

MANAGING HEALTH AND ATTENDANCE POLICY

		POLICY		
Reference	HR/ 1004			
Approving Body	Joint Staff Partnership Forum			
Date Approved	March 2026			
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:			
	YES	NO	N/A	
	x			
Issue Date	March 2026			
Version	7			
Summary of Changes from Previous Version	<ul style="list-style-type: none"> • Softer language to encouraged person centred approach; for example triggers changed to “Absence Health indicators”, “employee” changed to “colleague” where relevant • Improved flow • Duplicated sections merged, for example references to Occupational Health and Stage 2 (previously two sections for Stage 2 for short term and longer term sickness absence) • Section on Disability Leave shortened (covered in guidance) • Clear guidance in relation to colleagues’ right to waive notice period for Stage 1 review • Clear guidance in relation to a softer approach at Stage 2 in the cases of – for example – serious ill health <p>Clear guidance when Stage 2 may be applicable – even when a colleague has returned to work – as a supportive process.</p>			
Supersedes	Version 6.0			
Document Category	Human Resources			
Consultation Undertaken	Joint Staff Partnership Forum – Policy Sub Group Joint Staff Partnership Forum			
Date of Completion of Equality Impact Assessment	October 2025			

Date of Environmental Impact Assessment (if applicable)	N/A	
Legal and/or Accreditation Implications	<ul style="list-style-type: none"> • ACAS Code of Practice • Equality Act 2010 • Employment Rights Act 1996 • Employment Rights Act 2025 • Employment Relations Act 1999 • Employment Act 2002 • Trade Union and Labour Relations (Consolidation) Act 1992 • Trade Union Act 2016 • Management of Health and Safety at Work Regulations 1999 • Health and Safety at Work etc Act 1974 • Working Time Regulations 1998 	
Target Audience	This policy applies equally to all employees	
Review Date	November 2028	
Sponsor (Position)	Chief People Officer	
Author (Position & Name)	People Services Team	
Lead Division/ Directorate	Corporate	
Lead Specialty/ Service/ Department	People Directorate	
Position of Person able to provide Further Guidance/Information	People Services Lead	
Associated Documents/ Information	Date Associated Documents/ Information was reviewed	
Managing Health and Attendance - Supplementary Guidance for Managers	February 2026	
Template control	April 2024	

CONTENTS

Section	Title	Page
-	CONTENTS	3
1.0	INTRODUCTION	5
2.0	POLICY STATEMENT	5
3.0	DEFINITIONS/ ABBREVIATIONS	6
4.0	ROLES AND RESPONSIBILITIES	7
5.0	DISCRETION	8
6.0	DOCUMENT (PROCEDURAL) REQUIREMENTS	8
6.1	Notification of Sickness Absence - Reporting Arrangements	8
6.2	Evidence of Sickness absence (Fit Notes)	9
6.3	Sickness Absence Records	9
6.4	Injury at Work	9
6.5	Sickness and annual leave	10
6.6	Sickness and working from home	10
6.7	Disability Related Sickness Absence	10
7.0	RETURN TO WORK DISCUSSION (RTWI)	11
8.0	RISK ASSESSMENTS	11
9.0	OCCUPATIONAL HEALTH	12
10.0	SHORT-TERM/ FREQUENT ABSENCE	12
10.1	Stage 1 Sickness Absence Review – Short-Term/ Frequent Sickness Absence Health Indicators	12

11.0	ATTENDANCE IMPROVEMENT TARGETS	14
12.0	IMPROVEMENT NOTICE	14
13.0	LONGER TERM SICKNESS ABSENCE	15
14.0	ILL HEALTH RETIREMENT	17
15.0	STAGE 2 – SICKNESS CAPABILITY REVIEW HEARING	17
15.1	Overview of the Sickness Capability Review Hearing process	17
15.2	Potential Outcomes Following A Sickness Capability Review Hearing Process	18
15.2.1	No Formal Action	19
15.2.2	Improvement Notice /Individualised Plan	19
15.2.3	Formal Written Warnings	19
15.2.4	Dismissal on grounds of capability owing to ill health	20
15.2.5	Notice periods	20
15.2.6	Right of appeal	20
16.0	COLLEAGUES WITH TERMINAL ILLNESS	21
17.0	TRAINING AND IMPLEMENTATION	21
18.0	MONITORING COMPLIANCE AND EFFECTIVENESS	21
19.0	IMPACT ASSESSMENTS	21
20.0	EVIDENCE BASE AND RELATED DOCUMENTS	21
20.1	Related Policies & Documents	22
APPENDIX 1	MANAGING HEALTH AND ATTENDANCE FOR MEDICAL STAFF	24
APPENDIX 2	LEVELS OF AUTHORITY	28

APPENDIX 3	MONITORING COMPLIANCE AND EFFECTIVENESS	29
APPENDIX 4	Equality Impact Assessment (EIA) Form	30

1.0	INTRODUCTION
1.1	This policy is designed to ensure the Trust manages sickness absence fairly, consistently and in an empathetic, sensitive way, to enable colleagues to maintain an acceptable level of attendance. This policy and associated procedure will ensure that mechanisms are in place to report and monitor all sickness absence; as well as to support colleagues to return to, and remain well at work, whilst providing high quality patient care.
1.2	A toolkit and comprehensive guidance documents are available on the Trust intranet. This policy should be read in conjunction with the guidance document. Further information can also be requested from the People Services team.
2.0	POLICY STATEMENT
2.1	This policy and procedure is applicable to all employees of Sherwood Forest Hospitals Trust. Some specific provisions for Medical staff are included at Appendix 1.
2.2	Throughout this policy & procedure the Trust assumes that ill health is genuine unless there is evidence to the contrary, the reason for taking action will therefore relate to the capability of an employee to undertake their duties and fulfil their contract of employment and will not be because of their illness. Capability is defined in Section 98 (3)(a) of the Employment Rights Act 1996 as “capability, in relation to an employee, means their (cap)ability assessed by reference to skill, aptitude, health or any other physical or mental quality.”
2.3	This policy and procedure document is based on the core principles of ensuring an environment where colleague health and wellbeing is priority, in line with the Trust’s Health and Wellbeing agenda. It encourages managers and employees to clearly identify and understand the causes of sickness absence and initiate timely, appropriate and responsive interventions which facilitate a return to work at the earliest opportunity.
2.4	In its application all employees are to be treated in a fair, consistent and compassionate manner in line with an empathetic person centred approach and will be given the opportunity to improve their attendance informally in the first instance through support and attendance improvement targets before proceeding to the formal procedures. Ultimately, the needs of the service and the provision of patient care will prevail.
2.5	This policy and procedure clearly sets out an employee’s responsibilities in relation to sickness absence. Failure to adhere to the requirements of this policy and

