Health and Sickness Absence

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Employee Code of Expectations
Managing Conduct Policy
Managing Performance Policy
Maternity Leave Policy
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Substance Misuse Policy
Managing Stress Policy
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1. Policy Summary

Throughout this policy the Royal United Hospital, Bath NHS Trust is referred to as “the Trust”.

This policy covers the management of health & sickness issues in all Trust employees, including junior doctors and those with honorary contracts.

Specifically this covers the responsibilities of the Trust, managers and employees in promoting good health and in managing sickness and sickness absence. The Trust is committed to supporting its employees in achieving satisfactory attendance, via the application of this policy.

Most employees will experience sickness at some time during their working life. The Trust has a managing health and sickness absence policy which sets out, in broad terms the reasons for and principles of managing sickness absence. Although every case will need to be handled according to the individual circumstances, this procedure has been developed in partnership between management and Staff Side in order to provide a consistent, fair and clear approach.

This Policy & Procedure supersedes all previous policies and procedures in relation to managing health and sickness in the Trust.

2. Policy Statements

As soon as a member of staff is aware that they are too unwell to attend work, they must inform their manager, usually by telephone. If an employee calls in sick too late without a satisfactory reason, for example they forgot to call earlier, their absence may be counted as unauthorised and could be managed in line with the conduct policy.

It is an employee’s responsibility to notify their manager of their absence. In exceptional circumstances, where an employee is unable to report their absence themselves, for example when they are hospitalised, they will need to make sure that the person who reports their absence does so in line with policy and can also answer questions from their manager.

Local procedures should state to whom an employee should speak to when they need to call in. Usually this will be their line manager or the most senior person on duty. If an employee is not able to speak directly to their line manager or most senior person on duty when they call in and it is possible to leave a message, they should do so and leave a contact number where they can be reached. Employees should make a note of any local practice and ensure they keep a copy of this procedure.
When an employee calls in, they should explain the reason for absence, how long it is likely to last and if and when they will be seeing a GP. They should also agree when they will next be in contact.

If an employee goes, or is sent home from, work unwell during the first half of their working day, this will be recorded as sickness absence.

2.1. Keeping in touch

While off sick the employee and manager must maintain regular contact. If sickness continues, the employee must contact their manager on the 1st day. Following this they should follow local reporting procedures. Local procedures should be reasonable and in line with this policy where this is appropriate. It is recommended that staff contact their manager on the 1st, 3rd, 5th and 7th day of absence by the time they are expected to start work.

2.2. Medical Certificates

**Self-Certificate** - If an employee is sick for 7 calendar days or less, they must fill in a self-certificate form on their first day at work immediately following the absence. This can be done as part of the “return to work meeting” (see below).

**Medical Certificate** - If an employee is sick for 8 calendar days or more, inclusive of non-working days, they must send their manager a medical certificate from their doctor and this must cover their absence from the 8th day. This medical certificate also known as Statement of Fitness for Work or “Fit Note” will state the reason for the sickness absence and that the employee is either “unfit for work” or “may be fit for work”.

If the medical certificate indicates that the employee is “not fit for work” - it will indicate the length of time the absence is likely to last. All medical certificates must be sent to the manager within 7 calendar days of the date of issue otherwise sick pay may be stopped.

If the medical certificate indicates that the employee “may be fit for work” - it will indicate the length of time the recommended adjustments are advised for, to enable an earlier return to work. This must be sent to the manager as soon as it is obtained.

If an employee remains ill beyond the date given by their doctor, they must send in further medical certificates, (Statement of Fitness for Work) to cover their absence. Failure to do so will be considered as unauthorised absence and result in pay suspension and possible disciplinary action. Employees must ensure they arrange any doctor’s
appointments in good time before the medical certificate expires, as the Trust does not normally accept back-dated certificates.

**If an employee is in hospital** - If an employee is in hospital, they should provide their manager with a hospital admittance and discharge certificate as soon as possible. If an employee is too ill to contact their manager, they should make arrangements for someone else to report their absence on their behalf.

### 2.3. Health appointments during work time

There is no automatic right to paid time off for pre-planned appointments such as for the doctor, dentist or hospital. Employees are expected to arrange these appointments outside of working hours, where this is not possible they will need to speak to their manager who will consider every case on its own merits. Staff may be able to make the time up or use time owed in lieu as an alternative to booking leave or taking the time as unpaid. See [Special Leave Policy](#) and [Maternity Leave Procedure](#) for circumstances that are not covered above.

### 2.4. Sickness and Annual Leave

If an employee is sick during a period of annual leave, they can request sick leave to be granted instead of annual leave, so long as they contact their manager in line with normal reporting arrangements for sickness absence. Staff will be required to inform their manager on the first day of absence and provide either a self-certificate or medical certificate as appropriate verifying the sickness. Staff returning from annual leave and requesting that this as sick leave will not be granted this retrospectively if the normal reporting arrangements for sickness have not been followed.

In line with Working Time Directive and reg.13 and 13A of the Working Time Regulations 1998, an employee on long term sick leave continues to accrue annual leave and should not be prevented from taking this leave due to sickness. If an employee cannot, or does not wish to take annual leave, they must notify their line manager and agree together when the accrued annual leave will be taken.

If an employee wishes to take annual leave during a period of long term sickness, they must request to do so by the normal mechanisms.

