

<b>TITLE:</b> <b>Attendance Management and Sickness Policy</b>		
<b>DATE:</b> <b>Feb 2025</b>	<b>ISSUE:</b> <b>8</b>	<b>POLICY NO:</b> <b>NC39</b>
<b>AUTHOR: Claire Fern, Head of HR</b>		<b>REVIEW DATE:</b> <b>Feb 2028</b>
<b>REFERENCES: Employee Handbook, Internal Employment Policy</b>		

## **POLICY STATEMENT**

This policy is designed to safeguard employees during times of illness and to protect the interest of the organisation by monitoring absences. Both staff and management have a responsibility for this, and the policy provides an opportunity to identify problems and initiate action to resolve them. It is the responsibility of each employee to ensure regular attendance at work; however, the Hospice recognises that staff will be absent due to illness from time to time and will therefore, endeavour to provide all possible help and support to assist an early recovery and return to work.

## **OBJECTIVES**

The objectives of the policy are to:

- Maximise the physical and mental health and wellbeing of staff and in turn sustain excellent attendance for staff at work.
- Encourage every staff member to take responsibility for and take reasonable steps towards improving and maintaining their own health and wellbeing.
- Provide a framework, information and advice for dealing with sickness absence and thereby promoting good attendance levels across the Hospice.
- Provide a fair and consistent process for dealing with sickness absence and attendance within agreed timescales.
- Provide a framework for offering support to staff who have ill-health related attendance issues.

## **RELATED POLICIES AND PROCEDURES**

- Capability Policy – NC42
- Alcohol and Drugs in the Workplace Policy – NC45
- Internal Employment Policy – NC6
- Annual and Special Leave Policy – NC67
- Disciplinary Policy and Procedure – NC49
- Probationary Period Policy and Procedure – NC51

## **DEFINITIONS**

There are two separate categories of sickness absence, which can be defined as follows:

**Short-term:** i.e. episodic absences of short duration (less than four weeks). Such absences may be uncertified, self-certified or medically certified.

**Long-term:** sickness absence including chronic illness. This may manifest itself as one or more periods (normally over one month) of long-term sickness or several periods of sickness resulting from a chronic debilitating health condition.

## **SCOPE**

This policy applies to all employees of Bolton Hospice with the exception of agency staff, contractors and self-employed workers

## **RESPONSIBILITIES**

**The Trustees** will ensure that an Attendance Management and Sickness Policy is in place.

**CEO** to ensure a policy is in place and is adhered to at all times.

**Line Managers** have a responsibility for the effective management and control of attendance and to maintain up to date records of individuals' absence via staff care. They must take an active interest in the health, welfare and attendance of employees and address any factors that may contribute to a poor attendance record. Equally, Line Managers must ensure that all new starters are aware of and fully understand the reporting and sickness absence procedure and the standards of attendance required.

- Provide relevant support to maximise a staff member's health and wellbeing, identifying any necessary and relevant wellbeing interventions to enable the staff member to maintain a satisfactory level of health and fitness to enable them to fulfil their full range of duties.
- Record sickness absence accurately and promptly, including, dates, reasons for absence, relevant work matters and how long the staff member anticipates to be absent.
- Complete "return to work" interviews and ensure the staff member completes a self-certification following a period of sickness absence. This must be completed in a timely manner.
- Be alert to patterns of absence, for example persistent Mondays or Fridays, or following annual leave. Please be mindful that patterns of absence may trigger the formal sickness absence procedure.
- Discuss the reasons for sickness and explore whether other leave would be appropriate.
- Check whether there are any work-related issues, for example work related stress. Consider whether a Stress Risk Assessment is appropriate.
- Consider the need for specialist medical advice, for example Occupational Health or a GP report.
- Ensure staff are aware of the consequences of continued unsatisfactory attendance, i.e. that they may be managed through a formal process, which may ultimately lead to dismissal.
- Maintain confidentiality regarding an employee's health condition and any relevant action take,

**Employees** are expected to take all reasonable steps to avoid sickness absence and maintain their wellbeing.

A staff member who is absent from work due to sickness absence must:

