

**Policy Document Control Page**

**Title**

**Title: Managing Attendance at Work**

**Version: 7**

**Reference Number: HR7**

**Supersedes**

**Supersedes: The Trust Managing Attendance at Work Version 6. Addresses supporting employees with terminal illness to remain in the workplace.**

**Addresses issues relating to Transgender**

**Originator**

**Originated By: Clare Marshall**

**Designation: HR Business Partner**

**Equality Impact Assessment (EIA) Process**

**Equality Relevance Assessment Undertaken by: E&D**

**ERA undertaken : July 2017**

**ERA approved by EIA Work group : July 2017**

**EIA undertaken by: Clare Marshall, HRBP**

**EIA undertaken : July 2017**

**EIA approved by EIA work group on: July 2017**

**Approval and Ratification**

**Referred for approval by: JNCC**

**Date of Referral: 27<sup>th</sup> July 2017**

**Approval Date: 27<sup>th</sup> July 2017**

**Date Ratified at Executive Directors Meeting: 9<sup>th</sup> October 2017**

**Executive Director Lead: Director of Operations**

**Circulation**

**Issue Date: 10<sup>th</sup> October 2017**

**Circulated by: Information Department**

**Issued to: An e-copy of this policy is sent to all wards and departments**

**Policy to be uploaded to the Trust's External Website? NO**

**Review**

**Review Date: July 2020**

**Responsibility of: HRBP**

**Designation: HR**

**This policy is to be disseminated to all relevant staff.**

**This policy must be posted on the Intranet.**

**Date Posted: 10<sup>th</sup> October 2017**

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## **Managing Attendance at Work**

### **1. POLICY STATEMENT**

It is recognised that low levels of absence are an indicator of good health and wellbeing of employees and positive contribution to patient care. High levels of absence are detrimental to the provision of services and have a negative impact on staff morale and overall costs. Effective monitoring and management of attendance will help to:

- Improve the health and morale of the overall workforce.
- Enhance the quality of service provision.
- Early identification and support to address factors in the workplace, which may be affecting employee attendance.
- Reduce costs and protect the interests of the organisation as a whole

Pennine Care NHS Foundation Trust is committed to establishing good attendance through the development of a number of Human Resources strategies. In addition the Trust is committed to providing a working environment and staff support facilities, which promote staff health and well-being.

The Trust acknowledges that a certain level of sickness is to be expected in any organisation and that employees who are sick should be treated sensitively, fairly and consistently whilst maintaining its responsibility to ensure continued high quality service delivery to patients.

### **2. OBJECTIVES**

The objectives of the Sickness Absence Policy are to:

- a) Provide clear guidance to managers with regards supporting employees and management of high levels of absence
- b) Provide support and assistance to employees during times of illness to enable them to return to work as soon as it is safe to do so
- c) Ensure equity of treatment across the Trust through robust and fair process
- d) Ensure employees whose sickness absence has become a cause for concern are managed in a supportive and compassionate way, whilst ensuring the service to patients is not adversely affected as a consequence.
- e) Provide assistance and guidance to managers in handling frequent and long term sickness absence arising from physical, psychological or emotional incapacity using the appropriate procedures
- f) Provide employees with clear guidance as to the standards of attendance expected
- g) Ensure employees understand their responsibilities and obligations with regards to attendance at work and the effects and consequences of poor attendance.
- h) Comply with all relevant legislation.
- i) Encourage a culture of good attendance.

### 3. EQUALITY ACT

- 3.1 The Equality Act 2010 and any subsequent amendments (formerly Disability Discrimination Act 1995) makes it unlawful to unjustifiably discriminate against a person with a disability. Discrimination occurs when a disabled person is treated less favourably than someone else on the basis of or as a result of his or her disability.
- 3.2 The Equality Act defines disability as a 'physical or mental impairment which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities.'
- 3.3 The Act puts a duty on employers to make reasonable adjustments to help staff overcome any disadvantages resulting from impairment.
- 3.4 Reasonable adjustments may include such examples as:
- Reasonable job redesign (including hours and/or working pattern) either on a temporary or permanent basis.
  - Reasonable adaptation of the working environment.
  - Possible agreement to a higher level of sickness absence prior to any formal action being taken (which may involve adjustment of the indicator points in this procedure).
  - Short term location of work changes to encourage return to the workplace, for example working from home for an agreed period of time
  - Seeking to redeploy to an alternative post.

This list is not exhaustive and all reasonable options should be considered.

- 3.5 An assessment must be made about whether the adjustment is 'reasonable' and will take account such matters as the practicality and cost of the adjustment, the disruption to service provision, the size and resources available to the employer, and the impact upon work colleagues. Advice should be sought from the HR department, Occupational Health and Medical Advisors, Health & Safety Officers on an individual case basis.
- 3.6 Managers should therefore ascertain if the employee is classed as disabled as defined by the Equality Act, once aware of a medical condition, through consultation with Human Resources and the Occupational Health Provider.
- 3.7 As each individual case is different, the consideration of reasonable adjustments may differ from case to case. As such managers should always seek advice from both Human Resources and the Occupational Health Provider in cases involving disability.
- 3.8 In cases of disability or long standing illness the Human Resources Representative, individual, or line manager may contact the Disability Employment Advisor at the local Job Centre Plus to obtain advice around information on assistance that could be provided from Access to Work or other such schemes. In order to obtain any assistance the employee must make the formal referral themselves.

