

Our Ref: NG/RM/25408
Date: 13th February 2026

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Reception: 0300 123 1535

Dear

Freedom of Information Act Request

I am writing in response to your e-mail of the 19th November 2025. Your request has been processed using the Trust's procedures for the disclosure of information under the Freedom of Information Act (2000).

Requested information:

I would like to make a Freedom of Information Act request for the following information

Please provide:

1. What is the distribution of sickness absence days amongst your organisation's workforce by percentile?

Please see Appendix 1 attached.

2. A breakdown of sickness absence in your organisation in 2024 by grade and function.

Please see Appendix 1 attached.

3. Details of what measures, interventions and support has your organisation provided to reduce sickness absence.

- **A revised Supporting Attendance at Work policy with revised templates to various letters.**
- **Manager guidance to sickness management and manager training where applicable.**
- **In person People Sickness Surgeries held every 5 weekly.**
- **Monthly sickness summary reports shared with the service managers for their review.**
- **Support with sickness reviews on an individual case basis.**
- **Flexible Working.**
- **Redeployment route with an up to date redeployment register.**
- **Optima Health access.**
- **Adjustments to work.**
- **Health and Wellbeing support including staff counselling services.**

4. A copy of your HR policies relating to sickness absence. **Please see Appendix 2 attached**

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review of the management of your request. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to: Dr Buki Adeyemo, Chief Executive, North Staffordshire Combined Healthcare Trust, Trust Headquarters, Lawton House, Bellringer Road, Trentham, ST4 8HH. If you are not content with the outcome of the internal review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

Yours sincerely



Nicola Griffiths
Deputy Director of Governance

What is the distribution of sickness absence days amongst your organisation's workforce?

Data presented is for 2024 so that is aligns to the follow up question

Absence Band (Days)	# Absence Occurrences Percentage
0-1	25.88%
2	17.26%
3	9.45%
4	7.22%
5	7.54%
6	2.89%
7	4.08%
8-14	6.77%
15-21	3.55%
22-27	1.79%
28 Days-6 Months	11.90%
6 Months-12 Months	1.19%
> 12 Months	0.48%

A breakdown of sickness absence in your organisation in 2024 by grade and function

Function	FOI pay Band	Absence FTE %
Medical and Dental	Medical and Dental	10.47%
Medical and Dental Total		10.47%
NHS infrastructure support	Band 1	9.14%
NHS infrastructure support	Band 2	11.99%
NHS infrastructure support	Band 3	11.31%
NHS infrastructure support	Band 4	8.06%
NHS infrastructure support	Band 5	8.05%
NHS infrastructure support	Band 6	4.41%
NHS infrastructure support	Band 7	12.54%
NHS infrastructure support	Band 8+	7.31%
NHS infrastructure support	Other Pay Band	12.73%
NHS infrastructure support Total		9.72%
Nursing and Midwifery	Band 5	7.77%
Nursing and Midwifery	Band 6	8.26%
Nursing and Midwifery	Band 7	5.97%
Nursing and Midwifery	Band 8+	6.48%
Nursing and Midwifery	Other Pay Band	51.65%
Nursing and Midwifery Total		7.60%
Support to doctors, nurses & midwives	Band 2	7.51%
Support to doctors, nurses & midwives	Band 3	13.32%
Support to doctors, nurses & midwives	Band 4	14.00%
Support to doctors, nurses & midwives	Band 6	3.37%
Support to doctors, nurses & midwives	Band 7	0.80%
Support to doctors, nurses & midwives	Other Pay Band	20.53%
Support to doctors, nurses & midwives Total		13.19%
Other scientific, therapeutic & technical staff	Band 2	1.91%
Other scientific, therapeutic & technical staff	Band 4	13.82%
Other scientific, therapeutic & technical staff	Band 5	6.40%
Other scientific, therapeutic & technical staff	Band 6	8.99%
Other scientific, therapeutic & technical staff	Band 7	8.63%
Other scientific, therapeutic & technical staff	Band 8+	3.13%
Other scientific, therapeutic & technical staff Total		7.01%
Support to ST&T staff	Band 2	7.02%
Support to ST&T staff	Band 3	7.54%
Support to ST&T staff	Band 4	8.29%
Support to ST&T staff	Band 5	4.59%
Support to ST&T staff	Band 6	4.46%
Support to ST&T staff Total		6.90%
Allied health professionals	Band 3	4.37%
Allied health professionals	Band 5	3.08%
Allied health professionals	Band 6	8.20%
Allied health professionals	Band 7	20.97%
Allied health professionals	Band 8+	12.84%
Allied health professionals Total		9.24%

Document level: Trust
Policy Ref No: 3.11
Issue number: 6

Supporting Attendance at Work Policy

Lead executive	Chief People Officer
Authors details	Senior People Advisor, People Operations Team

Type of document	Policy
Target audience	All Trust Employees
Document purpose	This Supporting Attendance at Work Policy sets out the Trust's procedures for reporting and managing sickness absence as well as supporting employees with health conditions within the workplace

Approving meeting	PWG JNCC PCDC	Meeting date(s)	8 th August 2023 23 rd November 2023 4 th December 2023
Implementation date	Policy Ongoing	Review date	31 st December 2026

Trust documents to be read in conjunction with	
3.01	Disciplinary Policy
3.03	Compassionate and Special Leave Policy
3.09	Freedom to Speak Up Policy
3.12	Inclusion Policy
3.13	Bullying and Harassment at Work Policy
3.14	Alcohol and Drugs Policy
3.16	Leave for Parents and Guardians Policy
3.23	Supporting Staff to Improve Performance Policy
3.25	Flexible Working and Employment Break Policy
3.47	E-rostering Management Policy
3.50	Transgender inclusion Policy
3.54	Menopause and Hormone Related Policy
5.30	Stress at Work Policy

Document change history		Version	Date
What is different?	- Move to new policy template - Minor changes to policy terminology - Inclusion and cross referencing with Transgender inclusion policy and Menopause and Hormone Related Policy - Additional guidance in connection with the Equality Act 2010 and Reasonable Adjustments including new supporting Appendix 1		

	- Addition of Disability Leave provision point 17. - Addition of Occupationally acquired / notifiable / infectious diseases point 21 - Reference to Health and Safety At Work Act 1974 and NICE guidelines - Reference to TUC Dying to Work Charter		
Appendices / electronic forms	- Available on Trust intranet / CAT		
What is the impact of change?	- N/A		