- **Telephone** their line manager or designated contact as soon as possible but no later than one hour after the start of their working day. Nursing staff are required to telephone by 6.30am for both the early and late shifts and by 12 noon on the day for a night shift
- Make a reasonable assessment of their ability to carry out their contracted duties and determine whether they are well enough to attend work and fulfil their role.
- Participate in the absence review process fully, including agreement on request, to be referred to the Occupational Health Department, to attend any such appointments and to authorise the release of any medical reports from Occupational Health to the line manager. Failure to do so may result in decisions being made without the benefit of medical information.
- Give suitable notice for any reason they are unable to attend formal or informal meetings or Occupational Health appointments arranged as part of the procedures outlined in this policy.
- Co-operate with the employer with regard to the possible implementation of any adjustments to job duties, hours or working conditions, resulting from recommendations made by

Occupational Health, Access to Work or the GP on a “fit-note”. Please note that advice on a “fit-note” is not legally binding on an employer.

**HR Team** – HR will monitor fairness and equity of this policy and will ensure that it is applied consistently across the hospice. They will assist Line Managers in dealing with sickness absence matters, including Occupational Health referrals and will ensure staff care records are maintained accurately.

## **Procedures**

### **Medical appointments**

Wherever possible, Doctors, Dentists and hospital appointments should be made either: outside of, at the beginning or at the end of the working day. There is no right to paid time off to attend pre-planned Doctors, Dentists or hospital appointments. Staff may, at the discretion of their manager, be allowed to make up the time at a later date, or use annual leave to cover the absence and this should be logged onto the Staff Care system.

Managers are required to seek guidance from the HR Team where appointments are linked to a condition that may be covered by the Equality Act.

### **Absence reporting**

If you are unable to attend work, you are required to notify your manager or designated contact by telephone at the earliest opportunity, no later than one hour after the start of your shift, on the first day of sickness absence. For Nursing staff, where it is reasonably practicable you should call by 6.30am for both the early and the late shifts and by 12noon, or as soon as possible thereafter, on the day of duty for a night shift. Text messages or social media messages are not acceptable forms of notification.

You must inform your manager of:

- The reason for your absence and how long you anticipate to be off work.
- Details of any urgent or outstanding work.
- When you will next make contact.

Such notification is to be made personally, (or if you are unable to do so then by a relative, neighbour or friend), to your line manager/senior person on duty only. It is not acceptable to leave messages with any other staff on duty.

If you fail to attend work without any contact being made, your line manager will endeavour to contact you and may use your emergency contact information if contact cannot be made with you directly.

Should you fail to notify your line manager, or the designated contact, of your sickness absence in line with this procedure, you may be marked as absent without authorisation and you may not be entitled to receive organisational sick pay.

### **Leaving work during a Shift**

When a member of staff is too ill to complete their full shift, and has attended for less than 50% of their shift, this will be recorded as a sickness absence on Staff Care and will be counted as an episode of sick requiring a return to work interview.

### **Sending Home Sick**

From time to time, a manager may feel that an employee is not well enough to be at work despite attending. The Health and Safety at Work Act places an obligation on managers to ensure that all employees are well enough to undertake work. Where a manager has concerns in relation to an employee's fitness to remain in work, the manager may send the employee home. In the same way, an employee may not feel well enough to remain in work and may notify their manager that they are too ill to complete their shift.

### **Sickness whilst on Annual Leave**

If you fall sick whilst on authorised annual leave and you produce a fit note or equivalent proof of illness (you cannot self-certify during annual leave) you will be regarded as being on sick leave from the date of the certificate. You will be entitled to take annual leave at some other time. This does not, however, apply to Bank Holidays. Employees will not be entitled to an additional day off on statutory/bank holidays.

### **Keeping in touch**

During the time you are off work you need to stay in touch with your manager so that we can continue to support you. Your manager will let you know when you need to call and update them on how you are feeling and if there is any new information. If you are absent long – term, your manager will call you once a week to keep in touch and will meet with you once a month.

### **Return To Work Interviews**

A Return-to-Work Interview will be conducted after every episode of sickness. The main purpose of these interviews is to welcome back the employee and check on the welfare of the individual and, where appropriate, to identify whether any further support is required. The interview will be conducted by the line manager and recorded on Staff Care.

At this stage the purpose of the meeting will be the provision of support and assistance to overcome short term and/or temporary problems that have contributed to the absence. The employee may also be given the offer of a voluntary confidential referral to the Occupational Health Department. When a manager is concerned about an employee's health or well-being, taking into account the number of occasions, the total number of days lost and the pattern of absence - the manager should refer the matter to Occupational Health. The employee will be advised if a referral has been made to Occupational Health and will be informed of the reason for the referral. A member of staff does not have to be absent on sick leave to be referred to Occupational Health.