Employees on long term sickness absence which continues into the next annual leave year may carry forward up to a maximum of 18 months' worth of annual leave. Any untaken annual leave entitlement preceding this time will be lost. Managers should check the annual leave entitlement of their employees on long term sick leave prior to the
end of the annual leave year to allow time for employees to take leave if they wish. Managers are reminded to keep an accurate record of the annual leave requests of employees on long term sickness absence.

Leave carried forward to a subsequent leave year should be taken as soon as possible and could be used to support a phased return to work.

Where annual leave is taken in place of sick leave, this will continue to be counted towards the record of sickness absence for the purposes of managing the overall sickness absence.

**At termination of contract** – In the event of an employee being dismissed on grounds of capability (due to sickness absence) any untaken annual leave will be paid up to 18 months working back from the contract end date. This payment will be made with their final salary. The annual leave entitlement will be calculated pro-rata on contractual terms.

**Returning to work after absence** - When an employee returns to work after any sickness they must complete a Self-Certificate and report to their manager as soon as possible. The line manager or someone with delegated authority will arrange an “informal return to work meeting” with the employee and will record the meeting on the return to work form.

The informal return to work meeting is a one-to-one meeting between the employee and line manager/supervisor or the person responsible for managing sickness absence within the department. This takes place after each absence, whatever its length.

If the employee is returning from long term sickness, the line manager will discuss whether there are any work adjustments that should be made to support a return to work, seeking Occupational Health advice as necessary.
2.5. **Pay**

If absence has been reported appropriately in accordance with this procedure, an employee will receive sick pay as set out in their contract of employment and terms and conditions.

Sick pay is not normally payable for absence caused by an accident/injury where contributory negligence is proved, or for voluntary procedures such as IVF or cosmetic surgery, which has no medical grounds to support it. Managers and staff should seek advice from Occupational health and HR if they require further advice.

The Trust sick pay is inclusive of Statutory Sick Pay (SSP) (if an employee is entitled to SSP). SSP is not payable if an employee is:

- on maternity leave
- taking part in industrial action
- already in receipt of full SSP entitlement
- in legal custody
- in receipt of state benefit during the previous eight weeks (incapacity benefit, severe disability allowance, maternity allowance).

If an employee is in receipt of any of the above payments they will receive a letter from Her Majesty’s Revenue and Customs (HMRC) advising how long their SSP exclusion lasts which should be passed immediately onto their manager to avoid an overpayment. All overpayments will be recovered.

Sick pay may be stopped, particularly if an employee:

- fails to give their manager a satisfactory explanation for their absence
- fails to report their absence to their manager in line with this procedure
- fails to submit medical certificates within seven days of receipt
- fails to complete the self-certificate accurately or within the time frame stated above
- participates in activities during sickness absence which are inappropriate with their reason for absence e.g. involvement in DIY or sports.

Managers should notify payroll using a financial change of conditions form that sick pay is to be stopped, indicating the dates and reason.

If an employee wishes to go on holiday as part of their convalescence, this must be discussed and authorised by their manager in advance.
2.6. **Equality Act 2010 (Disability Discrimination)**

In managing sickness absence, the Trust will always take into account the provisions of the Equality Act 2010.

Under the Act, employers must ensure they do not discriminate against disabled people, and have a duty to make reasonable adjustments to working practices and premises.

Equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing extra support for a disabled worker. This is the **duty to make reasonable adjustments**.

A person has a disability (for the purposes of the Act) if he or she has “a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities”. “Long-term” means lasting, or likely to last 12 months. The definition also includes certain conditions including cancer and multiple sclerosis from the point of diagnosis.

It is possible under the Act, in some circumstances, to justify the failure to make reasonable adjustments. It is important to take advice from Occupational Health and the operational HR team on these issues.

3. **Definition of Terms Used**

Within this policy, a distinction will be drawn between sickness absence without an underlying health cause and sickness absence with an underlying health cause, short term sickness and long term sickness.

**Sickness absence without an underlying health cause** - This is a period of sickness for which Occupational Health advise that 'there is no underlying health condition causing the individual's sickness absence'. This will normally present itself as short term sickness which may be described as relatively minor, self-limiting illness or injury that requires little or no medical intervention. A medical fit note is often not required.

**Sickness absence with an underlying health cause** - This is an isolated period of sickness absence for which Occupational Health advise there is an underlying health condition.

**Short term Sickness** - This is an episode of sickness absence that lasts less than 4 weeks.

**Long term Sickness** - This is an episode of sickness absence that lasts for 4 weeks or more.
Medical Fit-note - On 6th April 2010, the medical certificate or sick-note (Med 3) was replaced with the fit-note. If an employee visits their GP they are no longer simply certified as unfit for work. Instead, the GP may certify the employee as “may be fit for work taking into account the following advice;” The GP will then make suggestions for adjustments that can be made to facilitate a return to work. This will be one of the following:

**Phased Return** - Advice should be sought from Occupational Health as to the length and nature of a phased return. Ideally this should be no longer than 4 weeks but may be extended in certain circumstances.

**Adjustments to the Workplace** - The line manager should consider whether the recommended adjustments can be accommodated and may seek further advice from Occupational Health. Adjustments may include moving the location of a desk, changing the type of chair the employee uses or the type of lighting in the office where the employee works.

**Altered Hours or Duties and Temporary Placements** - The employee should not be disadvantaged through being at work on a fit note when compared to being signed off as sick. Therefore when a fit note recommends restricted duties or hours the employee will be paid as if they were at work i.e. at the same grade and the same hours as their substantive contract.

