain the required improvement in your level of attendance may require you to attend a Stage 3 Sickness Absence Hearing, which may result in a decision to terminate your employment contract on the grounds of incapability.

In the meantime, if you have a query or concern relating to this letter please do not hesitate to contact me.

Yours sincerely

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

#

# SA TK 24 Stage 2 Sickness Absence Interim Review Meeting Outcome Letter

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Stage 2 Sickness Absence Interim Review Meeting**

I am writing to confirm the outcome of our interim meeting on <insert date> which was held in line with the Trust’s Policy and Procedure on Managing Attendance at Work . In addition to you and myself, <insert name>, Human Resources Advisor was at the meeting as well as your Staff Side/TUPO or Trust Work Colleague – <insert name> OR You chose not to be represented although you were reminded of this right.

We reviewed your attendance record so far and I can confirm that you have had 1/no episodes of sickness absence since our last meeting on <insert date>.

I explained that the purpose of the meeting was to review the actions set at our Stage 2 meeting and to ascertain where appropriate if additional support was required.

We discussed <insert a summary of discussion and the employee’s response> – this may include:

* Reasons for and impact of absences and the likelihood of future absence.
* Health and Wellbeing at present time.
* Any personal or work related problems/underlying problem contributing to the level of absence.
* Whether there is a pattern of absence.
* Support offered and whether this was accepted or declined – this should include Occupational Health, NOSS, Fast Track Physiotherapy, Access to Work and reasonable adjustments as appropriate.
* Any advice received from Occupational Health.

The following improvement targets were reviewed and we agreed that <insert summary>.

I explained that if the improvement targets were not met during the rest of the review period and if a further trigger for review is reached at any point during the monitoring period it might be necessary to review your sickness absence in line with Stage 3 of the Policy and Procedure on Managing Attendance at Work

A final meeting to review your sickness absence has been set for <insert date> at <time> in <venue>. You have the right to be accompanied at the meeting by either a member of a staff side (Trade Union or Professional Organisation) or a Trust Work Colleague.

I must warn you that failing to achieve and sustain the required improvement in your level of attendance may require you to attend a Stage 3 Sickness Absence Hearing, which may result in a decision to terminate your employment contract on the grounds of incapability.

In the meantime, if you have a query or concern relating to this letter please do not hesitate to contact me.

Yours sincerely

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

#

# SA TK 25 Stage 2 Sickness Absence Review – Further Action Required

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Stage 2 Sickness Absence Review**

I am writing to confirm the outcome of our discussion on <insert date> which took place during your return to work interview.

I advised you that you have reached a further trigger for review in line with Stage 3 of the Trust’s Policy and Procedure on Managing Attendance at Work . A copy of this is enclosed for your information; please refer to section 12.6, page 15 and 13.22, page 18.

In particular me areas of concern are:

<Details of concern>

You will be advised shortly of the date, time and venue of this Stage 3 Sickness Absence Hearing. You have the right to be accompanied at the meeting by either a member of a staff side (Trade Union or Professional Organisation) or a Trust Work Colleague.

You should be aware that the outcome of the hearing may result in termination your employment contract on the grounds of incapability.

In the meantime, if you have a query or concern relating to this letter please do not hesitate to contact me.

Yours sincerely

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

#

# SA TK 26 Stage 3 Sickness Absence Hearing Invite

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Stage 3 Sickness Absence Hearing**

Further to my letter of <DATE> I am writing to invite you to a Stage 3 Sickness Absence Hearing, which will be held on <insert date>, at <time> in <venue>.

The Hearing will be held in accordance with the Trust’s Managing Attendance at Work (Sickness Absence) Policy, (a copy of which [\*is now enclosed/has been previously forwarded to you).

<I/NAME> will chair the Hearing [\* along with <name and designation of panel member(s)>]. <Specify names/designation and role of any others that will be present e.g. note-taker, witnesses if appropriate, Human Resource support>.

You are also entitled to be accompanied at the Hearing by either a member of a staff side (Trade Union or Professional Organisation) or a Trust Work Colleague. Should you wish to be accompanied please advise me in writing (e.g. via email), as to the name and designation of the individual accompanying you, no later than <date>.

