Sickness Absence Management Policy
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SUMMARY

The management of sickness absence within the NHS is challenging, but provides opportunities to improve overall health and well-being in the workplace, ultimately increasing organisational productivity and supporting service improvements for patients.

The Sickness Absence Management Policy has been developed to ensure the effective management of absence due to sickness, as well as to enable consistency and equity of approach in the application of the policy, taking individual circumstances into consideration.

The policy has been amended to

- take into account further changes to the process involved in managing sickness absence following a trial period
- clarify the position regarding statutory requirements in relation to annual leave and sickness absence
- reflect the Trust's increasingly strategic focus on the management of attendance and the well-being of its workforce.
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1. INTRODUCTION

The Trust recognises that

- ill health is a condition that will affect almost all employees at some stage during their working lives, and therefore absence due to sickness is inevitable in all organisations
- the health and well-being of its workforce is of paramount importance, and individuals who suffer genuine ill health must be treated with understanding and support, and made aware that their contribution to the work of the Trust is valued
- it needs to be as supportive as reasonably possible with a view to helping each member of staff maintain an appropriate attendance record; however, every employee should be aware that his or her attendance is being monitored, and that satisfactory attendance at work is a condition of the continuation of their contract of employment.

Sickness absence needs to be assessed very carefully to ensure that there is a fair balance between the needs of the individual and the needs of the Trust. The aim is to secure an acceptable level of attendance, and, in the case of long term sickness absence, a supported return to work at the earliest opportunity. Where problems continue, either as a result of long term sickness or persistent short term sickness, this may ultimately lead to the termination of employment.

Dealing effectively and fairly with sickness absence requires a continuous and co-ordinated effort, whilst at the same time recognising the fundamental need to provide an efficient cost effective service. Managers are responsible for monitoring and managing sickness absence levels, and, as such, keeping them to an acceptable minimum. This will enable the Trust to focus the maximum resources on patient care and reduce the workload pressure on staff that covers for their absent colleagues.

Training and guidelines for Managers will be provided on the interpretation and implementation of the policy, to ensure consistency of approach and reasonable consideration of individual circumstances.

The policy and any associated training has been agreed, and will be implemented with the direct support and assistance of the Trust’s local Trade Unions.

2. PURPOSE OF THE DOCUMENT

The policy aims to

- improve the overall level of service by maintaining an optimum level of attendance at work
- provide managers with a framework for dealing with sickness absence and ensure that sickness is managed effectively
- set out the roles and responsibilities of managers and staff
- ensure that staff that are too ill to work are treated fairly, sensitively and consistently
• reduce the Trust’s current level of sickness to an acceptable level and achieve continuous improvement in levels of attendance

Information with regards to absence from work for reasons other than the employee being ill can be found in the Special Leave Policy.

3. DEFINITION OF TERMS USED

Terms are defined in the document.

4. SCOPE

This policy applies to all staff employed by North Cumbria University Hospitals NHS Trust, both medical and non-medical. The policy should be read in conjunction with the Agenda for Change Handbook as well as the following documents:

• Capability Procedure
• Disciplinary Procedure
• Special Leave Policy
• Stress Management Policy
• Pandemic Flu Guidance
• Maternity/Adoption Leave and Pay Policy

5. DUTIES (ROLES & RESPONSIBILITIES)

5.1 CEO / Board Responsibilities

The Chief Executive is ultimately responsible for this policy, and will delegate the day to day responsibilities to the Director of Human Resources, who will report to the Governance Committee and Trust Board.

5.2 Divisional General Manager / Clinical Director / Head of Department Responsibilities

Divisional General Managers, Clinical Directors and Heads of Departments are responsible for the effective implementation of this policy and associated procedures within their Division or Department and for ensuring that staff are familiar with the policy and work to its requirements.

5.3 Line Manager Responsibilities

‘Line Manager’ in this document is used as a generic term, and refers to the person an employee directly reports to, and includes, but is not restricted to Department Managers, Heads of Departments, Sisters, Matrons etc. In relation to Medical staff this is as follows:

• Doctors in Training – Clinical Supervisor
• Specialty Doctors, Associate Specialist, Consultants – Clinical Director
• Clinical Director – Associate Medical Director

• Associate Medical Director - Medical Director

The responsibility for managing sickness absence firmly rests with Line Managers, and not with either Human Resources or Occupational Health whose roles are advisory and supportive in nature.

Managers have a duty of care towards their staff, to assist them in maintaining good standards of health and fitness and to provide appropriate levels of welfare and support.

It is the responsibility of the Line Manager to:

• make staff within their remit aware of this policy and in particular
  • the expected standards of attendance
  • the procedure for notification of sickness for their area and the need to keep in touch
  • the benchmarks for follow up action
  • that absence is being monitored

• provide, as far as is reasonably possible, appropriate working practices and a supportive environment to ensure that staff actively wish to come to work

• treat individuals who are absent due to sickness consistently, fairly and with support and understanding, and give appropriate consideration to individual circumstances

• treat matters relating to staff sickness absence on a confidential basis

• monitor the sickness absence of all staff for whom they are responsible and investigate the reasons behind individual and overall levels and patterns of sickness absence – can they be resolved using other types of leave?

• focus attention on the effects and cost of sickness absence on the service

• have a clear procedure in place for ensuring that employees notify their absence in line with the policy and that each employee is aware of the arrangements for their particular area

• undertake return to work briefings for all staff returning to work following each period of sickness absence, and complete the relevant paperwork

• be aware of the benchmarks (see p13) which prompt a review of an employee’s sickness absence records

• initiate action (including referrals for medical examination of staff, and concerted efforts to finding suitable alternative employment, where appropriate) on an individual basis
• undertake appropriate absence review meetings and follow up action in line with the policy
• maintain clear and accurate records of attendance and any discussions held in relation to this
• complete accurate and timely sickness absence returns for payment purposes
• maintain appropriate contact with absent staff
• identify appropriate ways of supporting staff to remain at work or return to work at the earliest opportunity through early intervention
• consider and make reasonable adjustments for employees who have a disability
• ensure staff welfare of absent employees upon their return to work, particularly those who have returned on a phased basis
• seek appropriate advice e.g. from Human Resources or Occupational Health
• attend any relevant training provided in respect of this policy, and ensure the staff within their remit attend any necessary training in order to reduce work related injuries and illnesses
• be familiar with their responsibilities under disability discrimination legislation
• carry out risk assessments, where appropriate
• identify any environmental and work related problems to which high levels of sickness absence could be attributed
• ensure that the staff within their remit are aware of policies and initiatives within the Trust which serve to improve health generally.

5.4 Staff Responsibilities

All staff have a responsibility to ensure that they are aware of, and understand the contents of this policy, particularly the expected standards of attendance and benchmarks for follow up action.

It is the responsibility of every employee to:

• attend work unless they are genuinely incapacitated
• maintain appropriate levels of health and fitness consistent with their role, and to avoid actions or life styles that may hinder their ability to perform acceptably, attend regularly, or be detrimental to their recovery whilst on sickness absence
• be aware of policies and initiatives within the Trust to help to improve health and well-being
• notify their Manager, in accordance with Departmental procedure, if they are unable to attend for work due to illness, and to their best endeavours, return to work at the first opportunity

• submit self-certification certificates for all sickness absences between four and seven consecutive days (including weekends), and a Statement of Fitness to Work for all absences over seven consecutive days (irrespective of whether these days are normally worked or not)

• keep their Manager informed at regular intervals of progress during sickness absence, and of dates for returning to work

• participate in return to work briefings and any other discussions in relation to sickness absence

• attend any appointments made with Occupational Health for examination, assessment or support, or re-arrange if there is a genuine reason why attendance is not possible

• co-operate with their Manager and Occupational Health in agreeing and undertaking any agreed programme to improve their health and well-being and/or achieving a timely return to work

• attend any necessary training to minimise the risk of work related injuries and illnesses

• not attend any work related activities, for example, college courses etc without permission from their Manager whilst off sick

• not undertake any employment elsewhere whilst on sickness leave from the Trust

• not use sickness absence to cover other absence, which is available through the Special Leave Policy

• ensure any required professional registration is maintained during periods of long term sick leave.

5.5 Governance Committee/Trust Board Responsibility

To receive reports from the Director of Human Resources on a regular basis and consider recommended action.

5.6 Human Resources Responsibilities

The role of the HR Department is to provide

• guidance on the implementation of this policy to Managers and staff

• expert support and advice to Managers in managing individual cases

• training in managing sickness absence
with the aim of ensuring compliance with legal requirements and the application of a consistent and positive approach, as well as accepted standards of good personnel practice.

Human Resources Business Partners must be consulted before any steps are taken to terminate employment due to sickness absence.

### 5.7 Occupational Health Department Responsibilities

The role of the Occupational Health Department is to

- promote the physical and mental well being of employees of the Trust
- provide confidential advice and support to the employee
- provide expert occupational health advice to the Manager
- enable access to appropriate services including counselling

Access to the service is through referral by a Manager or self referral by the employee and the employee does not need to be absent on sick leave to be referred/self refer.

Occupational Health services are essentially preventative and advisory and should not be expected to duplicate treatment services available from an individual’s GP. The individual’s Line Manager, with support from Human Resources is responsible for deciding any appropriate management action.

### 5.8 Trade Union Responsibilities

The Trust recognises a number of Trade Unions, which represent staff in a wide range of occupations and work areas. They have an important role in providing information, guidance and support, representation at absence management or ill health retirement meetings, and generally working in partnership with Managers to minimise sickness absence levels within the Trust.

### 6. PROCESS

#### 6.1 Confidentiality

All records must be kept confidentially and securely. Details relating to the health of an individual must not be divulged to other individuals not involved in the management of the employee who is absent.

Where appropriate, Managers should consider informing an employee’s work colleagues that the employee is absent, but not specific details, so that they are aware they will not be at work, and alternative arrangements can be made to cover the role.

#### 6.2 Disability

The Trust
will provide all reasonable support for an employee who suffers a physical or mental impairment whilst in the employment of the Trust to provide them with the means to remain in the workplace, either in their current post or a suitable alternative one

is committed to providing rehabilitation to employees who have a disability that affects their capacity to perform their normal duties

recognises the need to be flexible and sympathetic and to make reasonable adjustments when managing the absence of employees who have a disability or on-going treatment plan which impacts on their ability to fulfil their contracted hours or full range of duties

and can therefore retain experienced and skilled employees and show that proactive and reasonable action has been taken in the circumstances, compliant with employment legislation.

