Managers’ Sickness Absence User Guide
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<td>33</td>
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</tbody>
</table>
# USEFUL CONTACTS AND TELEPHONE NUMBERS

<table>
<thead>
<tr>
<th><strong>Dignity at Work Supports</strong></th>
<th>Contact the HR Admin Team on 029 2074 5700 who will direct employees to a designated DAWS.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Domestic Abuse Liaison Contacts</strong></td>
<td>Contact the HR Admin Team on 029 2074 5700 who will direct employees to a designated DALC.</td>
</tr>
</tbody>
</table>
| **Employee Wellbeing Service** | Tel: 029 2074 4465  
Email: Employee.wellbeing@cardiffandvale.wales.nhs.uk |
| **Expert Patient Training Programme** | www.expertpatients.co.uk  
myWorkPlace Expert Patients Programme |
| **Fast Track Physiotherapy** | To book an appointment contact:  
Occupational Health UHW 029 2074 3264  
Occupational Health UHL 029 2071 5140 |
| **Occupational Health (UHW)** | Tel: 029 2074 3264 / 2665  
Fax: 029 2074 4411  
Opening times Monday - Friday 09.00 - 17.00  
Email: Occupational.health@cardiffandvale.wales.nhs.uk |
| **Occupational Health (Llandough)** | Tel: 029 2071 5140  
Fax: 029 2071 5432  
Opening times Monday - Thursday 09.00 - 17.00  
Email: Occupational.health3@wales.nhs.uk |
| **Human Resources Sickness Team** | Contact the HR Sickness Team on 029 2074 5700 |
| **Health & Safety Team** | The Health and Safety Team offer advice on the following areas: Manual Handling, Personal Safety Environmental/Biological, & First Aid.  
Tel: 029 2074 2966 |
| **Payroll Department** | Calling internally from within the UHB, Ext: 71 2745 or Ext: 71 2720  
If calling externally, Tel: 029 2093 2720 |
| **REMPLOY** | Kristian Cullen, Account Manager  
Tel: 07826 917128  
Email: kristian.cullen@remploy.co.uk |
THE PURPOSE OF THIS MANAGER’S GUIDE

The purpose of this User Guide is to encourage a supportive and consistent approach in relation to managing sickness absence and is to be used in conjunction with the Cardiff and Vale UHB Sickness Absence Policy and the Managers’ Toolkit containing all associated forms, guidance and standard letter templates.

WHY MANAGE SICKNESS ABSENCE?

The financial costs associated with managing sickness absence within the University Health Board are not only a significant economic concern, they also have a considerable impact on our ability to treat patients.

Effective sickness absence management is about encouraging open lines of communication, treating all of your employees fairly and consistently, and providing a supportive working environment. As a Line Manager, you play a pivotal role in the day to day management of sickness absence within your team. You are often the first point of contact when an employee is unwell and unable to attend work. You also play a vitally important role in the health and wellbeing of your employees and you are the one who conducts the return to work interview, a process which is key to successfully assisting employees back into the workplace.

By proactively addressing issues in the workplace which may be contributing to employees becoming ill, dealing with sickness absence issues promptly and considering all options, you are much more likely to maximise attendance levels at work.
MANAGERS’ GOLDEN RULES

Managers are asked to ensure that:

• Both you and your employees are adequately trained in the processes and implementation of the Sickness Absence Policy, especially where individuals have line management responsibility. This would include attending the UHB’s latest Sickness Absence Policy into Practice Training Programme.

• All employees have access to the Cardiff and Vale UHB Sickness Absence Policy.

• You proactively manage sickness absence in a fair and consistent manner, with a focus on maximising attendance at work and reducing sickness levels.

• All employees are aware of the local notification arrangements; including when and whom they are expected to call if unable to attend work because of sickness.

• All employees are aware of the certification arrangements; including when they are expected to submit them.

• You monitor sickness levels and ensure all sickness records are regularly maintained including ‘Manager’s Self Service’ in areas of the UHB where this system is available.

• That Return to Work Interviews are conducted with all staff immediately on their return to work for every episode of sickness. If it is not possible to do this on the first day, it must happen in the first week that they are back in work.

• Where sickness levels increase, you take appropriate action in accordance with the Sickness Absence Policy; paying particular attention to frequency, reasons for absence and patterns.

• You record and communicate the outcome of meetings to employees, in writing, in a timely manner.

• All sickness forms, certificates and records of sickness meetings are kept on the individual’s personal file, separately from other contents for ease of reference.

• You proactively keep sickness information/data and monitor and analyse trends on a regular basis.

• Treat all employees with dignity and respect during the management of all sickness absence cases.

• Please be advised that when managing your staff and making any decisions involving service related provisions (including termination of contract with notice periods, sick pay entitlements etc), that instead of solely relying on ESR to verify the member of staff’s length of service, you also check the length of service on the member of staff’s contract of employment, which should be contained within the personal file. The risk in not doing this is that the individual receives the incorrect entitlement to notice pay, which could subsequently result in complaints to the UHB as well as the Information Commissioner.
RECORDING SICKNESS ABSENCE ON PAY RETURNS

Important points to remember when reporting sickness on Pay Returns:

• Ensure you are recording the absence against the correct employee’s name and employee number.

• Ensure the correct absence dates are recorded on all associated documentation.

• Ensure that the employee informs you of the reason for their sickness absence. If the reason for sickness absence is initially unknown at the time of notification, then you should accurately record the symptoms until you have further information. Once the correct reason is established, please ensure the pay return is updated appropriately. Under no circumstances should Not Known be used as a reason for absence.

• Ensure you select the most accurate sickness reason from the drop down lists provided in the Electronic Staff Record (ESR). If you are unsure, Level 2 definitions should help you to select the most appropriate reason from Level 1.

• After each ‘Return to work’ interview is undertaken, ensure you enter an end date in the ‘To’ column. Failure to report the end of a sickness period may result in the employee receiving reduced or incorrect pay and be considered absent when they are not.

• Any amendments/notifications following ‘Return to Work’ should always be e-mailed to the Payroll Department.

• If an employee is involved in a Road Traffic Accident (RTA), please mark on the Pay Return that the sickness is due to an accident or injury involving a third party and notify the Payroll Department via an e-mail. The UHB must ensure wherever possible, that the salary costs of sickness are reclaimed from the liable third party.

• If an employee has been involved in a Work Related Injury, which you have accepted as such, you will need to record this on the Pay Return.

• If Temporary Injury Allowance (TIA) is approved, this will need to be recorded on the Pay Return. All applications for TIA should be discussed with a member of the Sickness Management Team.

Comprehensive training on the completion of Pay Returns is available via the Payroll Department; please contact 02920 71 2758 to book a session.
SICK PAY PROVISIONS

The table below gives a description of the sick pay provisions set out under the relevant NHS Conditions of Service. However, Managers are advised to confirm any specific information regarding pay with the Payroll Department / Human Resources Team, as sick pay is accumulated from the year preceding the commencement of the current episode of sickness.