All efforts should be made to accommodate the recommendations of the G.P provided doing so does not significantly impact service delivery and that alternative or restricted duties are available. If the recommendations cannot be accommodated the manager should consider seeking advice from Occupational Health, who will reassess the employee's capacity to work and provide more detailed advice about accommodating and supporting an employee at work. If the recommendations of both the GP and Occupational Health cannot be accommodated the employee will be considered as signed off sick.

4. Duties and Responsibilities

**Employees** – The employee is responsible for familiarising themselves with the policy and adhering to it. The employee is responsible for attending work on a regular basis in accordance with their contracted working hours and to fulfil their contract of employment. The employee should comply with the absence reporting procedures, provide appropriate medical certification and adhere to the policies of the Trust. (The Self Certificate and Return to Work Interview Form can be accessed via the HR Intranet).

It is an employee’s responsibility to ensure that a medical certificate can be verified i.e. that it includes the surgery stamp which shows clearly the name, job title, address and telephone number of the person signing it. If there is any doubt by the manager of the authenticity of the medical certificate, managers should discuss their concerns with a member of the operational HR team in the first instance.
Line manager – The Line manager is responsible for ensuring that they are fully conversant with the policy, that all employees managed by them are aware of the sickness absence reporting processes and in particular any local arrangements that are in place. Managers must ensure that sickness absence records are maintained and that a return to work interview is undertaken and the form completed on the first day of return. The manager is responsible for monitoring all absence and taking action, (both informal and formal) in accordance with the policy and utilising advice from the medical certificate, (Statement of Fitness for Work or “Fit note”), Occupational Health and Human Resources.

Human Resources department – HR is responsible for providing advice and attending formal meetings to support the manager. HR will also provide information through the HR Intranet and provide supported learning to ensure managers are sufficiently knowledgeable and competent in managing sickness in accordance with this procedure. Management information reports will be readily available to inform decisions and action.

Occupational Health Department – Occupational Health is responsible for providing an impartial, confidential, advisory service to both employees and line managers. Following a management referral request and subsequent health assessment of the employee, a written report will be provided to the manager, employee and HR with details of the outcome and recommendations. Occupational Health will make recommendations for adjustments where appropriate for individual employees. These can be for short and long term periods according to the health issue.

Payroll Department - The Payroll Department are expected to:

- Accurately enter sickness absence dates and causes of absences in to ESR;
- Ensure the HR department, the line manager and the employee are notified in a timely manner when the employee's pay status is due to change;
- Ensure that employee’s sick pay is correctly and accurately administered;
- Withhold payment if absence has not been certificated.

Nominated Director - The HR director will ensure that:

- the board understands the information that can be supplied by ESR;
- targets for reducing absence have been agreed by the board;
- it is clear what remedial action the organisation will take if targets are not met;
- line managers understand the information that they will receive;
- line managers know what action should be taken if targets are not being met;
- line managers understand and are fulfilling their role;
- line managers have received appropriate training to carry out their role.

Committee with Overarching Responsibility - Management Board will receive quarterly compliance reports, detailing areas in which there are shortfalls and action plans to rectify non-compliance.

Managers will distinguish between reported sickness absence and unauthorised absence where the absence is not reported in line with the procedure and
acceptable explanation is given. Unauthorised absence will be managed through the conduct policy.

### 5. Procedure for Managing Sickness Absence

#### 5.1. Short Term Sickness Absence (Procedure A)

Short term intermittent absence is defined as sickness absence of a total of 3 occasions of sickness absence in a rolling 6 month period (regardless of the number of days absent in each episode) and/or when there is a discernible pattern to the absence (e.g. absence on consistent days, sickness on days where annual leave has been requested but not authorised by management, prior to or immediately after annual leave).

In addition any member of staff who has more than 5 episodes of sickness in a 12 month period will trigger formal management action.

Where an employee has triggered the 3 occasions, managers are required to consider the pattern of the sickness to date. If the 3 occasions days are intermittent or are a cause for concern owing to their frequency, managers will be required to manage the employee under the formal procedure.

Where the manager recognises that the sickness absence is for a specific reason e.g. a broken wrist and the employee will be absent for a clearly defined period of time before returning to work or there is no history of intermittent sickness, or discernible pattern in sickness managers are advised to take a pragmatic approach to the application of the 3 occasion trigger. Additional guidance on the use of discretion is available by contacting the operational HR team.

Likewise if the employee has had two episodes of sickness in quick succession the manager may give consideration to whether these episodes of sickness should be considered as related and counted for the purposes of triggering formal target setting as one episode. The sickness episodes should still be recorded as separate episodes for the purposes of sick pay.

Where a pattern of sickness is identified the manager will arrange to meet with the employee under the first formal stage of the sickness absence procedure as below.

The trigger of more than 5 episodes in a 12 month period is not discretionary and where an individual breaches 5 episodes in a 12 month rolling period, they will be managed under the First Formal stage of the sickness policy.
Once the employee has hit a trigger as part of the return to work interview, a “Short Term Absence and Referral to Occupational Health” form should be completed with the employee to ascertain whether a referral to Occupational Health is necessary.

If a referral to Occupational Health is necessary, they will be able to offer advice on the impact an underlying health condition is likely to have on the employee’s attendance.

**Stage 1: First Formal Sickness Meeting**

The Manager should arrange a formal sickness meeting with the employee as soon as reasonably possible. The purpose of the meeting is to inform the employee of the results of the Occupational Health assessment if a referral has been made and to discuss how the employee can achieve an acceptable level of attendance. Should the employee wish to be accompanied by a colleague or union representative at this meeting they can be and should be invited to do so in the invite letter.

If Occupational Health advise that the recurrent absences are due to an underlying health condition, the line manager should seek further advice on what level of sickness absence they can reasonably expect. They should then consider what reasonable adjustments can be made to facilitate the employee’s attendance target. This could include:

- Change in working patterns
- Reduction in hours
- Alteration of duties
- Taking annual leave at short notice.

At the end of the meeting an attendance target will be set. This target will be no more than two episodes of absence within six months from the date of the meeting. This should be confirmed to the employee in writing following the meeting. Guidance on how to conduct this meeting and a template letter can be found on the HR intranet site.

In exceptional circumstances the line manager may consider adjusting the expected attendance target in light of an underlying health condition in question, (i.e. increase the number of days/and or episodes an employee may have). Such action should be discussed with HR and then recorded to ensure a consistent and equitable approach is being taken across the Trust.

Pregnancy related sickness should not be considered as part of any sickness absence management process.
If the employee makes the required improvement, after six months the formal process will stop. The employee’s attendance will continue to be monitored as with all other employees.

However if there is a repeated breach of the short term absence management targets within 12 months of achieving the target set at the first formal meeting in stage 1, the formal procedure will recommence at stage 2, the second formal advisory meeting level, following further Occupational Health advice if appropriate:

The employee should be advised of the above in a formal review meeting at the end of the six month review period. Guidance for how to conduct the formal review meeting can be found on the HR intranet site.

**Stage 2: Second Formal Sickness Meeting**

Should the target set in the Stage 1 meeting be breached, a second formal sickness meeting should be set up as soon as possible after this breach. In advance of the meeting the employee should be referred to Occupational Health.

The purpose of the meeting is to advise the employee that they have breached their attendance targets, to inform them of the results of the Occupational Health assessment and to discuss how the employee can achieve an acceptable level of attendance.

If the Occupational Health referral reveals there is an underlying health condition causing the short term recurrent absences, adjustments should be considered and discussed.

At the meeting a further attendance target will be set. Again this target will be no more than two episodes within six months from the date of the meeting. The employee will be given a **formal written warning** that if they fail to achieve this attendance target during the second review period there will be a further meeting at which their employment may be terminated. This warning will remain current on their file for 24 months.

The issuing of the warning and the contents of the meeting should be confirmed to the employee in writing following the meeting. Guidance on how to conduct this meeting and a template letter can be found on the HR intranet site.

If the employee makes the required improvement after six months, a formal review meeting should be arranged in which the employee is advised that the formal process will now stop. The employee’s attendance will continue to be monitored as with all other employees.
However if there is a repeated breach of the attendance targets while the formal written warning remains live, the formal procedure will recommence at stage 2, following further Occupational Health advice if appropriate.

A second formal written warning will be issued and will remain current on file for 24 months from the date of the meeting.

If an employee should breach the attendance targets and they have already been issued with two formal written warnings, they will move straight to Stage 3 of the sickness absence process.

If there is a repeated breach of the attendance targets after the expiry of the formal written warning, the formal procedure will recommence at stage 1.

The contents of the meeting should be confirmed to the employee in writing following the meeting. Guidance on how to conduct the meeting and a template letter can be found on the HR intranet site.

If the employee fails to make the required improvement after six months, move to stage 3.

Stage 3: Formal Sickness Hearing

Should the target set in the Stage 2 meeting not be met, the line manager should refer the employee to Occupational Health. The line manager should then refer the matter to the dismissing officer for the employee concerned, who will seek support from the HR Department.

A Stage 3 Formal Hearing should be arranged by the dismissing officer as soon as possible after the target breach, to which the affected employee and line manager should be invited.

The dismissing officer will chair the meeting, with support from a HR representative and an independent manager as a third panel member. The line manager, also supported by a representative from HR, will present a management case detailing:

- The sickness absence history of the employee
- The meetings held with the employee
- Advice received from Occupational Health

The employee will be encouraged to be represented in the meeting by a work colleague or an accredited trade union or professional association representative.

If the Occupational Health referral reveals there is an underlying health condition causing the short term recurrent absences, adjustments should be considered and discussed.
If the dismissing officer concludes that the employee and the process have been managed fairly, that the required level of attendance is fair and achievable and that the employee has been given all reasonable opportunity to improve to an acceptable standard but failed to do so, they will confirm that the employee’s employment has been terminated with the appropriate notice for failure to meet an acceptable level of attendance.

If the dismissing officer concludes that there are exceptional circumstances which mean that sufficient reasonable opportunity has not been given to the employee, they can set a final attendance target of no more than two episodes of absence in a 6 month period. The employee will be given a **final written warning** that if they fail to meet this target during this third review period the Stage 3 Formal Hearing will be reconvened at which their employment may be terminated. This final written warning will remain live and current on the employees file for 24 months after the date of the hearing.

The main details discussed during the meeting and its outcome will be confirmed in writing to the employee and if applicable their representative.

If the employee makes the required improvement, a formal review meeting should be arranged between line manager and employee in which the employee is advised that the formal process will now stop. The employee’s attendance will continue to be monitored as with all other employees.