Training requirements	N/A
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Document consultation	
Directorates	Partnership Working Group and Joint Negotiation Consultation Committee
Corporate services	Partnership Working Group and Joint Negotiation Consultation Committee
External agencies	Partnership Working Group and Joint Negotiation Consultation Committee

Financial resource implications	N/A
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External references
1. Getting the most out of the fit note: guidance for employers and line managers - GOV.UK (www.gov.uk) 2. Equality Act 2012 3. NHS Employers Agenda for Change Terms and Conditions https://www.nhsemployers.org/publications/tchandbook 4. Acas Making working life better for everyone in Britain 5. Understanding disability discrimination: Disability discrimination at work - Acas 6. https://www.equalityhumanrights.com/en/multipage-guide/employing-people-workplace-adjustments 7. The fit note: guidance for patients and employees - GOV.UK (www.gov.uk) 8. Health & Safety at Work Act 9. NICE guidelines 10. TUC Dying to Work Charter

Monitoring compliance with the processes outlined within this document	
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Equality Impact Assessment (EIA) - Initial assessment	Yes/No	Less favourable / More favourable / Mixed impact

Does this document affect one or more group(s) less or more favorably than another (see list)?		
– Age (e.g. consider impact on younger people/ older people) – Disability (remember to consider physical, mental and sensory impairments) – Sex/Gender (any particular M/F gender impact; also consider impact on those responsible for childcare) – Gender identity and gender reassignment (i.e. impact on people who identify as trans, non-binary or gender fluid) – Race / ethnicity / ethnic communities / cultural groups (include those with foreign language needs, including European countries, Roma/travelling communities) – Pregnancy and maternity, including adoption (i.e. impact during pregnancy and the 12 months after; including for both heterosexual and same sex couples) – Sexual Orientation (impact on people who identify as lesbian, gay or bi – whether stated as ‘out’ or not) – Marriage and/or Civil Partnership (including heterosexual and same sex marriage) – Religion and/or Belief (includes those with religion and /or belief and those with none) – Other equality groups? (may include groups like those living in poverty, sex workers, asylum seekers, people with substance misuse issues, prison and (ex) offending population, Roma/travelling communities, and any other groups who may be disadvantaged in some way, who may or may not be part of the groups above equality groups)	N N N N N N N N N	
If you answered yes to any of the above, please provide details below, including evidence supporting differential experience or impact.		
If you have identified potential negative impact: - Can this impact be avoided? Staff are required to complete mandatory education to ensure a safe service provision - What alternatives are there to achieving the document without the impact? Can the impact be reduced by taking different action?		
Do any differences identified above amount to discrimination and the potential for adverse impact in this policy?	N/A	
If YES could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? Or any other reason		
Enter details here if applicable		
Where an adverse, negative or potentially discriminatory impact on one or more equality groups has been identified above, a full EIA should be undertaken. Please refer this to the Diversity and Inclusion Lead, together with any suggestions as to the action required to avoid or reduce this impact.		

Discussed the above with the Inclusion & Diversity Lead – adjustments offered and made ensured equality and inclusion.

For advice in relation to any aspect of completing the EIA assessment, please contact the Diversity and Inclusion Lead at Diversity@combined.nhs.uk

Was a full impact assessment required?

No

What is the level of impact?

N/A

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2 Policy Statement

- 2.1 This Supporting Attendance at Work Policy sets out the Trust's procedures for reporting and managing sickness absence as well as supporting employees with health conditions within the workplace. It aims to offer guidance to support employees to remain well in work and be offered support when they are absent. This policy should be read alongside the guidance provided on the NHS Employers Website [Sickness absence toolkit | NHS Employers](#) . All forms and letters referred to within this policy can be found within the People Operations Team pages on the Intranet.
- 2.2 The Trust Supporting Attendance at work policy focuses on providing a framework for all staff to actively engage with to promote healthier choices and maintaining acceptable levels of attendance. To always strive to balance the requirement that all periods of absence are managed proactively and compassionately, whilst adhering to Trust policy, the Equality Act 2010 and best practice to ensure an equitable, fair and consistent absence management approach and framework.
- 2.3 The Trust will seek to ensure that the reasons for sickness absence are understood in each case and advice is sought about how to support employees where necessary.
- 2.4 This policy aims to provide guidance to all line managers and employees to ensure a fair and consistent approach to managing sickness absence. It also ensures that all staff understand their own responsibilities in relation to sickness absence, and to provide transparency in the management of sickness absence.
- 2.5 To be aware of duty of care responsibilities under the [Health & Safety at Work Act 1974](#) ensuring all reasonable steps are taken to provide a safe and healthy workplace and in line with [NICE guidelines](#)
- 2.6 This partnership and recognition agreement, between the Trust and its recognised Trade Unions is based on mutual trust and respect for each other's role and responsibilities taking into account local, regional and national context and drivers. With a shared purpose of acting in the best interests of our staff and the communities served by the Trust.
- 2.7 This policy supports the application of our Trust Values which guide our actions and behaviour as an employer and provider of services.

These are Proud to **CARE**:

Compassionate	Caring with compassion, it's about how we listen, what we say, what we do
Approachable	Friendly, welcoming, sharing ideas and being open
Responsible	Taking personal and collective responsibility, being accountable for our actions

Excellent

Striving for the best, for high-quality safe care and continually improving

- 2.7 These values are underpinned by the Trusts commitment to 'Just Culture' principles where the primary concern will always be to understand with a view to improving processes and supporting staff members in an environment and culture of continuous improvement. Ensuring the fair treatment of staff supports a culture of fairness, openness and learning, helping staff members to feel confident to speak up.

3 Equality, Diversity and Inclusion Statement

- 3.1 The Trust aspires to ensuring Outstanding diversity and inclusion in its role as both an NHS service provider and as an employer.
- 3.2 We are committed to continually improving our services and ensuring that these are safe, personalised, accessible and recovery-focused (SPAR) for all our patients, service users, visitors and carers.
- 3.3 We are also committed to providing excellent employment experiences for those who work within our services.
- 3.4 In short, we aim to see that everyone using our services - or working within them - experiences our CARE Values: compassion, approachable, responsible and excellent.
- 3.5 The Trust does not tolerate any form of racist, cultural, religious, sexist, misogynistic, ableist biphobic, homophobic and/or transphobic discrimination, bullying and harassment in any of our services, whether from service users and patients, members of the public, or those working on behalf of the Trust. Action will always be taken where this occurs.
- 3.6 We work continuously to develop a positive culture of outstanding inclusion for all.