	procedure may result in consideration of action in accordance with the Trust's Disciplinary Policy & Procedure and in certain circumstances a referral to the Counter Fraud Service.
2.6	The Trust acknowledges the significant role of representatives of trade unions and professional organisations who work in close partnership with line managers to facilitate and support employees to take personal responsibility for their attendance at work.
2.7	Where a colleague has a pattern of frequent short term sickness absence for which no underlying health cause can be established, then the Trust will strike a reasonable balance between the need for service provision and the genuine needs of the employee to take occasional short periods of time off because of sickness. Attendance Improvement targets may be issued.
2.8	Where a colleague has long-term absence where there is an underlying health cause the Trust will strike a reasonable balance between the need for service provision to continue in the colleague's absence and the genuine needs of the employee; taking into account all available and relevant facts and including the likely date of return to work.
2.9	Where a return to work in the foreseeable future is not likely and/or where there is no realistic date for a return to work the Trust will consider available options and this will include termination of employment on the grounds of ill health capability. Any colleague who is dismissed on the grounds of capability (or ill health) will have the right of appeal against that decision as detailed within this procedure.
2.10	The Trust is committed to ensuring reasonable measures are taken to remove any identified disadvantage for disabled employees and to support and retain disabled employees in employment. A person has a disability for the purposes of the Equality Act 2010 if they have a physical or mental impairment which has, or is likely to have, a substantial and long term adverse effect on their ability to carry out normal day to day activities.
2.11	It is not the Policy of the Trust to require employees to attend for work when being unfit to do so.
2.12	The scheme of delegation in terms of the authority of managers within this process is in accordance with the levels of authority outlined in Appendix 2.
3.0	DEFINITIONS/ ABBREVIATIONS
3.1	<ul style="list-style-type: none"> ▪ The Trust means Sherwood Forest Hospitals NHS Foundation Trust ▪ RIDDOR means Reporting of Injuries, Diseases and Dangerous Occurrences Regulations ▪ ESR means Electronic Staff Record

	<ul style="list-style-type: none"> ▪ Short-term sickness is defined as absences of between 1 and 27 calendar days duration ▪ Long-term sickness is defined as absences of 28 days or more ▪ 'Fit Note' refers to a Medical Certificate
4.0	ROLES AND RESPONSIBILITIES
4.1	All colleagues should demonstrate a positive approach to attendance and be responsible for managing their own health and wellbeing.
4.2	If it is found that during a sickness period of absence colleague is acting in a manner inconsistent with the reason for the absence or not aiding their return to work, occupational sick pay may be withheld and where appropriate action taken in accordance with the Trust's Disciplinary Policy & Procedure and referred where appropriate to Counter Fraud Services.
4.3	If a colleague holds more than one contract of employment with the Trust or undertakes work with an agency/other employer, any period of sickness should affect all work including voluntary work or self-employment. The only exception to this would be where a medical practitioner determines that specific work could be carried out by the individual. In these circumstances confirmation from the medical practitioner would be required. This should be discussed with the line manager in the first instance with a view to determining whether adjustments can be made or alternative employment found within the Trust to accommodate the employee working at the Trust. This would not prevent the manager from requesting a second opinion from Occupational Health if appropriate.
4.4	On no account must colleagues work for another employer whilst on sick leave with the Trust unless the above evidence is provided and it is agreed with the line manager. Failure to provide this evidence in advance of any work being undertaken may result in this being regarded as a fraudulent act and/or misconduct and could result in a referral to Counter Fraud Services and action in accordance with the Trust's Disciplinary Policy & Procedure.
4.5	All colleagues are reminded that they remain employed by the Trust whilst absent from work due to sickness and should make themselves readily available to attend meetings where appropriate. In exceptional circumstances, if the line manager is not the preferred contact of the member of staff, then a nominated deputy line manager will work with them during their period of sickness absence.
4.6	All colleagues are required to comply with requests to attend Occupational Health appointments for health assessment or support at any time following discussion with their line manager.
4.7	Where a colleague does not comply with reporting and recording procedures they will be regarded as being absent without leave and pay may be withheld. The circumstances of any non-compliance will be considered on an individual basis

	and if necessary, may be referred for consideration in accordance with the Trust's Disciplinary Policy & Procedure.
5.0	DISCRETION
5.1	Discretion is the application of judgement. It is not possible to set out prescriptively in a policy document how discretion should be applied across the Trust as each case will be considered on its own merits.
5.2	The policy provides for the colleague's manager, advised by a People representative (HR), to exercise discretion in determining the application of the policy according to a colleague's individual circumstances. This does not mean that the colleague's manager can decide not to apply the policy, but it does mean that judgement can be exercised within the various stages of the policy.
5.3	Factors that will be taken into consideration may include the colleague's overall attendance pattern, the impact on the colleague's health or attendance of any current treatments, investigations or Occupational Health assessments, and the extent to which allowing further time within the process is judged likely to make a material difference to the colleague's ability to attend work.
6.0	DOCUMENT (PROCEDURAL) REQUIREMENTS
6.1	Notification of Sickness Absence - Reporting Arrangements
6.1.1	Colleagues who are ill and unable to come to work have a responsibility to inform their line manager or designated deputy by telephone before they are due to commence work. Reporting absence by text message, email or social media messaging will not normally be accepted. In exceptional circumstances only where the colleague is physically and/or psychologically unable to do so themselves, a member of their family/partner/spouse may telephone the manager on their behalf. Alternative forms of contact may be agreed on discretionary basis with the appropriate line manager.
6.1.2	When reporting their absence, colleagues must give an indication of the nature of their illness so that an accurate absence reason can be recorded and give an estimate of the duration of the absence and the anticipated return to work.
6.1.3	If the line manager or designated deputy is unavailable for this initial contact, the colleague must leave their telephone contact details in a message to the manager who should contact the colleague at the earliest opportunity.
6.1.4	The colleague must keep their line manager informed regarding their progress on a regular basis as agreed and their anticipated date of return. The line manager and colleague should mutually agree contact arrangements during the period of absence.