However if there is a repeated breach of the attendance targets stipulated while the final written warning remains live, the formal procedure will recommence at stage 3, following further Occupational Health advice if appropriate.

If there is a repeated breach of the attendance targets stipulated after the expiry of the final written warning, the formal procedure will recommence at stage 1.

The contents of the meeting should be confirmed to the employee in writing following the meeting. Guidance on how to conduct this meeting and a template letter can be found on the HR intranet site.

### 5.2. Managing Long Term Sickness, (Procedure B).

If an employee has been absent, or is due to be absent for more than 4 weeks then procedure B should be followed.

Long term sickness absence is defined as a period of continuous absence of 4 weeks or more. As soon as it is apparent that sickness absence will be for four weeks or more, the line manager should seek
advice from Occupational Health and arrange to meet with the employee. It is not necessary to wait until four weeks has passed before inviting an employee to a meeting. There will be some circumstances such as an employee undergoing planned surgery where managers will know that the period of absence will last for more than 4 weeks, (see below ‘Planned Sickness Absence’).

The employee should be advised in writing that this is a formal meeting and of their rights to representation by a work colleague or trade union representative as recognised by the Trust. The purpose of the meeting will be to discuss:

- how long the employee is likely to be off work
- whether there are any steps that can be taken to support a return to work sooner (e.g. adjustment of hours or duties)
- advice from Occupational Health, the GP, specialist consultant.

Other options to be considered in the event that the employee is unable to return to work are outlined later in the policy.

Managers should note that many cases of long term sickness absence may well relate to disabilities as defined by the Equality Act 2010. In any case, the Trust will meet the standards of the Act, in order that the situation is managed consistently and fairly.

If it is clear that an employee will not be able to return to their substantive post then the following options should be explored:

- reasonable adjustments (temporary or permanent)
- redeployment
- the possibility of retirement on ill-health grounds
- termination of contract

More than one of the above options can be explored at the same time.

At every stage, the line manager should outline what the steps are and the overall timescale for absence management. At each meeting, the action, timescale and when to meet again should be decided and confirmed in writing.

If an employee is too unwell to attend meetings

If, due to their illness, an employee is unable to attend meetings held under this policy, then a letter from the GP or consultant or from Occupational Health will be required to confirm this. The line manager should consider how meetings may proceed in such circumstances such as organising transport for the employee, making a home visit or holding the conversation by telephone.
If the employee is seriously ill, the line manager may have to have these discussions through the next-of-kin, representative or proceed in the employee’s absence.

**Return to work after long term absence**

Following a return to work after a long absence, management will need to ensure appropriate reviews to check on an employee’s progress. The number of reviews and the timescales will depend on the employees' needs and the reason for and length of the absence.

**Alternative Options for the employee to return to work** – During discussions with the employee and in consideration of Occupational Health and GP advice (from the medical certificate), it may become apparent that the employee is not able to undertake the duties of their substantive role in the same way as they had done previously. In such circumstances the following options could be considered:

**Returning on reduced days, hours or restricted duties** – Occupational Health, or the medical certificate, may advise a phased return to work on reduced days or hours or restricted duties. Managers are best placed to plan the details of the phased return to work and discussion will need to take place between the manager and the employee regarding what would be suitable/reasonable hours and duties in line with service requirements. Occupational Health will be able to advise on the suggested length of time of the adjustment and the maximum number of hours to be worked.

The arrangement should be put in writing. A phased return is usually supported for a period of four weeks or less and the Trust will grant full pay for a rehabilitation programme for this period. Regular reviews by the manager should take place during rehabilitation period to ensure that the arrangement continues to work for the employee and the service. Occupational Health can advise if a medical review of the employee is required, including advice and support from the rehabilitation nurse. If the programme extends beyond four weeks, other options such as a temporary reduction in contractual hours or use of accrued annual leave should be explored.

**Reasonable adjustments (temporary or permanent)** - If there is an underlying medical condition contributing to sickness absence, management will need to consider whether there are adjustments that could be made to the job. These could be to change the physical environment, the employee’s attendance target, to adjust job content and/or to reduce hours.

Adjustments may also be recommended by Occupational Health or by the GP on the medical certificate, and management will need to consider if these adjustments are reasonable and practical in terms of the needs of the department, the cost, the impact on colleagues, and
whether the adjustments can be made permanently or for a limited period only.

Where adjustments are made, management will inform all necessary parties, e.g. supervisors/colleagues of these to ensure the department continues to support the employee with their return to work. Management will need to ensure when informing colleagues of the reasonable adjustments, that they do not breach confidentiality (e.g. disclosing the reason for absence or underlying condition). The Manager should discuss and agree with returning members of staff what will be shared with their team members upon their return to work.

5.3. **Redeployment**

Redeployment to another post within the Trust could be a consideration as part of Disability Discrimination Act adjustments, or if making reasonable adjustments in the existing role has been ruled out or has not proved effective.

The Trust operates a redeployment register. A member of the operational HR team can advise on the redeployment process. Staff on the register would be entitled to priority consideration before any other candidate for any vacant post for which they meet the basic person specification. The redeployment period is usually 12 weeks. In instances where a formal management case has been heard, and a decision has been made to dismiss an employee on the grounds of capability due to ill health, part of any redeployment period will run concurrently with their contractual notice. Reasonable adjustments may also need to be made to the new job.