4 Scope

- 4.1 This policy will be implemented by any employee with line management responsibility, or who has been delegated responsibility.
- 4.2 Additional guidance and support regarding absences in connection with pregnancy are included in the [Leave for Parents and Guardians Policy](#).
- 4.3 Additional guidance and support regarding absences in connection with gender affirming procedures are included in the [Transgender Inclusion Policy](#) point 7.4.4.

- 4.4 Additional guidance and support regarding absences in connection with Menopause are included in the [Menopause and Hormone Related Policy](#).

5 Equality Act 2010 and Reasonable Adjustments

- 5.1 Through the implementation of our Supporting Attendance at Work policy, the Trust must take into account the provisions of the Equality Act 2010 (see [appendix 1](#)) and all subsequent amendments. Under the Act, employers must take care not to discriminate against people with disabilities.
- 5.2 The Trust has a duty to make reasonable adjustments to working practice and premises to accommodate disabled employees. In any case, where an employee declares that they have a disability, additional care must be taken to avoid discrimination and to provide relevant additional support to enable the employee to remain in work wherever this is reasonably possible (see [appendix 1](#))

6 Duties

6.1 Staff Responsibilities

Staff have a responsibility to:

- Telephone their line manager or nominated deputy to report their absence as soon as is reasonably possible if they are unable to attend for work at the agreed times. This communication should be verbal wherever possible and texting, using social media or emailing are not acceptable in the norm. Where local arrangements exist for reporting absence then they should be followed.
- At this point the following details should be provided:
 - The broad nature of the illness or injury.
 - The expected length of absence from work.
 - Up to date contact details (telephone number)
 - An agreement on when and how the next contact will be made
 - Any outstanding or urgent work that requires attention
- Complete a signed self-certification form for up to the first seven calendar days of the absence. This should be submitted to the manager by post or within a maximum of 48 hours upon the return to work. If absent for more than seven

calendar days, a Fit Note from a Medical Practitioner must be provided within 48 hours. (Additional information from Gov.uk regarding fit notes is available: [The fit note: guidance for patients and employees - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/the-fit-note-guidance-for-patients-and-employees))

- Attend a medical assessment by the Occupational Health Department at the request of the manager at any time in operating this policy. Appropriate paid time should be given to staff to attend Occupational Health (and associated) appointments providing evidence for these is provided. Where possible this should be arranged at the beginning or end of a shift.
- Attendance at an Occupational Health appointment is a contractual requirement and in the event that a member of staff fails to attend an Occupational Health appointment without good reason, further action may be taken under the Trusts Disciplinary Policy.
- Attend all required meetings as associated with managing their sickness absence.

6.2 Line Managers/Supervisors

It is the line manager's responsibility to ensure:

- That sickness absence is reported in line with this policy and any local procedure, and that staff are aware of these processes and supported to be able to fulfil these requirements.
- Arrangements are made, where necessary, to cover work and to inform colleagues and clients (while maintaining confidentiality).
- A record of all absences is kept on ESR or an equivalent attendance management system as and when they occur and to review these records regularly and discuss areas of concern with the individual staff member.
- That they, or a delegated appropriate manager, carry out the return to work meeting for all absences at the earliest opportunity and ideally no later than five working days after the member of staff has returned to the workplace.
- That they utilise the resources available to ensure a good understanding and consistent application of the policy.
- That they make timely management referrals to Occupational Health as appropriate. All employees disclosing feelings of stress, underlying health conditions or musculoskeletal problems should be referred immediately to Occupational Health for Advice irrespective of their length of absence; as should any employees on long term sickness absence *i.e. where the absence is for a duration of 4 weeks or more.

Supporting Attendance at work e-learning for line managers is available via LMS.

6.3 **Staff Side/Trade Union Representatives**

The appropriate Staff Side/Trade Union Representative may provide help, advice and support to members.

6.4 **People Operations Team**

People Operations Team will provide help, advice and support to staff and line managers in accordance with the policy, providing formal training and informal coaching when required. Equally they will be responsible for maintaining the standard templates and letters and ensuring all relevant information is available and up to date.

Supporting Attendance at work e-learning for line managers is available via LMS.

6.5 **Occupational Health**

The Occupational Health provider will assist with the understanding of the reasons for absence and provide timely advice on the management of absence. Occupational Health will also support the Trust with the promotion of health and wellbeing initiatives to improve employee's health and attendance in the workplace.

7 **Definitions**

7.1 The main types of health related absence can be described as follows:

7.2 **Long Term Sickness**

This can be defined as any continuous period lasting 28 or more calendar days including days not normally worked. A medical certificate / fit note is required for this period of absence.

7.3 **Short Term Sickness**

This can be defined as one or more relatively short (less than 28 days) periods of absence which occur and can be either self-certified or GP certified. A medical certificate / fit note is required for any absence in excess of 7 calendar days.

7.4 **Unauthorised Absence**

This occurs when a member of staff does not provide a reason for absence and/or fails to follow the reporting procedure or the sickness absence is not covered by a Statement of Fitness to Work (Fit Note) from a qualified Medical Practitioner.

7.5 **Medical Exclusion**

This is a short term intervention where it is believed that a staff member is not fit to be at work and that their presence at work constitutes a risk. A timely referral to Occupational Health must be initiated by the line manager or appropriate deputy to

ensure an accurate medical opinion is obtained.

8 Process

8.1 Evidence of incapacity

- 8.1.1 For sickness absence of any period of up to seven calendar days, the member of staff must complete a signed self-certification form within 48 hours of their return to work.
- 8.1.2 For absence of more than a week (e.g. eight calendar days or more) a Fit Note should be provided from a medical practitioner stating the reasons for absence. This should be forwarded to the line manager or nominated deputy within 48 hours. If the absence continues, further Fit Notes must be provided to cover the whole period of absence continuously. (Additional information from Gov.uk regarding fit notes is available: [The fit note: guidance for patients and employees - GOV.UK \(www.gov.uk\)](https://www.gov.uk/the-fit-note-guidance-for-patients-and-employees)).
- 8.1.3 Where the member of staff provides a certificate stating that they “may be fit for work” this should be discussed with the line manager. The line manager will then discuss with the member of staff the additional measures that may be needed to facilitate a return to work, taking account the medical advice. This discussion may take place either before or following the scheduled return to work depending on the complexity of the individual circumstances. If appropriate measures cannot be taken, the member of staff will remain absent and a date will be set to review.

8.2 Timeliness of Fit Notes

- 8.2.1 All medical certificates / fit notes must be forwarded by the staff member to their line manager as soon as they have obtained them, usually within 48 hours of issue.
- 8.2.2 Backdated medical certificates will not be accepted without good reason, such as hospitalisation.
- 8.2.3 To help assist with service provision staff should inform managers of their pending GP appointments and if they anticipate that they will remain absent from work or return to work.
- 8.2.4 Equally where staff anticipate a delay in submitting the Fit Note, or have been issued with a further note, staff should contact the manager to share the details with them in advance so that services can be planned accordingly.

8.3 Unauthorised Absence

- 8.3.1 Absence that has not been communicated according to section 4 of this policy will be treated as unauthorised and will be unpaid. Cases of unauthorised absence will be considered under the Disciplinary Procedure.

- 8.3.2 Where staff do not report for work and have not telephoned the line manager to explain the reason for the absence, the line manager will try to make contact by telephone and in writing if necessary. This should not be treated as a substitute for reporting sickness absence.
- 8.3.3 As such, poor or non- communication of sickness absence may be considered under the Disciplinary Procedure. Pay will be stopped at an early stage as a result of the unauthorised absence to ensure that an overpayment situation does not arise.
- 8.3.4 If, at any time, it is considered that a member of staff has taken or is absent for reasons other than ill health, this matter may be dealt with under the Trust Disciplinary Procedure.

8.4 Keeping in Contact During Sickness Absence

- 8.4.1 During sickness absence staff should expect to be contacted by their line manager and other support services, e.g. People Operations or Occupational Health, in order to discuss their wellbeing, expected length of absence from work, offer support and this may include reference to urgent work related matters.
- 8.4.2 There is an expectation that staff and their managers should agree contact arrangements in order to discuss wellbeing, absence and possibly urgent work related matters. This contact should be sensitive and supportive to both staff and service need, and frequency and method should be agreed at an early stage.
- 8.4.3 Where staff are absent from work and there are developments in relation to their absence, such as new Fit Notes, changes to a diagnosis, or a development which may impact upon their ability to return to work, they should contact their line manager at an early stage to discuss.

8.5 Annual Leave and Sickness Absence

- 8.5.1 If an employee is ill or injured during a period of pre-arranged annual leave it is permissible to treat the days of incapacity as sickness absence instead of annual leave, subject to the following conditions:
 - 1) They personally notify their manager by telephone as soon as they become ill. In exceptional circumstances, such as in cases of hospitalisation, a friend or relative may telephone on their behalf.
 - 2) They provide a medical certificate / fit note which covers the full period of sickness at their own expense. It is only on receipt of a valid medical certificate / fit note for the full period of incapacity that they will receive payment of occupational sick pay. Self-certificates will not be accepted.
- 8.5.2 In accordance with Agenda for Change Terms and Conditions (paragraph 14.9) employees will not be entitled to an additional day off if their sickness absence is

on a Bank Holiday. If employees have sickness absence on a bank holiday, the bank holiday entitlement is deemed to have been taken and cannot be taken at another time, therefore:

- full time employees will not be entitled to an additional day off
- part time employees (whose annual leave is inclusive of bank holidays) must deduct the hours they would have normally worked if the bank holiday falls on one of their working days
- In both of the above scenarios, the Staff Attendance Record should still record sickness absence.

8.5.3 Employees who have not been able to take annual leave due to continued sickness absence may carry over up to four weeks statutory leave from one leave year to the next.

8.5.4 For part-time employees whose annual leave is calculated in hours, carry over of up to four times their weekly contracted hours will be allowed.

8.5.5 If an employee has taken some of their contractual annual leave prior to their sickness absence, the time taken should be deducted from the four weeks allowable carry-over in order to determine the appropriate amount that may be carried over into the next leave year.

8.6 **Bank, Other Work and Sickness Absence**

8.6.1 Employees must not undertake any other work for Combined Healthcare or any other employer whilst claiming Occupational Sick Pay, except in circumstances agreed by their manager (for example if the other work undertaken is of a significantly different nature to their substantive post and they are physically able to do one but not the other).

8.6.2 Working for another employer whilst in receipt of sick pay from the Trust could potentially constitute fraud. Any employee suspected of this may be referred for criminal investigation by the Local Counter Fraud Specialist (LCFS) unless the employee can provide a signed fit note from their GP authorising them to undertake work deemed to be a benefit during their sickness absence.

8.6.3 Employees are not permitted to undertake any bank work during sickness absence, nor are they to undertake any additional work during a phased return, or until they have completed a minimum of three substantive shifts following sickness absence.

8.7 **Return to Work Meetings**

8.7.1 Following any sickness absence, the line manager, or an appropriate delegated deputy, will arrange for a return to work meeting.

- 8.7.2 The return to work meeting ensures an opportunity for a supportive, person-centred, health and wellbeing focussed conversation including the below:
- enables confirmation of the details of the sickness absence
 - makes sure the employee is ready to return to work
 - talks about any work updates that happened whilst they were off
 - sees if they need any support/signpost to support networks and/or workplace
 - agrees on a plan for returning to work, if appropriate for example a phased return to work
 - offers health and wellbeing support and continued line manager support
 - gives the member of staff an opportunity to raise any concerns or questions they may have.
 - reviews workplace support with long term health conditions, disabilities and reasonable adjustments in line with the Equality Act 2010.
- 8.7.3 This early intervention can also be used to support employees to maintain an appropriate level of attendance at work and to also advise of the policy trigger points and the next steps in the procedure, if they have triggered a formal stage.
- 8.7.4 A return to work meeting pro-forma is available from the People Operations section of the intranet and should be used and completed within five working days of the return to the workplace. Ideally this should be undertaken by the line manager on a face to face basis, however it is understood there may be practical barriers to conducting this meeting. Therefore, to help ensure this takes place, the return to work meeting can be delegated within the team to deputies, other appropriate supervisors or can be done via phone where staff work remotely or night shifts.
- 8.7.5 At the return to work meeting the manager will advise the member of staff if they have reached a sickness absence trigger or are at risk of doing so, therefore the manager should ensure they have the individual's sickness absence history available. Once the sickness absence triggers are reached, the formal sickness absence process will be followed.
- 8.7.6 Where the staff member identifies a support need; a recent change to their health; any work related issues causing absence at work; or any health issues which may require reasonable adjustments at work, the line manager should refer to Occupational Health for support and ensure the referral includes enquiry regarding the Equality Act 2010.

8.8 Sickness Absence Triggers

8.8.1 The formal stages of the policy will be applied when a member of staff reaches a sickness absence trigger of:

- Three episodes of absence in a 12 month period, this is for full and part time staff.
- A total of two working weeks (75 hours or 10 days for full time staff), or more absence in a 12 month period, this should be pro rata'd for part time staff using the calculation below:

Example:

75 hours x the WTE of the staff member = number of hours absence in a 12 month period to reach a trigger.

I.e. $75 \times 0.8 \text{ WTE} = 60 \text{ hours}$. (See below for a more detailed calculation)

Full Time Trigger Hours	÷	Full Time Working Week	x	Part time hours Worked per week	Trigger Hours Applicable
75	÷	37.5	x	30	60
75	÷	37.5	x	25	50
75	÷	37.5	x	20	40

8.9 Managing Short Term Absence Procedure

8.9.1 This procedure will be applied when:

- The sickness absence triggers have been reached and/or
- The line manager has discussed matters at a return to work meeting that require investigation such as an established pattern of sickness absence.

8.9.2 Managers are reminded of the following absences that should be excluded from formal management to progress through the stages under this policy. They include sickness absence related to:

- Pregnancy (please refer to the [Leave for Parents and Guardians Policy](#) for additional information)
- Work place injuries - where the member of staff has followed policies and procedures, an incident form has been completed, and the injury has been

recorded at the time as a work related injury/incident in the appropriate way. However, if the work related injury is long term then it may need to be managed through the stages as per any other long term absence.

- 8.9.3 Despite employees not progressing through the stages for absences related to these reasons, return to work meetings and formal review meetings should still take place.
- 8.9.4 Cases will be treated sensitively and all meetings related to sickness absence should be viewed as supportive and confidential discussions.
- 8.9.5 The Trust is aware that sickness absence may result from a disability or underlying health condition. At each stage of the sickness absence meetings procedure, particular consideration will be given to whether there are reasonable adjustments that could be made to the requirements of a job or other aspects of working arrangements that will provide support at work or assist a return to work.
- 8.9.6 This procedure should be used by line managers when the absence triggers have been reached, these are:
- 3 episodes of absence in a 12 month period, this is for full and part time staff.
 - 10 days (75 hours) or more absence in a 12 month period, this is for full time staff and should be pro rata'd for part time staff using the calculation in paragraph 8.8;

8.10 **Stage 1: First Sickness Absence Meeting**

- 8.10.1 Stage 1 will be initiated when the sickness absence triggers have been reached. Staff will usually be invited to this meeting in writing (including e-mail) a week before the meeting, and reminded of their right to representation in the form of a work colleague or staff side representative.
- 8.10.2 On occasion, the member of staff may request that the Stage 1 meeting takes place sooner, or even shortly after their return to work meeting. If the member of staff requests that this takes place, then this should be documented on the signed Stage 1 pro-forma.

The purpose of the Stage 1 meeting may include:

- Discussing the reasons for absence.
- Determining how long the absence was for, or is likely to last.
- Where the member of staff has been absent on a number of occasions, determining the likelihood of further absences.
- Considering whether medical advice is required and whether there is an underlying medical condition, where this has not already been sought.

- Considering what, if any measures might improve the member of staff's health and/or attendance.
- Agreeing a way forward, which can include alternative duties and confirming action that will be taken, a time-scale for review and/or a further meeting under the sickness absence procedure.

8.10.3 Following the Stage 1 meeting the line manager will confirm the discussion in writing and issue a Stage 1 advisory notice (which will remain active for 12 months).

8.10.4 During the period the Stage 1 advisory notice is active, if the absence triggers are reached again during that 12 month period, the staff member will usually be referred to Stage 2 of the process.

8.11 **Stage 2: Further Sickness Absence Meeting**

8.11.1 If further periods of absence trigger the policy as set out above, a Stage 2 sickness absence meeting will be conducted. Arrangements for meetings under the second stage of the sickness absence procedure will follow the procedure followed at Stage 1 regarding the right to be accompanied and format of the meeting. However, People Operations will normally also be present at a Stage 2 meeting, to provide advice on policy and procedure.

8.11.2 Following the Stage 2 meeting the line manager will confirm the discussion in writing, usually providing the staff member with a copy of the pro-forma recording the discussion and issue a Stage 2 advisory notice (which will remain active for 12 months). During the period that the Stage 2 advisory notice is active, if the triggers as outlined in 4.8 are reached again, the staff member will be referred to Stage 3 of the process, which could result in the termination of their employment.

8.11.3 Where there are mitigating circumstances the Stage 2 advisory notice may be extended as an alternative to arranging a Stage 3 final sickness absence meeting. In making this decision the line manager will review the sickness record of the employee, and take account of factors such as underlying health conditions, ongoing treatment, pending health related surgery and exceptional circumstances. Guidance from the People Operations Team must be sought before considering extending a stage, to ensure fairness and consistency.

8.11.4 The outcome of this meeting should be confirmed in writing including a Stage 2 Advisory Notice for 12 months from the date of the meeting.

8.12 **Stage 3: Final Stage Sickness Absence Meeting**

8.12.1 If the absence triggers are reached again while a Stage 2 Advisory Notice is active, then the staff member will be required to attend a Stage 3 Final Stage Sickness Absence Meeting chaired by an Associate Director or a Delegated Deputy with

People Operations HR) team support.

- 8.12.2 The member of staff must be given seven calendar days' notice of this meeting and advised that they may be accompanied at this meeting by a Trade Union Representative or work colleague.
- 8.12.3 All documentation to be considered at the Stage 3 meeting should be provided to the staff member seven calendar days before the meeting, unless otherwise agreed.
- 8.12.4 Potential outcomes of this meeting may include:
- The Stage 2 advisory notice may be extended.
 - Redeployment
 - Further workplace adjustments
 - Dismissal
- 8.12.5 At Stage 3 meetings, consideration of historical levels of attendance over the course of employment with the Trust will be considered before a decision is reached, this will help the panel to ascertain whether the individual has been able to sustain a reasonable level of attendance previously and is likely to be able to sustain attendance in the future.
- 8.12.6 The panel will also considering any underlying health conditions or disabilities which may impact upon the employee's ability to sustain attendance and what reasonable adjustments have, or could be made to support the individual in work in accordance with the Equality Act 2010.
- 8.12.7 If the outcome is that a stage 2 is extended at a hearing, and an agreed attendance target is not achieved, then a further Stage 3 Final Stage Meeting will be held, where a member of staff may be dismissed.
- 8.12.8 If, during the extension period (usually 12 months, but if the advisory notice has been previously extended it may be longer) the attendance target is achieved, this should be confirmed by the line manager to the member of staff.

9 **Appeals**

- 9.1 Employees have the right of appeal against the outcome of being issued with an advisory notice or against the outcome of a Stage 3 Meeting.
- 9.2 At Stage 1 and 2, the appeal should be submitted in writing, using the sickness appeal pro-forma available on the intranet, to the manager senior to the issuing manager. This should be completed within seven calendar days of the notice being issued, with any supporting documentation the staff member wishes to be considered. The senior manager will ask the line manager to provide any further

information, and will then consider the appeal with a People Operations representative who was not present at the formal meeting.

- 9.3 A decision will be provided in writing to the employee as soon as possible, and within 28 calendar days of the date of the meeting, unless additional information is required which means that the timescales need to be extended (for example an additional Occupational Health appointment) .
- 9.4 Following a Stage 3 meeting, any appeal should be made in writing stating the full grounds of appeal, to the manager detailed in the letter confirming the outcome of the Stage 3 Meeting, within 14 calendar days of the date of receipt of the outcome letter.
- 9.5 Following an appeal against the outcome of a stage 3 meeting, the original decision may be confirmed, revoked or replaced with a different decision. The final decision will be confirmed in writing, if possible, within 14 calendar days of the appeal meeting. There will be no further right of appeal.
- 9.6 The date that any termination of contract takes effect will not be delayed pending the outcome of an appeal. However, if the appeal is successful, the decision to dismiss will be revoked with no loss of service continuity or pay.

10 Long Term Sickness Absence

- 10.1 The Trust is committed to helping staff to return to work from long- term sickness absence. As part of the sickness absence procedure, the Trust will, where appropriate and possible, support a return to work by:
 - Obtaining medical advice.
 - Making reasonable adjustments to the workplace, working practices and working hours in line with the Equality Act 2010.
 - Considering redeployment; and/or
 - Agree a return to work programme.
 - Where staff are unable to return to work from long term sickness absence and are a member of the NHS Pension Scheme, the Trust will discuss the potential for the individual to make an application to the NHS Pensions Agency for early access to their pension due to ill health.
 - Staff whose sickness absence is due to an injury, disease or other health condition attributable to their employment may be able to claim NHS Injury Allowance which provides time limited financial support.
- 10.2 The Trust recognises that there will be times when an illness, injury or condition means that a staff member will require a long period of absence from work. Where

it is clear that over a period of time staff are likely to return to work and will continue to perform their job to the required standard, then the Trust will do all it can to support them during their absence. However, the Trust is unable to support an individual's long term absence for an indefinite period of time.

10.3 During periods of long term absence, the Trust sickness absence triggers remain in place, however the stage meetings are managed so as not to expedite staff on long term sickness through the policy unfairly. When a Stage 1 or 2 trigger has been reached, then a formal sickness meeting will be held and will follow the standard format, with some key differences:

- All employees on long term sickness absence should be referred to Occupational Health as soon as it is known that their absence will be long term, for instance when a fit note states they are unable to work for a period of 28 days or more.
- When the employee is off long term sick, the formal Stage 1 or 2 meeting would not normally happen until they have been absent for 28 calendar days.
- If a Stage 1 advisory Notice has been issued and the employee does not become well enough to return to work before the next absence trigger is reached, then the Stage 2 meeting should take place no less than 28 calendar days after the Stage 1 meeting.
- The Stage 2 advisory notice may be reviewed at a number of meetings with the employee, ideally every 4- 6 weeks, and will not automatically proceed to Stage 3 until all avenues for returning to work have been explored.
- Longer term, the diagnosis and prognosis of the employee's condition will determine the likely outcome.

11 **Fit To Return To Existing Post in the Foreseeable Future**

11.1 In these circumstances:

- The line manager and staff member should have ongoing contact and sickness reviews with People Operations team support where needed. The staff member should be advised that they can be accompanied by a colleague or Staff Side representative at any sickness review meetings.
- Occupational Health or the employees' GP should declare the individual fit to return to work and advise on any adjustments to the role required.
- If reasonable adjustments are needed, the line manager should consult with the People Operations team and Occupational Health who can provide further advice.
- Occupational Health may recommend a phased return to work

12 Phased Return to Work

- 12.1 The line manager may, in consultation with the staff member, and Occupational Health or the staff member's GP, determine an appropriate phased return for the staff member after a period of long term absence. During the agreed period of this phased return, a member of staff will be paid their normal rate of pay for their contracted hours.
- 12.2 Staff will not normally be required to use their accrued annual leave entitlement for phased returns up to 2 weeks. However, if the employee requires a longer phased return then they may be required to utilise some annual leave. A phased return should not normally exceed four weeks.

13 Therapeutic Return to Work

- 13.1 The line manager should consider a therapeutic return providing this is consistent with the advice available from Occupational Health or the GP.
- 13.2 Staff will need to continue to supply a Fit Note and therefore will still be classed as absent for recording purposes.
- 13.3 Staff should not attend work in excess of 10 hours during a therapeutic return to work, it is designed to be a supportive measure to allow staff a gentle return following long term absence.
- 13.4 An example of a therapeutic return could include attending a team meeting, away day or undertaking training to reacquaint themselves with the workplace.
- 13.5 Staff undertaking a therapeutic return would not be expected to carry out regular duties and the amount of time they feel comfortable to attend work for is guided by themselves.

14 Staff Member Not Deemed Permanently Unfit but No Return Can Be Anticipated In the Foreseeable Future

- 14.1 In these circumstances:
 - The line manager and a member of the People Operations team will meet with the member of staff together, with a colleague or Staff Side Representative, in order to explore the situation.
 - Occupational Health should have declared that the individual is unable to continue in their current role for the foreseeable future, and advised on what roles the individual can undertake. Redeployment on a temporary or permanent basis may be considered at this point.

- The member of staff will be given the opportunity to comment on the medical opinion; give their view of their health; or provide further medical evidence and alternative course of action.
- Having explored and exhausted all other options, a final stage 3 meeting will be convened where there is the potential for dismissal on the grounds of ill health.

