

**CONTROLLED  
DOCUMENT**

## Management of Staff Health, Wellbeing, Sickness and Absence Procedure

<b>Type of Document</b>	Procedure		
<b>Purpose of Document</b>	To set out the procedure for supporting regular attendance at work, through the effective management of staff health, wellbeing, sickness absence and attendance.		
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<b>This Procedure is essential reading for:</b>	Trust Board Hospital Executive Directors Managing Directors & Directors of Services Heads of Service Line Managers People Teams Trade Union Representatives		
<b>For Information for</b>	All Staff		
<b>What has changed since the last version of this document?</b>	<ul style="list-style-type: none"> <li>• Changes to stages within the procedure</li> <li>• New process for management of long-term absence</li> <li>• New section for the reporting of medical and dental staff sickness absence</li> <li>• Introduction of additional supporting documentation and changes to existing appendices, template letters</li> </ul>		

## Table of Contents

1. Procedure Statement .....	3
2. Scope.....	3
3. Definitions.....	3
4. Framework.....	5
5. Implementation and Training .....	19
6. References .....	19
7. Associated Policy and Procedural Documentation .....	20
8. Appendices.....	21-36

## Version Control

Version	Title	Issue Date
5.1	Management of Staff Health, Wellbeing, Sickness and Absence Procedure	23/03/2026
5.0	Management of Staff Health, Wellbeing, Sickness and Absence Procedure	02/03/2026
4.0	Sickness Absence and Attendance at Work Procedure	02/06/2023
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## 1.0. Procedure Statement

- 1.1. The purpose of this procedure and its associated documents is to provide a fair, reasonable, consistent and supportive framework to enable staff to sustain regular attendance at work.
- 1.2. It is important that line managers feel able to support staff to achieve good attendance, enabling the delivery of excellent patient care and positive staff experience.
- 1.3. It is inevitable that some staff will experience periods of ill health from time to time. The aim of this procedure is not to eliminate absence but to minimise the negative effects that can cause and sustain absence or prevent an employee from returning to work, ensuring the requirements of the Equality Act 2010 are considered and adhered to.

## 2.0. Scope

- 2.1. This procedure applies to all areas and activities of the Trust (Corporate, Group Clinical Support Services, Good Hope Hospital, Solihull Hospital, Queen Elizabeth Hospital and Birmingham Heartlands Hospital, including all satellite sites) and to all individuals employed by the Trust including bank staff (UHB+).

## 3.0. Definitions

<b>Term</b>	<b>Definition</b>
<b>Certification</b>	<p>Certification is the written notification provided by staff as follows:</p> <ul style="list-style-type: none"><li>• Absence between 1 - 7 calendar days in duration will require the member of staff to complete a self-certification form.</li><li>• Absence exceeding 7 calendar days in duration will require the member of staff to obtain a fit note issued by a medical professional.</li></ul>
<b>Disability</b>	<p>The Equality Act 2010 states that a person is 'disabled' if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. 'Long-term' means that the condition must last, or likely to last, for more than 12 months, or is likely to last for the rest of the life of the person affected. For the purposes of this document, where the word disability is used, it is as an umbrella term which includes those with a physical disability, invisible disability, long-term health condition, neurodiversity,</p>

	and/or a mental health condition which meets the above definition.
<b>Disability Leave</b>	Paid time off work for a reason related to someone's disability who might need treatment or rehabilitation for a new or existing disability. This leave will be planned and is different to disability related sickness.
<b>Indicators</b>	Indicators are the set levels of absence where it is determined whether formal absence management and further exploration of the reasons behind the absence is required.
<b>Long term sickness</b>	Any continuous absence that is 21 consecutive calendar days or more.
<b>Medical Suspension</b>	Medical suspension is when a member of staff is suspended on health grounds prior to or following a medical assessment with Occupational Health if there is a reasonable belief that the staff member poses a serious risk to themselves or others.
<b>Mutually Agreed Termination (MAT)</b>	Where a member of staff can request to end their contract of employment with the Trust due to ill health capability. This would usually apply where there is no foreseeable return to work date. A mutually agreed termination can also be an option explored with the member of staff by the line manager as an alternative to a Stage 3 Capability Hearing.
<b>Phased Return</b>	A phased return can be used to support a member of staff to return on either restricted or reduced hours, or duties, after a period of significant absence.
<b>Reasonable Adjustments</b>	A workplace/reasonable adjustment is a change or adaptation to the physical or working environment, or way that a member of staff works that has the effect of removing or minimising the impact of the individual's disability in the workplace so that they can undertake their duties. The focus is to enable the disabled employee to carry out their day-to-day duties fully and effectively.
<b>Redeployment</b>	Redeployment refers to an individual changing roles due to being unable to carry out their contractual role as a result of ill health.
<b>Short term sickness</b>	Any absence period which is less than 21 continuous calendar days in duration.
<b>Stages and Sickness Absence Review meeting</b>	Stages are steps in the management of an employee's absence. Sickness absence review meetings are discussions with the member of staff regarding their sickness absence, for short and long-term sickness.
<b>Unauthorised absence</b>	Any period of absence when an employee fails to; <ul style="list-style-type: none"> <li>• Follow the appropriate reporting in procedures</li> </ul>

	<ul style="list-style-type: none"> <li>• Notify their manager of the reason for their absence or</li> <li>• Provide the required fit note submission for the duration of their absence from work.</li> </ul>
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## 4.0. Framework

### 4.1. Management of Staff Health, Wellbeing and Support

4.1.1. Maintaining staff health and wellbeing in the NHS is especially critical due to the high-pressure environment, long hours, and the emotional toll of healthcare work. Whilst the Trust has a duty of care towards its staff, it is also the responsibility of staff to take proactive steps to manage their own health and wellbeing.

4.1.2. Enabling staff to manage their own health and wellbeing requires a multi-faceted approach, encompassing line manager support, staff responsibility, and a positive work environment. This includes providing resources, promoting healthy habits, and fostering a culture where staff feel comfortable seeking help and prioritising their wellbeing.

4.1.3. This procedure should be used in conjunction with the Managers Essential Toolkit for the Management of Staff Health, Wellbeing, Sickness and Absence [Supporting Staff with Health, Wellbeing, Sickness and Absence](#). This toolkit has been developed to provide practical advice and guidance for all line managers.