In addition to recommendations from Occupational Health, advice may also be sought from the Disability Adviser, based at the Jobcentre and financial assistance for equipment, alterations and other support is sometimes available through the Access to Work Service, (further information can be obtained from Human Resources).

When discussing the future role of the employee, the Manager must

- first of all consider whether any reasonable adjustment can be made to enable the employee to continue in their current role.
- Reasonable adjustments can include for example alterations to fixtures and fittings to enable greater access, acquiring special equipment or modifying existing equipment, altering existing working arrangements, supplying additional training or support.
- where the individual is unable to undertake their duties or return to their present post following a period of absence due to health reasons relating to a disability
- initially make concerted efforts to find alternative duties/employment within their own remit
- Work, however should not be created in order to provide alternative duties/redeployment; any offer of alternative employment must be a genuine funded and established vacancy within the Trust
- ensure with Human Resources that the employee is placed on the list for priority redeployment where work is not available within their remit

6.3 Forms

Forms highlighted throughout the policy are available as follows:

- Referral to Occupational Health form (from Purchasing – WQG354)
- Redeployment Interview form (see Appendix 2)
- Return to Work Briefing form (from Purchasing – WQG353)
- Attendance Record - Individual (from Purchasing – WQG224E)
• Absence Monitoring Record (sent to Managers each month by the Employment Services Bureau)
• Annual Leave Card and Sickness Absence card – (from Purchasing)

6.4 Sickness Absence Definitions and Benchmarks

Sickness absence is defined as any period away from work when an employee themselves is ill.

If an employee comes to work, but then goes off duty, this will be included as sickness absence if they fail to work more than 60% of their normal working day. If the employee works more than 60% of their normal day/shift, then the day will be recorded as having been worked, and if sickness continues it will be deemed to have commenced from the following day.

Sickness absence will be recorded in days, regardless of how many hours an employee works each day/shift.

Sickness absence from work falls into the following two categories:
• short term;
• long term.

The Trust has determined benchmarks for both short term and long term absence to indicate when intervention and support might be needed and the attendance record of employees will be monitored against these. The benchmarks will be reviewed as required, or in line with Agenda for Change terms and conditions, to support the Trust’s strategic objective to reduce sickness absence.

Short-Term Sickness Absence

Short-term sickness absence refers to situations where an individual is absent for a period of time, usually less than seven days and not covered by a Statement of Fitness to Work. The absences may or may not relate to a single medical complaint.

The benchmarks are
• three separate occasions over a rolling six month period; and/or
• two or more separate occasions, which amount to twelve days or more in a rolling 12 month period and/or
• unacceptable pattern of absence (e.g. regular time off on Mondays/Fridays, before/after holidays or for particular shifts).

Managers must monitor episodes of sickness against all these benchmarks and refer an individual to Occupational Health when the benchmarks are breached (see Section 6.6.2b).

Where the absences may be linked to a disability or pregnancy related, advice should be taken from Human Resources.
Long-Term Sickness Absence

Long-term sickness absence refers to situations where an individual is absent for a continuous period of more than 30 days, with a health problem and is covered by a Statement of Fitness to Work.

6.5 Sickness Absence Notification and Reporting Procedure

Managers must ensure that all staff are aware of the sickness absence reporting procedure including

- **When to make contact and who to contact**

  The employee must personally notify their manager or nominated deputy on the first day of absence at the earliest reasonable opportunity and in line with the agreed procedure for their area of work.

  **Contact must be made verbally and not through a text message or email.**

  Usually this will be prior to the normal start or shift time so that cover can be arranged.

  Medical staff must inform their Manager (see Section 5.3) and the Medical Staffing Department.

  Students (including undergraduate medical students and day release students) must inform the Manager (or nominated deputy) of the area where they are working and also follow the sickness policy of their College or University.

  In emergency situations, contact can be made by a nominated representative (e.g. spouse, partner or parent), however it is expected that the employee will contact their manager as soon as possible.

  Where employees have difficulty in meeting this requirement e.g. because they live alone or do not have a telephone they must agree other arrangements immediately with their manager and these must be recorded on their personal file.

  If the employee does not make contact, the Manager must make every effort to establish contact directly, or by writing to them. Discretion should be used when deciding when to make contact depending upon any knowledge of personal circumstances; however, in most cases it would not be unreasonable for the Manager to contact the employee on their first day of absence.

  If an employee is not contactable though their normal address or phone number they must provide an alternative.

- **Information to provide when notifying sickness absence**

  The employee should notify the reason for their absence and how long they think they might be off.

  The manager should try not to put pressure on the member of staff and be sensitive and supportive.
• **Certificates required for periods of sickness absence**
The employee must provide certificates as set out in Section 6.6.7

• **Responsibilities for keeping in touch**
It is both the employee's and the manager's responsibility to maintain contact with each other and during protracted periods of absence the employee must maintain regular contact with their manager to advise them of progress and any likely return to work.

This will also help to ensure that the employee receives the appropriate level of support and cover is arranged.

An employee must inform their manager as soon as practically possible if they need to go away from home, or if they are taking a holiday, during a period of sickness absence.

• **Requirements for notifying fitness to return to work**
Staff should make their Manager aware when they are fit to return to work; even if this is not one of their normal working days/weekend/Bank Holiday to ensure that absence is recorded accurately.

If this has not been carried out, then the period of sickness will continue to be counted as sickness absence until notified otherwise (for example, if an individual who normally works Monday to Friday does not report on Friday that they are now fit for work, and will return on Monday, Saturday and Sunday will be recorded as absence). Reporting fit for duty will also help ensure any cover arrangements can be cancelled without incurring additional cost.

Employees who fail to report illness promptly or do not maintain contact may have their sickness absence recorded as unauthorised and their pay delayed or withheld if the manager cannot establish a valid reason for them not doing so. The manager will be expected to investigate the reasons behind the failure and consider taking disciplinary action, where there is no reasonable explanation provided.

If, despite all reasonable and sustained efforts, no contact with the individual can be established, then the Trust will take appropriate steps to terminate the contract of employment. Managers must always seek advice and support from Human Resources in such cases.

Managers can complete and issue employees with a ‘Sickness Absence – Who, What, Where and When’ card to set out the particular arrangements in their area. This card is available with the Annual Leave Card (see Section 6.3).

### 6.6 Procedure for Dealing with Sickness Absence

Each case of sickness absence must be considered on an individual basis. Detailed formal absence management procedures for short/long term absence are set out in Appendix 4 and template letters in Appendix 5.

Managers should always consider
• reasonable adjustments in the workplace where an absence may be disability related
• whether leave under the Special Leave Policy or flexible working arrangements may be appropriate and of support
• an employee’s sickness entitlements in planning review dates to ensure that employees are promptly reviewed before the end of their sick pay
• that action under this policy does not imply doubts regarding the veracity of the reasons for absence but focuses on the attendance record.

6.6.1 Return to Work Briefings

The Manager must meet the employee for a Return to Work briefing following every period of sickness absence, even for absences of one day.

The briefing must be conducted at the earliest opportunity, normally the employee’s first day back at work. If a Manager is not available because e.g. they work on a different site or are on annual leave then a common sense approach is advised such as an initial briefing over the phone with a face to face follow up as soon as possible or delegation to a deputy or other appropriate individual.

The meeting is informal, and must be carried out sensitively, on a one-to-one basis and in private. Circumstances will have a bearing on the format of the meeting e.g.

• a good attendance record may not need a lengthy discussion
• return after a prolonged absence may need further action, support and arrangements to bring the employee up to date with any changes
• concern about an employee’s absence record will need time for a supportive discussion to explore responsibility and further action.

Prior to the meeting, the Manager should establish the individual’s previous attendance record in order to identify any areas to be discussed. During the meeting the Manager should:

• welcome the employee back to work and enquire about their well being
• satisfy themselves that the employee is fit to return to their normal duties (if the Manager is not satisfied the employee is fit to return to their normal duties, they should refer the employee to Occupational Health for further advice)
• explore and discuss the reasons for absence (this should not be an inquisition or a medical cross examination, but the individual should be permitted to give an account of the reason for being off work); enquiries should indicate to the person that they were missed, and that their return is viewed positively
• bring the individual up-to-date with any changes in the workplace
• If there is a concern regarding attendance/pattern of absence, discuss the circumstances and the individual’s responsibility to improve/maintain a sustained attendance at work (see Section 6.6.2a)
agree any support which can be offered to sustain attendance at work, for example a referral to Occupational Health or further meetings to discuss absence issues.

The Manager must

- record the information and any agreed actions on the Return to Work Briefing Form (see Section 6.3); send the white copy of the form to Human Resources (for personal file) and keep the yellow copy for their own records/follow up
- make a copy of the form available to the employee upon request
- follow up on any agreed action(s) within the timescales discussed.

6.6.2 Short Term Sickness Absence

6.6.2a Informal Action

Managers must monitor individual sickness absence on an on-going basis. Where there is concern, every effort should be made to deal with increasing levels of sickness absence by informal discussion in the first instance, to provide any early support and avoid the need for formal action wherever possible.

It is suggested that the Return to Work Briefing may be a good mechanism for this type of discussion (see Section 6.6.1).

The Manager must

- encourage the individual to give an explanation of their absences, exploring the nature of the problem(s), and always recognising that employees with genuine health problems should be treated sympathetically and with understanding
- make sure they are aware of the Trust procedures
- take account of the individual circumstances of each case when deciding upon possible further action, and consider to an early referral to Occupational Health for additional support (Section 6.6.4 gives further information on referral).
- seek to mutually agree an action plan to begin to reduce the level of absences, and/or what support is needed
- inform the employee that there are concerns about their level of attendance, and what action will be taken if there is a failure to improve
- provide a copy of this policy to the employee for information
- keep a record of the discussion

6.6.2b Formal Action

However, if after taking informal action there is still concern or the benchmarks are breached, it may be necessary to take more formal action.

Where an individual's level of sickness absence reaches the benchmarks outlined in Section 6.4, the Manager must advise the member of staff that, in accordance with the policy, they are to be referred for a medical review to the Occupational Health
Department, to assess if there are any underlying medical reasons for the pattern and type of absence, and if so, what the prospects are for improvement.