15 Staff Member Likely to be Permanently Unfit to Return to Existing Post

15.1 In these circumstances:

- Line manager and staff member must have ongoing contact and sickness reviews with support where needed from the People Operations team. The staff member can be accompanied by a colleague or Staff Side representative.
- Occupational Health should have declared that the individual is unable to continue in their current role, and advised on what roles the individual can undertake
- The line manager with support from the People Operations team (where needed), will explore whether reasonable adjustments can be made to the existing role, or whether redeployment is an option.
- Redeployment will be dependent upon there being an authorised vacancy for a suitable role. Pay protection does not apply to any redeployment into a lower graded or reduced hours post in these circumstances, as redeployment will be subject to mutual agreement. Training for redeployed roles will also be considered.
- Advice will be sought from the local Access to Work Advisor where appropriate, and individuals will be encouraged to make contact with Access to Work at the appropriate opportunity
- A three month timescale will be applied in order to explore redeployment opportunities if this is deemed feasible.
- Where redeployment has been unsuccessful within the three month timescale, the member of staff will be called to a final stage 3 sickness absence meeting where they may be dismissed on the grounds of ill health.

15.2 In exceptional circumstances, it may be felt by all parties that the employee is unlikely to be able to return to work permanently, and the employee may wish to end their employment without going through the entire sickness process and attending a final stage meeting. Examples of when this may be appropriate include cases of terminal illness and life changing injuries or illnesses which make attending meetings difficult or unfeasible. If an employee has applied for an Ill Health

Retirement pension, they may also wish to explore this option.

- 15.3 If the employee wishes to pursue this, and waive their right to attend a final stage 3 sickness absence meeting, then they should have at least had discussions with their line manager with support from the People Operations team where needed, and ideally a staff side representative about the available options.
- 15.4 When the employee is sure that they wish to proceed, then they should write to their Associate Director and line manager, outlining that they do not feel they are likely to become well enough to return to work in the foreseeable future and request that the termination of their employment be considered on the grounds of capability due to ill health.
- 15.5 The Associate Director, or deputy with delegated authority, will review the case, and any documentation provided by the line manager and Occupational Health. After consulting with a member of the People Operations team, the Associate Director will then make a decision about whether to dismiss the employee with notice pay. The employee will receive an outcome letter detailing the decision made.

16 Terminal Illness

- 16.1 Unfortunately, in some cases, individual's may receive a diagnosis of a terminal illness, this is understandably a difficult time for an individual and their family, and the Trust will do all it can to support employees throughout this time based on the principles from the Dying to Work Charter, TUC Pledge. We recognise that terminal illness requires support and understanding.
- 16.2 If an employee is terminally ill, then their line manager, with support from a member of the People Operations team, will work with the employee to explore the course of action which is in their best interests.
- 16.3 Some employees may wish to explore ill health retirement soon after their diagnosis.
- 16.4 Others who have a poor prognosis may want to consider early access to death in service benefits.
- 16.5 If an employee is terminally ill, but wishes to remain in work as long as possible, then all possible adjustments will be considered to support this. They can be secure in the knowledge that we will support them following their diagnosis and we recognise that, safe and reasonable employment status can help maintain dignity, offer a valuable distraction and can be therapeutic in itself. We will provide our employees with the security of employment status, peace of mind and the right to choose the best course of action for themselves and their families which helps them through this challenging period. Throughout this time, the employee will be encouraged to seek support from staff counselling as well as Occupational Health.
- 16.6 Guidance from the pensions team is also available.

17 Managing Long Term Health Conditions in the Workplace

- 17.1 There may be some employees who have significant long term health conditions which impact upon their ability to attend work on a regular basis due to frequent short term intermittent absence.
- 17.2 When supporting staff with long term health conditions, reasonable adjustments should be considered in connection with the Equality Act 2010, with attention paid to working environments and flexible working patterns.
- 17.3 In some circumstances it may be appropriate for line managers to:
- amend sickness absence triggers following advice from Occupational Health and in conjunction with advice sought from a member of the People Operations team,
 - or to treat the absence in line with managing long term sickness, with regular Stage 2 review meetings to ascertain if the level of attendance remains manageable for both the employee and the service, rather than proceeding to a Stage 3 final sickness absence meeting.

18 GP, Dental and Medical appointments

- 18.1 There is no entitlement to paid time off for GP and dental appointments and these should be arranged, where possible, outside normal working hours.
- 18.2 Where this is not possible, appointments should occur either at the start or end of the working day and the time be made up or taken as annual or unpaid leave.
- 18.3 A line manager has the discretion to give appropriate paid time off for personal hospital appointments where the date and time of the appointment cannot be influenced by the employee and their working pattern does not allow flexibility.
- There is an expectation that the employee returns to the workplace when the appointment is expected to end ahead of their normal finishing time.
 - A line manager may request the appointment letter as evidence of the appointment time and location and record this on the individual's personal file.
- 18.4 In normal circumstances, paid time off for hospital appointments would not exceed four appointments per year, with further appointments usually being taken as unpaid leave, annual leave, time owing or the time worked back.

19 Cosmetic/private surgery – not medically required

- 19.1 Any time off work for cosmetic or private surgery (that is not medically required), including recovery time, should be taken as annual leave in line with normal departmental procedures for authorisation of leave.
- 19.2 If there is insufficient annual leave entitlement, unpaid leave may be considered at the manager's discretion. Such absences may include cosmetic surgery, laser eye surgery, vasectomies etc

20 Disability Leave

- 20.1 Disability leave can be requested for time required for appointments connected with a disability, such as rehabilitation, assessment, treatment or the servicing of necessary equipment or disability aids. This provision may be classed as a 'reasonable adjustment' under the Equality Act (2010) and is **distinct from sickness absence as it includes time when an employee is well but absent from work for a disability related reason.**

- 20.2 The difference between disability leave and disability-related sickness absence:

- **Disability-related sickness** is a form of sickness absence that is directly or indirectly attributed to a person's disability or long-term condition. Such absences should be flagged by the staff member as being related to disability when notifying their manager of the period of sickness absence.
- **Disability leave** is a form of absence for a short, planned appointment. For example, hospital, physiotherapy or counselling/psychotherapy. Disability leave is a form of paid leave under an employer's sickness absence pay provisions.