3.9 This policy should be read in conjunction with the Policy for Supporting Employees with Terminal Illness

#### **4. ROLES AND RESPONSIBILITIES**

##### **4.1 Role of the Manager**

- a) Inform employees of the importance of maintaining regular attendance via a comprehensive local induction and regular supervision sessions as necessary outlining the expected standards in accordance with this policy
- b) To promote a healthy attitude to work, lead by example and make steps to set expectations around appropriate and inappropriate attendance at work to avoid 'presenteeism'
- c) Managers should be responsible for the physical working environment and ensure health and safety standards are maintained or concerns reported appropriately where raised.
- d) Managers should be proactive in preventing potential absence utilising the tools outlined in this policy
- e) Be aware of requirements in accordance with the Infection Control guidelines with regards to time away from the workplace when infections are contracted
- f) Ensure all existing staff and new staff at their induction understand their responsibilities in terms of the sickness absence notification procedure and required certification as detailed in the Sickness Absence Procedure
- g) Managers have a responsibility to maintain regular contact with employees during any period of absence. Managers and Employees have a mutual responsibility to try to determine, where possible, the expected length of any absence so that disruption to the service can be minimised and provisions for cover considered.
- h) Conduct Return to Work Interviews with all employees as soon as possible following a period of sickness absence using the standard form in Appendix 2 of this document.
- i) Maintain for reference an accurate record of absence for their own team and ensure that this information is accurately supplied to be recorded on electronic staff records including accurate reasons for absence.
- j) Monitor and take appropriate action in accordance with this policy to address unacceptable levels of sickness absence to support employees and manage attendance to ensure sickness absence is kept to a minimum
- k) Conduct sickness absence meetings in line with the short term and long term sickness absence review processes outlined within this policy ensuring that they contact their HR support at the earliest opportunity
- l) Apply the sickness absence procedure fairly, consistently, sensitively and in a

supportive manner to all employees

- m) Offer appropriate support to employees during and following a period of sickness absence, offering advice on alternative sources of help such as Occupational Health – People Asset Management (PAM) and / or the Trust Health & Wellbeing Service.
- n) Refer employees to Occupational Health in line with the sickness absence management procedure as appropriate and give due consideration to any recommendations made referring back to Occupational Health where necessary to clarify recommendations or offer consideration to alternatives.
- o) Managers should note that employees do not receive as standard a copy of a report from Occupational Health following an appointment. Managers should ensure that employees receive a copy of an occupational health report in advance of any formal meeting in which it will be discussed. Managers should ensure the employee has a copy of the OH report as soon as is possible after it becomes available.
- p) If a manager has reason to believe that an employee is not fit for duty when they report to work, they should take appropriate action, which may include finding alternative duties or sending the employee home. Advice should be sought from Occupational Health and Human Resources should this occur

#### **4.2 Role of Human Resources**

The Human Resources Department are responsible for:

- a) Ensure that managers are provided with appropriate advice and guidance when implementing this policy, and are provided with support in the application of the procedure in individual cases in accordance with current employment law, best practice and consistency.
- b) Work in partnership with managers, Occupational Health, and accredited staff side representatives to ensure all employees are treated fairly and consistently
- c) Provide comprehensive statistical information regarding sickness absence for the Trust Board or committees, senior management teams and line managers as required reporting on levels of absence within the Trust and reports of employees that have reached the agreed unacceptable levels of absence
- d) Monitor the effectiveness of Occupational Health Services in the performance of their role
- e) Provide regular training and guidance as part of competence development for managers to provide the knowledge base and practical skills to allow managers to apply the policy in the appropriate and agreed manner
- f) Be involved at the appropriate stages of the policy application offering advice and guidance throughout
- g) Help managers facilitate the employees return to work, review reasonable

adjustments, seek alternative employment, or any other appropriate action required, and audit this process as required.

#### **4.3 Role of Occupational Health Service**

The role of the Occupational Health Service is crucial in providing impartial advice to managers and support to individual employees. Employees may be referred to the Occupational Health Department for the following reasons:-

- a) Where their manager has reasonable grounds to be concerned that the employee's health may constitute a risk to themselves, other staff, service users or the public.
- b) To obtain a report on the employee's fitness to perform the duties of the current substantive post or that of a potential suitable alternative post
- c) To identify whether the employee is suffering a physical or mental impairment that is having an adverse effect on their normal activities
- d) In accordance with the Equality Act employees covered can expect to receive help and support as is deemed reasonable and in line with Section 3 of this policy. OH will provide advice and support to assist the decision making process to facilitate effective sickness absence management and where appropriate, advice, support and guidance on redeployment or identification of potential reasonable adjustments that may need to be considered in accordance with this policy.
- e) To provide clear advice as to the employee's expected/likely return to work.

It is a condition of their employment that staff do attend the Occupational Health Department when asked to do so, unless confirmation is received from the individual's Medical Practitioner that the individual is too unwell to attend.

#### **4.4 Role of the Employee**

The main responsibilities of the employee are to:

- a) Maintain a high level of attendance at work that meets that required standards as outlined within the policy
- b) To take care of their own health and provide a regular and effective service to the Trust in accordance with this policy and their employment contract.
- c) To comply with the Trusts sickness absence notification and reporting procedures when reporting sickness absence (see Section 6) **and any local procedures** and continue to maintain regular contact with an appropriate manager advising of the reason for sickness absence and expected date of return to work.
- d) Ensure the timely provision of certification to cover sickness absence in accordance with Section 5 of this policy so as to avoid loss of payment