6.1.5	In cases of longer term sickness absence, colleagues are expected to update their line manager on a regular basis - usually by telephone, not text, email or social media, unless otherwise agreed. The line manager should maintain a record of all contact with the colleague.
6.1.6	Employees must inform their manager on the day that they are fit to return to work, even if they are not rostered to work on that day. Staff will be recorded as on sick leave until they report that they are fit to return to work. This cannot be done retrospectively
6.2	Evidence of Sickness absence (Fit Notes)
6.2.1	Colleagues must provide a 'Fit Note' (medical certificate) to cover any absence which continues beyond 7 calendar days. The Fit Note must therefore begin on the 8 th calendar day of absence. This is regardless of the colleague's contractual hours or working pattern.
6.2.2	Fit Notes should be submitted to the line manager in a timely manner and all subsequent Fit Notes provided at the expiry of the previous note. Where a colleague anticipates difficulty in timely submission of Fit Notes they must communicate this to their line manager.
6.2.3	When determining the 8 th day, all days, including weekends, should be included for all groups of staff.
6.3	Sickness Absence Records
6.3.1	For the purposes of local sickness absence recording, all hours of sickness absence will be recorded, even where the absence relates to part of a day, however sickness absence recorded on ESR and e-rostering must be completed days.
6.3.2	Accurate and timely recording of sickness absence on ESR/ Health Roster will ensure individual's pay is correct; pay can be adversely affected especially where colleagues have returned to work and this is not recorded on ESR/ Health Roster.
6.3.3	Records of sickness absence will be recorded by managers on ESR/ Health Roster which enable identification of individual attendance patterns at an early stage, and also facilitates effective monitoring of absence.
6.3.4	All documentation relating to sickness absence should be recorded on Health Roster / ESR and on the employee's personnel file.
6.4	Injury at Work
6.4.1	Where sickness absence is as a result of an injury whilst at work, or illness acquired through work, before recording as such on ESR, this must be reviewed with the Divisional General Manager / Head of Service after taking advice from the People Services team where appropriate. If the period of sickness absence is

	recorded as work related NHS Injury Allowance may be payable. Further guidance on this can be found in the guidance document, available on the intranet.
6.5	Sickness and annual leave
6.5.1	Colleagues whose sickness begins whilst they are on a period of planned annual leave should report their sickness to their line manager following the reporting procedure detailed in section 6.1 on the first day of sickness absence. The usual self-certification and Fit Note requirements still apply. The colleague will be classed as absent due to sickness from the date they report their absence to their manager.
6.5.2	If a colleague has annual leave prebooked during a period of sickness absence and proceeds to go on holiday, the annual leave will continue to be deducted from their annual leave allowance. Colleagues must seek authorisation from their manager if they are to go on holiday when absent due to ill health. Leave will not be credited retrospectively if a colleague proceeds with their holiday arrangements
6.5.3	If a colleague does not proceed to go on holiday, they must be covered by a Fit Note which should be submitted to the line manager in a timely manner, in order to receive any annual leave entitlement back. The colleague should inform their line manager they will not be taking the prebooked annual leave.
6.6	Sickness and working from home
6.6.1	Working from home must not be used as an alternative to sickness absence – if a colleague is unable to work due to illness or injury they must inform their line manager in the usual way. If a colleague is working from home and becomes ill, usual provisions relating to reporting sickness absence and other reasons for not being able to report to work will apply.
6.6.2	Some working from home may be agreed as part of a phased return to work plan following longer term sickness absence, where appropriate.
6.7	Disability Related Sickness Absence
6.7.1	Disability related sickness absence will still be recorded in the normal way however a discussion should take place with the colleague including whether there are any reasonable adjustments or supportive measures that could be implemented to enable the colleague to remain well and at work.
6.7.2	Absences should be recorded and reported in accordance with the process described in this policy & procedure. If during a return to work the colleague identifies that their particular absence is connected to their disability, then this may be recorded as disability related sickness absence on the return to work form.
6.7.3	Disability related sickness absence will not be excluded for consideration when a colleague reaches a Stage 1 Sickness Absence Health Indicator; although some tolerance may be applied. Case by case decisions will

	be made, in relation to the circumstances of the situation and having regard to the sustainability of frequent absence and the impact on service delivery.
6.7.4	Disability related sickness absence differs from Disability Leave. Disability Leave is a form of Special Leave and may be granted at line manager discretion where a colleague requires time off to attend an appointment in connection with their disability or chronic health condition. The usually predictable and fixed nature of Disability Leave distinguishes it from disability related sickness absence, which is unpredictable and for unknown periods of time. Further information can be found in the guidance document or on the intranet.
7.0	RETURN TO WORK DISCUSSION (RTWI)
7.1	The purpose of the Return to Work discussion (sometimes known as a return to work interview) is to ensure that a productive, informal health and wellbeing meeting is held with the colleague relating to their recent absence and their return to work. It may be appropriate to signpost to relevant support as part of this discussion. Further guidance in relation to areas that should be covered within the return to work discussion are contained within the Sickness Absence Management guidance document available on the Trust intranet.
7.2	A Return to Work discussion should be undertaken with a colleague by their line manager, or designated deputy, ideally within 48 hours of the day they return from any period of sickness absence (including part days), or if duty/work patterns do not coincide, this responsibility may be delegated appropriately. Ideally this should be done face to face, although in circumstances where this is not possible; the Return to Work discussion may be undertaken via a telephone discussion or virtual meeting.
7.3	It remains the responsibility of the line manager to ensure that the Return to Work discussion has been undertaken upon a colleague's return to work and the discussion record filed on the colleague's file.
7.4	In some instances, a phased return to work may be appropriate. A phased return may include a gradual build up of working hours, duties or a mixture of both and could include some home working, where appropriate. A template for use when devising a phased return to work can be found on the intranet.
8.0	RISK ASSESSMENTS
8.1	The Management of Health and Safety at Work Regulations 1999 supplements the requirements of the Health and Safety at Work etc Act 1974 by extending the employers' obligations to develop a general framework for safety management and enhance any control measures provided. The main provision of the regulations is the need for an employer to conduct risk assessments of his work activities and identify the action needed to control the health and safety risks in the workplace.
8.2	A risk assessment in the context of the Management of Health and Safety at Work Regulations 1999 is nothing more than a careful examination of what could cause