- 20.3 Many requests for disability leave are related to appointments or periods of absence to help staff manage their disability, such as the examples below. However, this is not a definitive list and requests should be judged on a case-by-case basis:

- Treatment related to an employee's disability.
- Hearing aid tests or assessments for conditions such as dyslexia.
- Training with a guide or hearing dog.
- Counselling/therapeutic treatment or physiotherapy.
- Dialysis treatment.
- Having equipment serviced or fitted.
- Blood tests for diabetes, cancer or other conditions, and treatment or tests and recovery time.

- 20.4 Where disability leave is needed, agreement should be reached between the line manager and employee on the approximate number of paid and unpaid days and approximate date of leave. Agreed disability leave does not count towards policy triggers, however, disability related sickness absence will be managed supportively in accordance with the policy
- 20.5 The number of days leave must be viewed as reasonable and manageable by the manager and should be planned in advance where possible in line with service delivery.
- 20.6 Disability leave is not intended to apply to extended periods of absence, and therefore any periods of absence that exceed the agreed disability leave time period will be considered as disability-related sickness absence. Standard absence recording will apply from the date the previously agreed disability leave ended.
- 20.7 A line manager may request the appointment letter as evidence of the appointment time and location and record this on the individual's personal file.
- 20.8 Line managers have the discretion to make decisions with regards to requests for disability leave without seeking further guidance.
- 20.9 Where agreement cannot be reached between the line manager and the individual and the line manager needs further information when considering such a request, they can refer to Occupational Health.
- the purpose of this referral is to seek guidance on whether an individual 's condition is likely to be classed as a disability under the Equality Act (2010),
 - to advise Occupational Health what adjustments are already in place, where applicable, and
 - ask what potential reasonable adjustments could be considered.
- 20.10 It is accepted that although advice is being sought from Occupational Health, they do not always comment on the Equality Act 2010 unless the line manager has asked the specific question.

Examples of the advice from Occupational Health could be:

- *'In my opinion the provisions of the Equality Act 2010 are likely to apply in this case as the individual is suffering with a health condition that is substantial, long term and affects day to day activities, However, the decision would ultimately be a legal matter' or*
- *'In my opinion the provisions of the Equality Act are likely to apply as their diagnosis will automatically be protected against discrimination under the Equality Act 2010 from the day they are diagnosed for Cancer, HIV or Multiple Sclerosis'.*

- 20.11 Managers should input the amount and duration of planned and unplanned disability leave on EASY etc., as it is actually taken and a record retained on the staff member's personal file.

21 Occupationally Acquired / notifiable / infectious illnesses

- 21.1 Occupationally acquired illness or infection should be excluded from the sickness absence triggers only when the following conditions occur:
- Where a documented link was established at the time of illness/infection by the Infection Prevention Control team and/or Occupational Health department.
 - Where GP, IPC, and/or Occupational Health advice requires the member of staff for purposes of infection prevention and control, to remain off work for a period after expiry of symptoms, this period will be regarded as a medical exclusion with pay and not as sickness absence leave, and will be recorded as such.

22 Appendix 1 – Equality Act 2010 and Reasonable Adjustments Guidance

A person has a disability if they have a physical or mental impairment which has a substantial or long-term adverse effect on their ability to carry out normal day-to-day activities.

'Long term' means lasting, or likely to last, at least a year. In assessing what activities are impaired, consideration should be given to whether these are activities carried out by most people on a daily or frequent and fairly regular basis.

The specific categories of disability are many and varied. They include a whole range of hidden and often fluctuating conditions that will affect different individuals in very different ways in terms of their ability to work.

Progressive conditions are considered to be a disability, such as HIV, Cancer and multiple sclerosis, immediately from the point of diagnosis, and are not subject to the conditions of lasting or expected to last for a year. A tendency to set fires or addictions to non-prescribed substances is specifically excluded.

Line managers must seek advice from Occupational Health to determine if the staff member's reason for absence is covered by the Equality Act 2010. Additional support is available from the People Operations team.

If a staff member is defined as having a disability under the Equality Act 2010, reasonable adjustments will be considered. An adjustment is reasonable to the extent to which it is, or might be effective, practicable and acceptable to the requirements of the organisation, affordable or within the means available to the organisation.

The Trust has a duty to make reasonable adjustments and it is important to keep in mind that half of disabled employees state that workplace adjustments are the single most important factor helping them to remain in work.

Some examples of reasonable adjustments might include:

- ✓ Flexible working arrangements , e.g. adjusted start/finish times, home-working (see [Flexible working and Employment Break policy](#) available on CAT).
 - ✓ Extending absence triggers in conjunction with OH advice (will require referral if not already requested).
 - ✓ Arranging one-to-one supervision, additional training, or providing a buddy or mentor.
 - ✓ Making a physical change to the workplace or workstation, e.g. changing a desk height, moving office furniture for access, extra equipment.
 - ✓ Providing time for appointments or treatment.
- In order for an employee to carry on with their job role, you can gain funding from [Access to Work](#) for any adjustments or equipment required. Access to Work (AtW) is a publicly funded employment support programme that aims to help more disabled people start or stay in work. It can provide practical and financial support for people who have a disability or long term physical or mental health condition. Support can be provided where someone needs help or adaptations beyond reasonable adjustments.
- ✓ Health & Safety can also carry out risk assessments and request equipment.

23 Training Needs Analysis for the policy for the development and management of Trust wide procedural / approved documents

Please tick as appropriate

There are no specific training requirements- awareness for relevant staff required, disseminated via appropriate channels. (Do not continue to complete this form-no formal training needs analysis required)	✓
There are specific training requirements for staff groups. (Please complete the remainder of the form-formal training needs analysis required-link with learning and development department.	

Staff Group	✓ if appropriate	Frequency	Suggested Delivery Method (traditional/ face to face / e-learning/handout)	Is this included in Trust wide learning programme for this staff group (✓ if yes)
Career Grade Doctor				
Training Grade Doctor				
Locum medical staff				
Inpatient Registered Nurse				
Inpatient Non-registered Nurse				
Community Registered Nurse				
Community Non-Registered Nurse / Care Assistant				
Psychologist / Pharmacist				
Therapist				
Clinical bank staff regular worker				
Clinical bank staff infrequent worker				
Non-clinical patient contact				
Non-clinical non patient contact				

Please give any additional information impacting on identified staff group training needs (if applicable)

Please give the source that has informed the training requirement outlined within the policy i.e. National Confidential Inquiry/NICE guidance etc.

Any other additional information

Completed by

Date