<table>
<thead>
<tr>
<th>Provisions</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Sick Pay for individuals employed under <strong>Agenda for Change</strong> Terms and Conditions</td>
<td><strong>SERVICE</strong></td>
</tr>
<tr>
<td>On entry and up to 1 year</td>
<td>1 month</td>
</tr>
<tr>
<td>1 year – 2 years</td>
<td>2 months</td>
</tr>
<tr>
<td>2 years – 3 years</td>
<td>4 months</td>
</tr>
<tr>
<td>3 years – 5 years</td>
<td>5 months</td>
</tr>
<tr>
<td>More than 5 years</td>
<td>6 months</td>
</tr>
<tr>
<td>Occupational Sick Pay for individuals employed under <strong>Llandough</strong> NHS Trust Conditions of Service</td>
<td><strong>SERVICE</strong></td>
</tr>
<tr>
<td>More than 3 months, but ≤ 6 months</td>
<td>No sick pay</td>
</tr>
<tr>
<td>More than 6 months, but ≤ 12 months</td>
<td>1 month</td>
</tr>
<tr>
<td>More than 1 year, but ≤ 2 years</td>
<td>2 months</td>
</tr>
<tr>
<td>More than 2 years, but ≤ 5 years</td>
<td>4 months</td>
</tr>
<tr>
<td>More than 5 years</td>
<td>6 months</td>
</tr>
</tbody>
</table>

**Statutory Provisions and Benefits**

<table>
<thead>
<tr>
<th>Statutory Sick Pay</th>
<th>If an employee is paying National Insurance contributions, they qualify for 28 weeks SSP. When in receipt of full sick pay, SSP is deemed to be within that payment. Employees not entitled to SSP will be sent explanatory forms from Payroll.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment and Support Allowance Paid by the Benefits Agency</td>
<td>After 28 weeks, or if not in receipt of SSP, an employee may be entitled to incapacity benefit. Payroll will issue such forms automatically.</td>
</tr>
<tr>
<td>Other Allowances</td>
<td>There are a variety of other allowances upon which the Benefits Agency can advise.</td>
</tr>
</tbody>
</table>
SICKNESS ABSENCE MANAGEMENT IN PRACTICE

Employee to report their absence by telephone to the Line Manager or designated Deputy as soon as they become aware they are not able to attend work. This will be no later than the normal time of commencement of duty subject to any local arrangements in place. **Line Manager to call employee if not available to speak to employee at the time of their call.**

Line Manager accurately completes pay return with dates and reasons for individual's sickness to inform payroll department of absence.

Line Manager checks reason for absence, and how long they are likely to be away. Line Manager records the absence on individual's sickness absence record form in sickness file. (Page 6 in Toolkit)

Line Manager records the need to arrange "return work interview" on first working day that individual returns to work.

On individual's return to work, individual completes self-certificate form after short or long term absence (Page 7 in Toolkit), and where necessary submits GP Fit Notes/Hospital Cert to cover period of sickness. The Line Manager and the individual then complete the "Return to work" (Page 8 in Toolkit) Copies are retained on individual's sickness file.

Line Manager to review individual's sickness record in line with the trigger points or improvement plan. HR advice can be sought for guidance on managing individual's whose record shows an unacceptable level of absence.

Refer to All Wales Sickness & Absence Policy for further details.

Employee must complete: self certificate form for sickness 1-7 calendar days.

For sickness beyond 7 calendar days the employee must produce a GP’s Fit Note/Hospital Cert (no more than 3 calendar days after it becomes due) & every day of absence

**Initial Informal Discussions:** In all cases, the Manager must instigate an initial discussion when there is one of the following triggers:

- **3 Episodes of sickness absence of any length of time in a rolling 12 month period.**
- **2 Episodes of sickness absence totalling more than 3 working weeks in a 12 month period.**
- **Recognisable patterns of sickness absence.**
SICKNESS ABSENCE STAGES IN SUMMARY

Line Manager has reviewed individual's sickness record.

Line Manager to instigate INITIAL INFORMAL DISCUSSION about sickness record and document the conversation as appropriate using (Form on Page 20 of Toolkit)

If improvement is not made or levels of sickness remain unacceptable.

**First Formal** Sickness Interview. Employee has right to representation at this stage and advance notice of meeting. Individual is provided with notes of the meeting. (Form on Page 22 of Toolkit)

If improvement is not made or levels of sickness remain unacceptable

**Second Formal** Sickness Interview. Employee has right to representation at this stage and advance notice of meeting. Individual is provided with notes of the meeting. (Form on Page 25 of Toolkit)

If improvement is not made or levels of sickness remain unacceptable

**Third/Final formal** Sickness Interview Employee has right to representation at this stage and advance notice of meeting. Appropriate DM and HR Rep will attend at this stage.

Refer to All Wales Sickness & Absence Policy for further details.

**NB.** At all formal stages of the procedure, the employee has the right to be accompanied by a Trade Union Representative or work colleague.

Please note: That any of the above stages could include both short term and long term episodes of sickness. You must not conduct any of the above interview stages until the individual has returned to work, and been given the appropriate notification.
LONG TERM SICKNESS ABSENCE MANAGEMENT

Where an absence has been for a continuous period of 28 calendar days or longer it should be treated as long term sickness.

Refer to All Wales Sickness Absence Policy for further details.

Two Way Communication:
During the employee’s absence, the manager should keep in contact with individual, by telephone and follow up letter. The employee is also obliged to keep the Manager informed of their progress and reasons for absence.

Regular Contact:
Once the absence has been established as Long Term, a meeting to discuss progress should be arranged at the workplace or via a home visit. This meeting should be arranged at Week 4 of the absence; however, this could be arranged earlier depending on the reasons for absence. Individuals can be accompanied by a Trade Union or work colleague.

During on-going conversations and meetings, the manager should:
- Discuss current state of health, well being and progress towards recovery
- Reassure and offer appropriate support, working towards a return to work
- Keep the individual informed of relevant work updates

Seeking Medical Advice:
Appropriate medical advice should be sought from GP/Occupational Health to consider the following: Fitness to return to work and whether the RTW will be in the foreseeable future with adjustments as appropriate.

Fit to Return to Role:
Manager’s Responsibilities:
- Take shared responsibility for the individual’s rehabilitation
- Understand the legal requirement to consider making reasonable adjustments
- Consider adjusting duties during the initial RTW period with a review date
- Consider a ‘phased return to work’ based on medical advice from GP or Occ Health
- Once agreed, explain the RTW process to the individual before they return
- Explain any changes to the individual’s role, responsibilities and work practices since they have been away
- Meet with the individual on their first day back at work
- Make the individual’s first week back as stress free as possible
- Maintain an open door policy so the individual can approach you with concerns or questions

If Unable/Unfit to RTW:
Three possible outcomes may occur:

Redeployment:
- If RTW in the foreseeable future to existing post is unlikely redeployment opportunities need to be considered on the basis of medical advice
- All redeployments will be discussed in line with the UHB’s Redeployment Policy

Ill Health Retirement:
- Considered for individuals who are permanently incapable of efficiently carrying out their duties due to illness or injury
- Certain Pension criteria must be met and the opinion of Occupational Health should have been sought prior to any decision being made

Termination of Employment:
- The prospect of termination may need to be discussed with the individual at the appropriate time; if the two options above are found to be unworkable
- Prior to any termination HR advice must be sought