	harm in the work activity being carried out along with what measures need to be put in place by a reasonable employer to stop that harm occurring.
8.3	<p>There are a number of risk assessment proformas available for use, which can be found on the intranet. The most relevant risk assessment documents, for the purposes of this policy, are:</p> <ul style="list-style-type: none"> ▪ Stress Risk Assessment ▪ New and Expectant Mothers Risk Assessment ▪ DASH Risk Assessment & Referral Form ▪ VDU Workstation Risk Assessment Form ▪ Manual Handling Risk Assessment Proforma
9.0	OCCUPATIONAL HEALTH
9.1	The Occupational Health & Wellbeing Department is a confidential advisory service that has a dual role in providing advice and support to both line managers and employees about health and wellbeing in the workplace and the possible impact of health conditions in relation to employment.
9.2	Managers should refer a colleague to the service where there are concerns about a colleague's health and wellbeing, or their health status may be having a negative impact on their work performance or attendance, for further support and/or guidance as a preventative /supportive measure. Colleagues are also able to refer themselves to Occupational Health & Wellbeing for informal advice if they wish, but would not typically receive a report with any recommended workplace adjustments that may be advised.
9.3	Managers should also encourage employees to take advantage of other staff health and wellbeing services available across the Trust such as staff counselling services and the Employee Assistance Programme. Further information on the Trust's full health and wellbeing offer can be found here: Colleague wellbeing Sherwood Forest Hospitals or by contacting the Occupational Health & Wellbeing Department.
9.4	In the cases of longer term sickness absence, an Occupational Health referral should be made by the line manager when appropriate depending on the circumstances. The colleague must be informed of the reasons for the referral, which must be discussed fully with them, in advance. More information about when to consider making a referral can be found here: showcontent.aspx
9.5	On receipt of the Occupational Health report, the line manager should carefully review the guidance to consider the employee's fitness to return to the workplace and/or whether they are fit to return to their substantive post, with or without adjustments and the timescales associated with this.
10.0	SHORT-TERM/ FREQUENT ABSENCE

10.1	Stage 1 Sickness Absence Review – Short-Term/ Frequent Sickness Absence Health Indicators
10.1.1	<p>The line manager should arrange to meet with the colleague where they have had either:</p> <ul style="list-style-type: none"> a) 2 separate occasions of sickness absence in a rolling 6-month period (excluding pregnancy related illness) <i>and/or</i> b) 1 occasion of 15 calendar days or more sickness absence <i>and/or</i> c) A target previously set as a result of either a) or b) above which is due for review <i>and/or</i> d) A pattern of sickness absence is forming relating to timing of absence <i>and/or</i> e) There are any concerns about a colleague in relation to their sickness absence or wellbeing at work <p>These can include the consideration of long-term and short-term sickness absence as a whole.</p>
10.1.2	<p>The Stage 1 Sickness Absence Review meeting should be held within 14 calendar days of the end of the period of absence which triggers the meeting and the colleague should be notified in writing of the date, time and purpose of the meeting at least 7 calendar days in advance. The colleague must be provided with the opportunity to be accompanied and supported by an accredited representative of a recognised Trade Union or Professional Organisation or by a work colleague of their choice (provided there is no conflict of interest) not acting in a legal capacity.</p>
10.1.3	<p>The 7 day notice period may be waived by mutual agreement; for example if the colleague prefers to hold the Sickness Absence Review meeting as part of the Return to Work discussion.</p>
10.1.4	<p>The purpose of this meeting will be to:</p> <ul style="list-style-type: none"> a) Discuss and review the position since the Return to Work discussion and ensure that the colleague is receiving appropriate support. b) Ensure the colleague is aware of the Managing Health & Attendance Policy and understands how it is designed to support their wellbeing and help them maintain regular attendance. Where appropriate, have a sensitive and supportive conversation about the importance of improving attendance, and explore any help, adjustments or support they made need to achieve immediate and sustained improvement. c) Set an attendance improvement target if appropriate to the circumstances of the individual and the service.

	<p>d) Examine the working pattern and number of paid hours worked in excess of the colleague's contracted hours of duty. Where these are considered excessive it may be appropriate that no additional hours will be offered or worked until there has been a demonstrable improvement in the level of sickness absence. This will include work on the Trust's bank.</p> <p>e) Where there is an identified underlying health condition or medical issue stated, this should be confirmed by Occupational Health. If the condition is likely to prevent sustained attendance at work, reasonable adjustments should be considered and implemented where possible.</p>
10.1.4	Any Attendance Improvement Targets will be set from the date of the meeting and ensure that the colleague is aware that a failure to achieve the target or an increase in sickness absence levels may result in formal action being taken.
11.0	ATTENDANCE IMPROVEMENT TARGETS
11.1	<p>Once an Attendance Improvement Target has been issued this should be kept under review by the line manager and colleague during normal routine management supervision and 1:1 meetings, in between formal absence review meetings. Where the colleague breaches the Attendance Improvement Target consideration should be given to the following options:</p> <p>a) In exceptional circumstances, extend or reset the Stage 1 Attendance Improvement Target for further period (repeat point 10.1.1)</p> <p>b) Issue an Improvement Notice with a further Attendance Improvement Target.</p> <p>c) Refer to a Stage 2 – Sickness Capability Review Hearing process</p>
11.2	In exceptional circumstances it may be appropriate to apply discretion and take no further formal action in accordance with this policy but keep attendance under review.
11.3	Should there be a pattern of an individual repeatedly achieving Stage 1 Attendance Improvement Targets and then reaching another Absence Health Indicator again, consideration may be given to proceeding to an Improvement Notice.
12.0	IMPROVEMENT NOTICE
12.1	On occasions it may be appropriate for an Improvement Notice to be issued instead of referring a colleague's absence directly to a Stage 2 – Sickness Capability Review Hearing.
12.2	Managers should meet with the colleague concerned as part of the Stage 1 Review process and discuss with them why the expected levels of attendance are not being met and the impact of this on the service. The aim of the meeting should be to clarify the improvement expected over an appropriate timescale. Any agreed

	support required in order to facilitate improved attendance should be identified and agreed. A further attendance target should also be issued at this stage.
12.3	This meeting should be followed up in writing with an Improvement Notice, which will remain live on file for a period of 6-9 months. If there are further concerns about an employee's attendance during the period of the Improvement Notice consideration will be given to moving to the Stage 2 – Sickness Capability Review Hearing process.
12.4	Further guidance about the Improvement Notice process can be found in the Managing Health and Attendance: Supplementary Guidance.
12.5	Where there is continued concern about a colleague's wellbeing at work, either due to an Attendance Improvement Target being breached or performance concerns due to health reasons, a Stage 2 - Sickness Capability Review Hearing should be arranged.
12.6	Managers should consult the People Services team for advice in cases of longer term absence, repeated shorter periods of absence arising out of a single or underlying illness, or where there are any other concerns relating to absence.
13.0	LONGER TERM SICKNESS ABSENCE
13.1	For the purposes of this policy longer term sickness absence is determined as a period of 28 days or more.
13.2	Staff who are absent on a longer term basis should be actively supported, managed and engaged with, regardless of the nature of the absence, by their line manager. The main aims are to maintain positive relationships, to support the staff member and facilitate their return to work as soon as possible.
13.3	The line manager should have already discussed and jointly agreed a plan to maintain regular contact at the beginning of the period of sickness absence with the colleague. For long term absence, where a colleague is absent for 28 days or more, the line manager should, if appropriate, arrange a Longer Term Sickness Review with the colleague.
13.4	The purpose of the meeting is to give consideration to the appropriate course of action for the management of the colleague's absence and to ensure that they are receiving any necessary support to enable a return to work or to sustain their attendance at work.
13.5	The line manager should arrange to meet with the colleague at a mutually agreed location. This can be onsite, at an alternative location, or a home visit. It may also be appropriate, in some circumstances, to hold a virtual meeting or telephone discussion. The following should be considered: a) The anticipated length of absence, including the likelihood of a return to work.