At the Hearing the Chair will outline the nature of the attendance/ill health issue, its impact and the actions/support previously considered/implemented as well as the improvements in attendance required. The panel will also take into consideration any medical opinion relevant to the case, and any other potential reasonable interventions or support to enable your retention. During the Hearing you will be given full opportunity to present your views.

A copy of all the supporting documentary information/evidence to be presented at the hearing, is enclosed with this letter as advanced disclosure of the case. Should you wish to submit any documentary evidence/information or a written response prior to the hearing to rely upon in the presentation of the case, you should notify <name> and provide <number> of written copies of the same, to the above address no later than 5pm on <date>, as these will also need to be shared with the panel at least <X> calendar days prior to the hearing.

Depending on the facts established at the hearing, the outcome could be dismissal on grounds of incapability; however, no decision will be made until you have had a full opportunity to put forward your case. Depending upon the individual circumstances of the case the panel may provide its decision immediately after the adjournment or no later than <X>calendar days after the hearing.

Please confirm your attendance at the Stage 3 Sickness Absence Hearing, in writing, no later than 5pm on <date>.

Please also advise <Name> as soon as possible, if you have any special requirements or feel that any reasonable adjustments could be made regarding the arrangements for the hearing, in order that any such request can be duly considered and actioned as appropriate.

I appreciate that this may be a difficult time for you, however, there are a number of sources of confidential support available to you if you wish to use them. Further details can be found at: <http://www.shropscommunityhealth.nhs.uk/rte.asp?id=11211>

In the meantime, if you have any queries please feel free to contact me. Should you have any procedural queries relating to the process please contact <name> Human Resources Advisor/Manager.

Yours sincerely

**<Name>**

**<Job Title>**

Enc Attendance Management Policy

 <Document/s>

Cc <Name of HR Contact>

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

#

# SA TK 27 Stage 3 Sickness Absence Hearing Rescheduled

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Confirmation of Stage 3 Hearing**

I am writing further to your [\*letter/contact] of <date> in which you request that the Stage 3 Sickness Absence Hearing which had been arranged for <date> be rescheduled. I can confirm that the Trust has, on this occasion, agreed to your request.

The hearing will now take place on [date/time/venue]:

[\*As a result of rescheduling the hearing, it has been necessary to appoint new Panel members. <Name, job title> has replaced <name, job title> as Chair of the Stage 3 Sickness Absence Hearing Panel and will now be supported by <name, job title> *<Specify any other panel membership changes if relevant>.*

I enclose a copy of your original letter, which advises of all aspects of the Hearing.

If you have any queries please feel free to contact me [\*or <name> HR Contact].

Yours sincerely

**<Name>**

**<Job Title>**

Enc: Original Notification of Stage 3 Sickness Absence Hearing Letter

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <HR Contact>

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

#

# SA TK 28 Stage 3 Sickness Absence Hearing Outcome

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Stage 3 Sickness Absence Hearing**

I write to [\*confirm/advise of] the outcome of the Stage 3 Sickness Absence Hearing that you attended on <Date>, arranged to discuss the issues outlined in the earlier letter dated <date>.

The hearing was held in accordance with the Trust’s Policy and Procedure on Managing Attendance at Work .

The Panel comprised of <names/title/departments>. \*<*Specify names/designations of any others present and their reason for attendance, depending on the circumstances of the case e.g. HR Support, note-taker, witnesses etc.>*.

Having been invited to bring either a member of a staff side (Trade Union or Professional Organisation) or a Trust Work Colleague to the hearing you [\*choose not to do so/were accompanied by <name/department/TU>].