During the return-to-work interview, the employee will be advised of the trigger point of three separate episodes of sickness absence or eight or more days of sickness absence in a rolling 12 month period (pro-rata in you are part-time). You may also hit the trigger point if there are any unusual timings or identifiable patterns of sickness absence.

### **Statement of Fitness for Work Form (Fit Note)**

If the sickness continues for more than 7 calendar days you must obtain a fit note from your Doctor to certify that you are unfit to work. The fit note will say how long you will not be fit for work and whether you can expect to return to work as before, once it expires.

All medical certificates must be sent to the Line Manager within **3 days of receipt** to enable the details of sickness to be recorded and then passed immediately to the HR Department to ensure that employees receive any sickness pay to which they may be entitled.

### **Aesthetic/Cosmetic Surgery**

Employees undergoing self-elected surgery/procedures will normally need to use their annual leave or request unpaid leave to cover the length of their absence, with the exception of gender reassignment procedures.

Absence due to cosmetic surgery may be included in the Hospice's Occupational Sick Pay scheme if the surgery/procedure is a direct result of a referral on medical grounds. The employee will need to provide proof of a referral before a decision to grant Occupational Sick Pay can be made. Complications arising from cosmetic surgery maybe covered by the Occupational Sick Pay scheme.

## Pregnancy

Any absence related to pregnancy will not be counted towards the triggers at the Hospice. If a member of staff is off work ill, or becomes ill, with a pregnancy related illness during the last four weeks before the expected week of childbirth (EWC) then maternity leave and maternity pay will commence automatically.

## Medical Suspension

Where a member of staff attends work and their line manager has genuine concern about the condition of their health, the employee may be medically suspended from duty. This will only be considered if all other avenues have been explored and has been authorised by a member of the SLT.

The decision to suspend on medical grounds should take the following into consideration:

- The severity of the member of staff's health problem.
- The possible effects on the member of staff's own work.
- The possible effects on patients and/or other member of staff.
- Redeployment as an alternative to medical suspension.

The employee will receive normal pay during medical suspension.

Following a medical suspension, the line must immediately refer the member of staff to Occupational Health.

## The Equality Act 2010

Employers have a duty under the Equality Act 2010 to put in place any reasonable adjustments to support a member of staff with a disability. Managers must ensure anyone who has a disability as defined by the Act is not subject to any unjustified discrimination. This applies irrespective of whether the disability was present when an employee was appointed or whether they become disabled during the course of their employment.

It is a member of staff's responsibility to disclose to Occupational Health any disability or medical condition that may impact their ability to work during the pre-employment checks so that the appropriate support and reasonable adjustments can be made.

## Reasonable adjustments

Some examples of reasonable adjustments may include:

- Changing the lighting above someone's desk or work station.
- Changing the layout of a work area or the entrance to a building.
- Providing an accessible car parking space.
- Holding a job interview in a room that is accessible for someone who uses a wheelchair.

Considerations on what is reasonable under the Equality Act should include:

- The effectiveness of the adjustment in preventing the disadvantage.
- The practicality of the adjustment.
- The impact on other staff.
- The financial and other implications to the Hospice.
- The extent of any disruption caused.
- The extent of the Hospice's financial and other resources.
- The extent of financial assistance that might be given to the Hospice, for example through Access to Work.
- Any prescribed standards or professional requirements for the role.
- Adjustments made for other disabled staff.

## Sick Pay

Employees are entitled to Statutory Sick Pay (SSP) and Company Sick Pay according to the rules of the schemes, provided they satisfy eligibility conditions. Employees will not be eligible for Company Sick Pay before they have reached six months service or during the initial, or any extended, probationary period. Company Sick Pay will only be offered to eligible employees for periods of sickness absence which commence after completion of 6 months service, or after completion of the initial or extended probationary period, whichever is later.

Company Sick Pay is offered to eligible employees as follows:

Less than 6 months service, or within the initial or any extended probationary period, whichever is later	No Company Sick Pay entitlement SSP only (following 3 'waiting days')
6 months service, or on completion of the initial or any extended probationary period, whichever is later	1 month full pay and 2 months half pay
At least 1 year and less than 3 years' service	2 months full pay and 2 months half pay
3 years' service and above	3 months full pay and 3 months half pay

## Calculation of Sick Pay

The period during which sick pay should be paid and the rate of sick pay for any period of absence is calculated by deducting the employee's entitlement on the first day of sickness from the sum total of paid sickness absence during the 12 months preceding that day.