<table>
<thead>
<tr>
<th>Fit to Return to Role: Manager’s Responsibilities:</th>
<th>If Unable/Unfit to RTW: Three possible outcomes may occur:</th>
</tr>
</thead>
<tbody>
<tr>
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<td>- Redeployment:</td>
</tr>
<tr>
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</tr>
<tr>
<td>- Consider adjusting duties during the initial RTW period with a review date</td>
<td>- All redeployments will be discussed in line with the UHB’s Redeployment Policy</td>
</tr>
<tr>
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<td>- Meet with the individual on their first day back at work</td>
<td>- Termination of Employment:</td>
</tr>
<tr>
<td>- Make the individual’s first week back as stress free as possible</td>
<td>- The prospect of termination may need to be discussed with the individual at the appropriate time; if the two options above are found to be unworkable</td>
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<tr>
<td>- Maintain an open door policy so the individual can approach you with concerns or questions</td>
<td>- Prior to any termination HR advice must be sought</td>
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</table>

Seeking Medical Advice:
Appropriate medical advice should be sought from GP/Occupational Health to consider the following: Fitness to return to work and whether the RTW will be in the foreseeable future with adjustments as appropriate.
POINTS TO COVER AT A LONG TERM SICKNESS MEETING

- Thank the individual for their attendance at meeting
- Introduce and explain the role of those present
- If an individual attends alone, you should check whether they are aware of their right to representation and whether they are happy to proceed unaccompanied
- Confirmation should be sought that the individual has received the letter and they understand the purpose of the meeting
- Confirm to the individual that the meeting is in line with the Cardiff and Vale UHB Sickness Policy and that all individuals who have been off sick for a continuous period of 28 calendar days or longer are met with in accordance with the Policy
- Explain that notes will be taken and kept on the individual’s sickness file. A record of the meeting will be shared with the individual.
- Explore how the individual is feeling and their health progress to date
- Where appropriate, confirm with the individual whether they feel their illness is related to any work issues
- Ask when they last saw their G.P/Consultant and their views on their health problems and future prognosis
- Confirm expiry of current medical certificates and whether further G.P appointments are/need to be arranged
- Consider appropriate referral to Occupational Health, complete forms as necessary/review progress of recent referral. Advise individuals of the other Occupational Health and Health Board Support Services i.e. Flu vaccinations/ Employee Wellbeing services
- Discuss likelihood of individual returning to work
- Consider mechanisms to assist return to work e.g. phased return, whether rehabilitation leave has been recommended or whether approval is required, return to a temporary alternative role.
- Update individual on any work issues if appropriate
- Discuss next steps within the Policy, would re-deployment be considered etc.
- Remind individual that consecutive medical certificates need to be submitted to Line Manager to avoid any loss of pay
- Confirm when their full and half pay will expire, as appropriate.
- Arrange a further review meeting with individual – you should agree a date at the meeting. Monthly or more frequently, depending on circumstances, is a guide.
# Points to Cover at the Interview Stages

<table>
<thead>
<tr>
<th>Informal Discussion</th>
<th>First Formal Sickness Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Record highlighted as cause for concern</td>
<td></td>
</tr>
<tr>
<td>• Patterns of non-attendance discussed</td>
<td></td>
</tr>
<tr>
<td>• Possible contributing factors explored with appropriate actions considered</td>
<td></td>
</tr>
<tr>
<td>• Individual advised improvement is required, review date set (usually 3 months) and attendance monitored</td>
<td></td>
</tr>
<tr>
<td>• Consideration of disabilities under the Equality Act throughout discussions</td>
<td></td>
</tr>
<tr>
<td>• Individual advised if improvement does not occur, then the formal process may be invoked</td>
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</tr>
<tr>
<td>• Discussions are documented confidentially and recorded on Pg 20 of Toolkit, which the individual is required to sign, &amp; then placed on individuals' sickness file</td>
<td></td>
</tr>
<tr>
<td>• Review undertaken at end of agreed period</td>
<td></td>
</tr>
<tr>
<td>• Individual advised absence record is still giving cause for concern, and that despite previous informal counselling, improvements in absence levels have not been achieved</td>
<td></td>
</tr>
<tr>
<td>• Absence patterns, and reasons for sickness will be discussed with indication noting that improvements are required</td>
<td></td>
</tr>
<tr>
<td>• Reasonable adjustments are considered in line with disability under the Equality Act, advice sought from HR and Occupational Health as appropriate</td>
<td></td>
</tr>
<tr>
<td>• Advised that failure to could lead to second stage of formal action</td>
<td></td>
</tr>
<tr>
<td>• Review undertaken at end of agreed period</td>
<td></td>
</tr>
<tr>
<td>• Formal record made of interview is signed and maintained on individual's sickness file. Copy also provided to individual</td>
<td></td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Second Formal Sickness Interview</th>
<th>Final Formal Sickness Interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sickness record now noted as serious cause for concern</td>
<td></td>
</tr>
<tr>
<td>• Patterns of non-attendance noted and discussed</td>
<td></td>
</tr>
<tr>
<td>• Previous informal counselling and first formal meetings have failed to see improvement in absence levels to date</td>
<td></td>
</tr>
<tr>
<td>• Occupational Health advice should be sought and redeployment or other options such as IHR considered where deemed appropriate</td>
<td></td>
</tr>
<tr>
<td>• At conclusion of interview individual should be reminded that failure to attain and maintain satisfactory improvements would result in a final sickness interview, at which time termination may be considered</td>
<td></td>
</tr>
<tr>
<td>• Formal record made of interview is signed and maintained on individual's sickness file Copy also provided to individual</td>
<td></td>
</tr>
<tr>
<td>• Review undertaken at end of agreed period</td>
<td></td>
</tr>
<tr>
<td>During this interview, due account will be taken of all aspects of the case including:</td>
<td></td>
</tr>
<tr>
<td>• The attendance record</td>
<td></td>
</tr>
<tr>
<td>• The counselling sessions undertaken</td>
<td></td>
</tr>
<tr>
<td>• The previous informal/formal sickness interviews held</td>
<td></td>
</tr>
<tr>
<td>• The opportunity given to improve</td>
<td></td>
</tr>
<tr>
<td>• The diagnosis of any underlying medical condition</td>
<td></td>
</tr>
<tr>
<td>• The medical advice sought must be within 3 months of the date of the meeting</td>
<td></td>
</tr>
<tr>
<td>• When sick pay has expired</td>
<td></td>
</tr>
<tr>
<td>• The likelihood of improvement in the foreseeable future</td>
<td></td>
</tr>
<tr>
<td>• The service needs and work problems</td>
<td></td>
</tr>
<tr>
<td>During this meeting, you will consider one of the following:</td>
<td></td>
</tr>
<tr>
<td>• Re-deployment,</td>
<td></td>
</tr>
<tr>
<td>• Termination</td>
<td></td>
</tr>
<tr>
<td>• Or the opportunity for further review of the absence levels</td>
<td></td>
</tr>
<tr>
<td>Letter of Confirmation issued within 24 hours highlighting, if termination has occurred the individual's right to appeal will be detailed.</td>
<td></td>
</tr>
</tbody>
</table>
GUIDANCE ON HOW TO MANAGE SICKNESS ABSENCE FOR SPECIFIC ‘REASONS’

The ‘reason’ that an employee has time off work due to sickness absence will vary greatly. However four of the most common or more sensitive reasons for employees being absent from the UHB include:

- Anxiety, Stress & Depression
- Musculoskeletal Disorders
- Episodes of Diarrhoea and or Vomiting
- Critical, life-threatening or terminal illness

As with all cases of sickness absence, Line Managers can gain additional advice from the Human Resources Department Sickness Management team and the Occupational Health team to support them in the management of cases. However, the guidance below is provided to give Line Managers additional information relating to these specific four ‘reasons’:

1) Anxiety, Stress & Depression

Where an employee indicates their reason for absence is related to stress it is important that you, as the Line Manager, act promptly and arrange a sickness meeting, within 4 weeks of the individual being absent, to discuss the employee’s condition and reasons for absence. Remember this should be done sensitively to avoid any further distress to the employee.