Preliminary Matters ***(if applicable)***

***Insert*** *a paragraph detailing any requests to delay the hearing, reasonable adjustments to the process etc. and the panel’s response to such requests, including the factors they took into account when considering such requests. Also confirm receipt of any information/documentation from the employee, where relevant.*

**Consideration**

***Insert*** *a paragraph summarising the main points of discussion at the hearing and factors considered by the panel in reaching their decision. This should include:*

* *the nature of the attendance/ill health issue,*
* *impact of the absence(s) on the department/colleagues/service provision,*
* *the actions/support already considered/implemented and their impact on addressing the issue,*
* *the improvement needed,*
* *medical evidence/opinion relevant to the case.*
* *any other potential reasonable interventions or support to enable their retention not previously considered, if any.*

*Also summarise the employee’s own case and whether they put forward any special circumstances/information/options that required further consideration and the outcome of this consideration.*

**Decision**

Having considered the full circumstances of the case the panel decided

* [\*to defer the hearing pending the provision of further medical information]
* [\* that further consideration should be undertaken in relation to reasonable adjustments, supported by further monitoring/review periods]
* [\* that further consideration should be undertaken in relation to redeployment/retirement]
* [\*<detail any other specific options agreed>]
* [\*that having unsuccessfully explored all other options as detailed above, regrettably though the panel fully accepted that your absence is for genuine illness, the department/service cannot continue to sustain the level of absence and its associated impact. Therefore it was felt that there was no alternative but to dismiss you on grounds of capability due to ill health].

***NOTE: For outcomes other than dismissal due to capability please detail what action was agreed and the plans associated with their implementation, including for example: responsibilities/timeframes/review periods, etc.***

***[For cases other than dismissal]***

***Insert*** *a paragraph explaining that should any of the agreed, action(s) detailed not result in an effective return to work and/or a sustained improvement in attendance, the situation would need to be reviewed again and could ultimately lead to a further Stage 3 Sickness Absence Hearing being convened, under the Trust Managing Attendance at Work (Sickness Absence) Policy.*

***[For dismissal cases only]***

I confirm, therefore, that it is necessary to terminate your employment with the Trust and this letter is formal notice. Because you have been employed by the Trust for <x> number of years, you are entitled to receive (number) weeks paid notice plus payment for any outstanding leave for (year) which is due to you. Your employment with the Trust therefore will terminate with immediate effect, and <number> weeks full pay will be paid in lieu of the notice period and your P45 will be sent as soon as reasonably practicable thereafter.

**Appeal [*only to be inserted when dismissing on grounds of capability*]**

You have the right to appeal this decision, (please see ‘Appeals’ section of the Trust’s Disciplinary Procedure for further details.

Should you wish to exercise this right you should do so in writing within 10 working days of receipt of this letter (excluding Saturday and Sunday) clearly stating the grounds upon which you wish to do so. Please address your letter to <Manager/HR Contact> in <Insert Address>. It will be your responsibility to state your case and bring to the attention of the Panel all relevant documentary evidence that should be considered. The decision of an appeal panel is final.

 ***[For dismissal cases only]***

**Insert a paragraph** as relevant to the circumstances of the case, seeking to close on a constructive/positive note e.g. thanking them for their dedicated service to Trust/Service, wishing them all the very best for their future etc.

Yours sincerely

<Name/Title of Chair of Panel>

<Department>

Cc: <HR Contact>

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

#

# SA TK 29 Long Term Sickness Absence Attendance Review Meeting Invite Letter

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Long Term Sickness Absence Attendance Review Meeting**

Following our recent discussions, I am sorry to hear that you remain unwell and unable to attend work due to ill health. As you have now been away from work, since <date>, I would like to arrange a meeting to review your current situation, in line with our Policy and Procedure on Managing Attendance at Work . The meeting will be held <DATE/TIME/VENUE>. Also present at this meeting will be <Name/Designation> from Human Resources.

This meeting will be an opportunity to gain an understanding of your current health situation, [\*the likely duration of your absence,] your ability to [\*attend work/carry out the full duties of your role,] and how this can be supported.

I would be grateful if you could confirm your ability to attend this meeting. If it is not convenient please contact me to rearrange a mutually convenient date and time. Also should you feel you need any reasonable adjustments to facilitate your attendance please also raise these with me as soon as possible.

Whilst the reason for the meeting is primarily for welfare purposes, the Trust has agreed with its recognised unions that individuals are entitled to be accompanied at such meetings by either a member of a staff side (Trade Union or Professional Organisation) or Trust Work Colleague. Please would you make the necessary arrangements to be accompanied if you so wish.

I would be grateful that on receipt of this letter you can confirm your attendance by contacting me on <telephone number>. In the meantime, if you have a query or concern relating to this letter please do not hesitate to contact me.