## Absence Review Interviews - Informal

If the sickness absence triggers have been met, an informal sickness review interview will take place between the member of staff and their line manager, using the Absence Review Interview Form (<sup>Appendix 3</sup>). The meeting will be a two-way discussion to include:

- The employee sickness record
- Review any medical information
- Highlight any patterns or concerns,
- Identify if there is any further support that can be offered in order to help you achieve the expected levels of attendance. Ensure that the employee has access to the Sickness Absence Management Policy and they understand the trigger point stages for short term sickness absence

Your line manager may inform you that if your attendance levels do not reach the expected levels then you may be subject to the capability or disciplinary procedure. A record of the meeting will be kept.

## Stage 1 formal review

If sickness absence continues to be an ongoing concern or in the case of long-term sickness, there has been no return to work, the employee will be invited to a formal meeting where they will have the opportunity to be accompanied by a colleague or representative. A member of the HR Team may also be present. Individuals will be given five working days' notice of such a meeting.

At the meeting the following will be taken into consideration and discussed:

- The employee's full absence history
- The nature of the absences
- Any support that can be provided
- The effect the absences are having on their team, colleagues and service delivery
- Any action taken to improve attendance
- Occupational Health report (if obtained).

The outcome of the meeting will be confirmed in writing. This could include:

- No outcome
- Setting targets for improvements in attendance as appropriate
- Or a first formal caution

The employee will be able to appeal against this decision if they so choose.

### **Stage 2 formal review meeting**

If after a further specified period there is still no or insufficient improvement in attendance, the employee will be invited to attend a stage 2 formal review meeting with the manager and a representative from the HR Team with the opportunity to be accompanied by a colleague or representative having been given five working days notice of such a meeting. The format will follow the same procedure as for a Stage 1 meeting set out above.

The outcome of the meeting will be confirmed in writing. This could include:

- No outcome
- Setting targets for improvements in attendance as appropriate.
- Reissuing of a first formal caution
- Or a second and final formal caution

The employee will be able to appeal against this decision if they so choose.

### **Stage 3 formal review meeting**

If there is still no improvement in absence levels after a specified monitoring period then the matter may be referred to a member of the Senior Leadership Team for a Stage 3 Formal Attendance Hearing to be undertaken which may include consideration of the termination of the contract of employment on the grounds of incapacity.

A recent OH report must be obtained prior to a Stage 3 meeting.

Dismissal is not usually considered until the 3rd formal stage has been reached. However, if it is deemed, in conjunction with appropriate medical advice that the employee is incapable of carrying out the requirements of their post then dismissal may be considered at an earlier stage (in these cases the redeployment policy will be considered before the Stage 3 Formal Attendance Hearing).

The employee will be informed in writing of the Stage 3 Formal Attendance Hearing.

The employee's Director (or another Director), with a member of the HR Team present to advise, will hear this meeting.

The employee will be given a minimum of 5 working days' notice of the Hearing and offered the right to be accompanied by a Trade Union Representative or work colleague. (If the representative is not available on the date offered a further and final date will be provided. If the representative is still unavailable the Hearing will proceed in their absence).

If an employee wishes to submit a medical report from their own Doctor/Consultant then they must request a report immediately on being informed of the Hearing. The Hearing will be postponed for a maximum of 4 weeks to provide adequate time for the Doctor's/Consultant's report.

All documentation which is to be presented at the Hearing must be submitted at least 3 working days beforehand, by both parties, to the HR Team.

At the Hearing the following will be considered:

- The employee's full absence history.
- The nature of the absences and any treatment that has been received.
- Any action taken to improve attendance.
- The effect of the absence on the performance and effectiveness of the Service.
- All individual circumstances, including medical reports from the Occupational Health Physician

and employee's Doctor and/or Consultant if submitted.

- Other relevant factors to the individual

The employee will have the opportunity to put forward all their reasons for their continuing levels of absence.

When making a decision the Director should consider if:

- The employee should be dismissed due to being incapable of carrying out the requirements of their post due to consistent high levels of absence.
- A further review period is set to continue to monitor attendance levels.
- If any reasonable adjustments need to be considered such as, for example, in relation to the Equality Act.