Stress is one of the most common reasons for absence and can result in an employee being absent from work for a long period. Every effort should be made to support the employee, as early as possible, to return to work. If the reason for stress is not managed early, it is less likely that the employee will return to work and possibly they will develop physical health problems as a result of the psychological issues.

It is important that the manager establishes the reason for the stress. It could be personal or work related.

**Personal Stress**

Where the employee has indicated that the cause of their absence is due to personal reasons, it is important to establish what factors may be affecting them. Questions should not be intrusive but should give managers a basic understanding of what is causing the absence. Some of these could be:

- Domestic Abuse
- Financial Pressures
- Bereavement
- Carer responsibilities

This list is not exhaustive but gives you an outline of some personal issues employees may be facing.

The UHB has a number of Policies which may be able to support the employee to deal with these issues and to support them to return to work. Additionally, employees are able to self refer to Occupational Health for support or to receive counselling via the Employee Wellbeing Service. It is important that managers ensure employees are aware that these support
mechanisms are available to them. It is the employee’s responsibility to make contact with these services if they wish to access them for advice and support.

**Work Related Stress**

If the employee indicates that the reason for their absence is as a result of work related stress, the UHB has an obligation to promptly address the issues that are causing the perceived work related stress. The causes could be related to a number of issues such as:

- Dignity at Work
- Change management
- Work overload
- Work underload

This list is not exhaustive.

**Wellbeing Personal Risk Assessment**

A Stress and Wellbeing Personal Risk Assessment can be found in the Manager’s Toolkit and can be completed by the Line Manager in conjunction with the employee. Guidance on completing the form is also included.

Where work related stress issues are not addressed early or remain unresolved, it is likely to cause the employee to refrain from work until the matter is addressed and/or resolved. Unfortunately, this may be too late and the employee’s stress becomes more serious and they may be unable to return to work in any capacity.

**Work Related Stress Claims**

The employee may also pursue a work related stress claim which can be costly in terms of finance and the reputation of the organisation. This can only be defended if there is evidence by management that you have been made aware of the stressors and action has been taken to remove or minimise them.

**2) Musculoskeletal Disorders**

The UHB’s Occupational Health Physiotherapy service aims to provide a fast-tracked assessment & treatment process for all employees suffering with a Musculoskeletal disorder in an attempt to reduce MSK related employee sickness throughout Cardiff & Vale UHB. Services provided include:

**Occupational Health Physiotherapy Assessment**

- Aims to see employees for an initial assessment as soon as possible after referral
- Following initial assessment employees are provided with advice regarding the management of their MSK disorder

If required employees are offered:

- A follow-up appointment within Occupational Health Physiotherapy
- A referral for a course of Physiotherapy at the most convenient MSK Outpatient Physiotherapy Department
Occupational Health Evaluation

- A Health Evaluation is completed at the request of the referred employee’s Manager or Human Resources Officer.
- A senior Occupational Health Physiotherapist assesses and compiles a report which comments on the employee’s ability to carry out their working duties and where applicable make suggestions regarding an appropriate return to work plan.

Workplace Assessment

- If during either Occupational Health Physiotherapy Assessment or Health Evaluation it is identified that factors within the working environment could be impacting upon the presenting MSK disorder, then a workplace assessment by the Occupational Health Physiotherapist can be arranged.

Appointments can be booked over the phone:

- Occupational Health UHW 02920743264
- Occupational Health UHL 02920715140

Referrals can be made by:

- Self referral by individual employees
- Managers, Occupational Health Nurses & Doctors

A Health Evaluation can be requested by Managers or Human Resources by completing a HE1 Form found in the Toolkit.

3) Episodes of Diarrhoea & or Vomiting: (Medical Exclusion)

An employee suffering from Diarrhea and/or Vomiting must report their absence as per usual reporting arrangements. The Line Manager must obtain information about the nature of the illness in order to establish how the absence should be dealt with.

- When did the symptoms start?
- Are they still experiencing symptoms?

For: An episode of diarrhoea and/or vomiting which is not caused by an infection and which is contained to one individual e.g. morning sickness, IBS, Crohns Disease etc.

- Sick leave until symptoms subside
- Can return to work as soon as symptoms subside (if otherwise well enough)
- Absence (except pregnancy related) will count for Sickness Absence Policy

For: An episode of diarrhoea and/or vomiting which is caused by an infection and where the employee may pose an infection risk to others if they return to work whilst still infectious:

- Sick leave until symptoms subside
- Cannot return to work until 48 hours after symptoms subside
- 48 hour period classified as medical exclusion with pay
- Sickness absence period (but not medical exclusion period)
- Stool specimen may be required in line with Infection Control policy
An episode of diarrhoea and/or vomiting which is caused by an infection AND there is a current outbreak of D&V at ward/department level which has been acknowledged by Infection Control:

- Same actions as above, however where the absence is related to a hospital acquired infection it must be discounted when considering whether further action under the Policy is warranted

If you are still unsure you can contact the Occupational Health Department or Infection Control Department for advice.

4) Critical, Life-threatening or Terminal Illness

Being diagnosed with any critical, life-threatening or terminal illness can be one of the most difficult situations that anyone has to face. It can cause great fear and worry, and can affect every aspect of a person’s life, including their ability to work.

Treatments may include surgery, or taking drugs that can cause unpleasant side effects. For some people this will be temporary; others may need to make changes to their work or give up work permanently. The way an organisation responds to the needs of employees affected by a critical illnesses can have an impact on that employee’s morale and well-being.

People have different views about work. For some, work is the centre of their lives, and they would feel lost without it. For other people, it’s just a means to an end – something they would gladly give up if they could. So, for some people cancer and its treatment will be a challenge; something to get through so they can get back to their normal life, and work. For others, it will be an opportunity to rethink their lives and possibly retire, or take early retirement.

It therefore follows that employers should, as far as possible, encourage an open environment where employees who are affected by critical illnesses can raise their concerns without feeling threatened or stigmatised.