Yours sincerely

**<Name>**

**<Job Title>**

Enc. Policy and Procedure on Managing Attendance at Work

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

#

# SA TK 30 Long Term Sickness Absence Attendance Review Meeting Outcome Letter

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Long Term Sickness Absence Attendance Review Meeting**

I am writing to confirm the outcome of our meeting on <insert date> which was held in line with the Trust’s Policy and Procedure on Managing Attendance at Work . In addition to you and myself, <insert name>, Human Resources Advisor was at the meeting as well as your Staff Side/Trade Union/Professional Organisation Representative or Trust Work Colleague – <insert name> OR You chose not to be represented although you were reminded of this right.

We discussed your current sickness absence in line with the Trust’s procedure for managing Long Term Absence outlined in the Trust’s Policy and Procedure on Managing Attendance at Work . I explained that the purpose of the meeting was primarily for welfare purposes, to discuss your continued absence and report from Occupational Health dated <insert date> plus where appropriate to offer additional support to enable you to return safely to work.

We discussed <insert a summary of discussion> – this may include:

* Reasons for absence – disability or work related (appropriate measures to be taken to deal with this.
* Fit note submission.
* Health and Wellbeing at present time.
* Any personal or work related problems.
* Indication from physician (e.g. GP/Consultant Specialists) about when they may be able to return to work.
* Support to be given to facilitate an effective return to work.
* Support offered and whether this was accepted or declined – this could include Occupational Health, NOSS, Fast Track Physiotherapy, Access to Work and reasonable adjustments as appropriate.
* Recommendations/information provided in Occupational Health Reports by the Occupational Health Advisor/Physician.
* Establish whether a phased return to work will be needed so that you can begin to consider the options.
* Discuss sick pay entitlement – whether the employee is approaching a reduction to half-pay or null pay.

We agreed to meet again on <insert date> at <time> in <venue>. You have the right to be accompanied at the meeting by either a member of a staff side (Trade Union or Professional Organisation) or a Trust Work Colleague.

In the meantime, if you have any queries in relation to the above please do not hesitate to contact me.

Yours sincerely

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

#

# SA TK 31 Long Term Sickness Absence Attendance Review Meeting – Phased Return to Work

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Long Term Sickness Absence Attendance Review Meeting – Phased Return to Work**

I am writing to confirm the outcome of our meeting on <insert date>. In addition to you and myself, <insert name>, Human Resources Advisor was at the meeting as well as your Staff Side/Trade Union/Professional Organisation Representative or Trust Work Colleague – <insert name> OR You chose not to be represented although you were reminded of this right.

We discussed your return to work in line with Trust’s Policy and Procedure on Managing Attendance at Work . I explained that the purpose of the meeting was primarily to discuss recommendations made by Occupational Health in your report dated <insert date> in regards to your phased return to work after long term sickness.

You were on long term sickness from <insert date> for <provide reason> and your fit note ended/ends on <insert date>.

We agreed the following return to work plan as stated below:

<Insert a summary of discussion> – this may include:

* details of return
* to work plan,
* adjustments required,
* use of annual leave, (if goes past 4 weeks)
* training support etc. to be given and any other information provided by staff member

We agreed that we will review the above <insert frequency>and meet again to review your phased return to work just before you commence duties in your full capacity.

Meanwhile if you have any queries in relation to the above please do not hesitate to contact me on <telephone no/ext.>.

Yours sincerely

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

#

# SA TK 32 Long Term Sickness Absence Meeting Outcome Letter - Redeployment

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Long Term Sickness Absence – Redeployment**

I am writing to confirm the outcome of our meeting on <insert date> which was held in line with the Trust’s Managing Attendance at Work (Sickness Absence) Policy. In addition to you and myself, <insert name>, Human Resources Advisor was at the meeting as well as your Staff Side/Trade Union/Professional Organisation Representative or Trust Work Colleague – <insert name> OR You chose not to be represented although you were reminded of this right.

The purpose of the meeting was to review your current sickness absence which commenced on <date> and is due to <reason for sickness absence> and to discuss the latest advice received from Occupational Health.