**Redeployment trial periods** – Redeployment is subject to a four week trial period. The purpose of a trial period is for both the manager and the individual to assess the suitability of the post as alternative employment. Where an individual assumes a trial period both the notice period and the redeployment period are suspended.

During the redeployment period, and throughout any work trials, the employee’s substantive employing department will continue to pay remuneration due. Where an employee assumes a trial period they will be paid in accordance with the pay band of the role they have taken.

Pay protection does not apply where an employee accepts a role at a lower banded pay.

Where staff have the potential ability but not the immediate experience to undertake full duties of the role, they will be provided with appropriate skills development plan or training. This will be provided when it is reasonable, practical and cost effective and where the
member of staff demonstrates a willingness to learn and can apply the new skills within an agreed timeframe

The trial period will normally last for four weeks but may be extended by mutual agreement where a member of staff requires additional training and development.

If the trial period is unsuccessful, as determined by the individual and/or the manager concerned, the employee (dependent on circumstances):

- Will resume the redeployment period from the day the trial ends, and will be placed back on the redeployment register to reassume the time remaining within the 3 month redeployment period

At the end of the redeployment period, or any trial period, the manager will set up a meeting to confirm the outcome of the process.

**Employee unable to return to work**

When all other options have been explored and exhausted, and if the long term sickness absence continues, management will need to consider the overall absence in its entirety. If there is no indication that the employee is able to return to work within a reasonable timeframe, having due consideration to the needs of the service, a management case will be compiled with the recommendation for dismissal on grounds of capability. Ill health retirement may also be a consideration at this stage.

A formal meeting will be arranged with the employee who has the right to be represented by a work colleague or trade union representative as recognised by the Trust. The employee will be given 7 days notice of this meeting. The meeting will be chaired by a senior manager who has the authority to dismiss.

There may be some instances where the nature of the employee’s illness is such that they are unable to attend a meeting. In such a circumstance the manager will agree with the employee the most appropriate way to manage the employee leaving the Trust. For example discussion might take place over the telephone, and the decision confirmed in writing.

If it is unclear whether or when an employee will be able to return to work, management (rather than Occupational Health) is responsible for determining whether the service can continue to support the employee and when to proceed to a hearing.

**Ill-health retirement** – If the employee, in agreement with Occupational Health, decides they wish to apply for ill health retirement
on the basis they are not fit to carry out their role then they will be dismissed under the grounds of ill health / capability.

Employees who have been contributing to the NHS Pension Scheme for at least two years may put forward their application for ill health retirement.

To begin the process the employee needs to discuss his/her intention to apply for ill health retirement with his/her manager. The manager will then contact the pensions officer to obtain the AW33(E) form. Completing the form requires the support of a doctor, usually from Occupational Health, alternatively the employee’s GP could complete the relevant part. The completed form needs to be sent back to the Pension Manager, who will forward it to the NHS Pensions Agency. The decision to grant ill health retirement is external to the Trust.

For information on Ill Health Retirement conditions visit NHS Pension website. Further information regarding the ill health retirement process will be provided by the member of the Workforce Relations Team supporting the manager.

**Terminal illnesses** – There are special provisions in the Pension Scheme for terminal illnesses, which are designed to make a person’s circumstances as comfortable as possible in such difficult times. Staff may be able to opt to convert their pension benefits (annual pension and lump sum) into a larger one off lump sum, known as commutation.

Therefore early advice should be sought from the Pensions Department and information is available from: [http://www.nhsbsa.nhs.uk/Pensions/IllHealth.aspx](http://www.nhsbsa.nhs.uk/Pensions/IllHealth.aspx)

**Planned Sickness Absence**

If it is known in advance that an employee is going to be taking sick leave, for instance due to planned surgery, then the manager will make arrangements with the employee, prior to their absence, to make future contact with them on an agreed date.

The purpose of the manager making contact at this time is to determine how the employee is and when the likely return to work will be. The manager should consider making a referral to Occupational Health (OH) for a health assessment prior to a return to work following surgery. This will involve discussing any suitable work adjustments and their implementation.
Notifiable and other Infectious diseases

Following contact with an infectious disease (refer to the Trust’s Infection Control policy), staff and their managers should promptly seek advice from the Occupational Health Department.

Where an employee is unable to attend work due to restrictions placed on them following contact with an infectious disease (as detailed in the Infection Control policy), their absence will be recorded, however, managers will take advice from a member of the Workforce Relations Team before any formal management action is taken.

Please note that diarrhoea and vomiting (D&V) is not in itself a notifiable disease. However, some notifiable diseases will have symptoms of D&V such as salmonella and dysentery. Recurrent episodes of diarrhoea will result in a confirmed diagnosis being required and Occupational Health should be contacted to provide further advice. In cases of an outbreak, Occupational Health will attend an outbreak meeting with infection control and the Trust will follow the Infection control procedure if an outbreak occurs.

Staff who have been absent from work due to diarrhoea should remain off work for 48 hours after the symptoms have subsided, in line with the Infection Control policy.

Staff with symptoms of D&V likely or confirmed to be due to Norovirus should remain off work for 48 hours after the symptoms have subsided.

These periods of enforced absence will be recorded as paid special leave, under the Special Leave Policy, where the diagnosis is confirmed. The days on which an employee is ill will be recorded as sickness absence, and be included within an employees overall sickness absence record for purposes of absence management (in line with this procedure).

If a medical certificate confirming the diagnosis is required within the 7 days self certification period, and a charge is incurred, the Trust will meet the cost.