The referral must be made on the Trust Referral form (see Section 6.3 for availability) and the employee must be given a copy. Further information on Occupational Health referrals can be found in Section 6.6.4.

Occupational Health will arrange to see the employee and will provide a report to confirm whether the employee’s absences are
- caused by a medical conditions or
- not caused by a medical condition.

The manager must then follow the process outlined in Appendix 4. This process may lead to written cautions and ultimately to termination of employment.

The employee may wish to contact their union representative for advice.

6.6.3 Long-Term Sickness Absence

Long term absence should be dealt with sensitively, and the individual treated fairly. Research indicates that long term absence is generally handled most effectively through early interventions and actions, so it is important that Managers take early steps to explore the nature and cause of the absence, and identify what practical support can be offered.

Where an employee is absent on a long term basis, they must maintain contact with their Manager, and the Manager must contact or make arrangements to meet with the employee at regular intervals. The nature and frequency of the contact needs to be appropriate to the circumstances (approximately every two to four weeks as a guide) and can be made via appointments, letters or phone calls. Where possible, contact should be face to face to ensure that the employee appreciates the Manager’s concern for their welfare and the support the Trust can offer but it should not be intrusive or threatening.

In exceptional circumstances, the Manager or member of staff may ask for the contact to be delegated to another member of staff (for example, Human Resources or Occupational Health) where appropriate. However the member of staff must be made aware that the Manager will always be updated on progress. There also may be circumstances where contact is maintained via the next of kin, if circumstances require or if the absent employee requests this, however it is anticipated that this will be on a short-term basis, and in rare circumstances.

Employees on long term absence must always be referred to Occupational Health (see Section 6.6.5 for further guidance on referral)

- after a period of 30 days consecutive sickness absence, except for employees who have undergone major surgery (which could include types of orthopaedic, gynaecology, brain, chest, abdominal or other surgery), major
trauma, heart attack/stroke, chemotherapy who should be referred at a more appropriate time (contact Occupational Health for further guidance)

Occupational Health will see the individual and provide the Manager with a report on the employee’s current health status, the likelihood of the individual returning to work in the foreseeable future, and if it is felt they would be unable to return to their current post, the nature of any other work they may be fit to carry out. The employee will also have the opportunity to have a copy of the Occupational Health report.

On receipt of the report from Occupational Health, the Manager must arrange to meet with the employee on an informal basis to

- discuss the employee’s progress
- review the position taking into account the recommendations from Occupational Health, information from the employee, their own knowledge of the employee and the needs of the service
- establish if the Trust can be of any further help or support to them in order to facilitate a return to work
- establish an appropriate course of action for the management of the employee’s sickness absence
- write to the employee to confirm the discussion and any agreed actions.

- prior to them returning to work, in order to ensure the Manager is aware of any support they need to offer on return. Occupational Health may not need to meet with the individual, but could clear them for work via telephone/local knowledge of the individual

There are four possible options for Managers to consider for employees who are absent on a long term basis.

a) return to work; no further action
b) return to work with adjustments/phased return
c) transfer to alternative duties/redeployment (with or without adjustments and/or on a temporary or permanent basis)
d) termination of employment (due to capability or ill health).

Appendix 4 sets out procedure and guidance for options b, c, and d.

Appendix 6 has suggested template meeting letters.

It is also possible that employees with a chronic illness may come under the definition of disability as outlined in the Disability Discrimination Act, and advice should be sought from Human Resources and Occupational Health in order that these situations are dealt with properly.
6.6.4 Occupational Health Referrals

Managers must refer employees to Occupational Health when the benchmarks in Section 6.3 have been triggered. Managers can also initiate a referral to Occupational Health at any time when they consider it to be in the interests of the employee and/or the Trust, or where a professional opinion is required. They do not have to wait for a return to work or for the benchmarks to be triggered and the employee does not have to be absent from work.

In particular it is recommended that Managers consider an early referral to Occupational Health in the following cases:

- traumatic incident
- accident at work
- stress/anxiety
- musculoskeletal issues
- suspension from work

Occupational Health will either arrange to meet with the employee in the Department, arrange a home visit or contact them by telephone whichever is most appropriate in the circumstances. Some of the areas that they can assist with include:

- advice on fitness for a staff member performing a different job role;
- clarification that the staff member is fit for their normal duties following long term absence;
- likelihood of recurrence of an illness;
- to identify any adjustments or restrictions which may be appropriate;
- advice on an employee’s current state of health and their likely length of absence;
- advice regarding an employee’s short-term sickness absence;
- advice or information following an employee having an accident at work;
- advice or information following an accident or injury not sustained at work;
- assessment for possible ill health retirement;
- assessment of fitness to continue their present role;
- advice or information regarding an employee’s fitness to return to work following, for example, an operation, a serious medical condition, or following maternity leave.

To make a referral the Manager must complete a Referral to Occupational Health form and always give a copy to the employee so that they are fully aware of the reason for the referral and the questions being asked. They must also send a copy to Human Resources for the individual’s personal file.

It is important that as much information as possible is given to enable Occupational Health to make a proper assessment relevant to the job undertaken and the
circumstances of the individual, including the dates and reasons for absence and where appropriate an individual sickness absence record or job description can be attached.

Any Occupational Health reports provided are confidential, and provide part of the information on which the Manager decides what further action to take. Occupational Health will discuss the content of the report with the employee at the end of their assessment and will contact them again if any additional medical information is required, for example, a specialist’s report.

Occupational Health will ask the employee to sign a consent form and to indicate whether they

- consent to a report being made available to their Manager
- wish to see a copy of the report prior to it being released
- wish to have a copy of the report when it is released to their Manager.

Employees who wish to see the report prior to it being released may have a copy sent to their home address or view it in the Occupational Health Department. An individual will have five days (not including weekends) to view the report and send any comments back to Occupational Health. If no contact is made within five working days, Occupational Health will release the information to the Manager.

It may be appropriate for Occupational Health to seek a detailed medical report from a specialist who is caring for an individual in order to obtain further information. If this is the case, Occupational Health will obtain written consent of the employee (under the Access to Medical Reports Act) and discuss any relevant details in the report with the employee prior to relevant further advice being given to the Manager.

If an employee

- refuses to attend Occupational Health or
- refuses to undergo a medical examination or
- withholds their consent to a report being made available to the Manager to provide supporting information

the Manager can still make a decision on any appropriate further action.

The Manager can require that the employee attend any such examination arranged, and the Trust reserves the right to do this in order to obtain supporting information on an individual. The employee must be advised that

- in the absence of an Occupational Health report, employment decisions will be made using the information available and this may be to their detriment
- under their contract of employment, it is a condition that they attend for a medical examination, whether at work, or on sick leave
- an individual who fails to attend Occupational Health/undergo a medical examination to provide supporting information without a justifiable reason may, following advice from Human Resources, have their contractual sick pay
The matter may also be treated as a disciplinary offence, and action taken under the Trust’s Disciplinary Procedure.

Where an individual is unable to attend for an appointment they must contact Occupational Health as soon as possible so that it can be reallocated and a further appointment arranged.

Employees can self-refer to Occupational Health at any time to enable them to seek support. In this case, there is generally no report back to the Manager, unless the problem affects the individual’s health and/or safety at work, then it may be necessary, with their understanding and consent, for Occupational Health to bring it to the attention of their Manager so that appropriate action and/or support can be considered.

Any employee who wishes to see their Occupational Health records may apply to Occupational Health. Managers should also be aware that employees have a legal right to request to see any documentation contained within their personal file, including referral documentation.

6.6.5 Fast Track Physiotherapy Service

Where appropriate following a referral, Occupational Health can make arrangements for individuals who are suffering from back, neck and upper limb disorders to be referred for fast track physiotherapy.

6.6.6 Medical Certification

Employees must send or hand certificates to their manager at the time they are due, as set out below.

<table>
<thead>
<tr>
<th>Period of absence</th>
<th>Document/certificate required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 1 and 3 days</td>
<td>No certificate required</td>
</tr>
<tr>
<td>Between 4 and 7 consecutive days (including weekends and Bank Holidays)</td>
<td>Self-Certificate form must be completed and submitted. Available from the Benefits Agency or Managers (order through Purchasing).</td>
</tr>
<tr>
<td>More than 7 consecutive days</td>
<td>Statement of Fitness to Work from a GP</td>
</tr>
</tbody>
</table>

Self Certificates and Statements of Fitness to Work must clearly state the reason and length of sickness absence. Certificates must be continuous (i.e., the individual is responsible for ensuring a new Statement of Fitness to Work is provided in a timely manner on expiry of the old one) and sent to the individual’s Manager without delay.

If the employee does not provide the certificates shown above, it is essential that the Manager acts promptly to try and contact the employee by phone in the first instance. If contact cannot be made the Manager must then write to the employee requesting them to make contact immediately. Prompt action removes uncertainty about the reason for sickness absence, and allows a proper assessment (for example, re-
allocating workloads, requesting temporary cover), as well as ensuring the employee receives the correct pay.

Employees who fail to provide certificates, or a Statement of Fitness to Work on the expiry of the old one, may have their sick pay stopped and their absence treated as unauthorised if the Manager cannot establish a valid reason for them not doing so. The Manager should explain to the individual what is required to rectify the situation and explain the consequences of not doing so, i.e. that pay will continue to be withheld, and disciplinary action may be taken where, following investigation, there is no acceptable reason for it.

Managers should take copies of the employee’s medical documentation for their own records, and forward the original to the Human Resources Department for the individual’s personal file.

6.6.7 Sickness Absence Record Keeping

Managers must maintain accurate records to enable the identification of individual and group sickness patterns at an early stage, and be responsible for all follow-up action that may become appropriate. Accurate recording of all sickness absence also helps develop a fair and consistent managerial approach to attendance at work. Absences must be recorded along with the reasons for absence.

It is important that Managers complete the following two types of records accurately:

- individual employee attendance record including reasons for absence. This form will enable Managers to establish easily whether there are patterns of absence, and identify when the benchmarks have been triggered;

- Sickness/Absence Return form sent to Managers from the Employment Services Bureau. Managers must record the absences of the staff in their area, and at the end of each month for monthly paid employees (each week for weekly paid employees) return the top copy to the Employment Services Bureau (a copy can be kept for the Manager’s records). An end date for the absence and reason for sickness code must be included.

Records should also be kept of all discussions/follow up with staff with regards to their sickness absence from work (either informal or formal). Managers are responsible for ensuring that all records relating to staff absences are kept confidentially and not divulged to anyone inappropriately.

Employees are allowed access to their own absence records upon request. However, it is considered good practice to show employee’s their absence records when meeting with them to discuss attendance issues.

6.6.8 Sickness Pay

The Employment Services Bureau will notify individuals who are absent long term by letter prior to them entering half or zero pay. This letter will be copied to the individual’s Manager and Human Resources for information. It is for the employee to follow up any
discrepancies in relation to this, for example, incorrect date of sickness or length of NHS service.

Employees are eligible to receive payments in accordance with the following if they are absent due to illness:

<table>
<thead>
<tr>
<th>Length of NHS Reckonable Service</th>
<th>Full Pay</th>
<th>Half Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>During First Year</td>
<td>One Month</td>
<td>Two Months</td>
</tr>
<tr>
<td>During Second Year</td>
<td>Two Months</td>
<td>Two Months</td>
</tr>
<tr>
<td>During Third Year</td>
<td>Four Months</td>
<td>Four Months</td>
</tr>
<tr>
<td>During Fourth and Fifth Year</td>
<td>Five Months</td>
<td>Five Months</td>
</tr>
<tr>
<td>After Five Years</td>
<td>Six Months</td>
<td>Six Months</td>
</tr>
</tbody>
</table>

The period during which sick pay should be paid and the rate of sick pay for any period of sickness absence is calculated by deducting from the employee’s entitlement on the first day of sickness the aggregate periods of paid sickness absence during the 12 months immediately preceding that day. Sick pay is calculated on the basis of what the individual would have received had they been at work, including any regularly paid supplements, in line with Agenda for Change terms and conditions. It is inclusive of any statutory benefits paid (i.e. so that sick pay is not greater than normal working pay).

In the event of employment coming to an end, entitlement to sick pay will cease from the last day of employment.

Employees should be aware that sick pay may be withheld if there is any doubt about the genuineness of the illness. Disciplinary action will also be taken, up to and including dismissal, where it is clear that the sickness absence is not for reasons of a genuine illness, or the employee has falsified the details on their self certificate and/or Statement of Fitness to Work. Any doubts the Trust has that an employee’s absence is not due to a genuine health reason will be fully investigated, and the organisation will ensure that these doubts are supported by a medical opinion. All sickness pay is conditional upon the employee following the correct sickness absence policy procedures and may be withdrawn or withheld where this is proved to not be the case.

Managers should be aware that employee sick pay entitlements may be extended for those employed under Agenda for Change terms and conditions where a final review hasn’t been undertaken by the Trust (final review is where a decision on the appropriate way forward is made). Therefore managers must be proactive in following up absence to ensure that a final review takes place prior to the individual entering a no pay situation.

6.6.9 Accidents and Injuries

**Employees must immediately report any accident at work to their Manager, however trivial it may seem at the time** and complete the relevant reporting forms.
Managers should be aware that

- any accidents at work which cause an employee to be absent from work for three or more days must be reported to the Health and Safety Executive as a lost time accident
- the employee may also be eligible for payment of Temporary or Permanent Injury Allowance (see Section 6.6.10).

Unless the Trust decides otherwise, payment during sickness absence will not be made

- where the illness is caused by an accident due to active participation in sport as a profession outwith the Trust.
- where the illness is caused by an accident occurring whilst actively engaged in other paid employment
- in cases where contributory negligence or misconduct is proved.

Additionally, an employee who is absent as a result of an accident shall not be entitled to an allowance if loss of earnings damages are receivable from a third party in respect of such an accident. In this event, the Trust has discretion to advance to the individual a sum not exceeding the equivalent sickness allowance, subject to the employee refunding to the Trust the total amount of such an allowance or a proportion thereof corresponding to the amount in respect of loss of remuneration included in the damages received. Managers are responsible for notifying the ESR Bureau via their sickness absence returns of any employee who is absent due to having a road traffic accident.

6.6.10 Injuries at work - NHS Injury Benefit Scheme

The purpose of the Scheme is to guarantee an income to an employee who suffers a temporary loss of NHS earnings (TIA), or a permanent loss of earnings ability (PIB), resulting from an injury wholly or mainly attributable to the duties of their NHS employment. The Scheme may also pay benefits to the spouse and dependants of an employee who dies as a result of an injury or disease wholly or mainly attributable to their NHS employment.

Guidance on the Scheme is available from Human Resources or the Business Services Authority website http://www.nhsbsa.nhs.uk/injury. The scheme is available whether or not the individual is a member of the NHS Pension Scheme.

TIA is only payable when an individual is on reduced or nil pay and tops up the individual’s pay to a given percentage of their earnings, taking into account any relevant benefits that the employee is receiving (e.g. pensions, some social security benefits, and compensation received in connection with the illness or injury in question).

It is important that the following takes place
• an incident report is completed immediately after the incident, giving full details of where and how the injury occurred
• the Manager must ensure that the incident is reported accordingly e.g. under RIDDOR etc
• the incident should be investigated
• if the individual is absent from work as a result of an accident, an early referral to Occupational Health must be considered to advise if the injury is consistent with the accident and whether there is any pre-existing or non-work related condition
• the Manager must contact Human Resources who will arrange for the appropriate steps to be taken to decide whether TIA is payable, taking into account details of the circumstances of the accident, findings of the investigation, the advice from Occupational Health and any contributory negligence. Where appropriate, the case may be referred to the Business Services Authority for determination.

The employee has the right of appeal where an application for TIA is refused and they will be notified of the steps to take.

If an employee has to retire through ill health owing to an industrial injury, the Pensions Department should be informed. A decision whether or not to dismiss must not be influenced by the fact that TIA is payable. The Director of Human Resources or nominated Deputy must be consulted prior to any termination relating to an injury at work to ensure that any dismissal does not prejudice any outstanding legal claim the employee may have.

6.6.11 Absences due to Stress

Comprehensive guidance on how to deal with absence related to stress is outlined in the Trust’s Stress Management Policy, and this should be read in conjunction with this document.

While everyone experiences stress at some point in their lives, some employees can suffer chronic stress due to both personal and/or work-based factors. This can affect their attendance at work, as well as their behaviour and standards of performance. Managers should be vigilant, not ignore warning signs, and support staff. While it is not always possible to entirely identify or eliminate causes of stress, Managers, through being proactive, may be able to improve the individual’s capacity to cope with it.

If a Manager believes that an employee is suffering from stress, they should

• initially discuss these concerns with the individual in order to acknowledge the problem, and identify any support which the Trust might be able to offer.
• advise the employee access to counselling services is available through Occupational Health.

Employees also have a responsibility to take care of their own health and safety, and can support the Trust in preventing or minimising stress. They can also protect their
health and well-being and therefore maximise their capacity to cope with stress through a number of self-help measures.

6.6.12 Drug and Alcohol Abuse

Where an employee’s sickness absences appear to be drink related the Manager should become involved at an early stage. It is advisable to keep accurate records of instances of poor performance/absences. When an interview is organised, it should be confidential, and should address general health in the first instance. If alcohol abuse is discovered, the employee should be consulted as to whether they can be helped to cope with the problem before more formal action is considered.

Misuse of both illegal and prescription drugs is a growing problem. Many of the dynamics of this problem are the same as those of alcohol abuse, but the varying degrees of addictiveness of different substances must be considered when dealing with such cases. Also, the illegality of certain drugs may have employment implications. Again, counselling should be used where possible, before recourse to more formal procedures.

6.6.13 Blood Borne Viruses

It is Trust policy that there will be no unfair discrimination against employees or prospective employees who are for example HIV positive, have the AIDS or Hepatitis B or C virus. Those employees who become ill will be given the same level of support as any other employee with a health condition and Managers should take account of all the circumstances and relevant medical advice.

6.6.14 Infectious Diseases / Notifiable Illnesses

Any employee who suffers from a notifiable infectious disease must not return to work until they have received a Statement of Fitness to Work clearing them to return. Managers must contact Occupational Health for further advice at the earliest opportunity.

Employees who have been in close contact with German measles, chickenpox, or sickness and diarrhoea must report this immediately to their Manager. Managers may need to make temporary arrangements to ensure an employee who has been in close contact with German measles or chickenpox does not come into close contact with anyone who is in the first 16 weeks of pregnancy.

6.6.15 Diarrhoea and Vomiting

It is the Manager’s responsibility to ensure that they do not expose the individuals within their remit to unnecessary risk of infection. In circumstances where employees are absent due to diarrhoea and vomiting, they must not return to work unless they have been clear from symptoms for 48 hours (this is for both clinical and non-clinical staff). Employees will need to provide a stool sample, by collecting a sample pot from their ward area or Occupational Health. If staff are at work when they become ill, they should collect a pot prior to going home sick. If staff are not at work when they begin to have symptoms, a colleague or relative should collect
the pot on their behalf. The sample must be returned to the Pathology Department or Occupational Health for analysis. Staff should ask a colleague or relative to return the sample.

Absences related to the above which can be proven to have been contracted at work should be taken into account for overall monitoring purposes; however Managers should use discretion when deciding whether to escalate an employee to a higher stage of the procedure. Further advice can be obtained from Human Resources to ensure consistency of approach and reasonable mitigation of circumstances.

6.6.16 Elective Surgery

Absences for any kind of medical treatment/surgery will be treated in exactly the same way as other types of sickness absence, and employees will be expected to produce a Statement of Fitness to Work to cover the period of absence. However, those employees undergoing planned elective medical treatment/surgery will be required to produce a medical report advising that the surgery is medically related before a decision on eligibility for sick pay can be given. Sickness pay will not be paid in circumstances where elective surgery is deemed to be non-medically related and is entirely for cosmetic reasons alone. In these cases, it is expected that staff would endeavour to obtain medical appointments outside of normal hours or use annual leave or unpaid leave.

It is appreciated that the above is a complex area, and every circumstance cannot be adequately covered within the scope of this policy. Advice may need to be sought from Occupational Health before a definitive decision is made on an appropriate way forward.

6.6.17 Fertility Treatment

The Trust recognises the potential anxiety and distress which individuals may suffer whilst undergoing IVF treatment. The Trust will allow up to a total of three days paid leave in any 12 month period for the purpose of receiving and recovering from IVF treatment. These days can be taken in either full or part days depending upon the individual’s treatment plan. If more than three days is required, annual or unpaid leave must be taken.

The Trust will allow leave for two separate periods of treatment. The leave entitlement will be pro-rata for part time staff. Applications must be made via the Special Leave Policy.

6.6.18 Sickness Absence and Annual Leave

Employees who fall sick during the course of their annual leave or immediately before they are due to go on a period of annual leave, may take their leave if they are fit enough to do so, and inform their Manager that they are taking the leave as planned. This leave will be recorded as annual leave, unless the individual:
• notifies their Manager that their illness will, or has, seriously interrupted their leave, and (it is expected that this will be within the first two days of sickness absence); and

• produces a Statement of Fitness to Work from their GP to cover the period of their illness.

Employees will then have their sickness absence recorded as sickness absence, and ‘credited’ with the annual leave they were unable to take due to them being ill to be taken at a mutually agreeable later date.

In cases where staff are absent on sick leave, contractual annual leave will accrue during periods of full and half pay. During periods of unpaid sick leave, statutory annual leave only will accrue (unless the employee has already accrued their entitlement during the period of their half or full pay, and in which case, no leave is accrued). If an employee on long term sick leave wishes to request to take annual leave whilst sick they should contact their manager (SSP can be offset against this).

Where an employee is absent due to sickness at the end of the annual leave year (i.e. 31 March) or has not returned in time to take their accrued annual leave, the manager must contact the Human Resources department for advice

Employees will not be entitled to an additional day off if sick on a statutory holiday

In some cases, during a period of long term absence, it may be appropriate for an individual to take a holiday/period of leave from home during sickness absence and can gain health benefits and speed recovery by having some form of holiday away. In principle, this is permissible, but must be authorised prior to taking the holiday by the individual’s Manager. The period of leave will still be counted for sickness absence monitoring purposes. Additionally, employees may have annual leave pre-booked, and find themselves on sickness absence. Again, in principle, there is no objection to this providing it has been authorised prior to taking the holiday by the individual’s Manager.

6.6.19 Other Types of Leave

The Trust recognises the need to be flexible in its approach to working parents or carers whose dependents become ill as well as to help staff balance the demands of domestic and work responsibilities at times of urgent and unforeseen need. It is not appropriate for staff to take sick leave in such circumstances and there may be other types of leave that should be considered. Managers are responsible for bringing the Special Leave Policy to the attention of employees who are likely to need this type of support.

The return to work briefing is a good mechanism for establishing whether there are any underlying reasons for the sickness absence occurring, such as child care issues, caring for dependents etc.

Employees found to be using sickness absence to cover other types of leave will be investigated using the Trust’s Disciplinary Procedure.
6.6.20 Outside Employment / Activity

It is possible that some sickness may be attributed to the personal lifestyle of the individual, and to have been within their control. Employees who are sick and engage in any activity which aggravates or delays their recovery, and/or brings into question the genuineness of their illness will be subject to disciplinary action under the Trust’s Disciplinary Procedure. Entitlements to sick pay will also be affected.

Employees who have a second job, and are absent from work due to illness, must refrain from this second employment until they are fit enough to return to work in the Trust (a second job includes any remunerated activity, for example, bank work, private practice and locum work). Employees must inform their Manager of any other employment.

6.6.21 Overtime / Additional Work Activity / Initiatives

Employees returning to work after a period of sickness absence may need time to recover from their illness, and managers must consider whether staff returning from sickness leave should work over and above their normal contracted weekly hours for an initial period, in order to protect them from undue stress and ensure their health issues are not aggravated by additional work. If attendance levels are generally poor (i.e. being managed under this policy), the Trust reserves the right to ensure the employee is not granted any work over and above their normal contracted hours until such time as their attendance level is acceptable.

In the event that staff are sick or absent during a week where they have volunteered, or have been allocated to undertake, additional work, the Manager must consider if allocated shifts are reassigned in order to maintain activity and protect staff from undue stress on return from sickness or absence.

6.6.22 Enforced Medical Leave/Suspension

From time to time, Managers may find themselves faced with an employee who, whilst clearly ill, does not recognise their illness and wishes to stay/return to work.

The Trust therefore reserves the right to suspend employees on medical grounds in circumstances where concerns are expressed about an employee’s ability to carry out the duties of their post, because of a mental or physical illness, and, in the opinion of the Manager, constitutes a risk to the safety of the individual, other staff or patients. The Manager must assess the situation, refer the employee immediately to Occupational Health and take advice from Human Resources.

Enforced medical leave/suspension should be used as a last resort, when it is clear that transfer to an alternative area would still pose a risk. All such decisions will need to be clearly documented by the Manager in the employee’s personal file. Suspension on medical grounds will be carried out in line with the Trust’s Suspension Policy.
7. IMPLEMENTATION AND TRAINING REQUIREMENTS

This policy will be published on the Trust Intranet or a copy can be obtained from the Human Resources Department.

The Trust has undertaken a training needs analysis and details of the current training requirements for different staff groups is detailed in the Trust's Induction and Mandatory Training policy and Training Needs Analysis matrix.

8. PROCESS FOR MONITORING COMPLIANCE WITH POLICY

The Trust will monitor compliance with this policy in the following ways:

Monitoring Responsibility of Line Managers

Human Resources will undertake a spot check of record keeping for absent employees for each Division on a rolling basis. This audit will assess:

- record of contact with the employee during their sick leave;
- record of return to work plan;
- record of return to work adjustments.

Results of the audit will be fed back to the Manager, and any deviation from the policy reviewed and an action plan developed if required.

Anonymised results from this audit will be reported to the Governance Committee on a quarterly basis. The Governance Committee will oversee progress on any action plans arising from these reviews.

Monitoring Trust Wide Sickness Data

The ESR Bureau will record sickness absence returns, and provide information to enable Managers to effectively monitor sickness absence levels within their remit. Managers are expected to monitor the absences of their staff and investigate patterns/take action where benchmarks have been breached.

The Director of Human Resources will report on human resources matters including sickness absence data to the Trust Board on a monthly basis to aid financial monitoring and control. This will enable an organisational overview of sickness absence to be taken and any associated actions followed up as appropriate. Following Trust Board each month, this data will be published throughout the Trust via Staff Brief.

9. ASSOCIATED DOCUMENTATION

See Section 4
10. REFERENCES


11. APPENDICES

Appendix 1 – EIA Summary Report

Appendix 2 - Redeployment Interview form

Appendix 3 – Access to Medical Reports Summary

Appendix 4 – Sickness Absence Management Procedures – Short/Long Term Absence

Appendix 5 – Template letters – Short term absence

Appendix 6 – Management Case – Sickness Absence

Appendix 7 – Template letters – Long Term absence
### APPENDIX 1  EIA SUMMARY REPORT

**Name of policy**

Sickness Absence Management Policy

**Aim of policy**

This policy has been developed to ensure the effective management of absence due to sickness as well as to enable consistency and equality of approach taking individual circumstances into consideration.

This policy is:

- Existing [x]
- Proposed [ ]

This policy is aimed at:

- Staff [x]
- Public/Patients [ ]

Details of the individuals (include name, job title, dept and base) carrying out the EIA (ensure the lead person is clearly identified):

- **Lead Impact Assessor:** Judith Anderson, HR Training & Development Manager, HR, CIC
- **Impact Panel Members:**
  - Claire Huddart, Education Centre, CIC
  - Jan Sawyer, Project Manager, HR, CIC
  - Joan Joyce, Interim Head of E&D, CIC

Which groups of people were considered during the assessment that may be affected by the policy?

- Staff in all categories of personal characteristics.

What impacts did you identify?

<table>
<thead>
<tr>
<th>Positive Impacts</th>
<th>Negative Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consideration of reasonable adjustments including redeployment for staff who are disabled.</td>
<td>6.6.3 Specific conditions excepted but list needs consideration as to other conditions e.g. other types of major surgery - brain, chest, general abdominal.</td>
</tr>
</tbody>
</table>
6.6.4 Failure to attend occupational health needs checked against contract requirements. Appendix B Recommendations for phased return may need reconsidered to allow more flexibility for managers to accept early return to limited hours of work as an alternative to being fully off sick.

What information / data / research / evidence was used? Is any additional information required?

Information / data / research / evidence used:
- Occupational health guidelines.
- Pandemic flu guidelines.
- Relevant employment legislation.

Additional information required:

Which Groups / Organisations / Committees / Directorates involved in the policy development?

Trust Partnership Forum

Recommendations for Action Plan (see page 6)

6.6.3 Consideration as to inclusion in exceptions list of other conditions e.g. other types of major surgery - brain, chest, general abdominal.
6.6.4 Check occupational health attendance against contract requirements. Appendix B Recommendations for phased return may need reconsidered to allow more flexibility for managers to accept early return to limited hours of work as an alternative to being fully off sick.

Lead EiA Signature
Date
24th June 2010

Review date for assessment
2012
The Lead Impact Assessor is responsible for forwarding a signed hard copy of the summary report and screening checklist, along with an electronic version, to the Head of Clinical Planning / Equality and Diversity, WCH, for publication on the Website.

Approved for publication onto Website

Joan Joyce
Interim Head of Equality & Diversity
## EIA Checklist

<table>
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<th>Document groups considered / how affected</th>
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<th>Negative Impact</th>
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Failure to attend occupational health needs checked against contract requirements.
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<td>3 Appendix B Recommendations for phased return may need reconsidered to allow more flexibility for managers to accept early return to limited hours of work as an alternative to being fully off sick which may improve situation for some disabled staff and benefit the Trust.</td>
<td>Judith Anderson</td>
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APPENDIX 2……REDEPLOYMENT INTERVIEW FORM

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<td>Contact No/s:</td>
<td>Home Mobile Work</td>
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<td>Skills/Experience:</td>
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<td>Any Restrictions?</td>
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<tr>
<td>Willing to Undertake Training</td>
<td>Yes/No</td>
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<td>Car Driver:</td>
<td>Yes/No Access to Car for Work: Yes/No</td>
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<td>Distance Travelled to Work:</td>
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For HR Use:

Date details entered onto register: ...........................................
Date redeployment commenced: ...............................................
APPENDIX 3 ACCESS TO MEDICAL REPORTS SUMMARY

Introduction
The Access to Medical Records Act 1988 came into effect on 1 January 1989 and established a number of new rights for individuals relating to medical reports sought for employment or insurance purposes. The Act gives individuals a right of access to medical reports prepared by medical practitioners (for example, a GP or Specialist Consultant) who are, or have been, responsible for their clinical care (physical or mental health). Care is defined as including “examination, investigation or diagnosis for the purposes of or in connection with any form of medical treatment” of the individual. It does not cover reports produced by medical practitioners following a one off medical examination for medical or insurance purposes.

Main Provisions of the Act
Employers must gain the written consent of employees before requesting medical reports from their medical practitioner. Employees may withhold their consent to an application. If the employee refuses to allow a medical report to be supplied, the matter will be resolved in the same way as when an employee refuses to consent for a report to be requested. It will be construed as a failure to co-operate with the employer and the employee should be informed that decisions will be made on the information available, other than have the benefit of the medical report. The Occupational Health Department will co-ordinate access to an employees medical records, where required.

- At the time consent is being sought, the Employer must inform employees of their rights in respect of medical reports. This will be undertaken by the Occupational Health Department.

- Employees have the right of access to any information about their medical condition before it is supplied to the employer. If the employee has asked to see this information, the medical practitioner cannot send the report until the employee has had access to it and given their consent to its release. Employees wishing to see the information in the report must arrange access with their medical practitioner within 21 days of the request being sent. The report will be available for inspection at the medical practitioner’s surgery for six months.

- The employer is responsible for notifying the medical practitioner that the employee wishes to have access to it prior to its release.

- The employee may ask for the report to be amended if they regard the information as incorrect or misleading. If the medical practitioner does not accept that the information is incorrect or misleading they are not obliged to make an amendment. In these circumstances the employee’s medical practitioner must invite the employee to prepare a written statement on the disputed information, which must be attached to the medical report when it is supplied to the employer.

- A medical practitioner may withhold information in their report from the employee, but if this extends to the whole report, the employee has a right to withhold consent for its submission to the employer.
APPENDIX 4 SICKNESS ABSENCE MANAGEMENT PROCEDURES

In following the procedures it is essential that

- care must be taken to ensure that employees are treated fairly and with sensitivity
- employees aren’t discriminated against because of their illness, either directly or indirectly.
- full account must be taken of employment legislation which relates to individuals at work, particularly in relation to disability discrimination.

Section 6.2 must always be taken into account.

The process will vary depending upon whether the employee has short term or long term attendance problems.

Employees should be aware that

- efforts will be made to assist individuals to maintain a satisfactory record, and/or support those with genuine health issues, for example in terms of redeployment etc
- satisfactory attendance is a requirement of the continuation of their contract of employment
- termination of employment is an option if satisfactory attendance cannot be maintained, even in circumstances when a Statement of Fitness to Work has been provided, and/or the individual has a genuine underlying health issue and efforts for redeployment have failed.

Where an individual’s absence record may be higher because of a temporary problem, a supportive approach is advised.
A SHORT TERM SICKNESS ABSENCE

Managers must ensure that they have undertaken Return to Work briefings and appropriate informal action as set out in Sections 6.6.1 and 6.6.2 (a) and (b).

At all stages

- the employee should be provided with any relevant documentation in relation to their absences, for example, medical reports, return to work briefings, absence records etc
- the Manager should keep in close contact with Occupational Health in order that up to date information is being provided, and the employee is being given appropriate support and guidance.

Factors to consider where the employee has an underlying medical condition

It should be noted that staff who have a genuine underlying health issue may not be able to improve their level of attendance; however it is important that they are aware that their absence level is not acceptable and that if it continued, management action may need to be continued and could ultimately lead to the termination employment.

An objective approach is essential and the Manager must assess the advice received and the facts of the situation (these are not listed in order of priority and usage will depend upon the particular circumstances of the case), for example:

- the reason for absence
- the proportion of time actually absent when work performance is affected
- the length of the sickness absences/the period of good health in-between
- the result of any medical examination, if appropriate (this will not include confidential medical information, but will relate to an individual’s capability to carry out the duties of their post)
- the nature of the post
- the impact of the sickness absences on those who work with the employee
- work performance
- length of service with reference to sick pay entitlement
- The possibility of re-deployment to suitable alternative employment,

Absence Review Meeting – Stage 1

The manager must meet with the member of staff to discuss the level of sickness absence and appropriate follow up action.
Arranging the meeting

The manager must

• give the employee at least five working days written notice of the meeting (see Appendix 5 Letter 1). Wherever possible the manager should notify the employee verbally beforehand

• include a copy of the employee’s attendance record for the period under review.

During the meeting

Where there is no underlying medical condition the manager should

• establish the circumstances and reasons for absence and discuss the information provided by Occupational Health.

• give the employee the opportunity to raise any points/mitigating factors, work related or personal which may be a factor in the absence

• advise the employee that their level of attendance is causing concern and the impact on the department

• discuss what support is needed in order that attendance can be improved

• agree any action to improve the situation, targets for improvement and a reasonable timescale for monitoring (it is envisaged that this timescale will be at least three months).

• inform the employee of the consequences of continued poor attendance.

Where there is an underlying medical condition the manager should

• establish the circumstances and reasons for absence

• openly and fully discuss the reasons for the absences/health issues taking into account the advice from the Occupational Health referral

• give the employee the opportunity to raise any points/mitigating factors, work related or personal which may be a factor in the absence

• discuss what support is needed in order that attendance can be improved

• agree any action to improve the situation, targets for improvement and a reasonable timescale for monitoring (it is envisaged that this timescale will be at least three months). Any timescale should take all the factors into account.

• advise the employee that their level of attendance is causing concern and the impact on the department and inform them of the options and possible outcomes

If redeployment might be an option, the Manager should be making initial concerted efforts in this direction and further information is contained in the Section 6.2 and the Section B (Long Term) of this Appendix. If termination of employment is a possible outcome this issue should be raised at an early stage in the proceedings as possible, so that the employee is given time to
consider all the options, however this would be a last resort after all other options have failed.

**Targets**

The manager may consider including targets as part of the monitoring period and examples could include

- ideally full attendance, but an initial minimum level of attendance below the trigger points over a period of time
- attendance should not exceed X days (e.g. 2 days) of absence in 3 months and ideally full attendance
- a X% reduction in the first month, X% in the second and to X% reduction by the end of the third month

**After the meeting**

The manager must

- write to the employee to confirm the discussions and action agreed including any timescale/targets agreed for attendance and the review period (see Appendix 5 Letter 2)
- monitor closely the employee’s attendance during the review period

**Monitoring Meeting Stage 1**

At the agreed review period the manager must meet with the employee. If absence continues to be unacceptable before the end of the three month review, the manager can arrange for a review as soon as the absence causes concern.

At the meeting the following must be discussed

- the employee’s absence record against any targets
- any further Occupational Health advice
- the actions agreed in the Absence Review and any further support required

Where the targets have been met the employee should be advised that their attendance will continue to be monitored in accordance with normal Trust procedures (Letter 3)

Where the targets for improvement have not been met a formal cautionary review meeting will be arranged.

Notes of the discussion must be recorded and a copy held on the employee’s personal file.

**Cautionary Review Meeting – Stage 2**

The employee should be given at least five working days written notice of the Cautionary Review Meeting.
The Line Manager who has been undertaking the absence review meetings must prepare a management case (see Appendix 6). It is important that the information supplied is accurate and in line with the Sickness Policy.

The employee will be provided with a copy of the management case and supporting documents.

The employee can be accompanied by a work colleague or trade union representative.

The panel will comprise of a manager working at a level above the manager who has been carrying out the absence review meetings and an HR representative.

During the meeting the Manager who has been carrying out the Absence Review meeting will present the management case and the employee will be able to present a statement of case. Questions regarding the information presented may be asked by the Manager, the employee or the panel.

Following full consideration of all the information available the panel will advise the employee of the action to be taken which may include a first written absence caution which would be placed on file. A 12 month period of satisfactory attendance will be expected before the caution is set aside.

The employee can appeal against the caution.

The outcome of the meeting will be confirmed in writing and the letter will include any references to the caution where given, the improvement/standards expected, timescales for further reviews, (suggested period is every three months), the process if attendance does not meet the required standards and appeal information. The letter will also inform the employee that where absence does not improve then action may be taken which could ultimately lead to dismissal.

The Line Manager must ensure that any actions/reviews are carried out and further appropriate action taken.

**Final Cautionary Review Meeting – Stage 3**

Where an employee’s level of absence shows insufficient improvement whilst a first written caution remains on record, a further cautionary review meeting will be arranged to decide whether a final written caution for absence should be issued.

The employee should be given at least five working days written notice of the Cautionary Review Meeting.

The Line Manager who has been undertaking the absence review meetings must update the management case.

The employee will be provided with a copy of the management case and supporting documents.

The employee can be accompanied by a work colleague or trade union representative.
The panel will comprise of a manager at a level above the manager who has been carrying out the absence review meetings and who has not previously been involved and an HR representative.

During the meeting the Manager who has been carrying out the Absence Review meeting will present the management case and the individual will be able to present a statement of case. Questions regarding the information presented may be asked by the Manager, the employee or the panel.

Following a full consideration of all the information available the panel will advise the employee of the action to be taken which may include a final written absence caution which would be placed on file. A 12 month period of satisfactory attendance will be expected before the caution is set aside.

The employee can appeal against the caution.

The outcome of the meeting will be confirmed in writing and the letter will include any references to the caution where given, the improvement/standards expected, timescales for further reviews, (suggested period is every three months), the process if attendance does not meet the required standards and appeal information. The letter will also inform the employee that where absence does not improve then action may be taken which could ultimately lead to dismissal.

The Line Manager must ensure that any actions/reviews are carried out and further appropriate action taken.

**Final Sickness Absence Hearing - Stage 4**

If, despite the agreed action/monitoring and issue of cautions, the employee’s attendance does not improve a Final Sickness Absence Hearing will be arranged. A possible outcome of this hearing is that the employee’s employment will be terminated.

The line manager must ensure that they have up to date information from Occupational Health to support the information to be presented to the Panel and must prepare an updated management case.

This hearing will mirror a disciplinary hearing and a Manager with the authority to dismiss will chair the Panel, accompanied by another manager working at a higher level than the manager who has been carrying out the Absence Reviews, and an HR representative acting in an advisory capacity.

The employee
- must be given at least five working days written notice of the hearing and.
- may be accompanied (either by a trade union representative or work colleague).

Documentation to support the case will be provided to the panel from both parties, at least a week in advance of the hearing, in order that all circumstances can be taken into account when making a decision.
The line manager will present the management case and the employee will make their representations and raise any points/mitigating circumstances which they wish to have considered.

Where the employee is unable to attend a hearing and provides a good reason for failing to attend, the hearing will be adjourned to another day. The Trust will comply with the limits above in respect of giving five working days notice of the rearranged hearing. If the employee is unable to attend the rearranged hearing, then it will take place in the employee’s absence unless there are extenuating circumstances. The employee’s work colleague or accredited representative may attend in such circumstances and will be allowed the opportunity to present the employee’s case. The employee will also be allowed to make written submissions in such a situation. In cases where the delay is caused due to ill health then the advice of the Occupational Health Department (OH) will be sought.

The panel will take into account all the circumstances of the case and decide upon the appropriate action to be taken.

Where the employee is dismissed, the minimum period of notice in accordance with their contract of employment will be given.

The employee has a right of appeal against dismissal.

**Appeal Process**

Employees have the right to appeal against written cautions and dismissal. The appeal must be submitted in writing, within 21 days of receiving the letter which confirms the caution/dismissal, to the Director of HR.

The employee must clearly state the reasons for the appeal - these may include, for example:

- new evidence is found
- a procedural error has occurred.

Appeal hearings will mirror the appeals procedure outlined in the Trust’s Disciplinary Procedure.
B LONG TERM SICKNESS ABSENCE

Return to Work

Managers must ensure that they have followed the process set out in Section 6.5.3

In the majority of cases, employees will be able to return to their normal duties following long term absence. However, a phased return or alternative duties may need to be a consideration in some cases.

Phased Return

In some instances the employee may not be fit to return to their normal contracted hours/shift pattern or to the full duties of their post immediately, but is able to return on a phased basis, to ensure they are rehabilitated back into the workplace.

Phased returns are not appropriate or guaranteed in every circumstance, and will be implemented with the advice of Occupational Health, who will take into account all the circumstances of the situation. Where an employee and/or their GP request a phased return, Occupational Health will ultimately be responsible for advising the Manager and the Manager can discuss any particular recommendations with them to ensure this fits with the needs of the service.

Occupational Health will advise the manager on the type and level of restrictions/phased return that might be appropriate, however, the final decision as to whether this can be accommodated firmly remains with the Manager, taking into account the area of work, other staff and the needs of the service, and not every request or recommendation will be implemented. The reason for not being able to accommodate a request must be fully explained to the individual, and notes kept of the discussion.

In some circumstances it will be beneficial for both the Trust and the individual for them to return to an alternative role/different shift pattern on a temporary basis until they are sufficiently fit to return to their normal role. However, work should not be created in order to provide a member of staff with alternative duties, unless the Manager considers this to be in the best interests of the service and the individual. All agreements should be well documented and reviewed regularly and timescales set and agreed. Within reason, every effort should be made to alter the nature of the work/surroundings in order to accommodate the recommendations; however it is recognised that the needs of the service may mean that this will not always be possible or practical.

Phased return may be as follows:

- where agreed on the recommendation and support of Occupational Health a phased return will normally only be for the first two weeks of an employee’s return to work, and during this period the employee will receive full time remuneration.

The employee can request to extend this period using some annual leave, however it is envisaged this will only be for a further two week period at the discretion of the Manager, and strictly in line with service needs.
• where the employee feels that they would benefit from a phased return, they
can request to use some of their annual leave to ensure no loss of pay;
however this will be at the Manager’s discretion and strictly in line with service
needs. If annual leave is used, the Manager must also consider whether the
employee will have sufficient leave to cover them adequately for the
remainder of the holiday year.

**Alternative Duties / Redeployment**

When Occupational Health have advised the Manager that they feel the individual is
unable to return to their current post due to their on-going health issues, the Manager
must meet with the employee to

• discuss an appropriate way forward, and to make them aware of the process
involved; a representative from Human Resources must be present and the
individual may be accompanied (either by a trade union representative or
work colleague).

• complete the Redeployment Interview form (see Appendix 2) in order to
establish skills and experience so that suitable posts can be offered to the
individual.

• inform them that over the next three months concerted efforts will be made to
identify a suitable post; Human Resources keep the redeployment list for the
Trust

• advise them that they must also be responsible for identifying suitable posts and
making the Manager aware they are interested

• confirm that they will keep in close contact with the employee to keep them
apprised of the situation.

If a suitable post is identified

• an appointment will be made on a prior consideration basis, and assuming that
the employee where the employee meets the criteria (or is able to be trained
to meet the criteria in a short space of time) will be ‘slotted in’ if there are no
other individuals seeking redeployment.

The employee will still however be subject to an informal interview by the
Appointing Manager to ensure their suitability. Human Resources will discuss
the situation with the Appointing Manager prior to interview.

• where there is competition for the post, i.e. other staff who are seeking
redeployment (for health/reorganisation reasons), an interview process will
take place

• Occupational Health will be asked to advise on suitability and fitness for the
proposed post.

• the employee can opt to take the employment on a trial basis for up to three
months and during the trial period, the employment costs will be met by the
employee’s current Manager

• the employee will be offered on the job training for up to three months to assist
them in taking up the suitable alternative employment
• the employee will only be given one opportunity of suitable alternative employment and should it not work out without a justifiable reason, will not be offered further opportunities and in which case, termination of employment will need to take place.

Where redeployment to a suitable alternative post is considered to be the most appropriate course of action, the aim will be to redeploy employees into a post where the terms and conditions are similar to their current post. However, if this is not possible, and the individual is offered a post on a lower banding/less hours etc, they will not be entitled to any protection of pay. If the employee accepts the alternative employment, they will commence in post on the terms and conditions appropriate to the post. The employee may opt to not follow such an option, but it is the responsibility of Managers to offer it. The Manager must explain the effect on pay and conditions to the employee when they apply for a suitable alternative post.

If no suitable alternative opportunities are identified within the three months period, termination of employment on the grounds of capability will need to take place.

It is recognised that, in certain circumstances, alternative duties/employment is not a feasible option. However, the possibility of arranging alternative duties/employment in order to enable an individual back into the working environment after a long period of sickness absence due to ill health should be given full consideration (even on a temporary basis) before deciding upon termination of employment. All options that have been considered should be properly documented by the Manager in the employee's personal file.

Termination of Employment including Ill Health Retirement

Termination of employment due to long term sickness is a very complex area, and Human Resources and Occupational Health must be involved from an early stage before any such action is contemplated. It is a dismissal in law, and therefore it is essential that a fair procedure is followed, and the decision to dismiss is reasonable in the circumstances, including full consultation with the employee, thorough and open investigation, taking into account any medical advice available, whether the employee comes under the definition of being disabled and looking at alternatives.

All possible steps should have been taken to make reasonable adjustments or find suitable alternative employment, however, if medical advice indicates that the employee will be unfit to return to work in any capacity, and/or for various reasons, redeployment/alternative duties is inappropriate or unavailable, the employee will have their employment terminated on the grounds of capability due to ill health.

It is the employee's Manager who must take the initiative to make arrangements to terminate employment, and the decision must always be made in the light of available medical advice, and all other circumstances. The employee must be made aware at all stages of the implications with regards to their continuing employment.

It should be noted that exhaustion of sick pay entitlement is not sufficient grounds for termination of the contract of employment because, although payment has ceased, the 'contract' (i.e., employment relationship) still remains. Termination for such reasons
alone would be considered unfair. Additionally, the Manager does not have to wait until the employee has exhausted their sick pay before making the decision to terminate employment. Dismissal must be linked to the inability of the individual to perform the duties of their post within the reasonably foreseeable future, and consultation and consideration of other alternative posts/returning to work must have been investigated.

Whilst it is not possible nor is it desirable to lay down precisely the circumstances leading up to the termination of employment, and every situation should be considered on its merits, the process involved should take into account the following:

- the employee must be asked to attend a meeting with a Manager who has the appropriate authority to dismiss (refer to the Trust’s Disciplinary Procedure) and a Human Resources representative.
- the manager who has undertaken absence meetings must also be present
- the employee must be fully aware of the reason for the meeting and its outcome, and have been involved at all stages of their sickness absence management
- The employee must be informed in writing that the purpose of the meeting is to discuss their continued employment with the Trust and that they may be accompanied (by a trade union representative or work colleague)
- the Manager chairing the meeting must take account of the
  - nature of the discussions during the sickness absence
  - steps taken and options considered in an attempt to assist the employee’s return to work
  - medical advice
  - nature of the illness and prospects for recovery
  - nature of the employment
  - effect of the employee’s continued absence on the service.

The outcome will be confirmed to the employee in writing within three working days of the meeting being held and the employee will be given the appropriate paid notice of termination of employment, any outstanding holiday pay in line with this policy, and have the right of appeal.

**Appeal**

Employees have the right to appeal against dismissal. The appeal must be submitted in writing, within 21 days of receiving the letter which confirms the dismissal, to the Director of HR.

The employee must clearly state the reasons for the appeal - these may include, for example:

- new evidence is found
- a procedural error has occurred.
Appeal hearings will mirror the appeals procedure outlined in the Trust’s Disciplinary Procedure.

**NHS Pension Scheme**

The NHS Pension Scheme provides for an employee to retire on the grounds of ill health and receive an ill health pension, however it is a complex area and advice must be sought from the Pensions Department. To be eligible for ill health retirement pension benefits, the employee must currently be a member of the NHS Pension Scheme and have contributed to it for a minimum period of two years. Medical advice must have been received from Occupational Health to confirm that the employee is permanently incapable of undertaking the duties of their existing post.

It is not necessary to delay giving notice of termination of employment until the NHS Pensions Agency confirms that an ill health pension has been awarded. The fact that the Trust’s Occupational Physician has stated in writing that the employee has no prospect of returning to work in the foreseeable future and that the employee is incapable of discharging the duties of their post, is normally sufficient grounds to proceed with the notice of termination of employment.

If the employee is eligible, an application should be made for Ill Health Retirement Benefits from NHS Pensions upon termination of employment. The Pensions Officer is available to advise Managers and individual employees of estimated benefits under the NHS Pension Scheme, and will action an application for Ill Health Retirement Benefits, where required. Managers should make the employee aware that the final approval for ill health retirement benefits lies with NHS Pensions, and that the decision to award an ill health pension is solely at the discretion of the NHS Pensions Agency and not the Trust, and an application is not a guarantee that this will be granted...

The employee should be advised of the procedure for applying for ill health retirement, and that their continued employment and pension processes are separate procedures and not interdependent upon each other. Arrangements for applications for ill health pensions should be made as soon as possible in order that they are processed in a timely manner.
APPENDIX 5 SHORT TERM ABSENCE TEMPLATE LETTERS

Letter 1  Invite Letter to Absence Review Meeting (following the employee being referred to Occupational Health for breaching the short term sickness benchmarks outlined in the Policy and a report being received)

The Manager should attempt to verbally inform the employee of the meeting, however this may not be possible in all circumstances and the letter should be amended to take into account specific situations.

Further to our telephone conversation/discussion on date, I would be grateful if you could attend an Absence Review Meeting with me. The meeting is being held in line with the Trust’s Policy on Sickness Absence Management.

I am aware that you have recently attended an appointment with Occupational Health, and am now in receipt of their report. The aim of the meeting is to discuss the content of the report and any advice given.

I would also like the opportunity of exploring any issues which may be contributing to your current level of sickness absence, and to identify any actions we can take to improve the situation.

I have made arrangements for us to meet on date at hours in the venue.

For your information I enclose your attendance record for the period for which you are enclosing.

I look forward to meeting with you on the date.
Letter 2  
Follow up Letter following Absence Review Meeting

This letter should be used as a guide only and amended to take account of the specific discussion held with the employee. The letter will also vary depending upon whether the individual’s absences are caused by an underlying medical condition, and a more supportive letter may be appropriate in the circumstances.

I write further to our Absence Review Meeting held on date. The meeting was held to discuss your current level of sickness absence, and for us to agree how this might be improved. You were given the opportunity to highlight any issues which you felt could be contributing to your current level of sickness absence or wished to have considered.

I drew your attention to your sickness episodes, which included:

detail on sickness absence episodes

You were referred to Occupational Health for reason for the referral. The aim of the referral was to establish whether there were any underlying medical reasons for your particular pattern and type of absence, and what support, if any, I could offer in order that your level of attendance could be improved. We discussed the advice from Occupational Health that specific to situation.

We discussed anything specific to the meeting.

We agreed the following in order to try and improve the situation specific to situation.

If the employee’s absence is not due to an underlying health condition, may need to add in - You are fully aware that your current level of attendance is not satisfactory, outwith the benchmarks outlined in the Trust’s Policy on Sickness Absence Management, and is causing concern. You understood the consequences of continued poor attendance, and that an improvement was essential – add in any target agreed.

If the employee’s absence is due to an underlying health condition, will need to add in something with regards to how it is planned to manage this.

In line with the Trust’s Sickness Management Policy, your attendance will be formally monitored over the next three months (i.e. from date to date) and I will write to you again to invite you to a Monitoring Meeting. This will normally be at the end of the monitoring period however, where attendance is not improving or further consideration of circumstances is required, it may be at an earlier date.

If you need to discuss anything in the interim, or I can be of any further support, please do not hesitate to contact me on the above number.
Letter 3  Follow up Letter after Monitoring meeting where attendance satisfactory

This letter should be used as a guide only and amended to take account of the specific discussion held with the employee. The letter will also vary depending upon whether the individual’s absences are caused by an underlying medical condition, and a more supportive letter may be appropriate in the circumstances.

Thank you for meeting with me on date. The purpose of the Monitoring meeting was to review your attendance and the actions we agreed at the Absence Review meeting on date.

Following our discussions, I am pleased to confirm that your attendance is satisfactory and your attendance will now be monitored in accordance with normal Trust procedures.

We also discussed anything specific to the meeting e.g. ongoing support for an underlying health condition.

If you need to discuss anything or I can be of any further support, please do not hesitate to contact me on the above number.
Letter 4  Invite Letter to Cautionary Review Meeting

Further to our Monitoring meeting on date and our conversation/discussion on date, I confirm that a First/Final Cautionary Review Meeting has been arranged in line with Trust Policy on Sickness Absence Management.

The meeting will be held on date in venue

At this meeting (name) will deliver a management case outlining your sickness absence record and you will also be given the opportunity to discuss any mitigating circumstances with regards to your absence from work.

(Panel Members – please detail) will listen to the case and agree a way forward in line with the Trust Sickness Absence Policy. The question of a cautionary outcome against you will be considered in accordance with the Trust’s Policy, this could result in a first/final written absence caution being issued for your levels of absence.

You are entitled if you wish to be accompanied at the meeting by a trade union representative or a work colleague.

Please can you confirm your attendance at the meeting by informing .............

I enclose/will forward a copy of the information to be presented. If you wish to present any written information to the Panel I would be grateful if you could send it to me by
APPENDIX 6 MANAGEMENT CASE

Management Statement of Case – Sickness Absence

Cautionary Meeting/Final Cautionary Meeting/Final Sickness Absence Hearing
(delete as appropriate)

Date:

Name:
Department:
Role
Basic Hours
Start Date:

Background to Employment

Name has worked for the Trust for…. years and ……………

Sickness absence history

Name’s level of attendance has breached the benchmarks outlined in the Trust’s Sickness Absence Management Policy. There has been a continuous and coordinated effort to support Name and manage their sickness absence which has not been effective

Chronology of events

<table>
<thead>
<tr>
<th>Date of Sickness</th>
<th>Number of Days Absence</th>
<th>Reason for Absence</th>
<th>Return to Work Form Comment</th>
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<tbody>
<tr>
<td>Date:</td>
<td>(See Appendix )</td>
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Add in information about Occupational Health referrals/meetings held or outcomes

<table>
<thead>
<tr>
<th>Date of Sickness</th>
<th>Number of Days Absence</th>
<th>Reason for Absence</th>
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<tr>
<td>Date:</td>
<td>(See Appendix )</td>
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</tr>
</tbody>
</table>

Add in information about Occupational Health referrals/meetings held or outcomes
Date of Sickness  
Number of Days Absence  
Reason for Absence  
Return to Work Form Comment  

Date:   (See Appendix   )

Add in information about Occupational Health referrals/meetings held or outcomes

Conclusion

To conclude the management case I would like the panel to consider the following

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•

•

Recommendation

Whilst it is not the purpose of the management case to doubt the genuineness of reasons for these absences, the Department can no longer sustain this level of sickness absence and I would ask the panel to issue an appropriate sanction in line with the Trust’s Sickness Absence Management Policy.

Appendices

Appendix 1:   Occupational Health Assessments
Appendix 2:   Return to Work Records
Appendix 3:   Absence Review Meeting notes
Appendix 4:   Monitoring meeting notes
Appendix 5:   Sickness Management Policy

Signature

Name of Manager
Title
Date:
APPENDIX 7  LONG TERM ABSENCE TEMPLATE LETTERS

Letter 1

Invite Letter to Meeting (following the employee being referred to Occupational Health for breaching the long term sickness benchmark outlined in the Policy and a report being received)

The Manager should attempt to verbally inform the employee of the meeting, however this may not be possible in all circumstances and the letter should be amended to take into account specific situations.

I am aware that you have been absent from work since date due to health issues, and it is usual in such circumstances for me to meet with you to discuss your progress and recovery, as well as to establish if the Trust can be of any further support to you in order to facilitate a return to work. I have made arrangements for us to meet as follows, and hope that this date and time is convenient to you:

date at hours in the venue.

I understand that you have recently attended Occupational Health, and I am now in receipt of their advice, which we can also discuss when we meet.

The meeting is being held in line with the Trust’s Policy on Sickness Absence Management (Long Term Sickness). I would like to emphasise that the meeting is informal, and as such, it will not be necessary for any other parties to attend, for example, Human Resources or trade union representatives.

In the event that the meeting is inconvenient, I would be grateful if you could contact me in order to arrange a more suitable appointment. Alternatively, if you do not feel well enough to come into the Hospital, arrangements could be made to visit you at home, so please do not hesitate to contact me.

I look forward to meeting with you on the date.
Letter 2

Follow Up Letter following Long Term Sickness Meeting

This letter should be used as a guide only and amended to take account of the specific discussion held with the employee.

I write further to our meeting held on date in the venue – document if home visit. As you are aware, the meeting was held in line with the Trust’s Policy on Long Term Sickness Absence, as you have now been absent from work since date. The aim was to discuss your progress and recovery, as well as establish if the Trust could be of any further support to you in order to facilitate a return to work.

We discussed your particular health issue/s, as well as the advice provided by Occupational Health following your recent appointment with them. Occupational Health have informed me that specific to situation.

At the meeting, you made me aware that details of discussion on the specific absence.

We agreed the following detail the appropriate course of action agreed for the management of the employee’s sickness absence/return to work - specific to situation.

If employee isn’t immediately returning to work – As agreed, I will keep in regular contact with you in order that I can continue to monitor your progress and recovery, and provide any support necessary.

It was nice meeting with you on the date. If you need to discuss anything in the interim, or I can be of any further support, please do not hesitate to contact me on the above number.
Letter 3

Invite Letter to Subsequent Meeting to Review Long Term Sickness from Work

The Manager should attempt to verbally inform the employee of the meeting, however this may not be possible in all circumstances and the letter should be amended to take into account specific situations.

Further to your continuing long term sickness absence from work and our last review meeting on date, I write to confirm that arrangements have been made for us to meet as follows, and hope that this date and time is convenient to you:

date at hours in the venue.

The aim of the meeting is to discuss your progress and recovery, as well as establish if the Trust can be of any further support to you in order to facilitate a return to work.

Add in anything you are aware of which may be relevant to the specific situation, for eg updated Occupational Health advice, attendance at medical appointments etc.

As per our last meeting, this meeting is being held in line with the Trust’s Policy on Sickness Absence Management (Long Term Sickness). Again, I would like to emphasise that the meeting is informal, and as such, it will not be necessary for any other parties to attend, for example, Human Resources or trade union representatives.

In the event that the meeting is inconvenient, I would be grateful if you could contact me in order to arrange a more suitable appointment. Alternatively, if you do not feel well enough to come into the Hospital, arrangements could be made to visit you at home, so please do not hesitate to contact me.

I look forward to meeting with you on the date.