	<p>b) Any updates including progress of treatment, where applicable.</p> <p>c) Up to date Occupational Health or other medical advice, or a management referral to Occupational Health if this has not yet happened.</p> <p>d) Consideration of any reasonable adjustments or supportive measures that might be made to working conditions or premises to accommodate a return to work. There may be circumstances where an individual's health condition/disability prevents them from undertaking their full duties within their job role but does not result in them having sickness absence. Where reasonable adjustments can be considered or made on a temporary or permanent basis these will be accommodated.</p> <p>e) Consideration of signposting to other services and ongoing Wellbeing Conversations.</p> <p>f) Redeployment to suitable alternative employment on a temporary basis, where such employment can be identified. Occupational Health guidance should be sought to confirm that the individual is capable of undertaking the duties of the post. Pay protection arrangements would apply in accordance with the Trust's Policy for Protection of Pay and Conditions of Service.</p> <p>g) Further support that may be available to the employee both within and outside the organisation.</p> <p>h) Arrange further review meetings, if appropriate.</p> <p>i) A phased return to work plan which is a short term graduated/ phased return to normal duties/ hours.</p> <p>j) Confirm next steps, which may include referral to a Stage 2 Sickness Capability Review Hearing.</p> <p>NB Further information and guidance on phased return to work, reasonable adjustments and redeployment is available on the intranet.</p>
13.6	Line managers should document the review meetings and confirm the outcome of the meeting in writing to the colleague.
13.7	Once a return to work is achieved the line manager should continue to monitor the colleagues' attendance and provide the relevant support to enable them to remain well and at work.
13.8	Line managers should continue to maintain supportive and sensitive contact with colleagues who are absent due to longer term sickness.
13.9	The assessment of the colleague's current health status will provide an indication of the amount of time that should be given for their health to improve, particularly in prolonged long term absences for any treatment and/or recuperation time

	needed to be taken into account. Occupational Health advise should also be considered.
13.10	In deciding the appropriate course of action for cases of longer term sickness absences which exceed four months; the line manager will weigh up such factors including the needs of the service. The line manager may decide that it is necessary to progress to a Stage 2 Sickness Capability Review Hearing. There is no requirement to wait four months, if it is clear that a colleague is unable to return to work in any capacity, for example in the cases of serious ill health and it is in the interests of the colleague to expedite the Stage 2 Sickness Capability Review Hearing.
14.0	ILL HEALTH RETIREMENT
14.1	An application by the individual for Ill Health Retirement may be considered where appropriate and alongside the management of longer term sickness absence, or in some cases where there is frequent short term absence related to an underlying health condition. It should be noted that a decision regarding eligibility for an ill health retirement pension is a matter for the NHS Pensions Agency and not a matter for the Trust.
14.2	A requirement of an application for Ill Health Retirement is that the colleague is permanently incapable of undertaking the role in which they are employed. The Trust will therefore deem the submission of the application for Ill Health Retirement to be an acknowledgement by the employee of this position and will take the necessary steps to terminate employment. This will take place via a Stage 2 Sickness Capability Review Hearing.
15.0	STAGE 2 – SICKNESS CAPABILITY REVIEW HEARING
15.1	Overview of the Sickness Capability Review Hearing process
15.1.1	The Stage 2 Sickness Capability Review Hearing will be held as soon as possible following the colleague being informed that their attendance is being referred for consideration at a formal hearing. This should be arranged in a timely manner, as any unnecessary delay may have a negative impact on the individual's health and wellbeing. An intermediary notification letter should be sent following a verbal notification of a pending Stage 2 Sickness Capability Review Hearing.
15.1.2	The colleague will be formally notified of the arrangements for the hearing in writing at least 7 calendar days prior to the hearing. A copy of a management report will be sent to the colleague, chair and People representative in advance. The report should contain an overview of the situation, including the sickness absence record and clearly demonstrate the steps taken in order to support them to maintain a sustainable level of attendance at work.
15.1.3	The hearing will be chaired by the authorised senior manager (or designated deputy) who will be supported by a representative from the People Directorate. The colleague is entitled to be represented by an accredited representative of a

	recognised trade union or accompanied by a work colleague of their choice not acting in a professional capacity, provided there is no conflict of interest.
15.1.4	The Stage 2 Sickness Capability Review Hearing will allow for an objective review of the facts of the case, including the colleague's present and past sickness absence record (covering the last 3 years), consideration of medical advice (including an up to date Occupational Health report), any mitigating circumstances and any other relevant information. This should involve the exploration of alternative employment (both as a temporary reorganisation of roles and duties as well as formal redeployment), reasonable adjustments which can be made to facilitate a return, ill health retirement or ultimately dismissal on the grounds of capability arising from ill health.
15.1.5	The format to be followed at a Stage 2 Sickness Capability Review Hearing is outlined in the Managing Health and Attendance: Supplementary Guidance; although (particularly in the case of serious ill health) a more informal approach may be taken subject to agreement by all parties.
15.1.6	In some instances, a Stage 2 Sickness Capability Review Hearing may be arranged to allow for a thorough review and to ensure that all steps are being taken to support a colleague to remain well and at work following a lengthy period of sickness absence – even if they have returned to work. A Stage 2 Sickness Capability Review Hearing should not be seen as a punitive measure, rather a supportive process.
15.1.7	In some instances it may be that the format of the hearing is conducted in an informal manner, depending on the circumstances and provided all parties are in agreement for example in the event of serious ill health or ill health retirement
15.1.8	On deciding the appropriate action, the chair will objectively and fairly consider: <ul style="list-style-type: none"> a) The management's case and collated evidence (e.g. the individual's absence record meeting records, return to work action plans, Occupational Health reports and written correspondence, current warnings if applicable) b) Whether all return to work options were thoroughly considered including redeployment and reasonable adjustments c) The effect that the absence is having on the operational efficiency, cost effectiveness of the department or service and patient care d) Any relevant mitigating information from the colleague and their representative e) That all reasonable efforts have been made to obtain appropriate and up to date medical evidence regarding the individual's ill health including reports from Occupational Health