### 4.2. Reporting and Contact Arrangements

4.2.1. Where a member of staff is unable to attend work, they have a contractual responsibility to report their absence at the earliest opportunity and at least one hour before their shift is due to start. If this is not possible for good reason, contact should be made within one hour of the start time as follows:

Staff Group	Reporting Arrangements	Information to be provided
All non-medical staff	Staff must telephone their line manager or other designated person.	<ul style="list-style-type: none"> <li>• Reason of absence</li> <li>• Expected duration (if known)</li> <li>• Agree keeping in touch arrangement whilst off sick</li> </ul>
For Consultant/	Consultant/ SAS must telephone their CSL for the service.	<ul style="list-style-type: none"> <li>• Full Name</li> <li>• Grade</li> </ul>

SAS staff	CSL for the service must report the absence by sending an email to: <a href="mailto:ConsultantSASSickness@uhb.nhs.uk">ConsultantSASSickness@uhb.nhs.uk</a> .	<ul style="list-style-type: none"> <li>• Specialty</li> <li>• Contact telephone number</li> <li>• Date(s)</li> <li>• Site and shift affected</li> <li>• Expected return date (if known)</li> </ul>
Resident Doctors	All resident doctors are required to send an email to <a href="mailto:residentdoctorsickness@uhb.nhs.uk">residentdoctorsickness@uhb.nhs.uk</a> . They must also telephone the supervising consultant for that shift. Consultants can be contacted via mobile through Switchboard during on site hours of consultant working. For out-of-hours, contact should be made with the senior clinician for the specialty and followed up in hours by direct contact with the supervising Consultant.	<ul style="list-style-type: none"> <li>• Full Name</li> <li>• Grade</li> <li>• Specialty</li> <li>• Contact telephone number</li> <li>• Date(s)</li> <li>• Site and shift affected</li> <li>• Expected return date (if known)</li> </ul>

4.2.2. Absence must be personally reported by telephone (unless there is a substantial and acceptable reason preventing notification, e.g. physical impairment where adjustments may be required, locally agreed arrangements or hospitalisation). See toolkit for further advice and guidance, [Reporting and Contact Arrangements](#).

4.2.3. If the member of staff does not attend work and does not report their reason for absence, this may be classed as unauthorised absence and managed under the unauthorised absence process. See toolkit for further advice and guidance, [Unauthorised Absence](#).

#### 4.3. Certification of Absence

4.3.1. For absences between 1-7 calendar days, staff must complete the Employee Self Certification form, (Appendix A) immediately upon their return to work and submit a copy to their line manager.

4.3.2. From the 8<sup>th</sup> day of absence, the member of staff must obtain a Fit Note to cover each day of absence. The member of staff must submit the Fit Note promptly, and no more than 3 calendar days after it is required. Failure to submit a Fit Note in the timeframes set out may result in uncertified days of absence being classed as unauthorised and may be without pay. Advice may

be sought from the People team in exceptional circumstances, e.g. hospital admission.

- 4.3.3. Staff must notify their line manager or other designated person as soon as they are fit to return to work, even if this is a day off. For resident doctors they must email [residentdoctorsickness@uhb.nhs.uk](mailto:residentdoctorsickness@uhb.nhs.uk) to confirm their return-to-work date. If staff do not do this, then they will continue to be classed as absent due to sickness until they call in and state they are fit to return to work. [Certification of Absence](#).

#### 4.4. Pay During Sickness Absence

- 4.4.1. Staff will be entitled to occupational sick pay in accordance with national Agenda for Change/ Medical Staff Terms and Conditions of Service, calculated on a rolling 12-month period from the first day of absence as set out in the table below:

Period of continuous NHS Service	Period of full pay	Period of half pay
During 1 <sup>st</sup> year of service	1 month	2 months
During 2 <sup>nd</sup> year of service	2 months	2 months
During 3 <sup>rd</sup> year of service	4 months	4 months
During 4 <sup>th</sup> and 5 <sup>th</sup> year of service	5 months	5 months
After completion of 5 years' service	6 months	6 months

- 4.4.3. Unsocial hours payment will not be payable during sickness absence.
- 4.4.4. Staff employed on the bank (UHB+) are not entitled to occupational sick pay. They may be entitled to statutory sick pay subject to eligibility.
- 4.4.5. In exceptional circumstances, staff can make a request in writing to their line manager to request an extension to their full or half pay. See toolkit for further advice and guidance, [Extension to Sick Pay](#).
- 4.4.6. The Trust reserves the right to withhold occupational sick pay where staff fail to comply with requirements of this procedure without a justified reason, e.g. unauthorised absence, failure to provide a fit note within the specified timeframes, failing to attend absence review meetings or occupational health assessments. Line managers must seek HR advice before withholding occupational sick pay. Staff can continue to receive statutory sick pay entitlements subject to eligibility, see [Statutory Sick Pay \(SSP\) : Eligibility - GOV.UK](#) for further information.

4.4.7. Where a member of staff leaves work early due to sickness after completing half their shift or more, the part of the shift for which they were absent will be recorded but not counted against sick pay entitlement, nor will this time count towards indicators: subsequent consecutive days will be counted.

4.4.8. The Trust has a legal duty to follow special reporting arrangements for any migrant member of staff employed on a Certificate of Sponsorship (Tier 2/5 Visa) whose pay is reduced because of absence. This will be managed by the Trust's Compliance team. For any queries please contact: [employmentcompliance@uhb.nhs.uk](mailto:employmentcompliance@uhb.nhs.uk). See toolkit for further advice and guidance, [Tier 2 Sponsorship Holders](#).

#### 4.5. Sickness Absence and Annual Leave

4.5.1. If staff are sick during scheduled annual leave, to have annual leave restored the sickness must be reported in the normal way. A fit note must be provided to cover the period to be changed from annual leave to sickness absence, even if the duration is no more than 7 calendar days. Any charge by the GP for issuing a fit note where the duration has not been of 8 or more days will be paid by the member of staff. See toolkit for further advice and guidance, [Sickness Absence and Annual Leave](#)

4.5.2. Where staff wish to go on holiday (abroad or in the UK) and are currently absent from work, they must seek prior approval from their line manager. Staff will be required to take this period of leave from their annual leave entitlement.

4.5.3. During long-term absence a member of staff may wish to benefit from a period of annual leave as part of their recovery and health and wellbeing. Normal arrangements for requesting leave will apply i.e. to be arranged through the line manager. The period of long-term absence will still count as one episode, if they remain absent following their leave. Pay associated with annual leave entitlements will be made for any authorised period.

4.5.4. Staff continue to accrue annual leave entitlement during sickness absence. If a member of staff is unable to take all of their annual leave before the end of the leave year, they will be able to carry over the remainder based on a calculation of the statutory entitlement of 20 days (pro-rata for part-time staff) less any leave already taken. If a member of staff is due to be on duty and is sick on a public holiday, they are not entitled to any compensatory holiday entitlement.

#### 4.6. Working during Sickness Absence

4.6.1. Staff must not work elsewhere during sick leave including self-employment and study in work time, unless there is written permission from management that the alternative work is reasonable and will help rehabilitation. Bank, locum or agency work carried out for this Trust or any other organisation will be considered fraudulent, a criminal offence and result in disciplinary action.

See toolkit for further advice and guidance, [Work During Sickness Absence or Fraudulent Documentation](#).

#### 4.7. Return to Work

4.7.1. Staff must provide as much notice as possible to their line manager of an intended return to work date. Depending on the nature and duration of the absence, the manager may require the member of staff to attend an appointment with Occupational Health before returning to work.

4.7.2. Staff are required to have a return-to-work discussion with their line manager after every absence as soon as practically possible upon their return to work. This should be face to face, but if not practicable, line managers should arrange alternative arrangements, i.e. virtually by MS teams, see toolkit for further advice and guidance, [Return to Work Discussion](#).

4.7.3. The discussion will be recorded by the line manager on the Return-to-Work form, Appendix B (signed and kept on the personal file). A copy will be given to the member of staff.

#### 4.8. Phased Return

4.8.1. After long-term or significant absence, it may be appropriate for a member of staff to return to work on reduced hours and/or amended duties (typically after absence of more than 3 months, or absence due to a significant injury, illness or disability, or as advised by Occupational Health). This will phase a return to normal hours and/or duties over a maximum 4-week period, unless extended by up to a maximum of 2 weeks on the advice of Occupational Health.

4.8.2. A phased return may either be recommended on a fit note or by Occupational Health or directly agreed between the line manager and the member of staff. The member of staff will receive full pay during the 4-week phased return if they are in receipt of pay at this time. If they are in no pay and/ or where a phased return has not been medically recommended, the member of staff will be paid for the hours they work. Annual leave can be used to supplement the hours so that pay is not impacted on if the member of staff wishes to do so. See toolkit for further advice and guidance, [Management of Phased Return to Work](#).

4.8.3. For advice and guidance relating to Occupational Health referrals, see toolkit, [Occupational Health](#).

#### 4.9. Disability and Long-Term Health Conditions

- 4.9.1. Staff with a disability or long-term health condition are advised to make their line manager aware of this so that appropriate support and reasonable adjustments can be considered.
- 4.9.2. If a member of staff is absent due to their disability, this disability-related sickness will be managed in accordance with the Equality Act 2010 and reasonable adjustments considered. A reasonable adjustment might mean allowing a greater level of absence before escalating to the next stage.
- 4.9.3. Disability leave is time off from work for a reason related to someone's disability. The line manager will be expected to consider providing additional paid Disability Leave to a member of staff who might need treatment or rehabilitation for a new or existing disability. This will be for a planned period with specific timescales.
- 4.9.4. Advice on disability and disability leave must be sought from Occupational Health, Inclusion and the People team, see toolkit, [Management of Disability and Long-Term Health Conditions](#) and further guidance is available here: [Disability Leave](#)
- 4.10. Reasonable Adjustments
- 4.10.1. Reasonable adjustments can be implemented at any time. Further guidance is available: [Implementing Workplace Adjustments for Disabled Staff for Longterm Health Staff Conditions.pdf](#)
- 4.10.2. Examples of reasonable adjustments are changes to duties, hours worked or start/finish times, longer or more frequent rest breaks, specialist equipment, extension of a phased return to work, taking account of disability-related sickness or allowing Disability Leave.
- 4.10.3. Where reasonable adjustments could not be made or were not successful, redeployment to another role in the Trust will be considered. See toolkit for further advice and guidance, [Redeployment on Ill-Health Grounds](#).
- 4.11. Work Related Injury/ Work Related Stress
- 4.11.1. A member of staff who sustains a work-related injury must report this to their line manager as soon as possible on the day it happens and submit an incident form via Radar: [Incident reporting \(Radar\)](#). The manager must complete the form on behalf of the staff member if there is an issue preventing the staff member from completing it.
- 4.11.2. Advice on a needle stick injury must be sought from Occupational Health, or the Emergency department out of hours. For further information please read the Procedure for prevention of inoculation injury including sharps and splash with bodily fluids: [Sharps safety](#)

- 4.11.3. Where a work-related injury causes sickness absence of 7 calendar days or more, or the member of staff is at work but unable to perform their normal duties for this period, this must be reported under the Reporting of Incidents and Dangerous Diseases or Occurrences Regulations. Advice must be sought from the Health & Safety Team.
- 4.11.4. Where a work-related injury causes sickness absence and a reduction in pay, the member of staff may be eligible for an NHS Injury Allowance. See toolkit for further advice and guidance, [Management of Work-Related Stress or Work Related Injury](#).
- 4.12. If a member of staff is off work due to work related stress, line managers must take active steps to address contributing factors.
- 4.12.1. Medical suspension can only be authorised by a senior member of the People team and only after exhausting alternatives to suspension, see toolkit, [Medical Suspension](#).
- 4.12.2. Staff who contract an infectious disease must promptly seek advice from Occupational Health. Staff absent with a transmissible infectious illness will remain off duty for 48 hours after the last symptoms or as advised by Occupational Health or Control of Infection. The absence will be recorded as sickness, but the line manager will seek advice from the People team before considering any management action. Alternatively, staff can work from home if they are fit to do so.
- 4.13. Sickness Indicators and Stages for Management Intervention
- 4.13.1. The Trust uses the following indicators to identify if a member of staff's sickness absence may be a cause for concern and needs the line manager to support the member of staff and manage the absence to improve and sustain attendance at work;
- 4 periods of absence in a rolling 12-month period;
  - 75 working hours absence in a rolling 12-month period (pro-rata for part-time staff) (please see Appendix C for calculator);
  - Long Term - 21 continuous calendar days or more, or no foreseeable return to work
  - Where a pattern of regular absence has formed e.g. Mondays/Fridays, before/after annual leave or a refusal of annual leave, during school holidays, during good or adverse weather, going home sick part way through a shift.
- 4.13.2. The following stages of review may be applied where indicators suggest possible concern with the attendance and health of a member of staff:

## Formal Absence Management Stages

Stage	Absence Indicators
<p>Stage 1 – First Formal Review</p> <p>Live for a period of 6 months from the date of issue.</p>	<p>4 periods of absence in a rolling 12-month period</p> <p>75 working hours absence in a rolling 12-month period (pro-rata for part-time staff)</p> <p>21 continuous calendar days (long term sickness)</p> <p>Where a pattern of regular absence has formed</p>
<p>Stage 2 – Final Formal Review</p> <p>Live for a period of 6 months from the date of issue.</p>	<p>Either:</p> <p>Within the 6-month period since the Stage 1 First Formal Review meeting there are a further 2 occasions or 37.5 hours (pro-rata for part-time staff)</p> <p>Or</p> <p>21 continuous calendar days or more (long term sickness)</p> <p>Or</p> <p>Where a pattern of regular absence has formed</p>
<p>Stage 3 – Recommendation to progress to a Formal Capability Hearing</p>	<p>Within the 6-month period since the Stage 2 Final Formal Review meeting there are a further 2 occasions of 37.5 hours (pro-rata for part-time staff)</p> <p>Or</p> <p>At any point during long-term absence, where there is no foreseeable return to work</p> <p>Or</p> <p>Where a pattern of regular absence has formed</p>

### 4.14. Stage 1 and Stage 2 Formal Review Meetings

- 4.14.1. A meeting will be arranged verbally or by email with the member of staff giving at least 7 calendar days' notice of a Stage 1 or 2 Formal Review meeting. This will be confirmed in writing with the reasons for the meeting, see toolkit, [Sickness Indicators and Stages for Management Intervention](#).