The Director will normally adjourn the meeting to consider all of the information. The decision will either be delivered at the Hearing following the adjournment or will be confirmed in writing to the employee within 5 working days. In cases of dismissal, the appropriate notice period will be paid according to the employees' contract of employment.

Any appeal against the decision of the Director must be lodged, in writing, to the Chief Executive, within 5 working days of receipt of the letter confirming the decision. This letter must clearly state the grounds for appeal.

The Chief Executive or another Director or Trustee of the organisation appointed by the Chief Executive will hear any appeal against dismissal.

The Appeal Hearing will be convened for a mutually convenient date as soon as reasonably practicable following receipt of the letter lodging the appeal.

The Chief Executive or nominee will normally announce the decision at the end of the Hearing and this will be confirmed in writing to the employee within 5 working days and the decision is final with no further right of appeal.

### **Health Advice and Counselling**

A confidential advisory service, to employees who may not wish to discuss health related problems with their manager, is available via the Occupational Health Department based at Royal Bolton Hospital. A free telephone counselling service is also available via our UK Healthcare cover (0800 107 6585 quoting scheme number 72740 and your policy number) and a free face to face counselling service is available via 1point Bolton on 01204 917745.

### **Re-deployment for Health Reasons**

In situations where an employee is unable to return to their substantive post as a result of a health problem, a number of options are explored. Initially, consideration will be given to the person either returning to their original post on modified duties or hours. If this is not possible, then re-deployment into different types of work is explored.

Occupational Health will provide advice to the Hospice regarding any restrictions and limitations relating to the employee, which must be taken into account when considering alternative employment.

Although every effort will be made to secure re-deployment the search for re-deployment cannot be allowed to continue on an indefinite basis, and would normally continue for a period of six weeks.

If the search proves successful, re-deployment will be for an initial period of four weeks to ascertain the employee's suitability for the post, although this can be extended by agreement. If re-deployment involves down-grading, pay protection will not apply.



If the search for re-deployment proves unsuccessful, and the employee is still unable to work, then the only remaining option may be termination of employment on the grounds of incapacity due to ill health. If this does involve an application to the NHS Pensions Agency, management will support the employee in their application, but the decision ultimately rests with the Pensions Agency.

### **Return To Work After Prolonged Illness**

It is possible that an employee may return to work on a rehabilitation basis and may be able to work reduced hours to facilitate their return to work. This may be for a temporary period and should be arranged in liaison with the employee's GP, Occupational Health and the Hospice.

On return to work, the employee will/may require re-orientation into the workplace. A re-orientation checklist should be completed for all employees returning to work after a prolonged illness/absence of 3 months or longer.

Following an extended period (for example, six months but this would be dependent on the nature of the medical condition) of sickness absence, the employee will be required to attend the Occupational Health Department prior to returning to work. The employee's line manager will be responsible for ensuring that this review takes place.

### **POLICY MONITORING AND REVIEW**

This policy will be monitored every 3 years or sooner if legislation requires it.

### **APPENDICES (to include any relevant procedures)**

**Appendix 1** - Attendance Management and Sickness Process Flow Chart

**Appendix 2** - Return to Work Interview Form

**Appendix 3** - Absence Review Interview Form

**Appendix 4** - Template: Invite to an Informal Sickness Review Meeting

**Appendix 5** - Template: Invite to a Stage 1/2/3 Sickness Review Meeting


**Appendix 6** - Return to Work Checklist following Long-Term Sick

**Appendix 7** - Template: Outcome of an Informal Stage/Stage ½\* Sickness Review Meeting




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**Dr. h.c. Leigh Vallance**  
**Chief Executive**

 <b>Bolton Hospice</b> caring from the heart	<b>EQUALITY IMPACT ASSESSMENT TOOL (EIA)</b>	
	<b>FOR COMPLETION BY THE QUALITY AND GOVERNANCE COMMITTEE</b>	
	<b>POLICY/PROPOSAL/SERVICE TITLE</b>	<b>POLICY NO</b>
	<b>Attendance Management and Sickness Policy</b>	<b>NC39</b>
To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.		

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:	No	
	• Race	No	
	• Ethnic Origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender (including gender reassignment)	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation	No	
	• Age	No	
	• Disability – learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?	N/A	
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

EIA COMPLETED AND APPROVED	
Signature (Lead Director)	
Name (Print)	Dr. h.c. Leigh Vallance
Job Title	Chief Executive
Date	10.04.25.