	f) That the colleague has been consulted at all times and has been advised that a potential outcome of their ongoing absence may lead to termination of their employment
15.2	Potential Outcomes Following A Sickness Capability Review Hearing Process
	The potential outcomes that the chair may consider are as follows:
15.2.1	No Formal Action
	In some cases it may be that the panel recommend an individualised plan – with or without an Attendance Improvement Target attached – depending on the specific circumstances. This may include (but not limited to) redeployment, a phased return to work plan, consideration of further reasonable adjustments or trial period. Management recommendations may also be issued
15.2.2	Improvement Notice /Individualised Plan
	In some circumstances it may be more appropriate to issue, or extend, an Improvement Notice. This would usually be linked to a further Attendance Improvement Target and/or other adjustments to working arrangements which are felt would support improvement of the colleague’s levels of attendance.
15.2.3	Formal Written Warnings
	A Formal Written Warning may be issued on grounds of capability due to health. Any warnings issued as part of this process are linked to a colleague’s ability to undertake the requirements of their role on the grounds of their health status and therefore fulfill their contractual obligations due to capability owing to ill health. They are <u>not</u> disciplinary sanctions.
	If formal warning is issued this would usually be linked to a further Attendance Improvement Target and/or other adjustments to working arrangements which are felt would support improvement of the colleague’s attendance at work. As part of this there should be a clear agreement of how this will be managed, implemented, and monitored as well as how the individual will continue to be supported. The timescale for when this will be formally reviewed should be set, taking account of any Occupational Health advice and the actions/ treatment/ interventions required.
	Employees who meet a target set either as part of an Improvement Notice or Formal Written Warning will continue to have their attendance monitored for the period that the sanction remains live. Once the initial target has been met any further periods of sickness absence will be considered in with regard to the colleague’s present and past attendance record, the outcome of which may result in a further attendance target being set in accordance with Stage 1 of the procedure.
	Any further breach of Attendance Improvement Targets or concerns about attendance at work during the period that the Improvement Notice or Formal

	<p>Written Warning is live should be referred for consideration at a further Stage 2 Sickness Capability Review Hearing.</p> <p>Should a return to work not be achieved or sustained, a further Stage 2 Sickness Capability Review Hearing should be scheduled.</p> <p>An Improvement Notice will remain live for a period of up to 9 months. A First Written Warning can be issued for a specified period of up to 12 months and a Final Written Warning can be issued for a specified period of up to 18 months.</p>
15.2.4	Dismissal on grounds of capability owing to ill health
	<p>Dismissal under the Managing Health and Attendance Policy is the final sanction that can be imposed.</p> <p>Termination of employment on the grounds of capability owing to ill health may be applicable where:</p> <ul style="list-style-type: none"> - There has been a previous formal warning in relation to attendance, and the associated Attendance Improvement Target has been breached or concerns persist around sickness absence - The colleague remains absent from work and there is no indication of a return to work, even with adjustments. - No feasible return to work options exist within the service - The colleague is medically unfit and adjustments and redeployment are not viable options. - The colleague is being supported to apply for early release of pension benefit on the grounds of ill health <p>In some cases it is not necessary to have previously issued warnings before considering termination of an employee's contract on the grounds of ill health capability.</p> <p>Formal notice of the termination of employment should be confirmed both verbally and in writing.</p>
15.2.5	Notice periods
	<p>Contractual notice must be given to a member of staff whose employment is being terminated on grounds of ill-health. Colleagues will also be entitled to receive payment for any accrued but untaken annual leave which is outstanding at the effective date of termination (EDT).</p> <p>Ordinarily, a PILON (Pay in Lieu Of Notice) payment will be made; however there may be occasions where it is deemed more appropriate to place the employee on notice, for example when redeployment options have not been fully exhausted.</p>
15.2.6	Right of appeal

	There will be a right of appeal against any formal warnings or dismissal. The sanction will remain in place until the appeal has been heard. Employees must be informed of their right of appeal and advised of the procedure for lodging an appeal in writing in the letter confirming the outcome of the formal hearing. The appeal will be managed in accordance with the Trust's Appeal Policy. There is no right of appeal against an Improvement Notice as this is considered an informal sanction.
16.0	COLLEAGUES WITH TERMINAL ILLNESS
16.1	The Trust has signed up to the TUC "Dying to Work" Voluntary Charter, which demonstrates our commitment to support colleagues who are diagnosed with a terminal illness in accordance with their wishes wherever possible. A terminal illness is a disease that cannot be cured or adequately treated and there is a reasonable expectation that the patient will die within a relatively short period of time.
16.2	Staff who had been diagnosed with a terminal illness will be supported in line with a sensitive and person-centered approach. All options in relation to employment may be discussed including but not restricted to, ill health retirement and death in service. Please refer to the Supporting Colleagues with a Terminal Diagnosis guidance document.
17.0	TRAINING AND IMPLEMENTATION
17.1	The People Directorate is responsible for ensuring that the effective management of sickness absence is covered in the Trust induction and the local induction checklist.
17.2	In addition, all managers with people responsibilities will be expected to attend Empathetic Management of Sickness Absence & Wellbeing training to ensure they fully understand their responsibilities in the application of this policy.
17.3	The Deputy Chief People Officer will be responsible for reviewing this policy and will ensure that anyone involved in implementing this policy will receive training to assist them with these duties.
17.4	The implementation of this policy and its effectiveness will be monitored on an ongoing basis by the Trust Board, JSPF and senior members of the People Directorate.
18.0	MONITORING COMPLIANCE AND EFFECTIVENESS
18.1	Details of compliance monitoring can be found in appendix 3
19.0	IMPACT ASSESSMENTS

19.1	This document has been subject to an Equality Impact Assessment, see completed form at Appendix 4.
20.0	EVIDENCE BASE AND RELATED DOCUMENTS
	<ul style="list-style-type: none"> ▪ ACAS Code of Practice ▪ CIPD ▪ Dying to Work Charter ▪ Employment Act 2002 ▪ Employment Relations Act 1999 ▪ Employment Rights Act 1996 ▪ Equality Act 2010 ▪ Health and Safety at Work etc Act 1974 ▪ Management of Health and Safety at Work Regulations 1999 ▪ NICE Guidelines Quality standard [QS202] ▪ Trade Union Act 2016 ▪ Trade Union and Labour Relations (Consolidation) Act 1992 ▪ Working Time Regulations 1998
20.1	Related Policies & Documents
	<p>Policy</p> <ul style="list-style-type: none"> ▪ Appeal Policy ▪ Capability Policy ▪ Dignity at Work Policy ▪ Domestic Abuse Policy ▪ Disciplinary Policy ▪ Employees Suffering from Alcohol or Drug Misuse Policy ▪ Equality & Diversity Policy ▪ Leave Policy ▪ Pay and Conditions of Service Protection Policy ▪ Return to Work Policy <p>Guidance</p> <ul style="list-style-type: none"> ▪ Annual Leave Guidance ▪ Bereavement Leave and other Special Leave Guidance ▪ Capability Process Guidance ▪ Career Break Guidance ▪ Carers' leave Guidance ▪ Creating a Mentally Healthy Workplace ▪ Disability Leave ▪ Employee Wellbeing Support ▪ Flexible Working Guidance ▪ Ill Health Retirement Guidance ▪ Injury Allowance Guidance ▪ Managers Guide to referring to OH Services ▪ Managing Health and Attendance: Supplementary Guidance ▪ Menopause at Work Guidance ▪ Mental Health Information document