- 4.14.2. The member of staff can be accompanied by a Trade Union/ Defense Body representative or workplace colleague.
- 4.14.3. Line managers must try to undertake the formal review meetings at the earliest opportunity upon a member of staff's return to work, ensuring the above-mentioned indicators are met. Where there is a delay of two weeks or more without good reason, i.e. annual leave, the date of Stage 1 or Stage 2 will be back dated to the date they return from their last episode of absence.
- 4.14.4. During long-term absence, there will be no issuing of stages until the member of staff returns to work. See Section 4.15 of this procedure for the management of long-term absence.
- 4.14.5. If there are further absences during a live Stage 1 or Stage 2 monitoring period, the line manager must complete an interim Stage 1/ Stage 2 review meeting to discuss the additional absences, identify any relevant support/ adjustments or advise if further escalation is required. The meeting arrangements will be in line with paragraph 4.14.1.
- 4.14.6. Stage 1 and 2 meetings, including interim review meetings and monthly long term absence review meetings, will be documented and confirmed in writing by the line manager to the member of staff within 14 calendar days of the meeting using the appropriate forms, [Sickness Indicators and Stages for Management Intervention](#). The documentation will be kept on the member of staff's personal file. A copy must also be sent to the assigned People representative.
- 4.14.7. Staff under a Stage 1 or 2 review period who are absent for more than 21 continuous calendar days or more (e.g. due to long-term sickness, maternity/ paternity/ adoption leave, career break/sabbatical) will have their monitoring period paused until they return to work.
- 4.14.8. The line manager can seek advice from their People team at any time. The assigned People representative can support in person or remotely from escalation to Stage 2 onwards and for cases of long-term sickness absence.
- 4.14.9. If the member of staff meets the required level of attendance during the Stage 1 and 2 monitoring periods, they will be taken off review.

#### 4.15. **Management of Long-term absence**

- 4.15.1. Where the member of staff has or is likely to be off for 21 calendar days or more, the line manager must ensure regular absence reviews are held. The first formal absence review must be undertaken at the point where the member of staff has reached 21 calendar days continuous absence. Thereafter, monthly as a minimum, unless there is a justified reason for the delay, e.g. recovering from a surgical procedure/ treatment. See toolkit, [Management of Long-Term Sickness](#).

- 4.15.2. For each absence review, the line manager must provide 7 calendar days' notice of the meeting arrangements. The member of staff can be accompanied by a Trade Union/ Defense body representative or workplace colleague.
- 4.15.3. The monthly absence review meetings are a supportive measure and will focus on the member of staff's health and wellbeing. They will explore whether any reasonable adjustments or other support measures can be implemented to facilitate the member of staff's return to work at the earliest opportunity.
- 4.15.4. Every absence review meeting must be followed up in writing using the appropriate form, [Management of Long-Term Sickness](#). A copy should be sent to the assigned People representative, the member of staff and a copy retained on the personal file.
- 4.15.5. The People teams are available to provide advice and guidance to line managers with long-term sickness absence. There is an expectation that absence review meetings are not routinely held with a member of the People team present until month 3 of absence. After which it is expected that the assigned People representative will provide in person (face to face or virtually) support to line managers where it is necessary. There may be occasions when in person support is required earlier dependent on the facts of the case.
- 4.15.6. At month 5 and month 10 of long-term absence, a management case conference will take place with the next line of management. In attendance at this review will be:
- The line manager's manager who will chair the meeting
  - The line manager and assigned People representative
  - Member of staff and representative

The purpose of this conference will be to:

- Identify early intervention where there are challenges or barriers
  - Implement corrective actions to address any procedural failures
  - Identify any other adjustments/ support which may not have been considered for the member of staff.
  - Support with a clear plan of action/ targets and timeframes to prevent prolonged absence where necessary.
- 4.15.7. The line manager will be responsible for coordinating the arrangements and provide 14 calendar days' notice for the case conference.

#### 4.16. Redeployment on Ill Health Grounds

- 4.16.1. Occupational Health advice must be obtained prior to commencing a redeployment process.
- 4.16.2. Redeployment can be temporary or permanent. Where it is felt that temporary redeployment can assist a member of staff to return to work for specific period, the line manager can agree the arrangements with advice from the People team. Where permanent redeployment is necessary, a formal redeployment process will need to be followed. See toolkit, [Redeployment on Ill-Health Grounds](#).
- 4.16.3. Staff redeployed to a post on a lower band will not be entitled to pay protection, except where redeployment is confirmed by Occupational Health to be wholly due to a workplace injury. Where pay protection is applied, this will be for a period of 12 months.
- 4.16.4. A job search period of 8 weeks will commence, during which time they will either be found a suitable post, or the 8-week period will elapse without a suitable post being found. Staff on long-term sick leave who are not fit to return to their substantive post and temporary redeployment cannot be identified will remain off sick whilst a redeployment process is undertaken. The redeployment period may be extended beyond 8 weeks, based on exceptional circumstances, i.e. a period of sickness or awaiting workplace adjustments to be implemented, which will in turn determine the length of extension.
- 4.16.5. The Trust will make all reasonable attempts to identify a redeployment opportunity. Staff must cooperate in seeking alternative work and must not unreasonably refuse any appropriate opportunity.
- 4.16.6. Suitable alternative employment will be defined in terms of pay, working hours, status, band/ grade, location and working environment. Consideration will be made regarding the personal circumstances of the member of staff, although staff will be expected to show flexibility by adapting their domestic arrangements where possible.
- 4.16.7. Staff who have been on the Redeployment Register for 6 weeks will be reviewed by the People representative and the current line manager to determine what action should be taken in relation to their continued employment. This may include:
- In exceptional circumstances, extending the redeployment period.
  - Referring to Occupational Health for further medical guidance.
  - Examining the possibility of Ill Health Retirement under the NHS Pension Scheme where appropriate.
- 4.16.8. In cases where the redeployment process has been exhausted and no alternative employment found; a mutually agreed termination or a Stage 3 capability hearing will be arranged to discuss the member of staff's future

employment. A possible outcome of this hearing is dismissal. The redeployment search will continue until the date of the hearing.

4.16.38. Any decisions regarding the next steps will be fully explored and discussed with the member of staff.

#### 4.17. Ill Health Retirement

4.17.1. Staff can apply for ill-health retirement where they have at least two years' NHS Pensions Scheme membership, have not reached Normal Pension Age, and a medical practitioner or Occupational Health has confirmed permanent incapability to carry out their role. The decision is made externally to the Trust by NHS Pensions Agency, and the Trust may still consider dismissal before the member of staff has been informed of the outcome of their application. See Section 16 of the toolkit.

4.17.2. Special pension arrangements exist for terminally ill staff who are also NHS Pension members. Advice should be sought from the Pensions Department. Consideration should be given to an ill-health retirement application where terminal illness is diagnosed.

#### 4.18. Termination of Employment due to Ill Health Capability

4.18.1. The Line Manager can make a recommendation for the member of staff to consider mutually agreed termination or proceed to a Stage 3 Capability Hearing in the following circumstances;

- Line manager has applied the procedure at Stages 1 and 2 and concludes that there is no evidence that the member of staff is able to sustain regular attendance at work
- At any time during long-term absence where it has been established that there is no foreseeable return to work
- The member of staff has agreed to progress with an Ill Health Retirement application
- Redeployment process has been exhausted, and no suitable alternative role has been identified within the 8-week job search period.

4.18.2. A final review meeting will need to take place with the member of staff before proceeding to a mutually agreed termination or Stage 3 Capability Hearing.

#### 4.19. Mutually Agreed Termination

4.19.1. A mutually agreed termination may be explored by the line manager as an alternative to a Stage 3 Capability Hearing or at the point that the member of staff has agreed to progress an application for ill health retirement. A member of staff on long-term sickness absence who believes there is no prospect of them returning to work within a reasonable timeframe can also request that a

Mutually Agreed Termination Meeting is held to end their employment. The request must be made in writing to the line manager. See toolkit, [Mutually Agreed Termination](#).

- 4.19.2. A Mutually Agreed Termination Meeting is less formal than a Hearing. If agreed to progress with a Mutually Agreed Termination, the member of staff will be requested to sign a waiver confirming that they are no longer fit to return to work and understand that their employment with the Trust will be terminated.
- 4.19.3. The Mutually Agreed Termination meeting will be arranged within 14 calendar days from the date of the waiver being signed. The meeting will be chaired by a dismissing level officer (Appendix D), and attended by the member of staff, their line manager and the assigned People representative involved in the absence management. At least 7 calendar days' written notice will be provided.
- 4.19.4. At the meeting the member of staff will state why a return to work is not possible and consideration will be given whether there are any reasonable adjustments or other support which could change that decision. The Chair of the meeting will ensure that the member of staff fully understands the process that is being followed, the implications, and that informed consent is given.
- 4.19.5. Employment will be terminated by mutual consent on the grounds of ill-health incapability, effective from the date of the meeting. Termination will be with notice, paid in lieu at whichever is the greater of the statutory minimum or contractual notice entitlement. Pay will be made for any outstanding annual leave entitlement and TOIL (time off in lieu) accrued to the date of dismissal.
- 4.19.6. Staff can change their mind at any point and withdraw their consent. If they withdraw their consent prior to the mutually agreed termination meeting taking place, then a Stage 3 capability hearing will be convened. Alternatively, staff have the right to appeal the decision to terminate their employment. See section 4.21 for appeals.
- 4.20. Stage 3 Capability Hearing
  - 4.20.1. If the attendance issues have been escalated for consideration at Stage 3, the line manager will prepare a statement of case which will detail the absences and action taken to date, including Occupational Health advice. See toolkit, [Stage 3 Capability Hearing](#).
  - 4.20.2. The Stage 3 Hearing will be chaired by a dismissing level manager (Appendix D) and supported by a Senior People representative who have not previously been involved in the absence management of the member of staff.

- 4.20.3. The member of staff will be given at least 14 calendar days' notice of the hearing and be provided with the line manager's statement of case within the same timeframe.
- 4.20.4. The member of staff can provide a written response to the management statement of case, submitted at least 7 calendar days before the hearing. Details of how to submit their response and to whom will be confirmed in writing in the hearing invite letter. The hearing will be held as set out in Appendix E. It will be digitally recorded and retained.
- 4.20.5. The Chair may dismiss a member of staff if satisfied that the member of staff is unable to maintain regular and acceptable attendance or is unlikely to return to work in the foreseeable future. Dismissal will be with notice, paid in lieu at whichever is the greater of the statutory minimum or contractual notice entitlement. The member of staff will also be paid for any outstanding annual leave entitlement and Time off in Lieu (TOIL) accrued to the date of dismissal.
- 4.20.6. As an alternative to dismissal the Chair may extend the Stage 2 review period for a further period of up to 6 months, and/or require additional support or adjustments to be put in place to improve attendance or facilitate a return to work.
- 4.20.7. The considerations and decision of the Stage 3 Hearing Panel will be confirmed in writing to the member of staff within 7 calendar days of the hearing and will advise the member of staff of their right to appeal the decision.
- 4.21. Appeal
- 4.21.1. A member of staff can appeal against the decision to dismiss following a Mutually Agreed Termination Meeting or Stage 3 Capability Hearing on the following grounds;
- Process was not conducted fairly
  - Decision to dismiss was too severe
  - New information has come to light
- 4.21.2. The appeal must be submitted in writing to [HRappeals@uhb.nhs.uk](mailto:HRappeals@uhb.nhs.uk) within 14 calendar days of receipt of the outcome letter. The relevant site/ Corporate Associate Director of People will review the appeal and determine if the grounds of appeal will be accepted and acknowledge the appeal within 5 working days from the date of the notification. Arrangements for the Appeal Hearing will then be convened. The Trust will make reasonable efforts to ensure timely hearing of appeals.
- 4.21.3. The appeal will be heard by a panel comprising two Board Directors and an Associate Director of People/ Head of People representative.

- 4.21.4. The member of staff will submit to the Appeal Panel Chair their written case, including copies of all documentation they wish to rely on at the hearing, at least 14 calendar days before the hearing. This will be forwarded to the original Chair who will prepare with their assigned People representative a response to the stated grounds of appeal. This will then be forwarded to the Appeal Panel Chair, the member of staff and their representative at least 7 calendar days before the Appeal Hearing, see toolkit, [Appeal](#).
- 4.21.5. The purpose of the Appeal Hearing is to review whether the decision was fair, reasonable and proportionate based on the evidence available and to consider whether the procedure was followed correctly. It is not a rehearing of the case. The structure of the Appeal Hearing can be found at Appendix F.
- 4.21.6. The Appeal Panel can:
- Confirm the original decision;
  - Reinstate where dismissal has taken place and extend the review period for up to 6 months or take off review.
- 4.21.7. The Appeal Panel will in most cases confirm a decision on the same day, but there may be occasions when the panel needs extra time to deliberate. Written confirmation of the outcome will be provided within 7 calendar days. The decision is final, with no further right of appeal.
- 4.22. Representation
- 4.22.1. Throughout Stages 1, 2 and 3, including interim and long-term absence review meetings, the member of staff will have the right to be accompanied by a trade union/ Defense body (for medical and dental staff) representative or workplace colleague. If unable to attend on a proposed date, an alternative date must be provided which is within 7 calendar days of the original date.
- 4.22.2. At a Hearing, Mutually Agreed Termination Meeting or Appeal the representative/ work colleague will be allowed, if the member of staff consents to explain their case, to respond on their behalf and to confer during the meeting. They cannot answer questions put to the member of staff or stop management, asking relevant questions or outlining their views. See toolkit, [Right to Representation](#).
- 4.22.3. Discretion to Vary Progression through the Procedural Stages
- 4.22.4. Exceptionally, it may not be appropriate to escalate attendance issues to the next stage, and the line manager may instead wish to extend the review period by up to a further 6 months at Stage 2 only. Before applying for such discretion, see toolkit, [Sickness Indicators and Stages for Management Intervention](#) and advice can be sought from the assigned People representative.

4.22.5. The line manager may consider exceptional circumstances where it is appropriate to move directly to Stage 2 or Stage 3. Before applying such discretion, advice must be sought from the People representative and Occupational Health. An example of where such discretion may apply is where the member of staff has a terminal illness, or has applied for ill-health retirement, or Occupational Health advises there is no likelihood of a return to work.

#### 4.23. General Matters

4.23.1. Planned cosmetic surgery (e.g. corrective eye laser treatment, liposuction etc.) must be taken as annual leave or authorised unpaid leave unless written medical evidence is provided outlining the medical reasons for the surgery.

4.23.2. Sickness related to pregnancy will be recorded but will not count towards sickness management. All other absences can be counted towards sickness absence management.

4.23.3. Staff absent due to an accident where damages are recoverable will usually be paid their sick pay but are required to repay it when damages are received.

#### 4.24. Noncompliance with procedural and contractual requirements

4.24.1. Where a member of staff fails to engage with the requirements of this procedure, e.g. non engagement with management, failure to attend management meetings or Occupational Health or failure to provide timely fit notes, then their conduct will be subject to disciplinary action, see the addendum in Appendix G.

### **5.0. Implementation and Training**

5.1. The implementation of this procedure will include Trust wide communication and briefing sessions with leaders and managers across the Trust.

5.2. Training for leaders and managers will be available to book onto via Easy Learning.

### **6.0. References**

ACAS  
Agenda for Change/Medical Staff Terms and Conditions of Service  
Equality Act 2010  
NHS Pensions Scheme  
NHS Employers

### **7.0. Associated Policy and Procedural Documentation**

Annual Leave Procedure  
Employee Relations Policy Disciplinary Procedure  
Maternity Procedure  
Retirement Procedure  
Procedure for Maintaining High Professional Standards (MHPS) in the Modern NHS (Incorporating the Disciplinary and Capability Processes for Medical and Dental Staff)  
Special Leave Procedure  
Staff Health Procedures - Communicable Infections  
Managing Stress Procedure Include Prevention and Management of Stress at Work Policy  
Guidelines for Implementing Work-Place Adjustments for Disabled Staff or Staff with a Long-Term Health Condition

## **8.0. Appendices**

Appendix A - Self Certificate Form  
Appendix B – Return to Work Discussion Record  
Appendix C – Absence Indicator Calculator  
Appendix D – Dismissing Level Officers  
Appendix E – Stage 3 Capability Hearing Format  
Appendix F – Stage 3 Capability Appeal Hearing Format  
Appendix G - Addendum to Disciplinary Procedure and to the Management of Staff Health, Wellbeing, Sickness Absence and Attendance Procedure

**APPENDIX A**

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST SICKNESS ABSENCE NOTIFICATION (SELF-CERTIFICATE) FORM**

You are required to complete this form to cover you from the first day of sickness. All sickness absence of 1 – 7 calendar days must be recorded on this form. On the 8<sup>th</sup> calendar day, you must submit a Medical Certificate (Fit Note).

<b>MEMBER OF STAFF DETAILS</b>	
Name	Job Title
Ward/ Department	CDG
<b>ABSENCE DETAILS</b>	
Date(s) of absence From:	To:
Reason for absence	No. of working days/hours lost
Was the absence due to an accident at work or encountering a notifiable disease? (please tick) Yes No Date Incident Form completed?	
<b>DECLARATIONS</b>	
I confirm that the information above is true to the best of my knowledge and that any falsification of the information provided may potentially lead to disciplinary action against me.	
Signed Member of staff	Date
Signed Manager	Date

Completed and signed form must be placed on the member of staff's personal file.

**SICKNESS CATEGORIES**

- Anxiety/stress/depression/other psychiatric illness
- Back problems
- Other musculoskeletal problems
- Cold/cough/flu-influenza
- Asthma
- Chest and respiratory problems
- Headache/migraine
- Benign and malignant tumours, cancer
- Blood disorders
- Heart, cardiac and circulatory problems
- Burns, poisoning, frostbite, hypothermia
- Ear, nose and throat (ENT)
- Dental and oral problems
- Eye problems
- Endocrine/glandular problems
- Infectious diseases
- Injury, fracture
- Nervous system disorders
- Pregnancy related disorders
- Skin disorders
- Substance abuse
- Gastrointestinal problems
- Genitourinary & Gynaecological Disorders

**RETURN TO WORK DISCUSSION RECORD**

<b>MEMBER OF STAFF DETAILS</b>		
Name:	Job Title:	
Department:	CDG: Site:	
<b>ABSENCE DETAILS</b>		
Date(s) absent:	Reason:	
Has any additional work been completed during this period of absence? YES/ NO		
How are you feeling now?		
Is the member of staff fit to return to full normal duties? YES/ NO		
Has the necessary certification been submitted? YES/ NO		
Was the absence linked to an injury at work?	YES/ NO	
If yes, has an incident form been completed?	YES/ NO	
Sickness record in last 12 months rolling period		
Date	No. of days	Reason
<p>Are absences causing concern?</p> <ul style="list-style-type: none"> <li>- 4 periods of absence in a rolling 12-month period</li> <li>- 75 working hours in a rolling 12-month period (pro-rata for part-time staff)</li> <li>- 21 calendar days or more</li> <li>- Any other pattern which causes concern</li> </ul> <p>Agreed Actions/ Targets:</p>		
Signed (member of staff):		Date:

Signed (manager):	Date:
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## Absence indicator (75 working hours absence in a rolling 12 months – by contracted hours

Weekly basic contracted hours	Number of contracted hours absence to reach absence indicator	Weekly basic contracted hours	Number of contracted hours absence to reach absence indicator
37.5	75	18.5	37
37.0	74	18	36
36.5	73	17.5	35
36.0	72	17.0	34
35.5	71	16.5	33
35.0	70	16.0	32
34.5	69	15.5	31
34.0	68	15.0	30
33.5	67	14.5	29
33.0	66	14.0	28
32.5	65	13.5	27
32.0	64	13.0	26
31.5	63	12.5	25
31.0	62	12.0	24
30.5	61	11.5	23
30.0	60	11.0	22
29.5	59	10.5	21
29.0	58	10.0	20
28.5	57	9.5	19
28.0	56	9.0	18
27.5	55	8.5	17
27.0	54	8.0	16
26.5	53	7.5	15
26.0	52	7.0	14
25.5	51	6.5	13
25.0	50	6.0	12
24.5	49	5.5	11
24.0	48	5.0	10
23.5	47	4.5	9
23.0	46	4.0	8
22.5	45	3.5	7
22.0	44	3.0	6
21.5	43	2.5	5
21.0	42	2.0	4
20.5	41	1.5	3
20.0	40	1.0	2

19.5	39	0.5	1
19.0	38		

## Dismissing Level Officers

### Authorised Dismissing Level Officers

- Chief Executive
- Board Chief Officers and Directors
- Directors
- Associate/ Deputy Directors
- Deputy Chief Nurses
- Chief Pharmacist

**Procedure to be followed at a Stage 3 Capability Hearing**

1. Introduction by Chair of the purpose of the hearing and Individuals present confirming the role each will play in the proceedings.
2. Management presents case and calls witnesses.
3. Member of staff or representative can ask questions of management and witnesses.
4. Management may re-examine witnesses on points raised.
5. Member of staff or Representative puts their case and calls witnesses.
6. Management can ask questions to member of staff and witnesses.
7. Panel members may ask questions to member of staff and witnesses.
8. Member of staff or Representatives may re-examine witnesses on points raised.
9. Management sums up their case (no new evidence is to be presented).
10. Member of staff or Representative sums up their case (no new evidence is to be presented).
11. Panel members adjourn to consider their decision.
12. Panel may seek points for clarification if necessary.
13. Panel reconvenes and informs the member of staff of their decision.

Note: If at any point the hearing manager believes further investigation of the facts is required, the hearing will be adjourned

**Procedure to be followed at a Stage 3 Capability Appeal Hearing**

1. Chair of Panel to introduce all present and confirm the role each will play in the proceedings.
2. Chair to ensure that any Appellant who appears at the hearing unrepresented or unaccompanied is happy to proceed with the hearing alone (this needs to be minuted).
3. Chair to confirm the reason for the Hearing i.e. “this is an Appeal Hearing convened at the request of xxxxx in response to their grounds of appeal against the outcome of a Stage 3 Capability Hearing”.
4. Chair to clarify if either party intends to call any witnesses in support of their case.
5. Chair to confirm that this is not a re-run of the previous Hearing. \*NB. No new evidence can be tabled at the hearing unless agreed by all parties
6. Chair to explain the process to be followed, conducted in accordance with the Trust’s Procedure for the Management of Staff Health, Wellbeing, Sickness Absence and Attendance.
7. The Appellant
  - 7.1 The Appellant or their representative will state their case and provide reasons for appeal, presenting the witnesses they wish to call;
  - 7.2 Management can question the Appellant, their representative and any witnesses called in support of their case;
  - 7.3 The Panel can question the Appellant, their representative and any witnesses called in support of their case;
  - 7.4 The Appellant or their representative may re-examine the witnesses before the witness leaves the hearing;
8. Management
  - 8.1 Management state their response to the reasons for appeal, presenting any witnesses they wish to call;
  - 8.2 The Appellant or representative can question Management and any witnesses called in support of their case;
  - 8.3 Panel members can ask questions in relation to the Management case and question any witnesses called in support of their case;

- 8.4 Management can re-examine the witnesses before the witness leaves the hearing;
9. Chair to confirm with the Appellant and Management that they are satisfied they have had sufficient opportunity to state their respective case. If so, both parties should be offered the opportunity of a short adjournment to produce a summing up statement. A reasonable timeframe should be agreed to reconvene and hear their summing up statements.

#### 10. Summing Up

- 10.1. The Appellant or their Representative to sum up their case.
- 10.2. Management to sum up their case.
11. Decision Making
  - 11.1. Adjournment for the Panel to deliberate and reach a decision.
  - 11.2. The hearing is re-convened for the Chair of the Panel to deliver the panel's findings and decision.
  - 11.3. The Appellant should be advised that this will be confirmed to them in writing within 7 calendar days.

#### 12. Additional Points

- 12.1. At any point during the hearing an adjournment may be called by the Chair to seek points of clarity, or as a comfort break.
- 12.2. Management or the Appellant may request a short adjournment for a variety of reasons, and this should not be unreasonably withheld.
- 12.3. Any other party present at the hearing must be identified and an explanation given as to the reason for their presence e.g. note taker.
- 12.4. Witnesses are only present whilst giving their evidence

## **Addendum to Disciplinary Procedure and to the Management of Staff Health, Wellbeing, Sickness Absence and Attendance Procedure**

The Trust's Procedure for the Management of Staff Health, Wellbeing, Sickness and Absence sets out the informal and formal processes for the management of staff sickness absence and attendance. All staff have a contractual and implied duty to;

- Attend work on a regular basis
- To report their absence and maintain contact with their line manager during absence
- To engage fully in the process for the management of their absence and attendance, e.g. OH appointments, management meetings, providing fit notes in a timely manner
- To ensure their conduct throughout the process is in line with the Trust's Values, Behavioural Framework and Staff Code of Conduct.

In some cases, conduct issues can arise during the management of staff sickness absence and attendance. This addendum has been developed to support managers in the management of these issues, efficiently and promptly, minimising the negative impact to staff whilst supporting the management of their sickness absence and attendance.

This addendum will be applied where there are conduct issues relating to staff absence and attendance as follows;

- Failure to report absence without a justified reason
- Failure to provide fit notes or other forms of certification, evidence relating to their sickness absence and/or attendance in a timely manner
- Failure to comply with the requirements of the Trust procedure for the Management of Staff Health, Wellbeing and Sickness Absence, e.g. non-attendance or non-engagement with management, OH or other reasonable management instructions given during the management of their sickness absence and attendance
- Punctuality issues, e.g. repeat lateness

This addendum must be applied in conjunction with the Trust's Disciplinary Procedure and the Trust's Management of Staff Health, Wellbeing, Sickness and Absence Procedure. Advice must be sought from the People Team before any formal sanctions are applied. The table below sets out the actions which need to be taken where there is a breach of the Trust's Management of Staff Health, Wellbeing, Sickness and Absence procedure or other attendance related issues.

Breaches	Actions required by member of staff	Actions Required by Manager
<p>First breach in relation to the following misconduct.</p> <ul style="list-style-type: none"> <li>• Failure to report absence without a justified reason</li> <li>• Failure to provide fit notes in a timely manner</li> <li>• Failure to comply with the requirements of the Trust procedure for the Management of Staff Health, Wellbeing, Sickness Absence and Attendance, e.g. non-attendance or non-engagement with management, OH or other reasonable management instructions given during the management of their sickness absence and attendance</li> <li>• Punctuality issues, e.g. repeat lateness</li> </ul>	<p>Member of staff must explain to their line manager the reason for the breach and engage fully in any management discussions required to address the issue, promptly.</p>	<p><b>Professional Management discussion</b></p> <p>Line manager will meet with the member of staff to establish the reasons for the breach.</p> <p>Where concerns have been raised by the member of staff, ensure these are addressed.</p> <p>Ensure member of staff is made aware of the requirements and expected standards of conduct moving forward.</p> <p>Document the discussion, either by email or letter confirming the reason for the discussion, the member of staff's explanation, considering any mitigation, any agreed support mechanisms and expected standards of conduct moving forward.</p> <p>Sign post the member of staff to appropriate support services as required.</p>
<p>Second breach or failure to comply with agreed actions from the professional management discussion.</p>	<p>Member of staff must explain to their line manager the reason for the second breach and engage fully in any</p>	<p><b>Letter of Concern</b></p> <p>The line manager should take the same approach as above but remind the member of</p>