## ATTENDANCE MANAGEMENT AND SICKNESS PROCESS FLOW CHART

All staff should be at work except under the following **normal** circumstances:

- You are off duty (or have booked agreed time owing)
- You are on annual leave
- You are sick

Where circumstances are **out of the norm** the following options are available for consideration:

- Unpaid leave
- Bereavement leave (up to 5 days paid leave paid leave pro rata)
- Compassionate leave (unpaid)
- Carers leave (unpaid)
- Disability Leave

If sick, you are required to notify us by telephone at the earliest opportunity on the first day of absence:

- You should personally notify your line manager, or the senior person on duty, by telephone
- Nursing staff should notify us by 6.30am for early shifts and late shifts by 12 noon, or as soon as possible thereafter, on the day of duty for a night shift.

If you are taken ill whilst at work, and you have to go home, a 'Leaving Work during a Shift' form must be completed prior to you leaving, where possible. You will be marked down as Sick Leave if you have completed less than 50% of your shift, even in the event of a manager sending you home. This will be counted as a sickness absence for monitoring purposes and will require a return to work interview.

To qualify for paid sick leave, you must be the one who is sick. Sick leave entitlement does not cover staff for caring for someone else who is sick – under such circumstances a request can be made for:

- Carers leave (unpaid)
- Time off in lieu of extra hours already worked
- Annual leave

- A return to work interview must be completed on Staff Care with your line manager or their nominated representative on the first working day after return.
- An Absence Review interview will be required following 3 separate episodes of sickness absence or eight or more days of sickness absence in a rolling 12 month period (pro-rata if you are part-time). You may also hit the trigger point if there are any unusual timings or identifiable patterns of sickness absence.
- You will be advised of the details of the Absence Review Interview in a letter from HR and you will be made aware that this and any further absences within the same 12 month period could result in disciplinary proceedings.
- The Absence Review Interview will be carried out by your line manager and a senior line manager.

Your line manager and the senior manager carrying out the Absence Review Interview will review the information gathered during the meeting in liaison with HR. They will then produce written recommendations on what further action may be required. HR will then issue you with an outcome letter to confirm the details of those recommendations.

We aim to be fair and reasonable in the application of all of our policies and procedures and common sense must prevail for no two sets of circumstances are ever alike.  
If in doubt escalate the matter to your line manager, if there is still doubt escalate it to HR.

# RETURN TO WORK INTERVIEW

To be completed during discussion between the line manager and employee.

Employee Name:	
Job Title:	
Department:	
Interviewer:	

<b>Details of Absence:</b>	
Date from:	Date to:
Number of calendar days absent:	
If four or more, employee should complete a SSP form and return to the HR department immediately If more than seven, a FIT Note should be submitted to HR	
Have the following been submitted:	<b>SSP Form</b> <input type="checkbox"/> <b>FIT Note</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>
Reason for absence:	
Did the employee see a doctor or visit hospital?:	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>
If YES, give name and address of doctor or hospital and state treatment:	
What is the employee's current state of health?	
Is the absence part of a series of time off for the same reason? If YES, has the employee sought advice?	
Does the employee require any support or assistance from the organisation?	
Is an Occupational Health referral recommended?	

Please indicate what period of absence this is in a rolling 12-month period:			
<p align="center"><b>If third or more absence in 12 months, advise next steps: A fourth absence within the 12 month period will result in a formal Absence Review Interview and may lead to further action</b></p>			
<p>I declare that I have not undertaken any unpaid/paid work including in a self-employed business during this period of absence:</p> <p>YES/NO</p> <p>If yes, have you declared the self-employed business to the Hospice and did you seek authorisation to continue working in the secondary role whilst absent:</p> <p>YES/NO</p>			
Any other comments?			
Employee signature:		Date:	
Manager name/signature:		Date:	

**Manager to upload form to the employee's record on Staff Care under Event 'Return to Work'**  
**All related SSP Form or FIT Notes should be submitted to the HR department immediately**



## ABSENCE REVIEW INTERVIEW

This form is to be used for any employee who has had three or more separate episodes of sickness absence or a total of eight days ( or pro-rata equivalent for part-time employees) within a 12 month rolling period.

<b>NAME</b>	
<b>JOB TITLE</b>	
<b>DEPARTMENT</b>	
<b>INTERVIEW CONDUCTED BY</b>	
<b>DATE OF INTERVIEW</b>	

### Purpose of Interview

- To highlight the organisation's concern for the employee
- To review the level of absence to date
- To establish whether there are any underlying reasons for the absence
- To discuss the reasons given for each episode of sickness
- To highlight the effects of the absence on colleagues, operations, cost, morale and service to patients
- To agree improvement required including the setting of a review period

### Absence Details (*to be completed in advance of meeting*):

Date From	Date To	No. of Days	Reason

1. How is the employee feeling? Are they well enough to be back at work?
2. Is there anything further the hospice/line manager can do to promote improved attendance at work

3. Is there anything further the employee can do to promote better attendance at work?
4. Does the employee recognise that their level of absence is causing concern to the Hospice?
5. Are there any underlying factors, either medical or personal, that have contributed to the high level of sickness absence, and/or likely to cause further absences?
6. Has the employee sought medical advice?
7. Does the employee wish to be referred to the Occupational Health service?
6. Does the employee require any support or assistance from you, as the line manager, or the Hospice as a whole?
7. Specify the level of improvement required from the employee and the timescale.
8. Set a review date.  
(Nb: The level of improvement and review date must be confirmed to the employee in writing).
9. Additional Information:

**Managers**

**Staff**

**Signed:**

**Signed:**

**Position:**

**Position:**

**Date:**

**Date:**

**TEMPLATE: INVITE TO AN INFORMAL SICKNESS REVIEW MEETING AT 2 WEEKS**

<INSERT DATE>

**PRIVATE & CONFIDENTIAL**

<INSERT ADDRESS>

Dear XXXXXXXX,

I am aware from my records that unfortunately you have been absent from work, due to sickness since <DATE>. As this is more than 4 weeks this is classed as long-term sickness in the Hospice's Attendance Management and Sickness Policy and Procedure.

In line with the long-term process in the policy, I would be grateful if you could attend a sickness review meeting with me on <DATE> at <TIME> in my office. The meeting will be conducted by myself.

The purpose of the meeting is to discuss your current situation and to see what further support we can implement to support your current situation and a return to work. This is normal procedure for staff who have been absent for work for more than 4 weeks.

You may bring a trade union representative or workplace colleague to the meeting. If you wish your representative to be present then please make contact with them so that they can make the appropriate arrangements to support you.

If this time or date is inconvenient, please telephone me on Bolton 663060 ext. <NUMBER> to re-arrange the meeting to a mutually convenient time.

Yours sincerely,

<NAME>

<JOB TITLE>

Park Street, Off Chorley New Road,  
BL1 4QT  
04) 663066 Fax: (01204) 663060  
admin@boltonhospice.org  
www.boltonhospice.org.uk

In England No. 02114925, Reg. Charity No. 518704



Vice Presidents:  
The Mayor of Bolton  
Maxine Peake  
Sheila Tonge  
Graham Yardley

*Please help us to secure the future  
Hospice by leaving a Gift in your*





## TEMPLATE: INVITE TO A STAGE 1/2/3\* SICKNESS REVIEW MEETING

<INSERT ADDRESS>

Dear XXXXXXXX,

We last met to discuss your health and wellbeing on <DATE>. The next step in the process would be to meet more formally to discuss this further.

The purpose of the meeting is to discuss your current situation and to see if we can signpost you to any further support. It will also give us an opportunity to discuss the OH Report returned more recently. The meeting will be held at Stage 1/2/3 (delete as appropriate) of the Attendance Management and Sickness Policy and Procedure.

Please could you attend the Stage 1/2/3 meeting on \_\_\_\_\_ at \_\_\_\_\_ in my office. The meeting will be held by myself with HR representative <NAME> in attendance to support the process.

You may bring a trade union representative or workplace colleague to the meeting. If you wish your representative to be present then please make contact with them so that they can make the appropriate arrangements to support you.

If this time or date is inconvenient, please telephone me on Bolton 663060 ext. <NUMBER> to re-arrange the meeting to a mutually convenient time.

Yours sincerely,

<NAME>

<JOB TITLE>

\*For Stage 4 invite letters, these will be drafted in conjunction with HR.