- Neurodiversity guidance
- Occupational Health Leaflet
- Reasonable Adjustments Guidance
- Redeployment Guidance Remote Working Guidance
- Return to Work Covid-19 Toolkit
- Suitable Alternative Employment Register
- Supporting Colleagues through Infertility & Baby Loss
- Supporting Colleagues with a Terminal Diagnosis
- TOIL Guidance

Support Documents

- Attendance Map
- Document Matrix
- VIVUP Employee Assistance Programme
- Staff discussion form
- Staff Networks Information
- Carers' Passport
- NHS Health Passport
- Support for those experiencing domestic abuse
- Mental Health Employee Support information
- Absence Management for those with disabilities or Long Term Health conditions
- Stage 2 Checklist for Managers
- Stage 2 Employee Information Leaflet

MANAGING HEALTH AND ATTENDANCE FOR MEDICAL STAFF**a) Notification of Sickness**

It is the responsibility of the doctor to contact the Rota Co-ordinator and their Head of Service/Service Director. Junior Doctors and Clinical Fellows are also required to contact their Clinical/Educational Supervisor that they are working with currently. For specialties that do not have rota coordinators which include Anaesthetics, Radiology, Histopathology and Sexual Health, other arrangements are in place regarding the notification of sickness absence and the doctor will be informed of these arrangements at their induction. All other steps detailed below remain the same.

If it is an out of hours shift, the doctor is expected to contact the Duty Nurse Manager via the switchboard between 5pm and 8pm and the Night Team Leader through switchboard between the hours of 8pm and 8am. The Duty Nurse Manager/Night Team Leader will complete the Trust contact form whilst the junior doctor is on the phone. In the case of Anaesthetics, the consultant on call should be contacted if it is outside of normal working hours.

The Duty Nurse Manager/Night Team Leader will then contact other relevant clinical and operational teams to ensure the appropriate cross-cover of clinical duties in the first instance.

The Duty Nurse Manager/Night Team Leader will agree further contact arrangements with the doctor. The Duty Nurse Manager/Night Team Leader will ensure the Rota Co-ordinator is aware of the sickness. All conversation details will be recorded on the contact form.

Absences of up to 1 week (7 calendar days) are self-certified and absences of 8 calendar days or more will require a medical certificate ('FIT' note).

Where the doctor has been absent from work due to sickness for a period of more than a week, they are expected to contact their Head of Service/Service Director or nominated deputy to advise them of progress with their health and any anticipated date of return. The Head of Service/Service Director or nominated deputy will talk to the doctor about any support they may require to enable them with their return to work.

When the doctor has returned to work, the Rota Co-ordinator will send a copy of the Return to Work form to the doctor and the Head of Service/Service Director for completion, this form is returned to the Rota Co-ordinator for them to send on to the Medical Workforce (HR) team for Junior Doctors and Clinical Fellows and the Division for Consultants, Associate Specialists and Specialty Doctors. As per this Policy and Procedure, return to work discussions should take place within 48 hours of the doctor

returning to work. Prior to the meeting the Head of Service/Service Director or nominated deputy does need to be aware if a sickness absence review (trigger) point has been reached. If a trigger has been reached, this will be indicated on the return to work form, the doctor should be notified of this at the return to work meeting and informed of the next steps.

b) Stage 1 Sickness Review and Attendance Improvement Targets

A discussion should take place where the employee has had either:

- 2 separate occasions of sickness absence in a rolling 6-month period (excluding pregnancy related illness) and/or
- 1 occasion of 15 calendar days or more sickness absence and/or
- A target previously set as a result of the first two points above which is due for review and/or
- A pattern of sickness absence is forming relating to timing of or reason for absence.
- There are any concerns about a colleague in relation to their sickness absence or wellbeing at work

Following the return to work meeting another meeting should be arranged within 14 calendar days at the end of the period of absence which triggers the meeting. The doctor should be invited to a stage 1 meeting and notified in writing of the date, time and purpose of the meeting at least 7 calendar days in advance. The doctor must be provided with the opportunity to be accompanied and supported by an accredited representative of a recognised Trade Union or Professional Organisation or by a work colleague of their choice, provided there is no conflict of interest.

c) Request for Adjusted Duties/ Return to Work with adjusted duties

If a doctor has not been absent but has made a request to undertake adjusted duties or has been absent from work due to sickness absence and they are wanting to return to work but have concerns about returning to their full duties, the doctor and Head of Service/Service Director or nominated deputy e.g. Educational/Clinical Supervisor in the case of a Junior Doctor or Clinical Fellow, should meet to discuss these concerns and agree a way forward ensuring the Managing Health and Attendance Policy is followed. It is the responsibility of the Service Director/Head of Service to arrange this meeting; a member of the Medical Workforce (HR) team may be present to provide advice and guidance.

The purpose of the meeting is to:

- Identify the best way for the Trust to support the doctor going forward
- Ensure the doctor has Occupational Health support and/or has been formally signposted to Occupational Health if appropriate
- Ensure that the doctor has access to the full range of support available

- Ensure that any adjustments that are agreed are documented, relevant parties made aware including the appropriate business unit and the adjustments are kept under regular review as detailed in this Policy and Procedure
- Ensure that key clinical services the doctor might be part of, can be safely maintained through any changes necessary and ensure that the Educational Supervisor, Clinical Supervisor, rota coordinator and relevant Training Programme Director in the case of a junior doctor, are aware of any adjusted duties agreed and that the implications on training are discussed

All parties involved in the meeting should be encouraged to explore available options in terms of support for the doctor. In addition to signposting to on and off-site resources, changes to the duties of the doctor may be considered. These could include reduced on-call, shortened working hours, 'doubling-up' or buddy-system on-call cover, fixed shifts, part-booked clinics, enhanced in-theatre or on-unit supervision, daytime weekend working only. Any agreement should be reached utilising the Trust's Reasonable Adjustment Guidance.