<ul style="list-style-type: none"> <li>• Failure to report absence without a justified reason</li> <li>• Failure to provide fit notes in a timely manner</li> <li>• Failure to comply with the requirements of the Trust procedure for the Management of Staff Health, Wellbeing, Sickness Absence and Attendance, e.g. non-attendance or non-engagement with management, OH or other reasonable management instructions given during the management of their sickness absence and attendance</li> <li>• Punctuality issues, e.g. repeat lateness</li> </ul>	<p>management discussions required to address the issue, promptly.</p>	<p>staff that this is now considered to be a second breach and failure to comply moving forward may result in formal action being taken.</p> <p>Where concerns have been raised by the member of staff, ensure these are addressed.</p> <p>Remind the member of staff of the requirements and expected standards of conduct moving forward.</p> <p>Document the discussion, using the 'Letter of Concern' template, outlining the reason for the discussion, the member of staff's explanation, considering any mitigation, any agreed support mechanisms and expected standards of conduct moving forward.</p> <p>Sign post the member of staff to appropriate support services as required.</p>
<p>Third breach or failure to comply with the agreed actions from the last meeting whereby a letter of concern was issued</p> <ul style="list-style-type: none"> <li>• Failure to report absence without a justified reason</li> </ul>	<p>The member of staff will be asked to provide a formal written statement explaining the reasons for the repeat pattern of behaviour.</p> <p>The member of staff will need to demonstrate their reflections and explain to the line manager how they</p>	<p><b>First Written Warning</b></p> <p>In the first instance, the line manager should meet with the member of staff and make them aware of the repeat pattern of behaviour and that consideration will now be given to formal disciplinary action.</p>

<ul style="list-style-type: none"> <li>• Failure to provide fit notes in a timely manner</li> <li>• Failure to comply with the requirements of the Trust procedure for the Management of Staff Health, Wellbeing, Sickness Absence and Attendance, e.g. non-attendance or non-engagement with management, OH or other reasonable management instructions given during the management of their sickness absence and attendance</li> <li>• Punctuality issues, e.g. repeat lateness</li> </ul>	<p>will address the behaviour moving forward.</p>	<p>Line manager must ensure that any agreed support mechanisms/ actions from the previous discussions have been followed through.</p> <p>Ask the member of staff to provide a written statement requesting for an explanation.</p> <p>Sign post the member of staff to appropriate support services as required.</p> <p>Upon receipt of the written statement, the line manager must seek advice from the People team to consider if a First Written Warning is a reasonable course of action, dependent on the explanation and any mitigation given by the member of staff.</p> <p>If it is deemed by the People team that the issuing of a First Written Warning is a proportionate and reasonable outcome, the line manager, must meet with the member of staff to issue the First Written Warning, remind them of the expected standards of conduct and consequences should they fail to comply.</p> <p>Follow up the discussion with an outcome letter which must be authorised by the People team before it is sent to the member of staff.</p>
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		<p>First Written Warning will remain live on the member of staff's personal file for a period of 12 months.</p>
<p>Fourth breach, repeat pattern of behaviour following issuing of First Written Warning.</p> <ul style="list-style-type: none"> <li>• Failure to report absence without a justified reason</li> <li>• Failure to provide fit notes in a timely manner</li> <li>• Failure to comply with the requirements of the Trust procedure for the Management of Staff Health, Wellbeing, Sickness Absence and Attendance, e.g. non-attendance or non-engagement with management, OH or other reasonable management instructions given during the management of their sickness absence and attendance</li> <li>• Punctuality issues, e.g. repeat lateness</li> </ul>	<p>The member of staff will be asked to provide a formal written statement explaining the reasons behind the repeat pattern of behaviour.</p> <p>The member of staff will need to demonstrate their reflections and explain to the line manager how they will address the behaviour moving forward.</p>	<p><b>Final Written Warning</b></p> <p>In the first instance, the line manager should meet with the member of staff and make them aware of the repeat pattern of behaviour and that consideration will be given further formal disciplinary action.</p> <p>Line manager must ensure that any agreed support mechanisms/ actions from the previous discussions have been followed through.</p> <p>Ask the member of staff to provide a written statement requesting for an explanation. Sign post the member of staff to appropriate support services as required.</p> <p>Upon receipt of the written statement, the line manager must seek advice from the People team to consider if a Final Written Warning is a reasonable course of action, dependant on the explanation and any mitigation given by the member of staff.</p>

		<p>If it is deemed by the People team that the issuing of a Final Written Warning is a proportionate and reasonable outcome, the line manager, must meet with the member of staff to issue the warning, remind them of the expected standards of conduct and consequences should they fail to comply.</p> <p>Follow up the discussion with an outcome letter within 7 calendar days from the date of the discussion, which must be authorised by the People team before it is sent to the member of staff.</p> <p>Final Written Warning will remain live on the member of staff's personal file for a period of 18 months.</p>
<p>Fifth breach, repeat pattern of behaviour following issuing of Final Written Warning</p> <ul style="list-style-type: none"> <li>• Failure to report absence without a justified reason</li> <li>• Failure to provide fit notes in a timely manner</li> <li>• Failure to comply with the requirements of the Trust procedure for the Management of</li> </ul>	<p>The member of staff will be required to engage in a formal disciplinary investigation process.</p> <p>They will be asked to provide a written statement of case explaining the reasons behind the repeat pattern of behaviour.</p> <p>The member of staff will need to engage in any further disciplinary</p>	<p>Formal Disciplinary Investigation/ Refer to a formal Hearing panel</p> <p>In the first instance, the line manager should meet with the member of staff and make them aware of the repeat pattern of behaviour and that consideration will now be given to refer the matter to a formal hearing panel, whereby consideration will be given to the termination of employment, therefore their employment is at risk.</p>

<p>Staff Health, Wellbeing, Sickness Absence and Attendance, e.g. non-attendance or non-engagement with management, OH or other reasonable management instructions given during the management of their sickness absence and attendance</p> <ul style="list-style-type: none"> <li>• Punctuality issues, e.g. repeat lateness</li> </ul>	<p>investigation process which may be required.</p>	<p>Sign post the member of staff to appropriate support services as required.</p> <p>Line manager must ensure that any agreed support mechanisms/ actions from the previous discussions have been followed through.</p> <p>Ask the member of staff to provide a written statement requesting for an explanation and that they must engage in the formal disciplinary investigation process.</p> <p>Upon receipt of the written statement, the line manager must seek advice from the People team to consider if referring to a formal hearing panel is a reasonable course of action, dependent on the explanation and any mitigation given by the member of staff.</p> <p>Once advice is sought from the people team, the line manager must make the member of staff aware of the next steps.</p>
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The member of staff will have the right to appeal against the following sanctions:

- **Appeal against first written warning**

This will be a desktop review by a Senior Manager supported by a People representative. Evidence considered as part of the issuing of the sanction will be considered, along with any written submission by the member of staff. If during the review the Senior Manager and People representative determine that further clarification or documentation is required from the member of staff, they have the discretion to seek this either in writing or through a meeting; should a meeting be required, the member of staff will have the right to be accompanied by a work colleague or trade union representative.

- **Appeal against final written warning and dismissal**

This will be conducted in accordance with the appeals process set out in the Trust's Disciplinary Procedure.

An appeal against any level of sanction must be made in writing within 14 calendar days of the date of the sanction having been issued. Appeals received after the 14-day period will not be heard unless there is good reason for the appeal being submitted out of time. At the time of lodging an appeal, the member of staff must clearly state the grounds for their appeal.

Any appeals must be submitted in writing and emailed to: [hrapeals@uhb.nhs.uk](mailto:hrapeals@uhb.nhs.uk)