During the meeting you were asked about your current health and wellbeing and you advised <insert summary of discussion>.

You attended an appointment at Occupational Health on the <insert date>. In the report <name of Occupational Health Advisor/Consultant> stated <insert summary of advice given – detail points relating to temporary or permanent redeployment>.

Therefore we agreed to search for <indicate if temporary or permanent> redeployment opportunities on health grounds. We agreed that we would search for redeployment in the following areas <detail suitable possible job roles and geographic locations>.

The redeployment process involves:

* A 12 week search for a suitable vacancy within the Trust
* Application form to be completed
* Appointment subject to:
	+ - Successful occupational health clearance
		- Meeting the essential requirements for the post
		- Successful informal interview with the Manager
* No protection of salary

We agreed that <HR Representative> would send you the details of any vacancies within the Trust promptly. Please advise us of your email address if you would prefer to receive this information electronically.

You need to be aware that if no suitable alternative employment is identified within the next 12 weeks, I will have no option but to refer your case to a Stage 3 Sickness Absence Hearing where all the facts relating to your ongoing sickness absence will be considered by a panel who will then make a decision on your future employment with the Trust.

We agreed to meet again on <date> at <time> in <venue> to review the redeployment process. Meanwhile if you have any queries in relation to the above please do not hesitate to contact me on <telephone no/ext.>.

Yours sincerely

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

# SA TK 33 Long Term Sickness Absence Meeting Outcome Letter – no return in foreseeable future

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Long Term Sickness Absence**

I am writing to confirm the outcome of our meeting on <insert date> which was held in line with the Trust’s Policy and Procedure on Managing Attendance at Work . In addition to you and myself, <insert name>, Human Resources Advisor was at the meeting as well as your Staff Side/Trade Union/Professional Organisation Representative or Trust Work Colleague – <insert name> OR You chose not to be represented although you were reminded of this right.

The purpose of the meeting was to review your current sickness absence which commenced on <date> and is due to <reason for sickness absence> and to discuss the latest advice received from Occupational Health. During the meeting you were asked about your current health and wellbeing and you advised <insert summary of discussion>.

You attended an appointment at Occupational Health on the <insert date>. In the report <name of Occupational Health Advisor/Consultant> stated <insert summary of advice given – must include if they advise that a return to work in the foreseeable future is unlikely>.

I advise that due to the fact that you would be unable to return to work in the foreseeable future and that redeployment into another role is not appropriate we will now proceed to a Final Sickness Absence Hearing where all the facts relating to your ongoing sickness absence will be considered by a panel who will then make a decision on your future employment with the Trust.

You will receive full details of the arrangement for the Final Sickness Absence Hearing including a copy of the management report shortly.

Meanwhile if you have any queries in relation to the above please do not hesitate to contact me on <telephone no/ext.>.

Yours sincerely

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

# SA TK 34 Expiry of Sickness Pay

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Expiry of Sick Pay**

The pay services department has informed me, that your entitlement to full pay during sickness expires on <date>. Thereafter, you are entitled to receive half pay for a maximum of <period> which will cease on <date>.

The purpose of this a meeting is to ensure that you do not feel forgotten or isolated, so that I can update you on any changes that have occurred and to find out how you are and if there is any help the Trust or myself can provide.

Whilst the reason for the meeting is primarily for welfare purposes, the Trust has agreed with its recognised unions that individuals are entitled to be accompanied at such meetings by either a member of a staff side (Trade Union or Professional Organisation) or Trust work colleague. Please would you make the necessary arrangements to be accompanied if you so wish. I will be accompanied by <name and title>.

I look forward to seeing you on <date>, and if this date is inconvenient or I can be of any help before this date please contact me.

Yours sincerely

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

# SA TK 35 Notice of Termination – Ill Health Retirement

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Ill Health Retirement**

Following our meeting on <date> with <names, post titles>, I write to confirm that the Trust has received confirmation from the Pension Agency that your application for ill-health retirement has been successful. As I explained at our meeting, it is necessary, therefore, to terminate your employment and this letter is formal notice that your employment with the Trust will end on [date - – this should be agreed with the employee and staff side /TUPO representative before the letter is sent].