When faced with supporting and managing the absence of an employee who is off due to an illness of this kind the following considerations should be made:

- Respect the employee’s dignity and privacy
- Maintain regular and appropriate employee involvement and engagement
- Ensure the employee suffers no financial detriment
- Continue to provide employment benefits
- Adopt a flexible approach where necessary
- Continue to provide access to development opportunities
- Provide the employee with information and support
- Support the team affected by the employee’s situation if required

As soon as you become aware that an employee has been diagnosed with, or is affected by a critical or life threatening illness, the employee should be encouraged to have a confidential and supportive discussion with yourself a member of the HR Team and/or a member of the Occupational Health team, as deemed most appropriate.
Any discussion with the employee either, before, during and after any treatment is received should be empathetic and cover some or all of the following:

- Flexible working/work adjustment policies
- Their rights under the Equality Act
- Relevant return-to-work policies
- Any support available via employee assistance programmes
- Occupational Health Referrals
- Appropriate counselling services
- Appropriate support if their illness causes disability
- The UHB’s sick leave and sick pay policies
- Statutory Sick Pay (SSP)
- NHS pension schemes, where an employee may not be returning to work

Thereafter, regular reviews to provide appropriate support and discuss on-going issues should be arranged.

**During Treatment**

- Planning a reduced or more flexible work schedule
- Arranging for ‘adjusted duties’ for a period of time regularly
- Temporarily reallocating some work within their specific team, and asking colleagues to be supportive whilst maintaining confidentiality
- Adjusting performance targets to allow for physical and effects of fatigue, sick leave and the emotional side effects from treatment
- Working from home for some time (if appropriate)
- Accurately recording any absences taken during treatment

**Returning to Work**

Many people choose not to work during their treatment. Going back to work after a break of a few weeks or months can be a very difficult situation for an individual. Some may be able to return to their old job, but feel very nervous about it. It is common for people to feel awkward and to wonder if they’ll still be able to do their job. However, for some people going back to work can be a sign that the cancer is over and that they can get back to a normal life again.

Employees who are returning to work after cancer treatment should be involved in planning their return to work. Carry out a return-to-work interview: welcome them back to work and give them an opportunity to discuss their health and any concerns they may have, either in private or with an employee representative present. This can be a good opportunity to discuss any health and safety issues that may need to be addressed.
Employers should discuss with their employee any reasonable adjustments they would prefer when they return to work. These might include some of the following:

- A phased return within an agreed timetable
- A change to working hours or reduced working hours
- A change to work patterns
- Changes to their role, whether temporary or otherwise
- Partial home working (where appropriate)
- Telephone conferences to reduce travel
- Help with transport to or from work
- Making alterations to premises or a workstation
- Reviewing any impact to the terms and conditions of their job
- Considering any training or refresher courses they may need
- Scheduling dates when the plan will be reviewed

**Giving up work following Critical Illness**

Some people want to consider or choose giving up work completely when they are diagnosed with such an illness. This may allow them to focus on treatment or may be as a result of a reassessment of their lives. If work has been a major focus of someone’s life this can be a significant decision and adjustment, and it may be advisable for them to be encouraged to seek counselling before taking irrevocable decisions.

Similarly, there are financial implications to giving up paid employment, and employees should be encouraged to examine these aspects seriously. In certain circumstances an employee may be entitled to receive an ill-health, or early retirement pension.

While such financial decisions are personal to an employee, they should be encouraged to take proper advice well before making the decision to leave paid work, either temporarily or permanently.

Line Managers should also consider the impact of the employee’s absence on the rest of the team, and balance the team’s workloads accordingly.

Try to remember that each individual is unique and requires individualised treatment.
CONDUCTING RETURN TO WORK INTERVIEWS

The Importance of the Interview

‘Return to work’ interviews are regarded as the most important and effective tool a manager can use to reduce sickness absence. When conducted properly a return to work interview can provide significant benefits such as:

- Improve employee wellbeing
- Develop a positive communication between a line manager and their employees and improve working relationships
- Provide better information about trends/issues which can assist you in taking measures to manage sickness more effectively
- Help to reduce sickness absence levels

The Purpose of the Interview:

- To identify the cause of an employee’s absence from work
- To provide the employee with an opportunity to discuss any particular problems they may have
- To offer advice and support in order to ensure the employee’s attendance at work

The Timeliness of the Interview:

In order for the ‘return to work’ interview to be most effective it must take place, on the first day or at least within the first week, after every occasion of sickness absence by the line manager or designated deputy.

If a return to work interview is conducted anytime afterwards the impact and benefits are lost and it will not be effective.

Imagine what message it sends to the employee if you cannot find the time to welcome them back or to find out why they have been away. While as a manager you are likely to be very busy, you should always plan the return to work in advance, where possible, and make every effort for you or your Deputy to make sure it happens. If it reduces sickness absence levels in the future, improves motivation and morale and employees feel their wellbeing has improved, then taking the time to ensure these interviews happen will be worthwhile.

Preparation for the Interview:

Before the Return to Work interview takes place, you should check:

- When the employee is returning so you can plan when the Return to Work interview is to take place
- You have a room to meet in private where you will not be disturbed
- You have the Return to Work form to be completed at the interview and make sure the employee has completed a self certificate form SSF1. If not get them to complete this during the interview;
- The employee’s absence record and review whether the absences have been frequent, regular or repeated. Although you should be mindful of any patterns in non-attendance, you should not jump to any hasty conclusions about an employee’s absences before you have had the chance to speak to them in detail.
Holding the Interview:

The approach to be used during interview:

- Be supportive and sensitive to employee’s feelings
- Listen and allow time for the employee to think and speak
- Concentrate on fact-finding
- Don’t make assumptions, but remain open-minded
- Ask questions without being too intrusive

The return to work interview must be conducted in private. The return to work interview is informal and so the employee does not have the right to be accompanied. Having said this, the interview should be more than just a casual chat and should be taken seriously.

A record of this conversation must be documented on the Return to Work interview proforma. (This form can be found in the Toolkit) This must be signed by both you, as their manager, and the employee, and retained on the employee’s personal file.

During the Interview, you should ensure you:

- Welcome the employee back to work
- Explain to the employee that the purpose of the return to work interview is to manage and monitor employees' absences so that any problem areas can be identified and support offered where appropriate
- Ask the employee about the reason(s) for his or her absence, ensuring that the question is asked in a supportive and sensitive way
- Ensure that the employee is fully fit to return to work
- Establish the reasons for absence and what treatment has been sought and whether treatment is ongoing. You will need to check whether the continuation of treatment/medication is going to impact on the employee undertaking their role or whether adjustments need to be considered e.g. temporary change to working hours or time off to attend appointments
- If there is any discrepancy between the employee's stated reason for the absence and the information given when notification of absence was originally provided, ask the employee to explain the discrepancy and ensure the Payroll department have been informed of the change
- Check whether absences are in any way work related, if so you should take prompt action to investigate this further
- Check with the employee if there are likely to be further absences for the same or similar cause
- Check if there appears to be any underlying reasons for the absence
- Review and check the employee's self-certification form, make sure the employee has signed it, and countersigned the form
• Check any paperwork regarding absence i.e. Fit Note, occupational health reports, raise any concerns if there are discrepancies and give the employee the opportunity to explain
• Discuss, where appropriate, whether any ‘reasonable’ adjustments could be made to the workplace/hours/duties help to reduce/eliminate absences
• Discuss any apparent patterns/trends in sickness absence and allow the individual the opportunity to respond/explain
• In conjunction with the employee, explore ways in which the UHB can support them e.g. referral to Occupational Health, advising them of the Employee Wellbeing Service; conducting a risk assessment or referring to other related UHB Policies and Support Mechanisms (see Page 29 of this Managers Guide).
• Bring the employee up to-date with relevant news from the team, department and UHB as a whole
• Establish priorities and work plan and agree any reasonable adjustments
• Explain that further absences may result in them progressing through the stages of the Sickness Absence policy. If they have already reached a stage of the policy then advise them that a further meeting will be set up to discuss their absence at whichever stage of the Sickness Absence Policy they have reached

You should steer away from:
• Asking intrusive medical questions of the employee, while at the same time seeking to establish the basic underlying cause of the absence
• Making any assumptions about the employee’s absence
• Putting words in the employee’s mouth

Identifying Patterns of Absence:

If a pattern is apparent, the Manager should speak to the employee about it. The Manager should take care not to make assumptions and should instead remain open minded. The simplest way to put the matter to the employee is to first state the facts and second to ask the employee if he or she can explain the pattern.

<table>
<thead>
<tr>
<th>Avoid Saying</th>
<th>Try Saying</th>
</tr>
</thead>
<tbody>
<tr>
<td>You’re always off on Monday’s – that’s very strange don’t you think? I suppose you’ll have some excuse or other.</td>
<td>I have noticed that 6 out of your 10 absences have been on Mondays. Would you like to comment on that apparent pattern?</td>
</tr>
<tr>
<td>You always seem to be off when some important job has been done. We can never rely on you.</td>
<td>Is there any reason why nearly all your absence has been in the final week of the month?</td>
</tr>
<tr>
<td>You’re no use to us if you can’t cope with the shift patterns. We need you at work and not off sick.</td>
<td>The records show that you tend to be absent towards the end of your shift cycle. Is there any problem we can help you with in relation to shift working?</td>
</tr>
</tbody>
</table>
OCCUPATIONAL HEALTH ASSESSMENT REFERRALS

Introduction

Cardiff & Vale UHB employs both medical and nursing staff with specialist qualifications and knowledge to provide occupational health advice to its managers and employees.

This guidance clarifies the roles and responsibilities of those involved, particularly when a formal referral is made to the Occupational Health Service and outlines the procedure to be followed. Further guidance is contained in the All Wales Sickness Policy.

The quality and clarity of advice provided by the Occupational Health Professional team depends largely upon the background, detail and specific questions provided by managers and Human Resources team for each referral. It is essential that the role and responsibility of the Occupational Health Service is clearly understood by those involved in the referral process and this must be explained by the referring manager to the employee each time a referral is made.

Reasons for Referral

A manager can refer employees for an Occupational Health assessment in the following situations:

- Long-term continuous sickness absence
- Where there is not a clear indication of a likely date for return to work
- For advice on any restrictions or job modifications required in the short or long term
- Persistent or recurrent short-term absences of a level causing concern, where action is being taken under the Policy
- Suspected work related health problems, including advice on Temporary Injury Allowance (TIA)
- Concern that existing health problems are being aggravated by the duties of the post
- Where health may be an underlying or contributory factor in performance or disciplinary issues
- Where medical exclusion is necessary e.g. for Infection Control
- If the employee or manager wishes to consider redeployment, dismissal, or retirement due to ill health
- In order to identify how the UHB can help an employee manage a health problem or disability e.g. advice on working patterns, modification of equipment, provision of assistance at work or fulfilling the UHB’s obligations under the Equality Act
- When a concern is highlighted during the ‘Expectant Mother’s Risk Assessment’
- When an employee discloses a drug or alcohol dependency
- When health surveillance is identified as necessary following risk assessment
The Role of the Occupational Health Service

The role of the service is to provide specialist advice and to assist managers in ascertaining the true medical / health position on which to base decisions about their employees. The Occupational Health Physicians and Occupational Health Nurse Practitioners provide an independent, impartial advisory service. They are responsible for the provision, where possible, of clear medical advice to managers with regards to the individual cases referred to them.

Procedure for Referral

All referrals to the Occupational Health Service must be in writing. The standard referral form is the HE1 (see Page 9 in the Managers Toolkit). All necessary and pertinent information should be included for the required response, for example:

- Commencement date of long-term sickness / frequency and cause of short-term sickness. These short-term episodes may also relate to the period of long-term sickness
- Expiry of sick pay provisions, if appropriate
- Diagnosis as stated on medical certificates

It is essential that the reasons for referral are discussed and agreed with the employee being referred and they must sign the referral form HE1 in consent to medical reporting. (The reason for referral must be completed before the employee is asked to sign the form.)

Specific Questions

Referral HE1 forms should specify the main concerns and the reason for the referral (see section above on Reasons for referral)

Specific questions which managers may wish to ask include:

- Is there an underlying medical condition to account for these absences, behaviour, performance etc? These absences are mainly attributable to <state reason>
- I would be grateful if you could advise if there are any work-related factors which may be contributing to x’s non-attendance or any minor illnesses he / she suffers from
- Is the employee likely to return to work in the foreseeable future? If so, what is the likely time frame of the return to work?
- Are any restrictions required to the role or is x currently fit to undertake the full range of duties? <Insert details of specifics to role if not covered by job description>
- Is there any medical reason why he / she cannot undertake the duties of the post regularly and efficiently in the future?
- Is there a need to seek alternative employment? Would this be on a temporary or permanent basis? Could you advise on the type of duties / jobs which might be suitable and any restrictions, to assist us with the search for a suitable alternative
- Is there any additional help or support that can be recommended?
- Notification of 2\textsuperscript{nd} or 3\textsuperscript{rd} stage Formal interviews should be provided on the HE1 where this is pertinent to the referral. And where ill health retirement is being contemplated as a possible action this must be made clear in the referral so that a firm prognosis can be sought

\textbf{Informal Discussion and Advice}

The Human Resources team and managers are encouraged to discuss difficult or complicated referrals with the Occupational Health Physician / Occupational Health Nurse Practitioner prior to referral on a formal basis. This may eliminate the need for referral or provide advice on how assistance can be offered in a particular case.

\textbf{Medical Reporting}

Following assessment the Occupational Health Physician / Occupational Health Nurse Practitioner will provide a written report, if necessary, detailing his / her opinion and recommendations as appropriate. This may include:

- An opinion on fitness to work
- A prediction about the likelihood of a return to work
- An opinion about whether work factors or hazards have contributed to ill health or absence and how these could be modified
- Recommendations about restrictions or modifications, which could be made in job content or arrangement
- Advice about fitness for alternative duties
- Suggestions regarding help or support which the UHB and or other agencies could offer
- Advice about the necessity of further assessment or monitoring

If you require further clarification on the advice provided, or you are unable to implement the recommendations based on the working environment/service need, you are encouraged to contact Occupational Health for further discussion.
STATEMENT OF FITNESS FOR WORK or ‘FIT NOTE’.

A Fit Note is the informal name for the Statement of Fitness for Work. It allows a GP to give employees more information on how their condition affects their ability to work. The Statement of Fitness for Work, or ‘fit note’, is a Medical Statement that GPs issue. It replaced the old ‘sick note’ and aims to focus on what an employee may be able to do at work rather than what they cannot do.

How is the fit note different?

With the fit note, a GP can choose one of two options, stating:

- An employee is ‘not fit for work’
- An employee ‘may be fit for work’

The fit note also includes:

- More space for the GP to give general advice about how an employee’s illness or injury affects them
- Tick boxes for the GP to suggest, where appropriate, ways in which employers could support their employee’s return to work.

This might include any of the following:

- A phased or gradual return to work
- Flexible working
- Amended duties
- Workplace adaptations

The GP can also provide general details of the functional effect of the individual’s condition on the ‘Fit note’.

Why have the option ‘fit for some work’?

For many employees work means a lot more than just their salary. Studies show that work is good for health; and prolonged sickness absence can produce its own set of problems, such as:

- Isolation
- Loss of confidence
- Mental health issues
- De-skilling
- Social exclusion.

Therefore, a GP may choose the ‘may be fit for work’ option if they think that returning to work, with support from their employer, will help the individual’s recovery time. Many employers recognise that reducing levels of long-term ill health is about developing a partnership between the Line Manager, the individual, the GP, Occupational Health and the HR department.

However, it is important to note that if an employer is unable to accommodate the return to work (via change in hours/amended duties etc) the employee would then remain on sick leave until they were fully fit to return to their substantive post and or duties.
THE NHS INJURY BENEFIT SCHEME

All NHS employees are covered by the NHS Injury Benefit Scheme (IBS) from the first day of their employment. The IBS is non-contributory and extends to all employees, including those who are not a member of the NHS Pension Scheme. Therefore, accidents in work validated by an incident/accident form or illnesses contracted at work may entitle employees to the following allowances. However HR advice must be sought in such circumstances.

Temporary Injury Allowance

Employers should do all they reasonably can to identify cases where TIA should be considered.

Temporary Injury Allowance is paid by employers to individuals on authorised absence with reduced pay or no pay because of an injury or disease wholly or mainly attributable to their actual NHS employment duties.

TIA tops up the employee’s income to 85% of the average they were getting before their pay was reduced as a result of the injury or disease. It is not payable if the employee’s income is more than 85% of their average pay. TIA is subject to income tax deductions but not National Insurance or pension contribution deductions.

Who decides if TIA is payable?

Employers now have delegated authority to make all decisions on entitlement to TIA. In making their decision, employers should consider the following:

- Details of the injuries sustained or the disease contracted (ie the condition) by the applicant, its treatment and prognosis
- How it is connected to their NHS duties (i.e what caused it?)
- How or whether the condition has caused a permanent reduction in earning ability

How to determine if TIA is payable:

- Is the applicant an NHS employee?
- Was the injury or disease wholly or mainly attributable to the duties of their NHS employment?
- If there is any possibility that culpable negligence is involved has it been cleared by the Pensions Department?
- Is the employee absent on sick leave with reduced pay or no pay?
- If the answer to all these questions is YES then TIA is payable.
- If the answer to any of these questions is NO then TIA will not be payable.
When can TIA be paid?

TIA is only paid during the leave of absence on reduced or no pay whilst the employee remains employed by the NHS. i.e. up to their last day of employment. It ceases when they return to work in any capacity or leave the NHS.

Employees who can claim TIA

Individuals employed by the Health Board, PCT, HA, LHB and certain other NHS bodies can apply for TIA. GP’s, Ophthalmic, and Dental Practitioners working for the NHS as well as holders of NHS honorary appointments can also apply for TIA.

Applying for TIA?

Applications for TIA should be made by the employee to their Line Manager who should then seek advice from the Human Resources department.

A request for TIA comes in from the employee to Line Manager. The Line Manager acknowledges receipt of the letter (Using Letter * in Toolkit) Sending a copy of letter to relevant member of HR Team.

If TIA is to be paid to an employee, it is the Line Managers responsibility to note this on the relevant pay return/card so that Payroll is informed that they are off sick due to an industrial injury.

It is the Line Managers responsibility to ensure the relevant Incident Form is completed with witness statements gathered. These along with any Occupational Health reports will be used to make a recommendation to a relevant member of HR Team.

In conjunction/following discussion with the Line Manager, a relevant member of the HR Team makes the decision whether TIA is to be paid or not.

The Manager writes to the employee using standard TIA template letter and sends to the HR Team member to check.

The HR Team member makes their comments to the Line Manager and then the Line Manager signs and sends the letter, copying in the Payroll Department.

Claims considered for qualification:

- An injury sustained on duty due to a specific incident (eg falling off a ladder, injury due to a malfunction of equipment, attack by a patient)
- An injury sustained on duty due to a series of incidents
- An injury sustained off duty, whilst serving as a volunteer at an accident or emergency
• An injury sustained whilst travelling on official duty (eg RTA, whilst travelling in a car from one hospital to another)
• An injury inflicted off duty, the cause of which can be attributed to NHS employment (eg being attacked at home by a disgruntled ex-patient)
• A disease contracted on duty (e.g. by a dentist treating a patient who was suffering from hepatitis, or a haematologist handling contaminated blood)
• A psychiatric injury as a result of being attacked at work or through overwork

Claims that would not qualify for consideration:
• Stress related sick leave (on reduced pay) wholly or mainly due to investigations or disciplinary action
• Stress related sick leave (on reduced pay) wholly or mainly due to a failed application for promotion or transfer
• Sick leave (on reduced pay) following an incident at work where it is concluded that you were guilty of culpable negligence or gross misconduct
• Sick leave (on reduced pay) as a result of a road traffic accident on a normal journey to and from work. Community nurses may qualify for TIA in this example
• Sick leave (on reduced pay) as a result of an injury sustained whilst acting as a reservist for the armed forces

2) Permanent Injury Benefit

This benefit is payable when an employee fulfils one of the following conditions:
• Terminates employment,
• Takes a lower paid job or
• Returns to work but works less hours.

It protects earnings up to a maximum of 85% of pre-loss pay, dependant on the degree of disability and the length of NHS Service. An individual applies for this benefit to the NHS Pensions Agency and the decision is not made by the Health Board.

Payment of Injury Benefits usually begins with TIA. There is no time limit that TIA can be paid. However all cases must be kept under review as payment is expensive. It would seem reasonable for cases to be reviewed at not less than 6 monthly intervals and medical evidence taken as to the expected return to work.

The granting of title to either Temporary or Permanent Injury Benefit does not imply liability on the UHB. Permanent Injury Benefit (PIB) cannot be paid whilst an employee is in receipt of TIA. The benefits are mutually exclusive.
Related Policies/Guidelines:

**Alcohol, Drug and Substance Misuse** - Can be used in conjunction with the management of the All Wales Sickness Policy in terms of recognising that an individual’s ill health may be due to the use of alcohol, drugs and/or substance misuse. The Policy provides a process to be followed in ensuring that employees can be supported via Occupational Health and other appropriate organisations.

**Capability** – This Policy can be used to manage the performance of employees within the workplace. The management of frequent short-term sickness or long term sickness may expose underlying capability problems, which will need to be addressed.

**Dignity at Work** - The UHB considers that harassment, victimisation or bullying is harmful to the individual and to organisational effectiveness. Such action can subject individuals to fear, stress and anxiety. Harassment can lead to illness, accidents, absenteeism, poor performance, an apparent lack of commitment and people leaving employment. A number of employees who believes that they are being subjected to harassment; victimisation or bullying should not accept the situation but should share their concerns with somebody else. This may be a friend or colleague, their immediate supervisor/manager, their Trade Union representative, Human Resource Manager, the Equalities Advisor or a Dignity at Work Advisor.

**Domestic Abuse** - This Policy aims to provide assistance and guidance to employees and managers in identifying and dealing with incidences where domestic abuse and/or its effects become apparent in the workplace and to provide reassurance to victims of domestic abuse that the issue will be dealt with sympathetically, seriously and confidentially with no fear of stigmatisation.

**Fertility Treatment** - Applications for dealing with requests for individuals undertaking fertility Treatment should be treated with the utmost consideration, acknowledging that this can be an anxious time. Generally, consideration is only given to a maximum of three requests for Special Leave for women undertaking Fertility Treatment. The appointments for Fertility Treatment are generally planned in advance, and women undertaking such treatment should be granted the time as “Special Leave” to attend such appointments. Due to the unpredictability of the Treatment, women may also have to attend appointments at short notice. Again, time off for such appointments should also be treated as “Special Leave”.

**Flexible Working Requests/Work Life Balance** – The Flexible working Policy can be used in conjunction with the management of sickness and absence. The Policy enables employees to consider flexible working options, which may assist in increasing their attendance at work. Managers should be identifying where there are patterns of sickness absence and this should be raised with the employee at return to work interviews and sickness meetings.

**Maternity Guidance Notes** - Advises employees on the options available to them when taking maternity leave. When an employee is pregnant a different approach to the management of sickness may have to be adopted to ensure we are not seen to discriminate against such an individual. Risk assessing the post of an individual who informs their Manager that they are pregnant must always be undertaken and in some circumstances the
UHB may have an obligation to find an alternative post. If an employee who is pregnant and has stated that they wish to commence maternity leave from a particular date fall ill prior to this date due to pregnancy related illness can remain on sick leave up until the fourth week before the expected date of child birth. Should an employee inform their Line Manager that they will not be returning to work on their given date of return following maternity leave due to sickness, then such sick leave will be dealt with in accordance with All Wales Sickness Policy.

**Rehabilitation - Including Phased Return to Work:** This Policy has been developed to facilitate the early return to work of employees who would benefit from a structured and carefully considered re-introduction to the workplace after either a particularly debilitating illness, injury or a severe stress related health problem. This is applicable to employees who have been on long term sickness absence for up to a period of 6 weeks. During that period the employee will receive full pay and will be treated for payroll and pension purposes as if they were working their normal contracted hours. Any such arrangement will be subject to agreement between the employee, the appropriate Line Manager and Human Resources, taking into account any advice from Occupational Health and the employee’s GP.

**Redeployment** - This Policy explains the process by which suitable alternative employment is sought for employees who are unfit or unable to carry out the duties of their current post, either permanent or temporarily.

**Special Leave** – This Policy outlines how Special leave can be granted to employees for use in unforeseen circumstances. Raising awareness with employees of the Policy and the options available to them may help to reduce sickness levels.

**Stress Management** - This Policy has been implemented in order to help managers recognise stress amongst their employees, as well as being able to manage their own stress within the workplace.

**Violence and Aggression** - The UHB has made a commitment in accordance with the All Wales NHS Violence & Aggression Passport and Information Scheme, and the NHS Zero Tolerance Campaign to offer a four module training programme to all UHB employees in Personal Safety (Violence & Aggression). There is a legal requirement for employees to be provided with training to ensure the safe management of violence and aggression and to have the appropriate skills and knowledge.

**Support Mechanisms:**

**Employee Wellbeing Service** - This is an Independent Service, promoting work practices that enhance the wellbeing of employees and by offering direct consultation and confidential counselling services. The Employee Wellbeing Service also offers a range of courses and training for employees and managers, such as Stress Resilience Training, Assertiveness Training and Post Trauma Consultation Support. For more information call 029 2074 4465. Email: employee.wellbeing@Wales.nhs.uk  Website: Employee Wellbeing Service webpage on the Cardiff & Vale Intranet. Or visit the Employee Wellbeing Service at Denbigh House, UHW.

**Fast Track Physiotherapy** - In-house physiotherapy assessments are available for employees who have musculoskeletal disorders (e.g. back pain / shoulder pain etc). Referral into the service can be made by Occupational Health nursing / medical staff or formal referral by managers using an Occupational Health Physiotherapy referral form. This service is designed to help reduce the sickness period as studies have shown that early intervention can shorten the recovery period. Also, managers should make employees aware of the
service in order for them to self refer as soon as possible to try and prevent sickness absence occurring. Appointments can be booked over the phone: Occupational Health UHW 029 2074 3264 or Occupational Health UHL 029 2071 5140

REMPLOY - REMploy supports the recruitment and retention needs of UK employers. They provide advice and guidance on disability issues and external support provision and offer advice on reasonable adjustments under the Equality Act. They provide service such as:

- Regular review meetings with employees
- Job adjustment advice
- Dyslexia screening
- Key Skills modules (confidence building/communication)
- Redeployment support
- Training in Systematic Instruction (Job Coaching)
- Application and Interview Support
- Travel Training
- ‘Access to Work’ - A programme that can help employees whose health or disability affects the way they do their job. It provides employees and the organisation with advice and support which may be required as a result of specific employees needs.

Training Courses & Resources

“Looking After Me” - is a free course for adults who care for someone living with a long-term health condition or disability. The course looks at:

- Relaxation techniques
- Dealing with tiredness
- Exercise
- Healthy eating
- Coping with depression
- Communicating with family, friends and professionals
- Planning for the future

By taking part in a Looking after Me course, the individual can:

- Learn new skills to help you to cope with their caring situation
- Develop the confidence to take more control of their life
- Meet with others who share similar experiences

An Introduction to Self-Management

This is a workshop of 2.5 hours to introduce the concept and techniques of self-management to both people living with chronic conditions and people with caring responsibilities. Individuals may gain enough information and motivation to go on to self manage others my wish to attend a 6 week course.
The Chronic Disease Self-Management Programme (CDSMP)

This Programme is a self-management course giving people the confidence, skills and knowledge to manage their condition better and gain more control of their lives. It is a free six week course of 2.5 hours per week for anyone living with any long-term health condition(s). The programme aims to provide support and develop self confidence to help the individual feel more in control. The course looks at:

- Dealing with pain and extreme tiredness
- Coping with feelings of depression
- Relaxation techniques and exercise
- Healthy eating
- Communicating with family, friends and professionals
- Planning for the future

By taking part in a self-management Programme, individuals can:

- Learn to plan and achieve
- Learn new skills to manage their health condition
- Develop confidence in the daily management of their specific condition(s)
- Meet others who share similar experiences
- Learn about developing more effective relationships with healthcare professionals

NB. All courses can be accessed by self referral. For more information: Tel: 029 2035 0620
Email: carol.young@wales.nhs.uk Coordinator for Cardiff. carol.stingl@wales.nhs.uk
Coordinator for The Vale or mark.tully@wales.nhs.uk Admin Support
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<tr>
<th>Acronym</th>
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<tr>
<td>ESR</td>
<td>Electronic Staff Record</td>
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<td>TIA</td>
<td>Temporary Injury Allowance</td>
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<td>Road Traffic Accident</td>
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