Accidents at work

If an employee is injured whilst on duty, this must be reported to management as soon as possible, but no later than the end of the working day. An incident reporting form must be completed and the appropriate Trust procedure should be followed, for example in cases of needle stick injury, and advice should be sought from Occupational Health.

Work related injury, that causes sickness absence and a reduction in pay, may be eligible for NHS Injury Benefits known as Temporary
Injury Allowance. Staff who believe that they are eligible must complete an incident form at the time of the injury – or in the case of being absent due to an infectious disease acquired through work, should ask their manager to complete the form on their behalf. Guidance on infectious diseases is available from the Health & Safety Executive.

It should be noted that an injury sustained on the way to, or on the Trust premises, will not, in virtue of its location be deemed as a work related injury.

In the first instance, managers should indicate injury related sickness on their payroll return and the employee on their self-certificate.

Where there is dispute between the Trust (in the form of their Line Manager & Occupational Health) as to whether an injury is attributable to work, an employee may apply to the NHS Injury Benefits Scheme for Injury Allowance.

If staff are absent for 7 days or more after the day of the accident or unable to perform their normal duties (but at work) for this period, as a result of an accident at work, then this must be reported under the Reporting of Incidents and Dangerous Diseases or Occurrences Regulations (RIDDOR).

Occupational Health is able to provide advice and support to managers and the employee regarding follow up action after an accident at work, and the Staff Counselling Service is available to all employees.

6. Monitoring Compliance

The implementation of and compliance with this policy and procedure will be monitored using the following key performance indicators:

- Sickness within each department does not exceed 3.4%;
- Line Managers have received training on the contents of this policy within the last 24 months;
- Those featuring on trigger reports are being actively managed and there is documentary evidence of this;
- Terminations of contract for health related reasons have been fair and in line with policy, and have not been successfully challenged by the employee.

Monitoring will be performed by Divisional Managers, supported by HR. Although the sickness absence rates will be monitored on a monthly basis, formal monitoring of the implementation of the policy will occur quarterly.

The results of the formal monitoring process will be published in the Divisional Performance Review documentation, which in turn will be shared with TCNC and Management Board.
Should the monitoring uncover any shortfalls in the implementation of the policy, the Divisional Manager and HR will work with the relevant Departmental Manager to draw up an action plan for improvement. This action plan may include:

- Additional training for the line manager;
- A risk assessment within the area of work;
- A review of departmental reporting processes;
- A review of the number of individuals within the department responsible for sickness absence management.

An organisational-wide report on the results of the monitoring exercise will be produced by the HR department which will capture any themes in reasons for non-compliance and make recommendations to the organisation on whether any cross-divisional steps can be taken to bring about improvement.

7. Training

Staff will receive advice and information regarding the effective management of sickness absence from a number of sources

- Trust Policies
- Line Manager
- HR Team
- Other communication methods (e.g. team brief, team meetings)

Staff should refer to the staff development pages available on the intranet, to identify what training in relation to managing sickness absence is available.

8. Review

This policy will be subject to a planned review every 3 years as part of the Trust’s Policy Review Process. It is recognised however that there may be updates required in the interim, arising from amendments or release of new regulations, Codes of Practice or statutory provisions or guidance from the Department of Health or professional bodies. These updates will be made as soon as practicable to reflect and inform the Trust’s revised policy and practise.

9. References

Agenda for Change Terms and Conditions Handbook

NHS Injury Benefit Scheme Regulations

The Boorman Review – www.nhshealthandwellbeing.org
Appendix 1:

Trigger Points Reached
(Refer to Occ. Health)

3 episodes of sickness in 6 months

Long term sickness

See appendix 2

Stage 1
1st Formal Meeting
Set attendance target of no more than 2 episodes of short term absence in 6

Attendance target achieved
Formal process stops

Attendance target not achieved in 6 months
Progress to Stage 2

Repeated absences over 12 month period
Progress to Stage 2

Stage 2
2nd Formal Meeting
Issue 1st formal written warning (current for 24 months)
Set attendance target of no more than 2 episodes of short term absence in 6 months

Attendance target achieved
Formal process stops

Attendance target not achieved in 6 months
Progress to Stage 3

Repeated absences over 24 month period

2nd formal written warning
Attendance target of 2 episodes in 6 month period

Attendance target not achieved in 6 months
Progress to Stage 3

Stage 3
Formal Hearing

Final written warning
Attendance target of 2 episodes in 6 month period

Employment Terminated

Attendance target not achieved in 6 months
Return to Stage 3
Appendix 2:

Employee notices you of their absence

Activate return to work procedures

You, your workforce and their representatives agree return to work policy and the policy is implemented and supported

Action you need to take while the employee is absent

Throughout the absence

While your employee is off work sick, remember to record and monitor their sickness absence

Keep in contact with your employee during their absence from work

At different stages of the absence

- With information from the employee begin the plan to return to work
- Make use of professional advice if necessary
- Appoint a co-ordinator if necessary
- Agree return to work plan with your employees and their representatives if necessary
- Put return to work plan into operation and monitor progress
- Consider long-term prospects for continued employment if necessary

No of days absence at which to consider action

0
14
21
28

Employee returns to work

Welcome your employee back. Conduct a return to work interview. Monitor patterns of absence. If short term absences are frequent, discuss underlying issues.