Your [pay if relevant] up until <date>, together with a payment made in lieu of notice will go through the [month] payroll. This payment, equating to <No> weeks pay (depending upon length of service), will be paid into your bank in lieu of the notice period and will be tax-free. At the same time you will also receive payment for <No.> days holiday accrued during the period <months>, where the termination is in the same financial period.

The last day of employment for the purposes of your pensionable service will be <date>. This date is arrived at by adding the <No.> of days accrued holiday to your termination date. Therefore, your pension will be effective on <date>.

In order for your ill-health retirement to be processed, would you kindly complete and return to the Pay Services Department, the enclosed Form AW8 at parts 7-10. This is the official application form for an award under the NHS Pension Benefits. When returning this form it would be appreciated if you would also enclose photocopies of your marriage certificate, and birth certificates of your wife and dependent children. For your convenience I enclose a stamped addressed envelope.

If you have any other queries or require clarification on any points please do not hesitate to contact me.

I would like to take this opportunity of thanking you for your service to (base) and to the Trust and send you our very best wishes for the future. (Or similar finish to the letter)

Yours sincerely

**<Name>**

**<Job Title>**

Cc: Personal File

 Staff Side/TUPO representative if one nominated

 <Name> HR Manager/Advisor

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

# SA TK 36 Unauthorised Absence Letter – Letter 1

**Private and Confidential**

Name

Address

Date

Dear <name>

**Re: Fit Note/Unauthorised Absence**

I write to inform you that insert either (your current Fit Note expired on <date> and I have not received a further note nor have I received any indication of a return to work date from you) or (you have failed to attend work for the past <insert number of days absent from work> days.)

We have tried to contact you via the phone on <insert date(s)> and were unable to establish why you were not at work.

Insert either:

*(Please be advised you are contractually obliged to submit your fit note in a timely manner and as outlined in section 4.4 of the Trust’s Policy and Procedure on Managing Attendance at Work and failure to do so without an acceptable explanation will result in the period concerned being recorded as unauthorised and unpaid absence.*

*Therefore if I have not received a further fit note by the <date – at least 5 working days must be given> you will be on unauthorised and unpaid absence. )*

Or

*(We are obviously concerned about your welfare and request that you make contact with <insert name of supervisor> on <contact number> by <****insert date – give 5 working days to respond****> to understand why you have been absent from work and when you may be able to return.*

*If your absence has been due to illness, please forward a Fit Note certificate or self-certification form as soon as possible. Please note failure to provide appropriate medical certification or an acceptable explanation for your absence will result in the period concerned being recorded as unauthorised and unpaid absence.)*

Should you be experiencing difficulties in obtaining a Fit note or if there any other issues preventing you from attending work, please contact me on <telephone number> so that we can discuss how best we can resolve this matter.

Yours Sincerely

**<Name>**

**<Job title>**

cc. Personal File

 HR Representative

**<Insert Letter Head>**

*(Please edit and insert as required and send draft to HR before issue)*

# SA TK 37 Unauthorised Absence Letter – Letter 2

**Private and Confidential**

Name

Address

Date

Dear <name>

**RE: Unauthorised and Unpaid Leave**

Further to my letter dated [date] asking you to contact me by [enter date & time] as a matter of urgency, this deadline has now passed and I am still very concerned that we have not heard from you.

I advised you that if I had not received appropriate medical certification or an acceptable explanation for your absence then I would have no alternative but to record you as being on unauthorised and unpaid leave. As you were advised, I have suspended your pay with effect from [date].

Please note continued failure to make contact or provide appropriate medical certification will result in the consideration of disciplinary action in accordance with the Disciplinary Policy & Procedure (copy enclosed.)

If your absence has been due to illness, please forward the appropriate medical certification as soon as possible or If there any other issues preventing you from attending work, please contact me as a matter of urgency and no later than <enter date> so that we can discuss this.

Yours Sincerely

**<Name>**

**<Job title>**

cc. Personal File

 HR Representative

# SECTION FOUR: USEFUL INFORMATION

# SA TK 38 Summary of Benefits and Allowances

**NHS Industrial Injury Benefits Scheme**

The NHS Injury Benefits Scheme, provides index linked benefits for NHS employees, who, as a result of an injury, disease, or condition caused by their employment:

* are on certified sick leave with reduced or no pay, OR
* have their earning ability permanently reduced by 11% or more, OR
* die, leaving a spouse and/or dependants.

**Temporary Injury Allowance (TIA)**

This allowance is paid by the employer, and guarantees the employees income, including certain Social Security benefits, to 85% of the average pay that they were receiving, immediately prior to pay reducing as a result of the work related injury.

T.I.A is not payable if income exceeds 85% of the average pay (taking into account sick pay and social security), and ceases when an individual returns to work.

**Permanent Injury Benefit (PIB)**

Permanent Injury Benefit may be payable, if the work related injury causes a permanent reduction in an individuals earning ability of 11% or more, in the general field of employment.

P.I.B can be paid, if:

* working hours are permanently reduced, or
* the injured party has to take a less demanding lower paid job, or
* has to give up work completely.

P.I.B is intended to top up a person’s income to ensure that they receive a guaranteed amount. This is a percentage of average pay, based on the length of NHS service, and the permanent reduction in earning ability.

If the employment ends due to a work-related injury, then an additional lump sum payment, based on a percentage of annual pay, may also be made.

**Death Benefits**

Benefits may also be paid to a spouse and/or dependants, following death resulting from a work-related injury. Again, these allowances are intended as a top up to income, to provide a guaranteed level of income.

Full details of the NHS Injury Benefits Scheme can be obtained from the Pensions Officer, or by contacting the NHS Pensions Agency direct.

Further information on benefits and allowances can be obtained from the Payroll Department

*This information can only be considered valid when viewed via the Shropshire Community Health NHS Trust website. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the current online version.*

# SA TK 39 Access to Work

Employees can approach ‘Access to Work’ if they are in a paid job and their disability or health condition prevents them from being able to do parts of their job. Access to work can offer support, including: financial assistance and may pay towards specific equipment needed at work, adapting premises to meet an individual’s needs, or to provide a support worker.

To be eligible for assistance from Access to Work, the disability or health condition usually has to last or be likely to last for 12 months or more to be eligible for assistance from Access to Work. The disability or health condition may not impact greatly on their day to day activities but may have a long-term effect on how well they can do their job.

The employee must make contact with Access to Work as they will only liaise directly with the employee in the initial stages. This can be done through a Disability Employment Adviser at the Job Centre who will advise on the process to be followed. Please see SA TK 40 for contact details.

# SA TK 40 Useful Contact Numbers

|  |  |
| --- | --- |
| **Human Resources:** To provide support and advice to both employees and managers on all aspects of sickness absence. | 01743 277651 |
| **Occupational Health:**  | Telephone: 01743 283280 |
| **NOSS Counselling Service:**Provide free of charge service to all staff. Covering professional, personal and family issues.  | Telephone Number: 01978 780479  |
| **Access to Work:**A government-run programme delivered by Jobcentre Plus to help overcome barriers that disabled people come across in getting into or retaining employment.Access to Work can help if a health condition or a disability affects the way an employee performs their job. It gives employees and the Trust advice and support with extra costs which may arise because of the condition or disability. | Email: atwosu.london@jobcentreplus.gsi.gov.ukTelephone: 0345 268 8489 Text phone: 0345 608 8753 |
| **Citizens Advice Bureau:**Brings you the self-help information you need to solve your problems**.**  | Websites: www.adviceguide.org.uk www.cabwhabac.org.uk**/**Telephone: 01905 611371Email: enquiries@cabwhabac.org.uk  |
| **Mind:** A mental health charity offering advice and support to anyone with a mental health problem.  | Website: <http://www.mind.org.uk/>Telephone: 0300 123 3393 |
| **Equality & Human Rights Commission (EHRC):** EHRC can provide advice and examples of reasonable adjustments in the workplace.  | Website: www.equalityhumanrights.com – Search under ‘Advice and Guidance’  |
| **NHS Pensions:**Provides advice on ill health retirement and injury benefits**.**  | Website: www.nhsbsa.nhs.uk |
| **Injury Allowance:** | Website: www.nhsemployers.org |