Any adjustment to duties would be reviewed on a regular basis and the review date would be agreed at the above meeting.

d) Sickness Absence and Implications for Training for Junior Doctors

The GMC has determined that 20 days is the maximum permitted absence within each 12-month period of the Foundation Programme.

Where a doctor's absence goes above 20 days (when a doctor would normally be at work), this will trigger a review of whether they need to have an extra period of training.

For specialty trainees, within each period of 12 months, if a trainee has been absent for a total of 14 days or more when a trainee would normally be at work, this will trigger a review of whether the trainee needs to have their CCT date extended.

Therefore, at this point, periods of absence must be highlighted to the Head of School and the Training Programme Director, and it would be the Head of Service/Service Directors responsibility to discuss this with the TPD/HoS following discussion with the trainee.

e) Further information

Further information regarding the management of sickness absence can be found in this Policy and Procedure for the Trust and the HEEM Procedure for dealing with sick leave and unauthorised absence of trainee doctors.

There is also additional support available for Junior Doctors from the East Midlands Deanery. Within this there is the Professional Support Unit which is available; they offer coaching, counselling, CBT and support around educational needs. The individual doctor can self-refer in confidence, or their educational supervisor can refer them.

APPENDIX 2

LEVELS OF AUTHORITY

Attendance Improvement Target	Improvement Notice (9 months)	First Written Warning (12 months)	Final Written Warning (18 months)	Dismissal
Line manager	Line manager	Head of Department/Head of Nursing	Head of Department/Head of Nursing	Head of Department / Head of Nursing
Designated Deputy	Designated Deputy	Deputy Divisional General Manager	Deputy Divisional General Manager	Deputy Divisional General Manager
Head of Service	Head of Service	Matron or equivalent level	Matron or equivalent level	Matron or equivalent level
Educational Supervisor	Educational Supervisor			

MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum requirement to be monitored	Responsible individual/ group/ committee	Process for monitoring e.g. audit	Frequency of monitoring	Responsible Individual or Committee/ Group for Review of Results
Regular reporting of absence figures to Trust Board	Chief People Officer	Absence figures	Monthly	Trust Board for review of results and monitoring action plan Divisional Leadership Team/ Corporate Director, including Divisional People Lead for developing action plan
Regular reporting of absence figures to Divisional Management Team meetings and at Performance Meetings	Associate Director of People (Operations)	Absence Figures	Monthly	Divisional Leadership Team. Divisional Performance Meetings for review of results, developing and monitoring action plans

APPENDIX 4

Equality Impact Assessment (EIA) Form (Please complete all sections)

EIA Form Stage One:

Name EIA Assessor: Sarah Cooper		Date of EIA completion: 20 th October 2025
Department: People Directorate		Division: Corporate
Name of service/policy/procedure being reviewed or created: Managing Health & Attendance Policy (formerly the Sickness Absence & Wellbeing Policy & Procedure)		
Name of person responsible for service/policy/procedure: Amber Hardy, People Services Lead		
Brief summary of policy, procedure or service being assessed:		
The policy outlines the Trust's approach in relation to the management of health and attendance at work.		
Please state who this policy will affect: Colleagues		
Protected Characteristic	Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)	Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.
Race and Ethnicity	No	The Trust's WDES report has been considered. The policy clearly outlines that colleagues must consider the provision of reasonable adjustments where a colleague is likely to be deemed disabled for the purposes of the Equality Act. Colleagues are encouraged to take supportive measures in addition to this for all colleagues and to seek advice from the People Services Team and/or Occupational Health where appropriate.
Sex	No	
Age	No	
Religion and Belief	No	
Disability	No	

Sexuality	No	
Pregnancy and Maternity	No	
Gender Reassignment	No	

Marriage and Civil Partnership	No	
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	No	

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out?

JSPF, WAND Network

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

No

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)						
Positive			Negative			
High	Medium	Low	Nil	Low	Medium	High
If you identified positive impact, please outline the details here:						
<p>This policy clearly outlines the process to be followed supporting colleagues who are, or have been, absent from work due to illness or injury. The provision of reasonable adjustments and other supportive measures outlined within provides equity for colleagues who consider themselves to have a disability or have a chronic underlying health condition.</p>						

Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
Race and Ethnicity		
Gender		
Age		
Religion		
Disability		
Sexuality		
Pregnancy and Maternity		

Gender Reassignment		
Marriage and Civil Partnership		
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)		

Signature: Sarah Cooper, People Services Manager

I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form

Date: 20th October 2025

**Please send the complete EIA form to the People EDI Team for review.
Please send the form to: sfh-tr.edisupport@nhs.net**



8.0 TRAINING AND IMPLEMENTATION

Enter here how you will extend the training and implementation of this document.

9.0 IMPACT ASSESSMENTS

Delete/ amend as applicable:

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix XX
- This document is not subject to an Environmental Impact Assessment
- This document has been subject to an Environmental Impact Assessment, see completed form at Appendix XX

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- List all relevant legislation/ national guidance here

Related SFHFT Documents:

- List all related SFHFT documents here

11.0 KEYWORDS

words **not** in the published title but thought useful when using the intranet search engine to help find the document

12.0 APPENDICES

- List all appendices here or refer to list in contents table

APPENDIX XX (number as appropriate) - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Equality Impact Assessment (EIA) Form (Please complete all sections)

EIA Form Stage One:

Name EIA Assessor:		Date of EIA completion:
Department:		Division:
Name of service/policy/procedure being reviewed or created:		
Name of person responsible for service/policy/procedure:		
Brief summary of policy, procedure or service being assessed:		
Please state who this policy will affect: Patients or Service Users, Carers or families, Commissioned Services, Communities in placed based settings, Staff, Stakeholder organisations, Others (give details) (Please delete as appropriate)		
Protected Characteristic	Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)	Provide a brief summary of what data or supporting information was considered to complete this assessment?
Race and Ethnicity		
Sex		
Age		
Religion and Belief		
Disability		
Sexuality		
Pregnancy and Maternity		

Gender Reassignment		
----------------------------	--	--

Marriage and Civil Partnership		
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)		

If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4.

What consultation with protected characteristic groups including patient groups have you carried out?
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)						
Positive			Negative			
High	Medium	Low	Nil	Low	Medium	High
If you identified positive impact, please outline the details here:						

Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or	What is already in place in the policy or its implementation to address any inequalities or barriers to access	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
---------------------------------	---	---	--

EIA Form Stage Two:		ill be stic	including under representation at clinics, screening.	
	group.			
Race and Ethnicity				
Gender				
Age				
Religion				
Disability				
Sexuality				
Pregnancy and Maternity				
Gender Reassignment				
Marriage and Civil Partnership				
Socio-Economic Factors (i.e. living in a poorer neighbour hood / social deprivation)				

Signature:

I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form

Date: