NHS
Yorkshire
Ambulance Service
NHS Trust

Supporting Attendance Policy and Guidance

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Associated Documentation:

- NHS Agenda for Change Handbook
- Counter Fraud Policy, Bribery and Corruption Policy
- Secondary Employment Policy, Employee Guidance and Management Guidance
- Disciplinary Policy and Procedure
- Injury Allowance guidance policy / guidance
- Secondary Employment
- AWOL guidance
- Health and Wellbeing Passport
- Carers Passport
- Reasonable Adjustments Guidance
- Annual Leave Policy
- Bullying and Harassment Policy
- Career Break Policy
- Flexible Working Policy
- Home Working Policy
- Issue Resolution (Grievance) Policy
- Special Leave Policy
- Stress Management Policy
- Supporting Staff Involved in an Incident, Complaint or Claim Policy
- Working Time Policy
- New Parent Support Policy
- TUC 'Dying to Work Campaign'
- Display Screen Equipment Policy
- Post Incident Care Process
- Fitness to Work Policy
- Return to Work Guidance

Section	Contents	Page No
	Staff Summary	4
1.0	Introduction	4
2.0	Purpose/Scope	4
3.0	Principles	5
4.0	Supporting Attendance Frameworks	6
5.0	Training expectations for staff	7
6.0	Implementation Plan	7
7.0	Monitoring compliance with this policy	7
8.0	References	7
9.0	Roles and Responsibilities	7
10.0	Appendices	9
	Appendix A - Guidance and Framework	10
	Appendix B - Registration of Appeal Form	33
	Appendix C - Medical Suspension Risk Assessment	34
	Appendix D - Long Term Absence Framework	36
	Appendix E - Short Term and Recurrent Absence Framework	37

Staff Summary

As an employer we value the contribution that every employee makes to the success of our organisation, and we are committed to the NHS People Plan's and our own Trust's shared priority of 'Looking after our people' by supporting the health and wellbeing of our employees. The Trust has a number of support mechanisms in place to support regular and sustained attendance at work including Occupational Health and initiatives relating to employee wellbeing.
As a frontline NHS organisation, it is recognised that higher levels of attendance are also likely to have a positive impact on the general wellbeing of colleagues, team morale and patient care.
The Trust recognises that the health and wellbeing of every employee is unique and that being adaptive to individual circumstances is likely to be the most effective way to support each individual employee to ensure they can attend work on a regular and sustained basis.
The Trust believes regular attendance at work has a positive influence on the health and wellbeing of employees. It is recognised that increased absence length may impact detrimentally on an individual's overall health and wellbeing and increase the difficulty of returning to work.
The Trust is committed to ensuring every employee is treated fairly and with dignity and respect. This policy includes a framework to ensure a consistent and equitable approach is followed by managers when employees have absences from work.
This policy aims to support employees to attend work regularly and to receive timely and appropriate interventions when they are absent from work.

1.0 Introduction

1.1 Aligned to the NHS People Plan's Priority of 'Looking after our people', this policy has been written collaboratively with manager and Trade Union stakeholders to provide a framework which is person, rather than process, focused. It is designed to enable managers to manage employee absence supportively, consistently, and fairly, considering individual circumstances.

1.2 As a frontline NHS Organisation, a public body, Yorkshire Ambulance Service NHS Trust must ensure all its' resources, including its' funding is managed efficiently and effectively including reducing the significant costs associated with sickness absence. In order to create a healthy work environment which enables staff to perform at their best for the benefit of staff, patients and the Trust it is essential that the Trust has a robust framework in place to enable managers to supportively improve the overall attendance of employees and manage employee absences consistently and equitably with care and compassion.

1.3 The Trust recognises the positive impact that regular and sustained attendance at work is likely to have on individual employees, their colleagues, team morale and the patients we serve.

1.4 The Trust is committed to supporting employees to look after their health and wellbeing. Whilst it is recognised that some sickness absence is unavoidable, the Trust has a range of support mechanisms in place to support regular and sustained attendance at work including Occupational Health and a variety of resources and initiatives organised by the dedicated Health and Wellbeing Team.

2.0 Purpose/Scope

2.1 This policy and it's guidance is intended to provide a framework for employee's

attendance at work to be managed consistently and compassionately supporting individual circumstances. The policy and it's guidance apply to all staff directly employed by Yorkshire Ambulance Service NHS Trust regardless of whether they have a permanent, fixed term or temporary contract. The general principles and spirit of this policy also apply to bank employees and bank workers whilst allowing for practicable differences dependant on contractual terms and specific circumstances. Whilst the following staff are not covered by the YAS policy, they are expected to notify their line manager in accordance with Section 2.0 of Appendix A: Framework and Guidance - Absence. Agency staff are not covered by this policy and staff on secondment from an external organisation will be managed under their substantive organisation's absence policy.

3.0 Principles

3.1 All employees are required to attend work on a regular and sustained basis and are expected to take steps to maintain their own fitness for work as far as reasonably practicable. The Trust is committed to promoting good attendance across the whole of Yorkshire Ambulance Service NHS Trust and aims to ensure absence is managed fairly and consistently throughout the whole of the organisation.

3.2 The Trust aims to empower line managers to support the health and wellbeing needs of their staff and manage concerns relating to sickness of individual employees without unnecessary escalation through management hierarchies. Whilst recognising employee circumstances differ and this will naturally lead to some variations, the expectation is that managers have a sound rationale for decisions made under this policy.

3.3 The Trust is committed to continuously improving absence management and as such, through the oversight of senior managers, audits, advice from HR and feedback from Trade Union representatives any concerns around the application of this policy and/ or framework or suggested inequalities will be supportively addressed.

3.4 The Trust will make all reasonable adjustments to support employees whose sickness falls under the provision of the Equality Act 2010. The Trust will also consider reasonable adjustments for all staff. This policy and it's associated framework is designed to facilitate positive discussions to support the individual needs of employees. Appropriate advice on reasonable adjustments will be sought through Occupational Health, clinical specialists, HR, Health and Wellbeing Team, and external organisations such as Access to Work where appropriate. Any attendance concerns will only be escalated through the Short Term and Recurrent Absence Framework when reasonable adjustments and support have been exhausted and a maintained satisfactory level of attendance is not achieved.

3.5 Absence will be recorded in calendar days and therefore days which an employee would not normally have worked (e.g., rostered days off, Saturdays and Sundays etc.) will be recorded as days absent unless an employee reports that they are fit for work on these days. This is in accordance with the Statutory Sick Pay system and ensures consistency across the Trust, irrespective of whether an employee works full-time or part-time, days or shifts etc.

3.6 Part days will not indicate a concern requiring escalation unless these form a pattern of absence. All absence, including part days, will be recorded within the YAS absence recording system. Where employees leave a shift early, due to an incident at work they should be supported in line with the Post-Incident Care process.

3.7 The Trust does not tolerate fraud and commits to investigate any allegations of staff working whilst on sickness absence, unless explicit permission has been given and is covered by a suitable, and existing, secondary employment declaration. GP/Occupational Health advice may be sought in these circumstances. Investigations will take place in accordance with the Trust's Local Anti-Fraud, Bribery and Corruption Policy. The Trust reserves the right to withhold and withdraw the payment of sick pay if it is proven unauthorised work has been undertaken whilst in receipt of sick pay for the same period. Concerns will be managed in line with the Trust's Disciplinary Procedure. Depending on the outcome of this process, it may be appropriate for recovery of sick pay. The Counter Fraud, Bribery and Corruption Policy should be referred to and advice from Counter Fraud must be sought. The Counter Fraud team at 360 Assurance can be contacted on 0116 225 6114 or email enquiries.360@nhs.net.

3.8 All information relating to sickness records will be treated in the strictest of confidence by all parties involved and in line with GDPR requirements.

4.0 Supporting Attendance Framework

4.1 The Attendance frameworks in the Guidance section of this document set out the expected steps that should be followed when an employee has an episode of absence. The focus of the frameworks is to assist managers to look after individual employees and to support staff to return to work where possible in a timely manner and sustain their longer-term attendance as far as possible. The frameworks also encourage a compassionate approach where unfortunately an employee is either unable to return to work or sustain regular attendance. The frameworks should be used in the following circumstances:

4.1.1 A Long-Term Absence: which is defined as a Continuous absence of 28 calendar days or more.

4.1.2 Short term (absences of 27 or less days) and recurrent absences that meet the following review points:

- 3 episodes of absence in the previous 12-month period OR
- 2 episodes absence totalling 14 calendar days or more in the previous 12-month period
- A recognisable pattern of absences of any length OR
- Multiple episodes of long term absence over an extended period.

4.2 Although this policy does not stipulate a time period for including or excluding episodes of recurrent long term absence, or absence forming a pattern, the action taken must be proportionate and reasonable to the level of concern regarding the employee's absence levels. Patterns of absence should not usually include absences beyond the five-year period.

4.3 The absence framework for long term absences provides a series of monthly meetings with the potential to progress to a Formal Attendance Hearing, where deemed appropriate based on the nature of the absence.

4.4 Where short term or recurrent absences cause concern the framework provides a first and a second stage to support improvement with the potential to hold a Formal Attendance Hearing where the improvement is not made or sustained.

5.0 Training Expectations for Staff

5.1 Managers should attend the Supporting Attendance training through the Human Resources team. If managers have not attended it, it is strongly advised to seek advice from the HR team on the application of this policy. Awareness sessions on the content of this policy for staff will be available for staff.

6.0 Implementation Plan

6.1 This policy will be communicated via the following mechanisms: -

- Staff Update
- Training and Awareness Sessions
- Local Trust departmental management/team meetings
- Trust intranet

7.0 Monitoring Compliance with this Policy

7.1 The HR department monitors attendance on a regular basis to support managers and encourage a consistent approach throughout the Trust. The HR team have oversight of formal cases that are escalated under this policy and report on numbers and outcomes of Formal Attendance Hearings. Information regarding levels of formal cases will be shared with Trade Union colleagues through the Joint Steering Group (JSG). Absence rates are submitted to the Trust Board through the Integrated Performance Report (IPR).

8.0 References

- NHS Employers: www.nhsemployers.org.uk
- Agenda for Change Terms and Conditions of Employment
- NHS England People Plan 2020/2021
- Kings Fund
- Terance Higgins Trust
- Mental Health Foundation
- Human Rights Campaign
- Office for Veterans Affairs

9.0 Roles & Responsibilities

9.1 Managers

The role of the line manager in supporting attendance is to reduce absence by supporting the employee to prevent absence or help to facilitate an early return to the workplace. The responsibilities may be delegated e.g., to welfare advisors, however the manager remains accountable for the employee, once the employee has notified them of their absence. This includes remaining in contact with the employee to hold open discussions relating to their health condition and any supportive interventions which could be put in place to provide rehabilitation and return to work. When managing sickness absence, the key responsibilities include:

- Applying the Supporting Attendance Policy and frameworks consistently, compassionately and in a timely manner, taking into account the individual circumstances of the employee. This includes taking a holistic view of the full circumstances affecting the employee including work and personal issues.

- Ensuring any local departmental reporting requirements that are used to compliment this policy kept up to date and communicated with staff.
- Ensuring they take appropriate advice and have a clear understanding of and can comfortably explain actions and decisions taken in line with this policy.
- Ensuring appropriate reasonable adjustments are facilitated as recommended by Occupational Health/Wellbeing providers to support an employee to attend work as far as is reasonably practicable.
- Maintaining regular contact with employees who are absent at mutually agreed intervals.
- Ensuring employees have provided appropriate documentation.
- Ensuring appropriate support is sought through Occupational Health/ Wellbeing providers including making sure that referrals are timely, clear focused and relevant.
- Ensuring accurate records are maintained including any discussions and all contacts are recorded, through the central systems provided.
- Carrying out effective return to work interviews.
- Maintaining confidentiality.
- Liaising with HR, employees and payroll where required to proactively resolve any sickness pay related concerns.
- Working in partnership with Trade Unions and the Human Resources Team to ensure that the policy is applied reasonably, consistently and in an unbiased way.

9.2 Employees

- Employees are responsible for their own health and wellbeing and should make all reasonable efforts to look after their own physical and mental health to ensure they attend work regularly. This includes engaging with healthcare support in a timely and appropriate manner and being mindful of how they can assist their own recovery from illness or injury.
- Employees must report any sickness absence/return to work in a timely way in line with the organisational and local departmental reporting requirements and ensure they provide an appropriate certificate to cover the full period of absence.
- Employees are contractually obliged to engage appropriately with their managers, Occupational Health and attend all meetings held under the attendance framework. If they, or their trade union representative or colleague, are unable to attend the arranged meeting, they must give reasonable notice and reasons why they are unable to attend.
- Employees must not undertake work, paid or unpaid, whilst off sick unless they have explicit i.e., written permission from their line manager, and in line with Secondary Employment policy.
- Employees must notify their manager of any periods of unavailability during their absence, for example periods of travel/ holidays.

9.3 Human Resources

The HR team are responsible for:

- Providing advice in relation to this policy and associated framework
- Supporting managers to understand a range of options and enable managers to decide on appropriate actions.
- Seeking appropriate advice and where necessary escalate issues of concern and high risk.
- Attending the formal meetings in line with the framework where appropriate.
- Ensure appropriate record keeping is in place to support the oversight and monitoring of formal attendance cases.
- Escalation of issues with Occupational Health providers to the contract managers.

- Liaising with managers, employees and payroll where required to resolve any sickness pay related concerns.
- Ensure Trust policy and procedures are legislatively compliant.
- Working in partnership with managers and Trade Unions to ensure that the policy is applied reasonably, consistently and in an unbiased way.

9.4 Trade Unions

- Trade Unions may provide advice, support and, if required, representation to their members.
- Trade Unions will work in partnership with managers and the Human Resources Team to ensure that the policy is applied reasonably, consistently and in an unbiased way.

9.5 Health & Wellbeing Team

The Health and Wellbeing Team is responsible for:

- Providing advice and support to managers/members of staff, the Human Resources team on aspects of staff wellbeing.
- Signposting managers and members of staff to wellbeing services and interventions that will support with staff wellbeing.
- Providing initiatives and campaigns to support staff and improve wellbeing.
- Overseeing and manage contracts with and the service provided by external providers such as Occupational Health.

10.0 Appendices

10.1 This Policy includes the following appendices:

Appendix A - Guidance and Framework
Appendix B - Registration of Appeal Form
Appendix C - Medical Suspension Risk Assessment
Appendix D - Long Term Absence Framework
Appendix E - Short Term and Recurrent Absence Framework

Appendix A

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Supporting Attendance Guidance and Framework

Section	Contents	Page No
1.0	Supporting Attendance Guidance and Framework	12
	1.1 Looking After Our People	12
	1.2 Ethnicity	12
	1.3 Age	13
	1.4 Disability & Long-Term Health Conditions	13
	1.5 Sex/Gender	14
	1.6 Religion or belief	15
	1.7 Gender Reassignment	15
	1.8 Pregnancy & Maternity	16
	1.9 Sexual Orientation	16
	1.10 Affluency	17
	1.11 Geographic Location	17
	1.12 Carers	17
	1.13 Armed Forces Veterans	18
2.0	Sickness Absence Reporting and Certification	18
3.0	Sick Pay Provisions	19
4.0	Sickness Absence	20
5.0	Long Term Sickness Process	22
6.0	Short Term and Recurrent Absence Framework	25
7.0	Formal Attendance Hearing	28
8.0	Appeal	30
9.0	Absence as a Result of Incident, Illness or Injury at Work	31
10.0	Medical Suspension	31

1.0 Supporting Attendance Guidance and Framework

1.1 Looking after our people

1.1.1 Looking after our people is a key priority of the NHS People Plan 20/21 and continues to be a key strategic priority for Yorkshire Ambulance Service NHS Trust. The focus on looking after the health and wellbeing of ourselves and each other is vitally important. Every employee is an individual with their own unique circumstances both within the workplace and outside in their personal lives. By recognising, adapting and endeavouring to support each employee as an individual, some absences may be prevented altogether and others will be reduced. There are a number of policies and procedures in place within the Trust to ensure that employees are appropriately supported to maintain their overall health and wellbeing and in turn their attendance at work. This guidance document should be read in conjunction with the associated documentation listed above.

1.1.2 Whilst the application of this policy is confidential, it is acknowledged that employees generally have an awareness of their colleagues absences. It is important that each employee feels that their own experience is fair and equitable to the experiences of their colleagues. Even though the actions and timings will be tailored to specific circumstances, as long as there is a clear rationale to justify decisions made, this will ensure that the application of the policy is fair and equitable.

1.1.3 Whilst there is an endless list of factors that may impact on an employee's absence some key considerations to be mindful of are outlined in this section. Support is available from many sources. Helpful information is available on Pulse at the following links:

- Health and wellbeing (including mental and physical health and wellbeing and occupational health services)
- Support networks (including BME Staff Network, Pride@YAS, Disability Support Network, Women and Allies' Network and Armed Forces Network)
- Freedom to Speak Up
- Sexual Safety Charter
- YAS policies
- Support for Carers

1.1.4 Immediate support is available at:

- **The Ambulance Staff Charity (TASC) 24/7 crisis phoneline**: 0300 373 0898

- **Employee Assistance Programme (EAP) - Vivup**: 0800 023 9324 (available 24/7)

1.2 Ethnicity

1.2.1 Health can be affected by ethnicity, for example COVID 19 has been documented previously to have affected BAME employees more seriously than white employees, cardiovascular disease and diabetes are higher amongst Black and South Asian groups and mortality from cancer, dementia and Alzheimer's disease is highest amongst white groups. Experiencing discrimination can also impact negatively on mental health. A 2021 study by the Kings Fund shows that whilst ethnic minority groups have generally equitable access to primary health care, other health services are accessed less consistently, and ethnic minority groups often report poorer experiences of using health services than white counterparts.

1.2.2 When supporting an employee or colleague it is appropriate to

- Discuss the health services that the employee is accessing and their experiences of them.
- Provide encouragement or reassurance to staff who may need to request further primary care appointments or onward referrals.
- Signpost employees to, and/or as a manager contact, the BAME Staff Network which may offer an additional source of support to staff and managers.
- Take action to create an inclusive workplace and eliminate discrimination.
- Take advice from the Trust's Diversity and Inclusion Team.
- Signpost employees to other potential sources of support.

1.3 **Age**

1.3.1 Each individual's health and wellbeing is impacted differently as they age. The World Health Organisation explains that as an individual ages, there is an accumulation of molecular and cellular damage over time which leads to a gradual decrease in physical and mental capacity and a growing risk of disease. A number of conditions are associated with aging and individuals may be more susceptible to back and musculoskeletal conditions and injuries or may be impacted from illnesses like influenza more seriously as they grow older. We have also seen that within our own workforce that Anxiety, Stress, Depression, and other psychiatric illnesses affect all age groups but account for a higher % of sickness reasons in younger staff. Experiencing discrimination can also negatively impact on mental wellbeing. The menopause or andropause are a natural result of aging for many employees and whilst some symptoms may be obvious there are many symptoms that are less obviously associated with the Menopause such as depression, and UTI's.

1.3.2 In order to support the attendance of staff where age may be affecting absence(s) it is appropriate for managers to:

- Think holistically about the employee's circumstances including age.
- Consider that age may be relevant when there is a particular change in an employee's attendance levels.
- Discuss how an employee is supporting their own health and wellbeing.
- Encourage staff to access age appropriate health screening and immunisation programmes and to take professional advice regarding any supplements or medicines that may be available.
- Consider making adjustments to roles or explore redeployment to support an employee continue their employment when there has been a change in their physical or mental capability.
- Signpost employees to, and/or as a manager contact, the Women's and Allies Network which may offer an additional source of support to staff and managers.
- Refer to the Trust's Menopause Policy for more detailed information.
- Take action to create an inclusive workplace and eliminate discrimination.
- Signpost employees to other potential sources of support

1.4 **Disability & Long-Term Health Conditions**

1.4.1 The Equality Act 2010 says that someone is considered to have a disability if they have a physical or mental impairment, and that impairment has a substantial and long term (12 months or more) adverse effect on their ability to carry out normal day to day activities. Employees diagnosed with HIV, cancer or multiple sclerosis automatically meet the disability definition under the Equality Act 2010 from day one. Whilst many of our staff do regard themselves as having a disability, many others also live with long term health conditions which may impact their ability to attend work or impact how they perform their role. It is also recognised that when staff experience discrimination or do not feel

supported to work with a disability or long term health condition may impact on their mental health, Absence as a result of a disability or long term health condition should not automatically be disregarded or ignored, instead it should be considered and discussed to identify how the employee can be supported to sustain a high attendance level at work.

1.4.2 When supporting an employee or colleague it could be appropriate to:

- To ensure any required specialist advice is available from Occupational Health, other GP's and clinical services accessed by the employee or appropriate agencies such as dedicated charity organisations.
- Request an Access to Work Assessment (Access to Work is a publicly funded employment support program that can provide practical and financial support for workers with a disability or long term physical or mental health condition).
- Make sure any agreed required adjustments are provided quickly and are accessible for staff.
- Encourage the employee to make use of the Health and Wellbeing passport to ensure there is a holistic record of adjustments or support put in place.
- Think about realistic attendance expectations in relation to the escalation levels in the framework. Whilst it probably is not sustainable to disregard all disability related absence indefinitely, it is reasonable to agree temporary changes whilst an employee adjusts to a new condition or tries medical or lifestyle changes. Longer-term adjustments to escalation levels may be justified but should be reviewed.
- Refer to the Display Screen Equipment (DSE) Policy and/ or DSE Assessors.
- Consider whether the working pattern can be adapted to avoid shifts at times when the employee is more likely to be unwell.
- Take action to create an inclusive workplace and eliminate discrimination.
- Signpost employees to, and/or as a manager contact, the Disability Support Network which may offer an additional source of support to staff and managers.
- Signpost employees to other potential sources of support.

1.5 **Sex/ Gender**

1.5.1 Health and wellbeing is often impacted by gender in different ways and it is important to remember that if an employee has transitioned, they may experience health and wellbeing issues usually associated with their birth gender. We know that different genders may be more prone to specific conditions and statistics show than men are more likely to delay seeking clinical/ medical advice until conditions become more serious. The Mental Health Foundation reports that whilst females are twice as likely to be diagnosed with anxiety than males, males are more likely to suffer from alcohol dependency and three times more likely to die by suicide than females. Gynaecological issues including monthly menstruation or menopausal symptoms will potentially impact on employee's attendance levels. It can be especially difficult for an employee during their period to manage it in a work environment where they may be away from Trust premises with intermittent access to toilet facilities. Managers should be aware that hormonal changes, mood changes, nausea and cramps may also impact an employee around the time of their menstrual cycle and that symptoms may vary month to month.

1.5.2 When supporting an employee or colleague it may be appropriate to:

- Support leave requests or assist with shift swaps to support an employee whose periods impact them at work or who struggle to manage their periods at work.
- Enable the employee to feel comfortable to talk about issues impacting them at work.

- Signpost employees to, and/or as a manager contact, the Women's and Allies Network which may offer an additional source of support to staff and managers.
- Refer to the Trust's Menopause Policy for more detailed information.
- Explore whether any adaptations to uniform may enable an employee to feel more comfortable.
- Take advice from the Trust's Diversity and Inclusion Team.
- Take action to create an inclusive workplace and eliminate discrimination.
- Signpost employees to other potential sources of support.

1.6 Religion or belief

1.6.1 Religion may impact health and wellbeing in a number of ways. This includes religious views impacting decisions about medical interventions and medications and to what extent an employee may be able to discuss their health with a manager or colleague of a differing gender or faith. Religious festivals and celebrations may be important occasions and sometimes employees find it difficult to secure time off work especially when these clash with school holidays. During the first few days of Ramadan or Lent as employees adjust to fasting they may experience side effects like headaches. Support staff to take annual leave or alter shift patterns as far as reasonably practicable to observe religious celebrations and periods.

1.6.2 When supporting an employee or colleague it may be appropriate to:

- Be mindful of the impacts of fasting and changes to eating patterns and support staff to mitigate future impacts on attendance at work.
- Ensure the employee can talk to someone their religion permits them to talk to when discussing their health and wellbeing.
- Where religion impacts on medical interventions and medications, we understand that this may impact different employees differently and make appropriate allowances for this.
- Proactively offer support with accommodating annual leave requests or facilitating shift swaps where practicable.
- Take advice from colleagues of a different faith to aid understanding.
- Signpost employees to, and/or as a manager contact, the BAME Staff Network which may offer an additional source of support to staff and managers.
- Take advice from the Trust's Diversity and Inclusion Team.
- Take action to create an inclusive workplace and eliminate discrimination.
- Signpost employees to other potential sources of support.

1.7 Gender Reassignment

1.7.1 It is recognised that staff undergoing gender reassignment will need flexibility to support time off for appointments. Appointments would usually be planned and therefore those appointments would not cause concern under this policy. The Human Rights Campaign highlights that transgender women who were male at birth have a significantly higher rate of HIV infection rates than the general population. Staff who are transitioning or who have transitioned are likely to take long term medications such as hormone therapies, PrEP, and PEP, which may have side effects causing increased sickness absence. There may be physical or environmental factors in the workplace such as unwanted comments, which result in absence episodes. It is acknowledged that Managers may not know that an employee has previously transitioned.

1.7.2 In order to support the attendance of staff who are transitioning or who have transitioned it is appropriate for managers to:

- Refer to the Trust's Transgender guidance.
- Seek advice on long term use of medication and managing the impacts of it.
- Allow reasonable time for medication side effects to settle down before escalating through the stages of the framework.
- Ensure that any concerns in the work environment are addressed before escalating through the stages of the framework.
- Take action to create an inclusive workplace and eliminate discrimination.
- Signpost employees to, and/or as a manager contact, the Pride at YAS Network which may offer an additional source of support to staff and managers.
- Take advice from the Trust's Diversity and Inclusion Team.
- Signpost employees to other potential sources of support.

1.8 Pregnancy & Maternity

1.8.1 Pregnant employees may have increased sickness related to their pregnancy. Where an employee suffers a miscarriage, this may lead to sickness and repeated miscarriages may result in increased sickness absence. Fertility treatment may also impact on an employee's physical and mental health and well-being and result in increased absence. It is important to acknowledge that miscarriage and fertility treatment may also significantly impact partners and families too.

1.8.2 In order to support staff experiencing pregnancy, miscarriage and fertility related absences; to is appropriate for managers to:

- Absence relating to pregnancy will not lead to escalation within the frameworks.
- Enquire about the physical and mental wellbeing and impacts to discuss support required.
- Signpost employees to, and/or as a manager contact, the Women's and Allies Network which may offer an additional source of support to staff and managers.
- Refer to the New Parent Support Policy and Guidance documents.
- Take advice from the Trust's Diversity and Inclusion Team.
- Signpost employees to other potential sources of support.

1.9 Sexual Orientation

1.9.1 It is acknowledged through the Terrance Higgins Trust that although anyone can get HIV, men who have sex with other men are more likely to be affected, and or take PrEP, PEP or other HIV medications which may cause short term side effects such as nausea. It is also recognised that where an employee feels unable to be open with those around them about their sexual orientation that this can cause significant anxiety and distress.

1.9.2 In order to support staff, it is important to:

- Take action to create an inclusive workplace and eliminate discrimination.
- Enable staff to talk openly about issues which affect them.
- Take time to understand the side effects of any medication being taken.
- Allow a reasonable time for side effects of new medication to subside before escalating absences through the framework.
- Take advice from the Trust's Diversity and Inclusion Team.
- Signpost employees to other potential sources of support.
- Signpost employees to, and/or as a manager contact, the Pride at YAS Network which may offer an additional source of support to staff and managers

1.10 **Affluency**

1.10.1 Employees with lower income levels or who are generally less well-off are more likely to suffer higher levels of ill health from increased anxiety and poorer lifestyles. Lower paid staff may also undertake higher levels of overtime impacting on fatigue and overall health. Income levels are not necessarily based on income from the Trust as staff may have secondary employment elsewhere. It should be recognised that a higher earner within the Trust may still be struggling financially and may be the only earner in the household.

1.10.2 In order to support staff, it is important to:

- Enable staff to talk openly about issues which affect them.
- Explore any support that may be available through the YAS Charity or The Ambulance Service Charity (TASC).
- Signpost employees to other potential sources of support.
- Review the impacts of overtime and working patterns with the employee.
- Discuss any secondary employment and how this may impact the individual.

1.11 **Geographic Location**

1.11.1 The location of an employee may impact on their health and wellbeing. Our Trust spans a wide geographic area with rural and urban communities. Health care provisions vary vastly in different areas with differences to commissioned services and treatments, and variations in waiting times affecting staff. We also know many staff have relocated to the region, either from elsewhere in the UK or from many different countries worldwide either independently or through overseas recruitment campaigns. Staff who are new to an area may not be familiar with services in that area or how to access them and may not have family and friends nearby to support them.

1.11.2 In order to support staff, it is important to:

- Help staff identify healthcare provisions in their area.
- Provide guidance on how to access different services.
- Discuss Patient Choice and whether it is appropriate to consider health services in a wider geographic field.
- Talk to staff about their support networks and signpost to the trust's own Networks.
- Make allowances where delays in healthcare availability and longer waiting times impact on length of absence.
- Take advice from the Trust's Diversity and Inclusion Team.
- Signpost employees to other potential sources of support.

1.12 **Carers**

1.12.1 Carers may struggle to juggle their caring responsibilities and their work commitments at the Trust. The demands of being a carer vary and this can lead to increased sickness absence levels. Carers are also at risk of their caring responsibilities impacting on their own health and wellbeing.

1.12.2 In order to support staff who are carers it may be appropriate to:

- Proactively offer support with accommodating annual leave requests or facilitating shift swaps where practicable.
- Encourage completion of a Carer's Passport and/or Health and Wellbeing Passport

- Be aware that carers are more likely to need support or vary shifts at short notice
- Discuss and review working patterns and flexible working options.
- Take advice from the Trust's Diversity and Inclusion Team.
- Signpost employees to other potential sources of support.

1.13 **Armed Forces Veterans**

1.13.1 Veterans have an increased likelihood of suffering rates of Post Traumatic Stress Disorder (PTSD) compared to non-veterans and it is acknowledged that the nature of some front line roles within the Trust can trigger further episodes. It is also noted that veterans who have worked with artillery may have higher rates of hearing loss. It is noted that managers may not know if a member of staff is a veteran.

1.13.2 In order to support staff who may be a veteran it may be appropriate to:

- Signpost employees to, and/or as a manager contact, the Veteran's Network which may offer an additional source of support to staff and managers.
- Ensure the Post Incident Care Process is proactively used to support staff.
- Review the range of patients the member of staff has worked with, if appropriate vary the nature of work undertaken.
- Take advice from the Trust's Diversity and Inclusion Team.
- Signpost employees to other potential sources of support.

2.0 Sickness Absence Reporting and Certification

2.1 All employees must report sickness absence, using their department's sickness reporting procedure, at least 1 hour before their scheduled start time, or immediately if they become unwell during their working day and need to finish work early. It is the employee's responsibility to ensure that their line manager is notified in line with their departmental operating practice, details of which will be provided to the employee. For front line staff this ensures that scheduling departments know about an episode of absence and have the opportunity to make cover arrangements. This also provides managers with high level oversight of current absence levels.

2.2 Employees must update the YAS absence recording system, if their reason for absence changes, their length of absences changes and when they are fit enough to return to work. Employees should report fit as soon as they are well even if they are not scheduled to be on duty.

2.3 All employees and bank workers are required to provide a medical certificate to cover any period of sickness absence. Any absence not covered by a certificate will affect the individuals entitlement to contractual (occupational) and/or statutory sick pay (SSP). Uncertified absences may also be regarded as unauthorised. The table below indicates the type of certification that is required.

Length of Absence	**Type of certification required**
0-7 days	Self-declaration
8 days +	Fit note

2.4 Managers must ensure that fit notes are recorded on the relevant electronic system e.g., GRS and then scanned and emailled to yas.yasbot.hr@nhs.net for inclusion on the employee's electronic personal file (onbase).

3.0 Sick Pay Provisions

3.1 Entitlements to sick pay vary depending on individual circumstances for example bank staff and those staff who have TUPE transferred to the Trust may have different contractual entitlements. An individual's contract with the organisation will outline their sick pay entitlement.

3.2 For the majority of staff who are employed on NHS Agenda for Change Terms and Conditions the table below outlines the Occupational sick pay entitlement and further information can be found in section 14 of the NHS Agenda for Change Handbook.

Year of Service	Months' Full pay	Months' Half pay
During 1st year of service	1	2
During 2nd year of service	2	2
During 3rd year of service	4	4
During 4th and 5th year of service	5	5
After 5 years of service	6	6

3.3 It should be noted that in the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.

3.4 After 12 months of continuous absence if a final review meeting (i.e. Formal Attendance Hearing or equivalent) has not taken place due to reasons caused by the employer sick pay will be reinstated at half pay. The manager or HR must notify payroll each month when half pay should be reinstated.

3.5 Agenda for Change allows for employers to have discretion to extend the period of full or half pay beyond the scale set out in the table above where an extension would materially support a return and/ or assist recovery and in other circumstances deemed reasonable. This discretion is applied in limited circumstances only. The extension to Sick Pay form, available on Pulse, must be completed and submitted to the budget holder and to HR for consideration.

3.6 Unsocial Hours Payments during sickness absence are payable in the following circumstances:

- For Agenda for Change staff whose employment commenced prior to 1 September 2018 and who remain employed on annex 5. This will be paid automatically.
- For agenda for change staff who were employed under the terms of Agenda for Change Handbook as of 30th June 2018 and have a basic salary of £18160 or less. This will be paid automatically.
- Those employed on Section 2 terms and conditions who are absent due to injuries, disease and other health conditions sustained or contracted in the discharge of their duties (who are not in receipt of injury allowance). This is not paid automatically. The Trusts Injury Allowance Guidance provides details on the eligibility criteria and the application process.

3.7 Injury Allowance is payable to eligible employees who due to a work related injury, illness or other health condition are on authorised sickness absence or phased return to work with reduced or no pay. Following a successful Injury allowance claim contractual sick pay may be topped up to 85% for up to 12 months. This is not paid automatically. The Trusts Injury allowance Guidance provides details on the eligibility criteria and the application process.

3.8 Staff on long term sickness absence may opt to use annual leave days within their sickness period. By receiving paid annual leave rather than statutory or contractual sickness pay it extends pay to mitigate reduced earnings due to half or nil pay coming into effect.

3.9 Staff who are not eligible for occupational sick pay may be eligible for Statutory Sick Pay (SSP) if they are unable to work rostered shifts due to reported sickness absence from the 4th consecutive day of sickness (this is the 4th day of being unfit to work not the 4th shift not being worked).

3.10 In line with the Procedure for Salaries & Pay Allowances, employees whose pay step falls within a period of long-term absence it is the line manager's responsibility to ensure the pay step is applied when due.

4.0 Sickness Absence

4.1 **Initial conversation:** All employees are expected to report their sickness to their line manager as outlined within their local operating practice, on the first day of their absence, as outlined in Section 2 – Sickness Reporting and Certification. Arrangements for this will differ by department and depend on manager availability. Employees should be familiar with the arrangements for reporting absence within the team or service they work in. The first conversation is intended to supportively discuss the employee's health and identify any initial support that may be useful. A record of this meeting should be made within YAS Absence Recording System. It is likely that the conversation will cover the following subjects as considered appropriate, however it is recognised that there may need to be further meetings to discuss these dependent upon the nature of the illness or availability due to shift patterns

- The reason for absence
- Discuss impact on pay and whether any additional claims should be submitted for example for unsocial hours (see section 3)
- The likely duration of absence including discussion of any testing requirements or stipulated isolation periods
- What health and wellbeing interventions the employee is accessing, e.g., rest, over-the-counter medication, GP or Clinician intervention/ advice
- What support does the employee have at home
- What support an employee can be signposted to
- Any urgent work commitments
- Any reporting requirements e.g., DATIX/ RIDDOR
- Reminder of Fit Note requirements
- Reminder to report fit for work when they are well enough, or to report an extension to absence on the YAS absence recording system
- Discuss arrangements for any pending annual leave if applicable
- Agree when and how a follow up contact will take place, this would usually be within or at the end of the first week of absence

4.2 **Follow Up Meeting:** Following the initial conversation for any absence that continues there should be a follow up meeting which should usually be held by the end of the first week of absence. This is usually a conversation between the employee and their manager which should be recorded on the YAS absence recording system. The purpose of this meeting is to see how the employee is progressing and discuss what support is being accessed. The conversation which should be documented, should cover the following as considered appropriate:

- How the employee is and whether there has been any improvement or deterioration since the start of their absence.
- What immediate interventions have been accessed e.g., medication, GP or Clinician intervention/ advice.
- Discuss what further support may be required/ available- this may include other health services outside of work or physio/ EAP access through work.
- Agree whether an Occupational Health referral should be made.
- If there is any indication that the absence is related to workplace stress, then an Occupational Health referral should be made.
- If necessary discuss impact on pay and whether any additional claims should be submitted for example for unsocial hours (see section 3).
- Reminder of Fit Note requirements
- Reminder to report fit for work when they are well enough, or to report an extension to absence on the YAS absence recording system.
- Discuss arrangements for any pending annual leave if applicable.
- Agree when and how the next contact should take place, this shouldn't usually be longer than a week.

4.3 **Maintaining regular contact:** It is expected that there will be regular contact between the manager and the employee throughout the entire absence and this should generally be weekly. It is very easy for an employee to feel isolated at home and cut off from colleagues and therefore even when it is foreseeable that there will be a longer absence regular contact should be maintained. The arrangements for this contact, and the content of the contact, should be mutually agreed and appropriate to the individual circumstances. Each conversation should be recorded on the YAS absence recording system or case management system once a case has been created and may cover some of the following as considered appropriate.

4.4 **Return to Work Meeting:** Where possible a manager should contact an employee on the first day back from any absence to welcome them back and check they are fit and well. For employees returning from long-term absence arrangements must always be made for a manager to check in with the employee on the first day. A Return to Work meeting should be held and recorded on the YAS absence recording system as soon as possible after their return from absence with an appropriate manager, this should usually be on the first day back. Depending on the reasons for absence either the timing or the manager leading the meeting may need to be changed.

- Welcome the employee back to work.
- Ensure they are well enough to be at work.
- Complete the Return-to-Work form together.
- Discuss the details of any agreed return to work programme based on advice given by Occupational Health or adjustments advised through other medical/ clinical intervention.
- Ensure the absence record is completed accurately, including the dates and reason for absence. Additional information may be entered in the free text boxes to compliment the main absence codes.
- Where applicable discuss how their work was covered during their absence
- Update employees on any news or changes within the organisation or team while they were off.
- Remind employees about the support available including Occupational Health and the Employee Assistance Programme.
- Ensure pay and annual leave records are updated as required.
- Review previous absence levels to identify whether a review point has been reached requiring further support or action in line with the indictors in 4.1.2 of the Policy.

- Where absence levels reach a review point, this may be managed within the Return to Work Meeting by holistically reviewing previous absences, overall health and wellbeing and the specific circumstances of the latest episode. For example, an existing Health and Wellbeing Passport may document alternative review points, or one of the episode may be pregnancy related or caused by incident at work. A stage 1 meeting may not be deemed necessary if no further action or only limited informal follow-up is required. In GRS Select 'No Stage 1 Required' interview type.
- Where a review point is reached that cannot be immediately managed, then a stage 1 meeting under the short term and recurrent absence framework (section 6) should be arranged. A case must be created/ updated on HR Case.
- The rationale for why a stage 1 meeting has or hasn't been arranged should be documented.

5.0 Long Term Sickness Framework

5.1 **First Long-Term Review Meeting**: The first Long Term Review meeting should be held when the employee has been off for one calendar month. At this point a Long Term Absence case should be set up in the HR case management system. In some cases it may be possible to identify in advance that the employee's absence will exceed to a month with no anticipated return date however in other instances the arrangements may not be made until the absence has reached a month.

5.1.1 The employee should be invited to a First Long Term Review Meeting, a formal meeting with their manager, or appropriate manager, to discuss their absence. Careful consideration should be given to the arrangements for the meeting having regard for the individual's circumstances. The purpose of this meeting is to build on the previous day one, week one and weekly contacts to fully understand how the employee is and explore what support may be required. A HR Representative will usually be in attendance and the employee is entitled to be accompanied by a Trade Union Representative or a work place colleague not acting in a legal capacity. At least one week's notice of the meeting should be provided in writing.

5.1.2 It is expected that the First Long Term Review Meeting should include the following:

- Enquiring how the employee is. Sensitively discuss any diagnosis or prognosis and any information on the likely length of absence, where appropriate.
- A supportive and holistic discussion around the specific circumstances of the individual, bearing in mind how any protected characteristics might impact their health and access to health care. This should include gaining an understanding of health care being accessed, support available at home and where appropriate signposting to other known services.
- A review of any Occupational Health advice received to date or a discussion as to whether Occupational Health advice should be sought.
- Have appropriate discussions about what arrangements may be required for when an employee returns to start a documented return to work plan.
- Ensuring the employee knows the requirements regards Fit Notes.
- Ensuring the individual is aware of their sick pay provisions including any impact on unsocial hours.
- Discuss whether the employee has any planned annual leave or holidays in the next month or so, discussing how this may impact on their health and identifying if any action is required to amend records.
- Where appropriate discuss a phased return to work, or explore adjustments to the role, temporary alternative employment, redeployment or ill health retirement, (see sections 5.7-5.11).

- Agree when a Long-Term Review Meeting will be held, this should be in a month's time but may be sooner if appropriate, for example if an Occupational Health report is received a further meeting should be held.

5.2 **Long Term Review Meetings:** As a minimum there should be a monthly meeting to review the full circumstances of the absence and discuss anything that may have changed. For example, this may be the provision of Occupational Health advice or the results of any diagnostics tests. A meeting may be brought forward or additional meetings arranged as appropriate to enable timely support.

5.3 Confirmation of the arrangements of each Long-Term Review Meeting should be provided in writing at one week ahead of the meeting. Careful consideration should be given to the arrangements taking into account the circumstances of the absence. A HR Representative will be in attendance at some Long-Term Review Meetings where it is considered that meaningful HR input will be required but HR will not usually attend every Long-Term Review Meeting. The Employee has the right to be accompanied to the meeting by an accredited Trade Union Representative or a work place colleague not acting in a legal capacity.

5.4 It is expected that each Long-Term Review Meeting should include the following:

- Receive an update on how the employee is. Sensitively discuss any diagnosis or prognosis and any information on the likely length of absence, where appropriate.
- A supportive and holistic discussion around the specific circumstances of the individual, bearing in mind how any protected characteristics might impact their health and access to health care. This should include gaining an understanding of health care being accessed, support available at home and where appropriate signposting to other known services.
- A review of any Occupational Health advice received to date or a discussion as to whether Occupational Health advice should be sought.
- The arrangements required to support the employee to return to work.
- Remind the employee about the requirements regards Fit Notes.
- Ensuring the individual is aware of their sick pay provisions including any impact on unsocial hours including an update regarding any pending changes to pay.
- Discuss whether the employee has any planned annual leave or holidays in the next month or so, discussing how this may impact on their health and identifying if any action is required to amend records.
- Where appropriate discuss a phased return to work, or explore adjustments to the role, temporary alternative employment, redeployment, or ill health retirement, (see sections 5.5-5.9).
- Agree whether a further Long Term Review Meeting will be held and when, or whether , if all other options have been reasonably exhausted to support a return to work in a foreseeable timescale it is necessary to refer to a Formal Attendance Hearing.

5.5 **Phased Return to Work**: A phased return to work may be recommended to support an employee to return to work following a long-term episode of absence. Where a phased return is recommended by Occupational Health this will be fully supported by the Trust on full basic pay for up to 4 weeks. Any other pay elements will be paid as per the individual's terms and conditions. In circumstances where Occupational Health advise a phased return that exceeds four weeks then annual leave or unpaid leave may be used to support the extended period.

5.6 **Adjustments to the Role:** Temporary or permanent adjustments may be made to an employee's role to support them to be able to attend work and/or support their recovery. Where these are temporary these should be regularly reviewed with a foreseeable end

point. Temporary adjustments are likely to be those which will not be needed by the employee indefinitely or could not be sustained by the organisation indefinitely. Long Term Review Meetings should continue whilst temporary adjustments are in place. By contrast permanent adjustments are those which are required indefinitely and can be sustained on a long-term basis. It is likely that Occupational Health and/ or Access to Work may have provided advice as to appropriate adjustments. It is encouraged that any adjustments required long term are recorded in an optional Health and Wellbeing Passport. An employee should receive their contractual pay whilst working to an adjusted role rather than Occupational Sick Pay.

5.7 **Temporary Alternative Duties**: is where an employee is provided with a combination of tasks usually, but not always, within their substantive department, to support an employee with their recovery and/or to enable them to work. Temporary alternative duties are not needed indefinitely by the employee and usually cannot be sustained by the organisation indefinitely. Temporary Alternative Duties are intended to be for a short period, usually not exceeding three months and should be reviewed regularly. Long Term Review Meetings should continue whilst an employee is undertaking Temporary Alternative Duties. Please refer to the Temporary Alternative Employment Policy/ Process for further information. An employee should receive their contractual pay whilst working to an adjusted role rather than Occupational Sick Pay.

5.8 **Temporary redeployment:** is where an employee is redeployed to a different department or role to enable them to work when they are unable to fulfil their substantive role, for example whilst awaiting surgery. Temporary redeployment is appropriate when there is a likely timeframe for how long the redeployment will be for and it is foreseeable that the employee will be able to return to their substantive role within a reasonable timescale. The level and duties of the post should as closely as possible be commensurate with the substantive role of the employee. The length of time for which temporary redeployment can be sustained will differ on a case-by-case basis depending on the specific circumstances but would not usually exceed six months. Temporary redeployment may also be appropriate whilst an employee is formally seeking permanent redeployment. An employee should receive their contractual pay whilst temporarily redeployed rather than Occupational Sick Pay.

5.9 **Permanent redeployment** should be considered at such a point that the employee is not envisaged to be able to resume their substantive post, even with adjustments, in a foreseeable or sustainable timeframe and Temporary Alternative Duties or Temporary Redeployment has been exhausted or is unsuitable. HR support should be sought when redeployment is considered, and the redeployment procedure should be followed. The purpose of seeking redeployment is to enable an employee to continue their employment with the Trust when their employment in their substantive role cannot be continued. The employee should be put on the redeployment register for a period of eight weeks. It should be noted than an individual will also remain on the redeployment register during any period when a Formal Attendance Hearing is convened and during their notice period. Once an employee is permanently redeployed their pay and contract will be changed to reflect their new role.

5.10 **Ill Health Retirement**: An employee who is likely to be permanently incapable of efficiently carrying out the duties of their contractual role may be eligible to claim ill health retirement. There are two tiers of ill health retirement, and the benefits depend on whether an employee is capable of undertaking any further employment or is not able to work at all. In order to be eligible to apply, a member must have been paying into the pension scheme for at least two consecutive calendar years and must not have reached the retirement age for that specific pension scheme. The reason for dismissal must be

due to ill health otherwise they will not qualify for ill health retirement benefits. A pensions forecast can be obtained via the Pensions Officer within the payroll department and an AW33E form requires completion. (Part A is to be completed by the line manager, part B is to be completed by the staff member and part C is to be completed by the Occupational Health Doctor, GP, or Consultant.) Employees should be aware that the amount of time it can take from application to decision will depend on the individual assessment of a case and if further medical evidence is required, this can delay the decision. The decision to accept or reject a member's ill health application is based on clinical consideration by the Pension Scheme's medical advisers who are professionally qualified, experienced and specially trained clinical medical professionals. The decision is not made by Yorkshire Ambulance Service NHS Trust, however there is a right of appeal. The decision to dismiss is not dependent on a successful ill health retirement decision.

5.10.1 Where an individual is expected to have less than 12 months to live and is applying for NHS Ill Health Retirement the application can be fast tracked. A scanned copy of the completed AW33E form should be submitted by email following the instructions on the form for an urgent assessment.

5.11 **Referral to a Formal Attendance Hearing**: It will be necessary to refer to a Formal Attendance Hearing when all possibilities for supporting an employee to return to work in a foreseeable timeframe have been reasonably explored. A Formal Attendance Hearing would usually be the last resort after all other options have been supportively explored through the Long-Term Review Meetings. Whilst every absence will differ in terms of when a Formal Attendance Hearing will be considered necessary, a Formal Attendance Hearing would not usually be held prior to three months of absence and at the very latest a Formal Attendance Hearing should be held before the employee has been absent for one year unless there are exceptional circumstances.

5.12 Terminal Illness: Where an employee has been diagnosed with a terminal illness, defined by the TUC as 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' it is important to remember that the wishes and experiences will differ between individuals.

5.13 Whilst the principles of the Long-Term framework should be followed it may be necessary to make adaptations as appropriate to ensure a compassionate and supportive approach is taken.

5.14 It is important that the organisation understands the wishes of the individual and the individual is provided with sufficient information to enable them to make informed choices, this is specifically likely to be in relation to pension and other finances.

6.0 Short Term and Recurrent Absences Framework

6.1 Following an episode of absence and during the Return to Work meeting the manager leading the meeting should identify if the absence levels reach a review point, and any absence history that meets the following criteria should be in scope for consideration:

- 3 episodes of absence in the previous 12-month period OR
- 2 episodes absence totalling 14 calendar days or more in the previous 12-month period
- A recognisable pattern of absences of any length OR
- Multiple episodes of long term absence over an extended period.

6.2 Where the absence history indicates a review point is reached then the employee should

be referred to a Stage One meeting under the Short Term and Recurrent Absence Framework. At this point a case should be created in the HR case management system. If the manager is satisfied that these absence levels are already being managed, for example for an employee where a reasonable adjustment to review points are already agreed, then referral to a Stage One meeting is not necessary and a new case should not be set up.

6.3 Stage One

6.3.1 Once a decision has been made to refer to a Stage One meeting, it should usually be held within two weeks. A longer timeframe may be necessary to allow the meeting to be meaningful for example if occupational health advice is required. This is a formal meeting which should be led by the employee's line manager or other nominated manager from within the department. The employee should be given a one week's notice of the arrangements for the meeting in writing. This should include the date, time, attendees and potential outcomes.

6.3.2 The manager should agree with their HR representative as to whether HR will be in attendance at the meeting. This will be dependant on the specific circumstances of the case. The member of staff has the right to be accompanied to that meeting by a Trade Union representative or a work colleague not acting in a legal capacity.

6.3.3 An appropriate confidential venue should be organised for the meeting that takes into account any accessibility requirements of the individual.

6.3.4 The content of the meeting should be tailored to the individual circumstances but should usually include the following:

- A clear explanation of the reasons for holding a Stage One meeting including the importance of the Trust needing to support attendance at work.
- Clearly detailing the absences causing concern and any relevant information from the recent Return to Work Meeting.
- A supportive and holistic discussion around the specific circumstances of the individual, bearing in mind how any protected characteristics might impact their health and access to health care. This should include gaining an understanding of health care being accessed, whether Occupational Health advice should be sought and where appropriate signposting to other services. Where longer term adjustments are agreed employees should consider documenting this in an optional Health and Wellbeing Passport.

6.3.5 The manager will need to determine the outcome of the Stage One meeting which would be one of the following and should be confirmed in writing:

- No further action or limited follow up action is required: This will be appropriate where concerns which arose at the Return to Work Meeting are no longer present. Should future absence levels indicate a concern again then a further Stage One meeting should be called.
- Informal action: This may be appropriate in circumstances where the Trust needs to make adjustments to support an employee, for example adjusting review points for a long term health condition or disability where this can be sustainable. This may identify targets and support. This should be reviewed through regular management conversations. Should the informal action not be sufficient or if future absence levels indicate a concern again then a further Stage One meeting should be called.
- Formal action: A Stage One Improvement Plan identifying attendance targets and support required should be put in place. This will be for a twelve-month period with

clearly defined review periods which would usually be quarterly. It is important that the employee clearly understands that if their attendance does not improve to the required levels then a Stage Two meeting will be held.

6.3.6 Stage One Review meetings, usually held quarterly, are a formal opportunity for review the health, attendance and support arrangements during the period of a Stage One Improvement Plan. Each review meeting should be a supportive and holistic discussion around the specific circumstances of the individual and considered what may have changed since the previous meeting. The employee is entitled to be accompanied at the review meeting by their Trade Union Representative or work place colleague not acting in a legal capacity. Each meeting should be documented.

6.3.7 If the employee's attendance does not improve as required during the Stage One monitoring period, then a Stage Two meeting can be held. Whilst it is not necessary to complete the full Stage One improvement period prior to moving to Stage Two, a manager must be assured that the employee has had a reasonable opportunity to improve their health and reasonable support has been put in place prior to moving to Stage Two. For example, if an employee has recently started a new medication which is known to take a few weeks to become effective then there should have been a reasonable opportunity for it to work. It is also possible to agree an extension to Stage One for similar reasons as an alternative to escalating to Stage Two.

6.3.8 If at the end of the Stage One improvement period there are no ongoing concerns around attendance levels then no further action will be taken and support to the employee should be provided through normal line management arrangements.

6.4 Stage Two

6.4.1 The employee should be given a minimum of one week's notice of the arrangements for the Stage Two meeting in writing. This should include the date, time attendees and potential outcomes. The meeting should usually be led by the same manager as led stage one although this may differ in some departments i.e., where there are specific Wellbeing Teams and this will be defined in their local procedures.

6.4.2 A HR representative will usually be present at the Stage Two meeting although this will be dependent on the specific circumstances of the case. The member of staff has the right to be accompanied to that meeting by a Trade Union representative or a work colleague not acting in a legal capacity.

6.4.3 An appropriate confidential venue should be organised for the meeting that takes into account any accessibility requirements of the individual.

6.4.4 The content of the meeting should be tailored to the individual circumstances but should usually include the following:

- A clear explanation around the reasons for holding a Stage Two meeting including the importance of the Trust needing to support attendance at work.
- Clear detailing of the absence history and support and actions taken to date.
- A supportive and holistic discussion around the specific circumstances of the individual, bearing in mind how any protected characteristics might impact their health and access to health care. This should include gaining an understanding of health care being accessed, whether Occupational Health advice should be sought and where appropriate signposting to other services. Where longer term adjustments are agreed it is encouraged that these are documented in a Health and Wellbeing Passport.

- If it is identified that there are factors specifically contributed to the employee's job role that may be causing increased absence, then redeployment should be considered. This would normally be based on Occupational Health advice.

6.4.5 A Stage Two Improvement Plan will usually be put in place. This will usually be for a further period of up to twelve months with clearly defined review periods which would usually be quarterly. Where an employee has been referred back into the formal stages due to a pattern of absences that includes previously having a Stage Two Improvement plan within the twelve month period prior to the formal referral then should they reach Stage two again, then the Stage Two Improvement plan may be for a longer period of up to twenty-four months. It is important that the employee clearly understands that if their attendance does not improve to the required levels then a formal Attendance Hearing will be convened.

6.4.6 Stage Two Review meetings, usually held quarterly, are a formal opportunity for review the health, attendance and support arrangements during the period of a Stage Two improvement period. Each review meeting should be a supportive and holistic discussion around the specific circumstances of the individual and considered what may have changed since the previous meeting. Each meeting must be documented.

6.4.7 If the employee's attendance does not improve as required during the Stage Two Improvement period, then a Formal Attendance Hearing will be convened. Whilst it is not necessary to complete the full Stage Two Improvement period prior to convening a hearing, a manager must be assured that the employee has had a reasonable opportunity to improve their health and reasonable support has been put in place. It is also possible to agree an extension to Stage Two as an alternative to escalating to a formal Attendance Hearing if it is considered that all reasonable support from the Trust has not been exhausted.

6.4.8 If at the end of the Stage Two Improvement period there are no ongoing concerns around attendance levels then no further action will be taken and support to the employee should be provided through normal line management arrangements.

7.0 Formal Attendance Hearing

7.1 A Formal Attendance Hearing should be convened when an employee's short term or recurrent absence has not improved during the Stage Two Improvement period or when all reasonable support has been exhausted for an employee on Long Term sickness absence.

7.2 Prior to convening a Formal Attendance Hearing, HR advice should be sought, and the following should be available:

- Attendance history for the relevant period, this should not usually date back further than five years.
- Up to date information regarding the health of the employee, which should include, where appropriate, any available prognosis, treatment plans, current Occupational Health report which should usually be dated within the last two months.
- Relevant health history of the employee including previous clinical/ medical advice such as Occupational Health reports.
- Full chronological details of the support provided by the Trust and external interventions accessed specific to the circumstances of the employee.
- Details of any adjustments to the role that have been considered and/or made.
- Details or any redeployment that has been sought or trialed.

- Details of any Ill Health Retirement applications that have been considered and/or submitted.
- Justification as to why the Formal Attendance Hearing is necessary at the time.

7.3 If any of the information detailed in section 7.2 is not available then there must be a clear rationale for its absence, otherwise it is expected that the Formal Attendance Hearing should not go ahead.

7.4 The Formal Attendance Hearing will be chaired by a senior manager (band 8B or above), who will be supported by a HR representative (Senior HR Advisor or above). The manager who has held previous meetings under the framework will be in attendance and they may be supported by a HR Advisor where necessary. The employee has the right to be accompanied to the Hearing by an accredited Trade Union representative or a workplace colleague not acting in a legal capacity.

7.5 Suitable arrangements should be made for the Formal Attendance Hearing making sure that due consideration is given to the individual circumstances. These should be detailed in writing, and a copy of the management report, detailing the history and circumstances leading to the hearing, must be provided at least 14 calendar days prior to the hearing.

7.6 If the employee wishes, they may submit a written response to the management report or provide supplementary documents. These may be provided at the Formal Attendance Hearing or circulated in advance.

7.7 The employee should take all reasonable steps to attend the Formal Attendance Hearing. If for any reason they are unavailable but wish to request the hearing is rescheduled they must let the Trust know at the earliest opportunity. If this employee fails to attend the hearing without advising the Trust or is unable to attend the rescheduled date, then the hearing may proceed in their absence.

7.8 During the Formal Attendance Hearing the Chair of the hearing will compassionately lead discussions around the history and circumstances leading to the Formal Attendance Hearing. This will include the manager presenting the management report to explain the background. This should include all of the information detailed in 7.2. The employee will have an opportunity to present any response to the management report and provide any relevant information about their circumstances. An adjournment may be called at any point and will usually be necessary prior to the Chair of the hearing determining an outcome.

7.9 The Chair of the hearing, with HR support should consider whether all reasonable steps have been taken by the Trust to support the employee to return to work and/or sustain regular attendance at work. The Chair must be satisfied that they have all available up to date information regarding the health of the employee and that all reasonable measures have been considered and/or taken to support the employee. This must include considering health interventions accessed, advice received, adjustments to the role, redeployment and ill health retirement, where appropriate. If the Chair is not satisfied that sufficient information is available or is not satisfied that all reasonable steps to support the employee have been taken then they will clearly articulate what is expected to be done, by whom and when. The Chair must also make it clear what stage of the Short Term and Recurrent Absence Framework, or Long-Term Absence framework any further meetings should be held under. If the Chair is satisfied that sufficient information is available and is satisfied that all reasonable steps to support the employee have been taken and exhausted, then they will unfortunately need to dismiss the individual from their employment at Yorkshire Ambulance Service NHS Trust. The dismissal will be with

notice. Where appropriate the individual will remain on the redeployment register during their notice period.

8.0 Appeal

8.1 An individual who is dismissed from their employment with Yorkshire Ambulance Service NHS Trust has the right to appeal the decision. Any appeal must be submitted to yas.erappeals@nhs.net within 14 calendar days of receipt of the outcome letter, clearly stating their grounds of appeal. Where possible they should use the Registration of Appeal Form (appendix B). If for any reason the individual is unavailable but wishes to request the Appeal Hearing is rescheduled, they must let the Trust know at the earliest opportunity. If this individual fails to attend the Appeal Hearing without advising the Trust or is unable to attend the rescheduled date then the hearing may proceed in their absence.

8.2 On receipt of an appeal an Appeal Hearing will be arranged. The arrangements will usually be made and notified to the individual within 14 calendar days, providing at least 14 calendar days' notice of the Appeal Hearing. This will be chaired by an Executive Director, Non- Executive Director, Deputy Director, Associate Director or equivalent (band 8D or above) who is supported by a HR representative (usually a HRBP or above). The Chair of the previous Formal Attendance Hearing and, where required, their HR support will be present. The individual has the right to be accompanied to the meeting by an accredited Trade Union representative or a workplace colleague not acting in a legal capacity. Due consideration should be given to the arrangements for the Appeal Hearing.

8.3 The Chair of the Formal Attendance Hearing should provide a written response to the grounds of appeal. The individual may also provide a fuller written rationale for their appeal. These documents should be submitted electronically to yas.erappeals@nhs.net no later than 12 noon seven calendar days before the Appeal Hearing. The full set of appeal documents will then be exchanged simultaneously and provided to Appeal Panel members, the Formal Attendance Hearing Chair and HR support and the individual no less than 7 calendar days prior to the Appeal Hearing.

8.4 The purpose of the Appeal Hearing is to review the grounds of appeal and the decision to dismiss at the time of the Formal Attendance Hearing. It is not intended to be a rehearing of the Formal Attendance Hearing. The Appeal Hearing Panel should carefully consider the grounds of appeal and the rationale of the Chair of the Formal Attendance Hearing for the dismissal. New information would not normally be considered at an Appeal Hearing even if there is a significant change in prognosis as the Appeal Panel will review the previous decision and the information that that was available at the time. The only exception to this will be in instances where the individual is appealing on the grounds that it was foreseeable that new information would be available, and it was unreasonable not to wait for it.

8.5 The possible outcomes from an Appeal Hearing are:

- To uphold the appeal and reinstate the individual's employment. The Appeal Panel Chair must clearly articulate any actions to be taken, by whom and when. The Chair must also make it clear what stage of the Short Term and Recurrent Absence Framework, or Long-Term Absence framework, any further meetings should be held under.
- To not uphold the appeal, in which case the decision to dismiss the individual from their employment still stands.

9.0 Absences as a result of Incident, illness, or Injury at Work

9.1 Absences sometimes occur as a result of workplace/ work-based incidents and sometimes these need to be treated different to other episodes of sickness absence in respect to reporting requirements, eligibility for pay and how they are managed. These different impacts should each be considered independently.

9.2 Reporting: It is important that the Trust has accurate data relating to absence which is a result of incident, illness or injury at work so that proactive action can be taken to improve staff safety at work. Staff should use the reporting mechanisms outlined in the table below:

Attributable absence causes	Where it should be reported
Incident, illness or injury at work (excluding those attributable to Employee Relations issues)	Datix
Violent, abusive or aggressive incident, which results in either physical or psychological harm, including the reoccurrence of old injuries or psychological harm that have been affected as a result of the recent violent and aggressive incident. This would include the violent and aggressive incident being the trigger for the absence even when considered against a cumulative set of occurrences or issues for the staff member, i.e. 'the straw that breaks the camel's back'.	Datix and YAS Absence Recording System
Employee Relations issues (psychological harm and illness e.g., stress and anxiety)	Via appropriate HR procedure or through the Freedom to Speak Up Guardian

9.3 Pay: If an employee believes that their absence has arisen as a result of an injury, disease or other health condition which is wholly or mainly attributable to NHS employment they may be eligible to claim unsocial hours payments as though they were at work and/or eligible to claim to have their contractual sick pay topped up to 85%. Please refer to section 3 of this Document and the Trust's injury Allowance Guidance for more information. Staff and managers should be aware that delays in submitting and processing applications for Injury Allowance may result in a loss of earnings.

9.4 Management: When considering whether episodes of absence which may have a cause attributed to the workplace create a cause for concern in line with the short term and reoccurring episode framework, managers should consider the specific circumstances of each occurrence. Absences deemed to be a work-related injury or illness including subsequent treatment, e.g. taking PEP after a needle stick injury, would not lead to escalation through the short and recurrent framework.

10.0 Medical Suspension

10.1 A manager may place an employee on Medical Suspension when they feel there are health and safety concerns that cannot be mitigated by making temporary or permanent changes at work or offering suitable alternative work. Examples of situations where Medical Suspension may be appropriate include:

- Department of Health and Social Care (DHSC) directives such as previously implemented through the COVID 19 pandemic.

- An employee attending for work but appearing to be significantly unwell to such an extent that the manager is concerned that they pose a health and safety risk.
- Significant contradictions in medical/ clinical advice regarding an employee's fitness for work.

10.2 Medical Suspension would not be appropriate when the arrangements specified on a Fit Note cannot be made, in these circumstances a Fit Note should be treated as if it states the individual is not fit for work.

10.3 Where a manager is concerned that an employee's attendance at work poses a health and safety concern, they should stand the employee down from duty and meet with them to explain their concerns. The employee should be encouraged to take sickness leave if they are unwell and be signposted to suitable support.

10.4 If it is considered that an employee poses a significant risk to themselves or others, then these circumstances may require requesting immediate help such as requesting Police or Ambulance attendance.

10.5 If the employee does not agree that they are unfit for work then the Medical Suspension risk assessment should be completed (appendix C). If the perceived risks cannot be adequately mitigated then the employee may be placed on Medical Suspension for an initial period of one week to allow Occupational Health advice to be provided, this should be authorised by a senior manager. Beyond the initial week the Medical Suspension should be reviewed and may be extended by a week at a time up to a maximum of four weeks, for example if there is a delay in the Occupational Health provider being able to provide advice. This should be approved by a manager banded 8C or above. HR advice should be sought.

10.6 If the employee refuses to engage with Occupational Health, refuses to consent to Occupational Health releasing sufficient information to the Trust to enable risks to be assessed, or maintains they are fit for work contrary to Occupational Health advice then further HR Advice should be sought to agree an appropriate approach which may be in line with an alternative HR policy.

10.7 Medical suspension will be on full contractual pay, including an average payment for unsocial hours, as though the employee was at work and not Occupational Sick Pay.

10.8 Where medical suspension is required then this should be reflected in HR case management software using the most appropriate case type to the circumstances.

Appendix B

REGISTRATION OF APPEAL FORM

Please use this form if you wish to appeal being dismissed from Yorkshire Ambulance Service NHS Trust as an outcome of a Formal Attendance Hearing.

I _____, acknowledge receipt of the letter dated __/__/____ and wish to appeal against being dismissed for the reason(s) specified below: -

Section A – Reason for appeal

Please identify below by placing a tick next to the most appropriate statement or statements, the reason (s) for your appeal.
When submitting your appeal please provide **all** the supporting documentation that you wish to be considered. **Please note** where information is not provided with this appeal submission, this may result in a delay in your appeal being heard.

	A	The outcome (dismissal) was unfair
	B	The hearing did not take into account the attached mitigating circumstances
	C	The Trust's Procedure was not followed as detailed on the attached
	D	Other reason(s)

Section B – Further Information

In this section, please give detail of any further information you would like to add to support your reason for appeal.

Signed:

Date:

Please return both pages of this form to yas.erappeals@nhs.net, for attention of The Panel Chair.

Appendix C

NHS Yorkshire Ambulance Service NHS Trust

PRIVATE & CONFIDENTIAL - Risk Assessment Form for Medical Suspensions

This risk assessment form should be completed with all information currently known. Completed forms should be sent to HR Services via the HR portal on Pulse.

Date of Completion	
Employee:	
Substantive Role/Base:	
Secondary Assignment: **Role/Base**	
Line Manager:	
Details of anyone else who has provided Advice: (e.g. HR or Senior Manager)	
Reason for the medical suspension risk assessment:	

What are the perceived risks?	
What is the perceived likelihood of risks occurring?	
What are you already doing to control the risks? (if applicable)	
What options have been considered e.g. redeployment or temporary adjustments to role?	
What further action do you need to take to control the risks? (if applicable)	

Recommendation of Line Manager	Employee to continue in post	Yes / No
	Redeployment	Yes / No
	Medical suspension from work	Yes / No
Summary of Action Taken and Rationale:		

Please detail any additional actions identified, e.g., Occupational Health Referral or follow up actions. Please ensure these are SMART (specific, measurable, Attainable, Realistic, Time Specific) and identify who is responsible for completing each one.

1.	
2.	
3.	
4.	

Please ensure that Payroll are notified of the start and end dates of any period of medical suspension (via email to yas.payroll@nhs.net).

Please ensure scheduling (if applicable) are aware of the start and end dates of any period of medical suspension.

Date of Next Review:	

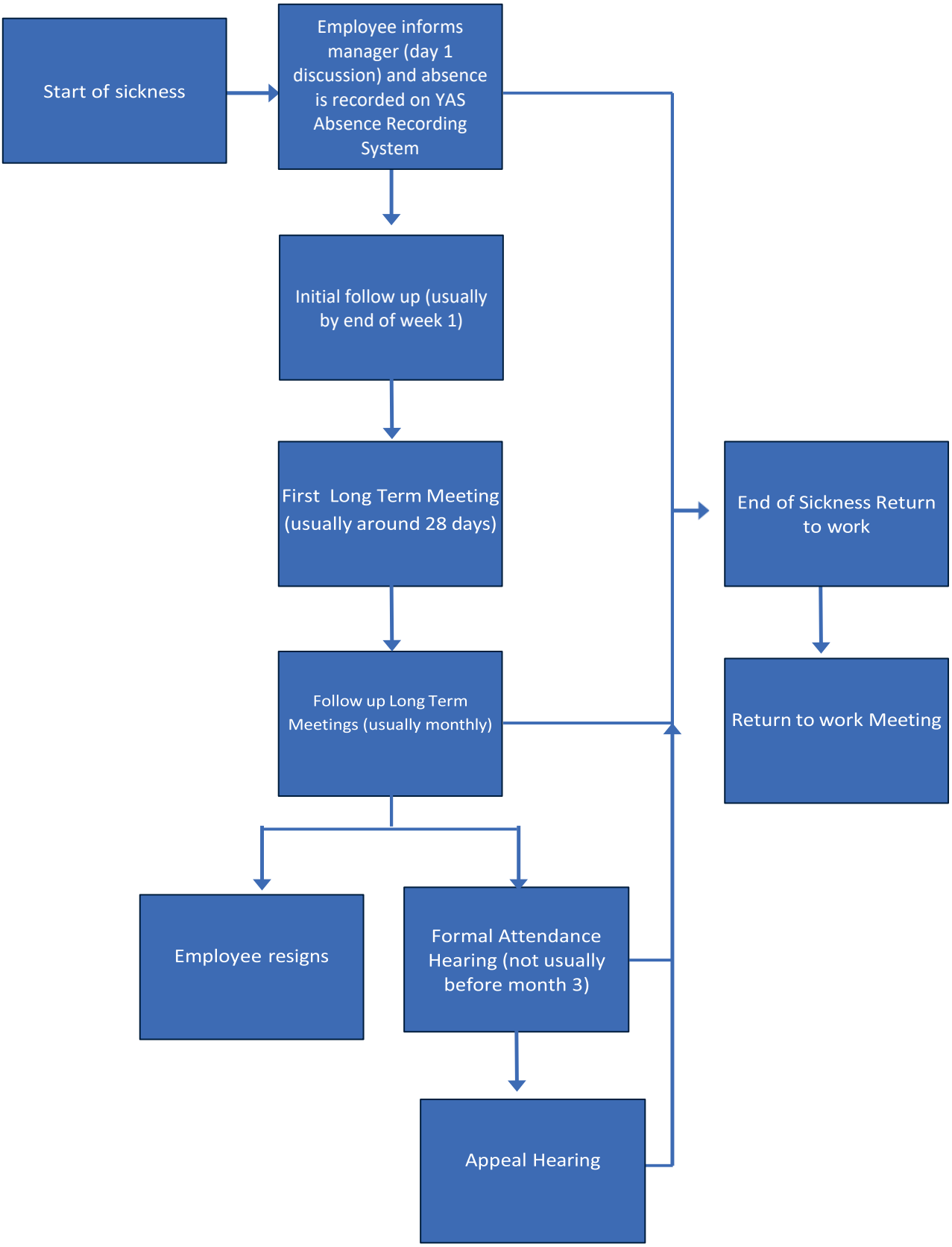
Medical Suspension Risk Assessment Review

Review Date:	Names and Roles of Reviewers:	Information Discussed:	Outcome of Review:

Please detail any extra actions identified during the reviews. Please ensure these are SMART and identify who is responsible for completing each one.

1.	
2.	
3.	
4.	

Appendix D - Long Term Absence Framework



Appendix E - Short Term and Recurrent Absence Framework