- Conduct a return to work interview
- Review your employee’s progress against the plan

(Source: Health & Safety Executive)
Appendix 3: Return to Work Interview Form

Employee’s Details:

Name:………………………………………………………………………

Role:………………………………………………………………………

Department:………………………………………………………………………

Start of Absence:………………………………………………….End of Absence……………………………

Number of Days Absent (including part days) : ………………..

Checklist

<table>
<thead>
<tr>
<th>Self-Certificate Received?</th>
<th>Work Related Injury?</th>
<th>OH Referral?</th>
</tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Certificate Received?</th>
<th>If so, incident form completed?</th>
<th>Secondary Employment?</th>
</tr>
</thead>
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<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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Record of Discussion

A copy of this discussion will be retained in the employee’s file held by the line manager

Employee’s signature:………………………………………………………… Date:……………………………

Line Manager’s signature ……………………………………………………… Date:……………………………
Ratification Assurance Statement

Dear Strategic Workforce Committee

Please review the following information to support the ratification of the below named document.

Name of document: Managing Health and Sickness Absence

Name of author: Gayle Williams

Job Title: HR Manager

I, the above named author confirm that:

- The Policy presented for ratification meets all legislative, best practice and other guidance issued and known to me at the time of development of the Policy;
- I am not aware of any omissions to the Policy, and I will bring to the attention of the Executive Director any information which may affect the validity of the Policy presented as soon as this becomes known;
- The Policy meets the requirements as outlined in the document entitled Trust-wide Policy for the Development and Management of Policies (v4.0);
- The Policy meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable;
- I have undertaken appropriate and thorough consultation on this Policy and I have documented the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the Policy following consultation;
- I will send the Policy and signed ratification checklist to the Policy Coordinator for publication at my earliest opportunity following ratification;
- I will keep this Policy under review and ensure that it is reviewed prior to the review date.

Signature of Author: ___________________________ Date: ________________
Name of Person Ratifying this policy: ___________________________
Job Title: Director of Human Resources

Signature: ___________________________ Date: 6 June 2013
Consultation Schedule

<table>
<thead>
<tr>
<th>Name and Title of Individual</th>
<th>Date Consulted</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR Operational Team</td>
<td>22nd May 2012</td>
</tr>
<tr>
<td>Staff Side Representatives</td>
<td>22nd May 2012</td>
</tr>
<tr>
<td>Specialty Managers</td>
<td>22nd May 2012</td>
</tr>
<tr>
<td>Matrons and Ward Managers</td>
<td>22nd May 2012</td>
</tr>
<tr>
<td>Department Managers</td>
<td>22nd May 2012</td>
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</table>

The following people have submitted responses to the consultation process:

<table>
<thead>
<tr>
<th>Name and Title of Individual</th>
<th>Date Responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maggie Depledge, Therapy Services Manager</td>
<td>25th May 2012</td>
</tr>
<tr>
<td>Jason Ovens, Head of Library &amp; Knowledge Services</td>
<td>28th May 2012</td>
</tr>
<tr>
<td>Maureen Carpenter, Assistant Hotel Services Manager</td>
<td>2nd May 2012</td>
</tr>
<tr>
<td>David Mawdesley, HR Manager</td>
<td>6th June 2012</td>
</tr>
<tr>
<td>Katy Coulam, HR Manager</td>
<td>6th June 2012</td>
</tr>
<tr>
<td>Gabrielle Hucker, HR Manager</td>
<td>6th June 2012</td>
</tr>
<tr>
<td>Sam Deere, HR Advisor</td>
<td>13th September 2012</td>
</tr>
<tr>
<td>Theresa Bateman, HR Advisor</td>
<td>13th September 2012</td>
</tr>
<tr>
<td>Alex Cudmore, Head of HR</td>
<td>6th June 2012</td>
</tr>
</tbody>
</table>

Name of Committee/s (if applicable) | Date of Committee
---|---
TCNC Policy Sub Group | 25th October 2012
TCNC Policy Sub Group | 29th November 2012
**Equality Impact: (A) Assessment Screening**

To be completed when submitted to the appropriate Executive Director for consideration and approval.

<table>
<thead>
<tr>
<th>Person responsible for the assessment:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td>Gayle Williams</td>
</tr>
<tr>
<td><strong>Job Title:</strong></td>
<td>HR Manager</td>
</tr>
</tbody>
</table>

**Does the document/guidance affect one group less or more favourably than another on the basis of:**

<table>
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<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
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<tbody>
<tr>
<td>Race</td>
<td>☐ Yes</td>
<td>☒ No</td>
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<tr>
<td>Ethnic origins (including gypsies and travellers)</td>
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</tr>
<tr>
<td>Nationality</td>
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<tr>
<td>Gender (including gender reassignment)</td>
<td>☐ Yes</td>
<td>☒ No</td>
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<tr>
<td>Culture</td>
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<td>☒ No</td>
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<tr>
<td>Religion or belief</td>
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<td>☒ No</td>
</tr>
<tr>
<td>Sexual orientation</td>
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<td>☒ No</td>
</tr>
<tr>
<td>Age</td>
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<td>☒ No</td>
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<tr>
<td>Disability (learning disabilities, physical disability, sensory impairment and mental health problems)</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>Is there any evidence that some groups are affected differently?</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>Is the impact of the document/guidance likely to be negative?</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>If so, can the impact be avoided?</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>What alternative is there to achieving the document/guidance without the impact?</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>Can we reduce the impact by taking different action?</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
</tbody>
</table>