Queens Park Street, Off Chorley New Road,  
Bolton, BL1 4QT  
Tel: (01204) 663066 Fax: (01204) 663060  
Email: [admin@boltonhospice.org](mailto:admin@boltonhospice.org)  
Website: [www.boltonhospice.org.uk](http://www.boltonhospice.org.uk)

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Graham Yardley

Please help us to secure the future of Bolton Hospice by leaving a Gift in your will.

# RETURN TO WORK CHECKLIST FOLLOWING LONG-TERM SICK

Staff name		Date of return to work	
Job title		Checklist completion date	
Department			
Manager carrying out checklist			

<b>Actions to be completed on staff member's first day back</b>	✓/N/A
<b>Welcome Back:</b>	
Introduce colleagues to new members of staff who may have joined while they have been away	
Familiarise them again with the fire exits and local evacuation points and procedures	
Remind them of the line manager reporting requirements if these have changed	
Assign a buddy or mentor to the member of staff if this is required	
Make sure the employee is aware of all wellbeing support available such as 1point and Occupational Health drop-in sessions	
Make sure your member of staff has access to IT logins and equipment	
<b>Job role and leave:</b>	
Reminder or refresh on any changes to the working practices in the department that have taken place since they have been on leave	
Discuss arrangements for regular support, catch-ups and 1:1 discussions as appropriate	
Refresh hours of work, shift arrangements and unpaid breaks, and any local rules	
Refresh absence reporting and sickness process; self-certification, monitoring and return to work arrangements, and sources of support	
<b>Health, Safety and Wellbeing:</b>	
Show the new Vantage system to the member of staff and explain how this works for incident/near miss reporting. Provide with logins to the system	
Reminder of the duty of candour (if applicable)	
If a member of staff has declared a disability that requires reasonable adjustments, discuss the adjustments in place and ensure that any adjustments recommended by OH are in place	
Check whether Occupational Health has made an appointment to discuss any risks/hazards/immunisations/infection control and ensure the member of staff attends	
If a staff member is pregnant, please ensure that the new and expectant mother risk assessment is completed	
Ensure a DSE Assessment has been completed if a member of staff is spending long periods of time at a desk or PC	
Make sure the member of staff knows the emergency procedures for their area of work, including fire evacuation procedures and that they know emergency numbers	
Make sure that they know the relevant safety procedures/protocols/safe working practices related to their work and that they know where they can be accessed. Assess whether they need any additional training	
<b>Policies and procedures</b>	

Make sure they are aware of any local policies and procedures that are relevant to the job role and department and where these can be located	
The no smoking on site requirement and what this means for employees as well as any additional processes for patients and visitors	
Any local arrangements for safe and effective waste management (if applicable)	
Any lone working requirements for lone workers	
Mandatory training	
Review a member of staff's mandatory training record and agree a schedule for completing any outstanding modules	
Discuss local medical device competencies required for role or area of work (if applicable)	
Discuss any other refresher training that the member of staff feels would be beneficial and plan this in	
Include any other addition information that was covered during the discussion, or any questions/points of clarification and any agreed actions for the member of staff/line manager	
Confirmation of completion of the induction checklist	
Employee signature: _____ Date: _____	
Manager signature: _____ Date: _____	
Should a review meeting be required, please arrange the next time and date:	



## TEMPLATE: OUTCOME OF AN INFORMAL STAGE/STAGE 1/2\* SICKNESS REVIEW MEETING

<INSERT ADDRESS>

Dear XXXXXXXX,

Thank you for attending the informal stage /Stage 1/2 meeting on <DATE> which was led by myself and supported by <NAME OF HR REPRESENTATIVE AND POSITION>. (OPTIONAL: I note that you chose to be accompanied by XXX, your trade union/professional organisation representative/I not that you chose to attend unaccompanied.) The purpose of the meeting was to discuss your absence from work since XXXX due to XXXXX.

You explained that you were having difficulties with XXX. You are currently under the care of your GP who has not been able to give you any indication of a return to work date. You were also seen by Occupational Health who indicates that you are not fit to work at present.

We agree that we would review your situation following your next appointment with Occupational Health.

In the meantime, if you require any help or support, please do not hesitate to contact myself or HR.

A copy of this letter is enclosed so that you may forward it to your trade union or professional organisation representative.

Yours sincerely,

<NAME>

<JOB TITLE>

For Stages 3 or 4 outcome letters, these will be drafted in conjunction with HR.