- e) Recognise the need to regularly update their manager or other agreed officer with regards to their absence and explore options regards returning to work at the earliest available opportunity.
- f) Actively participate with management attempts to keep in touch during periods of sickness absence and respond openly and honestly.
- g) Must refrain from other employment (including bank and agency) whilst certified unfit for work so as to avoid potential disciplinary action, unless this has specifically been agreed with the Trust in exceptional circumstances. In these circumstances this must be agreed in advance of any work being undertaken and must be supported by the individuals medical adviser and/or occupational health. In anycase if an employee is uncertain about undertaking any other work whilst absent from work, advise should be sought from the Human Resources Department.
- h) Attend Occupational Health appointments as required, unless confirmation is received from the individual's Medical Practitioner that the individual is too unwell to attend. Advising Occupational Health if they are unable to attend any arranged meetings (no less than 48 hours prior to meeting) to avoid additional costs to the Trust.
- i) Attend an appointment at Occupational Health if required to do so before returning to work following a prolonged absence to ensure Occupational Health clearance is obtained and any workplace considerations are clearly understood.
- j) Attend meetings with management and Human Resources as requested to do so with appropriate representation if required as arranged by the employee (at formal stages). If an employee is unable to attend a meeting at their workplace due to their ill health, an alternative arrangement will be offered to meet at their home or a mutually convenient location
- k) It is in an employee's interest to inform the Trust of any new medical conditions which may arise during employment that the Trust is not already aware of which is likely to affect employment and/or require consideration of reasonable adjustments in accordance with the Equality Act.
- l) Inform their line manager if they intend to go on holiday or will be non contactable for any other reason during a period of sickness absence.
- m) Raise concerns with their line manager or Human Resources, if they believe that their job is making them ill or contributing to their absence.
- n) Not act in a manner incompatible with their declared absence (including on social media) and refrain from any activity (domestic, social or sporting) which may be prejudicial to recovery or likely to bring into question the reason for continued absence. Wilful disregard of this requirement may be treated as Gross Misconduct and the Trusts disciplinary procedure could be invoked.
- o) Not abuse the sickness absence procedures or NHS Sick Pay Scheme.

## **5. PREVENTING ABSENCE**

There are many ways in which absence can be reduced or prevented, this section refers to guidance to help prevent sickness absence before it needs to be formally managed and should be read in conjunction with the relevant detailed Trust policies and guidance around each subject and supplemented with Trust training for managers.

### **5.1 Health & Safety Responsibilities**

As part of the duty of care of the organisation, its managers need to ensure that all policies and procedures are followed. In relation to the sickness absence this means minimising the risk of illness or injury in the workplace by ensuring Health & Safety policies and procedures are properly in place and risk assessments are conducted as appropriate

### **5.2 Sickness Absence due to Stress or Anxiety**

In accordance with the Trusts Managing Stress at Work Policy specific action and support should be offered where an employee identifies or a managers observes high levels of stress at work or is absent from the workplace due to the same.

Where stress is identified a manager should work with an employee to identify the factors causing workplace stress, this will usually take the form of a risk assessment in accordance with the Managing Stress at Work Policy and Health & Safety guidance. Following which a manager should work with the employee to explore and implement solutions to minimise or eliminate factors that may be causing stress at work. It would be envisaged that any significant stress factors at work would be identified either at regular supervision or at return to work interviews.

Records of discussions should be maintained along with agreed actions followed by evaluation of implemented actions where possible to ascertain effectiveness.

### **5.3 Use of sickness codes**

Sickness absence codes are useful for spotting sickness trends and creating benchmarking metrics from the Electronic Staff Record system (ESR) - but only if recorded and used correctly. Accurate recording of absence can help identify trends and areas that require targeted support.

Managers are responsible for ensuring that appropriate codes are used when recording sickness episodes. If staff are unhappy to share the reasons for absence with their line manager to allow for accurate coding managers should enquire as to who they would be comfortable to speak to (for example HR) to share this.

### **5.4 Appraisal Process/Supervision**

It is recognised that managers cannot influence all the factors of their teams wellbeing, however managers can help create an environment where employees feel that they can discuss issues and feel supported. This can be done as part of an appraisal/IPDR session and will help your team feel valued.

Including discussions around health and wellbeing in appraisal/IPDR or in general 1:1 supervision will help create this positive environment and will allow for early identification of possible factors that may contribute to absence from the workplace in the future.

As part of the appraisal/IPDR/supervision managers can discuss barriers to an employee's wellbeing, how they are feeling, what can be done by both parties to improve this, how the team is doing overall and what support is available across the organisation for staff to access

## **5.5 Role of the line manager**

It is recognised that line managers can have a significant influence on the health and wellbeing of staff. Best practice and research shows that competent line managers can contribute positively to the experience of employees. Managers should be familiar with this policy and competent to utilise it by accessing training offered by the Trust and divisional HR support to ensure a positive, supported and consistent employee experience.

Managers should lead by example in following policies and setting positive attitudes for their team. Line managers can help prevent staff reporting to work when they are not well enough to do so by ensuring staff have a balanced workload and a sense of control over how it is delivered. Ensuring that there is a culture where staff feel comfortable in asking for help and support, with an open door policy for staff to help maintain communication.

## **6. ABSENCE NOTIFICATION PROCEDURE**

- 6.1 It is important that employees notify their line manager at the earliest opportunity of their absence (no later than the shift start time where possible) and its anticipated duration, where known. This enables the manager to rearrange the work and/or arrange alternative cover where necessary, ensuring service delivery is not affected. Employees must follow any local sickness absence reporting procedures that are in place
- 6.2 Employees must report absences direct to the nominated manager (as advised at commencement in post or during supervision), the nominated deputy or the next available senior manager if the nominated managers are unavailable. Employees should contact their manager themselves. A friend or relative should only telephone on their behalf if absolutely essential and should always provide the employee's direct contact details. Leaving messages or other forms of communication (e.g. text message) is not appropriate unless previously advised by your nominated manager. In any case employees must speak directly to a manager from within their service (not a colleague) on their first day of absence within the agreed timescales. If no managers are available to speak to at that time then a message should be left including a telephone number on which the employee can be contacted by their manager to discuss the absence.
- 6.3 When contacting their line manager the employee will be required to provide the following information to complete the First Contact Form (appendix 1)
- Reason for absence (nature of illness/symptoms)
  - Estimated duration of absence (where possible)
  - Contact details

- Details of any urgent commitments/urgent work which needs to be covered whilst the employee is absent
- Any support required
- When the next agreed contact between the individual and the manager will be (this would usually be daily for short term absences)

If the absence persists longer than initially advised, employees must continue to contact their manager and advise of the expected duration of absence. In any case, manager and employee should agree when the next point of contact will be following the initial contact. It is advised that managers use the Record of Contact form in Appendix 3 to record all further contact during a period of sickness absence.

In the event that an employee fails to comply with the absence notification procedure without proper justification, occupational sick pay may be withheld and action may be taken under the disciplinary procedure.

- 6.4 All absences of **over 7 calendar days** must be covered by a fit note and all absences of **7 calendar days or less** must be covered by a self-certificate (see Appendix 1). Fit notes should be forwarded to the line manager at the earliest opportunity and at the latest, within 4 days of the start of the period of absence that is to be covered OR expiry of the current fit note. Note that sickness over weekends and bank holidays counts as days absent in this calculation even if the employee only works Monday to Friday.
- 6.5 Fit notes must run consecutively from each other to avoid loss of occupational sick pay and being recorded as unauthorised absence from the workplace. Medical certificates should still be provided even in the event of the expiration of sick pay.
- 6.6 Staff wishing to leave work part way through their shift due to illness must discuss with their line manager before doing so. Neither Occupational Health nor line managers are able to decide for an employee as to their fitness to remain in the workplace unless in exceptional circumstances. If an employee wishes to leave work part way through a shift, an employee must make their assessment of their fitness to remain at work and make an appropriate decision.
- 6.7 Staff who attend for work and are subsequently unable to complete the shift due to sickness will not be recorded as absence through sickness providing that they have completed at least 50% of their shift, any absence due to sickness otherwise will be recorded as sickness absence on ESR. However if it is recognised that leaving due to sickness after 50% of a shift is a persistent pattern and is of cause for concern a manager may address this in accordance with this or the appropriate policy. Managers may need to maintain their own records to reflect such patterns. Refer to 12.7 of this policy
- 6.8 If an employee does not make contact on the first day of absence managers will try to make contact initially by telephone and then by letter, in line with guidance from your HR representative. Persistent non-contact can result in action being taken under the Disciplinary procedure.

- 6.9 It is recommended that managers maintain a record of all contacts during sickness absence, an example record form is contained within Appendix 3

## **7. MAINTAINING CONTACT DURING SICKNESS ABSENCE**

- 7.1 It is acknowledged that many employees will keep in contact with work colleagues and friends during their absence from work but managers have a responsibility to maintain contact with them also. In all cases, employees should be treated with support and sensitivity by management and contact maintained with a purpose to ensure that all parties are kept fully informed of the current situation. It should be noted that there may be some exceptions whereby it would be recognised to be medically beneficial that contact is kept to a minimum or made via a representative for a fixed period of time
- 7.2 Employees are required to co-operate with all reasonable attempts to remain in contact with them during periods of sickness absence. This is in order for managers to provide employees with the appropriate support and make plans for covering the absence, understand potential timescales for return to work, and facilitate a return to work wherever possible. Where appropriate this may involve contact over the telephone, a meeting or by a home visit. The employee has the right to agree/refuse a home visit however must comply with the requirements to meet under this policy to allow for periods of absence to be managed accordingly; persistent failure to do so may result in disciplinary action.
- 7.3 Managers should use the form available in appendix 3 to make an accurate record of contact made or attempted during periods of sickness absence
- 7.4 The manager should ordinarily only contact the member of staff if the member of staff has not made/is not maintaining contact with the department themselves to report their intended absence or have provided insufficient information regarding their absence, where there is an exceptional urgent work query that only this employee can help resolve, or, to impart/obtain urgent information regarding the employee's role/place of work.
- 7.5 Where it is not appropriate for the manager to contact the employee on the phone or via a home visit, a nominated person should make the appropriate contact.

## **8. ABSENCE RECORDING AND MONITORING**

- 8.1 Accurate record keeping is an integral part of each manager's responsibilities and will help to develop a fair and consistent managerial approach to attendance. It will also help raise staff awareness of management action in the area whilst highlighting to each individual their own standard of work attendance.
- 8.2 Full and correct coding of reasons for sickness absence is an essential part of providing information to the Trust and line managers to highlight the main causes of sickness absence and help identify where patterns are emerging to allow targeted action to support areas where needed. Managers/inputters have been trained on sickness coding and should avoid using the 'other' and 'unknown'

codes wherever possible.

- 8.3 Attendance patterns are recorded on the computerised HR and payroll system for the purposes of monitoring and of correct payment of employees however managers should also have access to this information via their own records for information and proactive absence management purposes
- 8.4 Statistical information will be collated by the Trust and regular reports provided to Trust Board, senior management teams and line managers.
- 8.5 Where an employee returns to work following rostered days off and informs their manager of their fitness to return to work the days off will not be counted as part of the period of sickness absence

## **9. RETURN TO WORK INTERVIEW**

- 9.1 All employees must participate in a Return to Work Interview with their line manager (or nominated deputy) following any period of sickness absence, regardless of duration, as close as possible to the return to work date, ideally on the day of return. This should be conducted in a private location and should be positive and welcoming and held on an informal basis. In exceptional circumstances a telephone interview may be permissible if a face to face meeting will leave too much of a delay between return to work and the return to work interview.
- 9.2 NHS Employers and CIPD research indicates that carrying out return to work interviews after every episode of absence is one of the most effective tools employers can use to reduce absence levels and as such should be used as an important management tool rather than a 'tick box' exercise.
- 9.3 Guidance for managers on the return to work interview is contained in Appendix 2 of this policy. The Return to Work Interview Form (also in Appendix 2) should be completed and retained by the manager in a secure, confidential place for future reference. The manager must ensure the information is recorded on the ESR system. The return to work form incorporates the employees self-certification where the absence is for up to 7 days.
- 9.4 Managers should welcome an employee back to work , ensure that they are updated on any communications or activities that may have taken place during their absence, and identify any follow up action that might be necessary.
- 9.5 The purpose of the Return to Work Interview is to counsel and offer support to the employee to help find solutions to any problems highlighted to help prevent a recurrence where possible. To discuss the reasons for the absence, confirm with the employee that they are fit to return and any supportive measures that are needed to support this return and support any actions going forward to improve attendance. The manager should consider if it is appropriate to refer the member of staff to Occupational Health.
- 9.6 The interview should also provide an opportunity to acknowledge good attendance where appropriate or emphasise the importance of good attendance.

Any concerns about an individual's level of attendance should be highlighted during the interview and the employee should be reminded of the levels of absence that indicate concern for the formal stages of the Sickness Absence Procedure.

## **10. ANNUAL LEAVE AND SICKNESS ABSENCE**

- 10.1 Contractual annual leave continues to accrue whilst an employee is on paid sick leave.
- 10.2 Statutory annual leave (i.e. annual leave arising from the Working Time Regulations 1998) will continue to accrue regardless of the pay status of the employee. Bank Holiday entitlement does not accrue or apply whilst on sick leave.
- 10.3 Employees on long term sick leave will not be prevented from taking annual leave whilst on sick leave, both contractual and statutory, as set out in the Working Time Regulations. Requests for annual leave should be made via the usual manner. Annual leave will always be paid at full pay regardless of the employee's sick pay status. Medical certificates will not be required for any periods of approved annual leave during sickness absence, however the period of sick leave will continue to be considered as a period of continued absence for monitoring purposes.
- 10.4 Where an employee falls sick during a period of pre booked annual leave, or is certified sick for a period of annual leave, after correctly following the notification of absence procedure, they will be regarded as on sick leave from the day that the sickness was reported and annual leave will generally be suspended to be taken at a later date within the given annual leave year.
- 10.5 Carry over of unused annual leave (outside of the standard carry over allowances) following a prolonged period of absence will be calculated in accordance with the legal minimum as outlined by current employment legislation. Managers should contact the HR department for support on this matter.

## **11. SICKNESS ABSENCE PROCEDURES**

- 11.1 The following principles will underpin the way in which sickness absence is managed within the Trust:
  - In all cases the reasons why an employee is absent must be fully investigated (usually at RTW meeting) before any action is taken to allow management to take time to understand why an employee is having frequent absences and explore options with the employee to help them attend work regularly
  - Employees must always be given an opportunity to provide an explanation before decisions are reached
  - Employees must always be informed of their right to be accompanied at any formal meetings with their manager
  - Employers must take reasonable steps to be aware of the most up to date medical information in relation to an employees health by means of

Occupational Health , or information provided by the employee or other medical practitioners.

- Employees will be given time for improvement as part of the stages in the policy
- Employees will be given a written explanation concerning any decisions and action taken and clearly informed about the improvements expected at that stage.
- Employees will be given the right to appeal against all formal stages

11.2 Risk assessments play an important role in the management of sickness absence. For example where employees are more susceptible to a greater degree of risk than normal, such as specific risk assessment for pregnant workers, disabled workers, or staff returning to work from a specific absence e.g. musculoskeletal problems. A risk assessment should be carried out where a manager has concerns regarding the health and safety of an employee who is either in work or looking to return to work and can refer to health and safety specialists within the Trust. If there is a delay in implementing the recommendations of any risk assessment the employee must be provided with a safe working environment until the recommendations are implemented.

## **12. SHORT TERM SICKNESS ABSENCE REVIEW PROCESS**

Flow Chart Summary – Appendix 4

### **First Stage – Formal Counselling Meeting**

- 12.1 Managers are responsible for reviewing employee's sickness absence in relation to the indicator points defined within the sickness absence procedure initiating the formal stages of the review process where appropriate.
- 12.2 Managers have the ability to decide whether or not to invoke formal action as a result of a formal counselling meeting following full review of reasons for absence and support that might be needed. This review is usually conducted at a formal review meeting in accordance with section 12.9 of this policy.
- 12.3 Prior to any formal absence meetings the employee will be made aware of their right to representation in writing at the sickness absence meetings within the formal procedure by a recognised Trade Union representative or workplace colleague.
- 12.4 The employee should be given a minimum of 10 working days' notice, from the date of the confirmation in writing, of the formal sickness absence meeting and told the purpose of it with information about any potential outcomes from that meeting. It is recommended that a formal meeting takes place within 3 weeks of the indicators being reached, and that the employee receives a copy of the OH in sufficient advance of a formal meeting. It is anticipated that all parties involved in the meeting will support these timescales happening.
- 12.5 The Manager will send an outcome letter to the employee summarising the discussions that have taken place at any meeting including details of any supportive measures that have been agreed.

- 12.6 To initiate the formal stages of the procedure, a stage 1 formal counselling meeting should be arranged between the employee and the manager (and HR support if required) in the event of an employee being absent from work for either:
- a) 3 occasions of sickness absence within a rolling 6 month period **OR**
  - b) 4 occasions of sickness absence within a rolling 12 months period **OR**
  - c) Cumulative absence of four working weeks (or more) within a 12 month rolling period (a working week is pro rata for part time staff or as appropriate for shift staff)

It should be noted that if an employee has reached any of these indicators for the 3rd time in a rolling 3 year period, the second stage of the sickness absence review procedure will be applied without the need to apply stage one

Whichever indicator is reached first will apply. The rolling period will begin on the first day of the most recent episode of sickness absence and will include any instances or part instances of sickness absences in the 6 or 12 months preceding this date.

- 12.7 A manager can look to invoke Stage 1 of this policy if short term absence appears to present itself as a persistent pattern of absence and cause for concern which, may fall outside of the indicators, is having a detrimental impact upon service delivery. Managers should try to establish, for example, at return to work meetings, if there are any factors that might be contributing to this pattern of absence and take this into consideration. Advice should be sought from HR and consideration given to the Equality Act in these circumstances which are likely to be exceptional.
- 12.8 The individual should be referred to Occupational Health Department if deemed necessary before the formal counselling meeting takes place, to allow full consideration of the facts. However it is not necessary in all circumstances to have an Occupational Health referral in order to initiate this process, this should be assessed with your Human Resources support. If an Occupational Health report is available it should be provided by the manager to the employee at the soonest opportunity of any formal meeting in order to allow the meeting to proceed.
- 12.9 The purpose and content of the meeting will be to:
- a. Confirm that the employee has the right to representation from a recognised trade union representative or workplace colleague and that this is a formal meeting.
  - b. Confirm the purpose of the meeting and outline the indicators reached
  - c. Review any actions previously agreed from Return to Work discussions and the support/actions implemented to date
  - d. Sensitively explore the reasons for the absences and review any concerns around trends/patterns if evident.

- e. Identify any underlying cause for the absences.
- f. Discuss with the employee the need or benefit of referring him/her to the Occupational Health Service to assess for any long-term condition and whether they have contacted and utilised services from their GP or other support services
- g. Where possible explain to the employee in a sensitive manner the effect that the absence has upon the service in terms of service delivery and why sickness absence is monitored.
- h. Explore what support or assistance can be offered to the individual to help improve their attendance at work. Managers should consider such support mechanisms as therapy referral and other support interventions e.g. Staff Wellbeing Service, Occupational Health Physio/MSK Line. See Appendix 5. Managers should also highlight the services available to staff via the Staff Wellbeing Service. Consideration can also be given to any temporary/permanent reasonable adjustments to the workplace as appropriate, such as flexible working agreements, review of role. This list is not exhaustive.
- i. Where the absences are related to a disability, as defined by the Equality Act, it would be appropriate to explore the options of reasonable adjustments in the current post (see section 3) or redeployment to a suitable alternative post if no reasonable adjustments or other options are considered appropriate, subject to a medical recommendation from Occupational Health.
- j. In some circumstances managers, with the advice of the HR Department, may take the decision not to proceed with the formal outcome at this meeting but will be expected to set clear parameters around this and when this will be reviewed. This decision must be discussed with Human Resources for advice to ensure consistency and in any case should only be deferred for one further period of absence unless exception has been made under the Equality Act. It is important to hold the meeting to discuss mitigating circumstances, providing an opportunity to discuss ways to improve an individual's attendance levels even if formal action isn't pursued. In addition if extenuating circumstances are presented it may be considered to extend a formal review period.
- k. If no extenuating circumstances are revealed regarding the sickness absence and no adjustments to indicators are agreed (or other reasonable adjustments which may have an affect on the outcome of the meeting), and the decision is therefore taken to proceed with formal action, a **Formal Improvement Notice** will be issued advising that the employee has unacceptable levels of absence and that an immediate improvement is required.

The notice will detail all actions agreed by both parties and will be subject to a 6 month review period. It should be clearly noted that the employee's attendance will be monitored for a period of 6 months from the date of

return from the last period of absence that initiated the formal process, during the 6 month review period, the employee will be monitored on the indicators outlined in **section 12.10**

The employee should be formally advised about the consequences of further sickness absence during this 6 month period i.e. that the employee would move to the next stage of the procedure if the indicator points were reached. This constitutes formal action and should be confirmed in writing. The Formal Improvement Notice remains on file for a period of 6 months. Managers should outline the individual's right of appeal in accordance with section 12.18.

If second stage indicators are not reached during the review period, a meeting will be held to confirm the successful completion of the 6 month review period and no further action will be taken.

Line Managers must ensure records are maintained with regards formal action taken to ensure that reviews of attendance levels are carried out throughout and at least one month prior to the expiry of the warning to assess the need to for further action. Further sickness absence will continue to be managed in line with the Sickness Absence Procedure.

- j Please refer to Section 3 'Equality Act' with regards to formal indicators for employees who are absent due to a disability.

### **Second Stage – Formal Review Meeting: Written Notification of Concern**

12.10 In normal circumstances, a stage 2 formal review meeting should be arranged, and confirmed in writing, between the employee and the manager if during the 6 month review period set at the formal counselling meeting

- a) two further instance of sickness absence occurs.
- b) or two working weeks of cumulative absence occurs (a working week is pro rata for part time staff or as appropriate for shift staff)
- c) the 3rd occasion in rolling 3 year period that the employee has triggered the first stage of the short term sickness absence process

12.11 The stage 2 formal review meeting should be held as soon as reasonable possible after the indicators are reached. (see 12.4)

12.12 Managers have the ability to decide whether or not to invoke formal action as a result of a formal review meeting following full review of reasons for absence and support that might be needed, this review is usually conducted at a formal review meeting in accordance with section 12.9 of this policy.

12.13 The content and purpose of the second stage formal review meeting will be as detailed under "Formal Counselling Meeting" in section 12.9. A representative from Human Resources should be present.

If a Formal Written Notification of Concern is issued the indicators outlined in **Section 12.15** should be explained and the employee advised that their

attendance will be monitored for a review period of 12 months from the return date of the last period of absence that initiated this stage of the process.

The manager should outline the consequences of further sickness absence i.e. that the employee would move to the next stage of the procedure if the indicators were reached. This constitutes **formal action** and should be confirmed in writing. The level of seriousness of this stage of the procedure should be clearly explained i.e. that a failure to improve their attendance would initiate the third stage final review meeting and may lead to dismissal. The written notification of concern will remain on file for 12 months.

If the formal indicators are not reached during the 12 month review period no further action will be taken at this time. Further sickness absence will continue to be managed in line with the Managing Attendance Procedure.

- 12.14 Please refer to **Section 3** 'Equality Act' with regards to indicators for employees who are absent due to a disability.

### **Third Stage – Final Review Meeting**

- 12.15 In normal circumstances, a third stage final review meeting should be arranged if during the second stage formal written notification of concern period the following indicators have been reached:

- a) two instance of sickness absence
- b) or two working weeks of cumulative absence occurs (a working week is pro rata for part time or as appropriate to shift staff)

**OR**

- c) overall unacceptable level of attendance over rolling 3 year period which has left the individual incapable of carrying out contractual duties of the role due to the amount of time absent from the workplace (*note that this indicator can be applied at any point in time to effectively manage sickness absence both short term and/or long term*)

NB: Following the first period of sickness absence during this formal review period it is recommended where possible that managers should meet informally with the individual to advise that one further episode of sickness is likely to result in a third stage final review meeting which may result in dismissal. It is good practice for a record of this conversation to be maintained in the employee's personal file.

- 12.16 The third stage final review meeting will be held as soon as is reasonable following the indicators being reached.
- 12.17 Arrangements and notification periods for the hearing and any subsequent appeal will be the same as those within the Trust's Conduct and Disciplinary Procedure. The panel will consist of a manager with authority to dismiss and will be advised by a Human Resources representative. The manager who conducted the formal sickness meetings with the employee will not be a member of the panel but will be asked to present the facts surrounding the case and will be

supported by a member of the HR team. The employee will be entitled to present a response to the case and will be entitled to representation as set out within this policy.

The panel at this stage will consider all information available, including the information presented by both the employee and their manager in coming to their decision. The panel may make any of the following decisions:

1. To dismiss the employee, where this is the case the appropriate amount of notice will be paid, along with the appropriate amount of outstanding annual leave (contractual/statutory as appropriate)
2. To attempt redeployment of the employee to a different department or role where it is evident that this would benefit their attendance levels (however here must be a clear logic for this decision, with generally a vacant role identified to move to or a clear understanding of the outcome if redeployment was unsuccessful)
3. To extend the second stage written notification of concern for an agreed timescale (however no more than a further 6 months) with clear parameters and expectations.

### **General Notes to Short Term Sickness Absence Review Process**

- 12.18 At each sickness absence meeting, management should reassess if recurring instances of absence are indicative of a long-term medical condition or disability and therefore being managed appropriately. Please see section 3 on the Equality Act.
- 12.19 An employee will be entitled to appeal against any formal action taken under the sickness absence procedure. This appeal will normally be considered by a higher level than the manager taking the action. The purpose of the appeal process is to review the fairness of the original decision in all the circumstances. In order to appeal the employee should write to the Senior HRBP and Employee Relations Adviser within 10 working days of the meeting/hearing stating the grounds for the appeal (as set out in the Conduct & Disciplinary Policy)
- 12.20 The short and long term sickness absence review processes are parallel processes and absence under the Long Term Sickness Absence process will be counted as periods of sickness under the Short Term Sickness Absence process

### **13 LONG TERM SICKNESS ABSENCE REVIEW PROCESS**

- 13.1 Long term absence is continuous sickness absence, which exceeds 4 weeks. During the period of sickness absence, managers should maintain regular contact with employees on an informal basis in addition to the more formal process outlined below in accordance with Sections 5 & 6 of this policy with regards to notification and contact.

The purpose of the contact is to ensure employees feel supported and are offered all appropriate assistance, this contact is considered as informal contact.

- 13.2 After 4 weeks absence (or earlier if it is known before hand that the absence will last 4 weeks), employees should be considered for referral to the Occupational

Health Service. Individuals may be referred at an earlier stage as deemed necessary. The employee must be informed in advance by the appropriate manager that they are being referred to Occupational Health (PAM), or other support mechanisms.

- 13.3 The objective of managing long term sickness is to identify the right level of support for the employee to enable their return to work once they are fit to do so and where necessary, consider redeployment, ill health retirement, or termination of employment.

### **Long Term Formal Sickness Absence Review Meetings**

- 13.4 Managers are expected to have met with or had detailed discussions with an employee as part of the informal contact during long term sickness absence understanding the reasons for absence and likely return to work date upto and following from the stage of 4 weeks of continued absence using appendix 1 & 3 as a record of discussions held and ensuring that your HR support are aware of the information obtained to allow full preparation for the first formal sickness absence review meeting.
- 13.5 Employees will be invited to attend formal long term sickness absence review meetings by way of letter from their manager and will be given at least 10 calendar days' notice of the meeting and advised of their right to representation either by a workplace colleague or trade union representative.
- 13.6 The manager, in conjunction with HR support is expected to send a summary letter to the individual of discussions that have taken place at any formal meetings, following the closure of the meeting and maintain a copy of the letter for reference on the individual's personal file.
- 13.7 Long Term Formal sickness absence review meetings should be arranged at regular intervals altered to suit individual cases and the information known. It is suggested that the first formal sickness absence review meeting should take place no later than 2 months into the long term sickness period. There will be the line manager (in most cases or next manager up) and HR present at the meetings and the individual has the right to be accompanied by a recognised trade union representative or workplace colleague at these meetings.

It is recommended that at the two month meeting an action plan is agreed as to when the next meeting will take place and that this agreement is made at each subsequent meeting, the decision should be based around when it is envisaged that new information will be known with regards return to work or support that can be offered, however unless medical information would suggest otherwise, review meetings should take place at least every two months as a guide.

The timescales of the formal meetings can and should be amended to suit the medical information obtained in relation to the likeliness of a return to work, or consideration of support required, either via the Occupational Health Department or via the employee themselves. If the medical prognosis or the progress of a return to work is prolonged or considered unlikely a final review meeting may need to occur sooner despite the length of sickness absence , the stage of the process, or how many formal sickness review meetings have taken place, and

as such can occur at any time during long term sickness.

Occupational health reports should be obtained if possible prior to the formal review meetings but absolutely before a penultimate and final meeting takes place to allow full consideration of the case. If an employee does not attend Occupational Health appointments despite the Trust's best efforts, decisions will be made based on the information available to the Trust. A long term formal sickness review meeting that aims to discuss the content of an Occupational Health report, particularly the penultimate and final meeting, should be arranged within 4 weeks of the date of the report where possible so as to ensure up to date and relevant information is being reviewed and considered.

- 13.8 Formal Long Term sickness review meetings should be arranged during periods of long term sickness absence to provide support and explore the possibility of a return to work. The purpose and broad content of the meeting will be to:
- a. Discuss the reason for the absence and the occupational health reports obtained
  - b. Establish a likely return to work date, if possible.
  - c. Identify any work-related issues that may be associated with the sickness absence and how these can be effectively addressed to help facilitate a return to work
  - d. Discuss whether any support can be offered to enable the employee to return to work including any reasonable adjustments suggested by Occupational Health if covered by the Equality Act (section35), or general short term adjustments that would facilitate a return to work, for example work/role/location/hours modification. Line managers should utilise any information provided on the fit note from the GP to facilitate where possible a return to work in some capacity whilst the employee fully recovers.
  - e. Explain to the employee in a sensitive manner the effect that the absence has upon the service in terms of service delivery and implications for colleagues' workload and morale.
  - f. Employees will be advised by the Trusts payroll provider if there are imminent changes to their occupational sick pay
  - g. At the meeting the following options may be considered, subject to a medical recommendation by the Occupational Health Service and other information obtained as part of the process:
    - 1 Phased Return to Work – see **Section 17** on phased returns.
    - 2 Redeployment (if all options to return to substantive post have been exhausted and based upon medical information)
    - 3 Ill Health Retirement. (if all options of returning to work in any capacity have been exhausted and based upon medical information)

Note: Redeployment and Ill Health Retirement should only be

considered where Occupational Health advise that the individual is unable to be likely to return to their substantive post or is unable to provide a reasonable date for their return to this role yet would be able to undertake an alternative role, or suggested adjustments to the workplace/role are not considered to be reasonable.

- h. Managers should discuss with advise from Human Resources whether any Annual Leave that has been accrued should be taken prior to the end of the current leave year. An employee can take paid annual leave whilst on a period of long term sickness in agreement with their manager.
- 13.9 At the formal long term sickness review meetings all possible options to facilitate a return to work should be considered and discussed in accordance with Section 13.8 of this policy and the medical information at hand.
- 13.10 Employees should be made aware in a sensitive manner that a decision regards their future employment with the Trust may be made at any stage of the Long Term Sickness Absence process based on the medical information at hand and the progression of a return to work within reasonable timeframes. Employees should not be taken by surprise of such a decision and should be warned at the meeting prior a final meeting, and if appropriate before this, that the Trust is now at the stage where they must consider this option.
- 13.11 Occupational Health reports should be obtained and referred to regularly throughout the process in order to ensure upto date and accurate information is available to aid discussions. If at any stage the medical advise suggests that a return to work/substantive role in the foreseeable future is not likely the options in 13.8 g should be considered.
- 13.12 If an employee fails to attend Occupational Health without good reason and persistently, they should be informed prior to the formal meeting decisions about future employment may be made on the information that has been made available to the Trust. Furthermore action could be considered in accordance with the Trusts Conduct & Disciplinary Policy with regards to not following a reasonable management instruction.
- 13.13 For employees covered by the Equality Act for reasons of disability, reasonable adjustments with advice from Occupational Health will be considered in accordance with Section 3 of this policy
- 13.14 Discussions around redeployment may need to commence earlier in the process if medical information suggests that this approach may be feasible so as to allow suitable time for the redeployment process to take place. Redeployment can only happen into actual vacancies within the Trust that are considered suitable for the employee; the Trust is not expected to create a vacancy where a vacancy does not exist.

### **Final Formal Review Meeting**

- 13.15 A final formal review meeting will take the form of a case being presented to a panel consisting of a manager with the authority to dismiss (with HR Support) if this is a possible outcome having been fully briefed by the line manager about

the case. The format of the hearing should follow that set out in the Trusts Conduct and Disciplinary Policy.

- 13.16 If the individual does not wish to attend/is unable to attend the final formal review meeting, this can be agreed in writing with the individual beforehand and this agreement presented at the hearing. Furthermore the employee will be offered the opportunity to comment on the content of the management report to be presented via a written statement which should also be presented at the hearing.
- 13.17 If reasonable adjustments or redeployment are not suitable and the employee is not likely to be able to carry out the duties of their role due to ill health, permanently, for the foreseeable future or within a reasonable timeframe, the Trust will need to dismiss on the grounds of ill health at a final review meeting which can take place at any stage of the process, with warning to the employee.
- 13.18 If medical information has changed or new information is presented at the final review meeting, the panel can decide on the outcome that further management of the absence continues in accordance with section 13 of this policy with some parameters set if required.
- 13.19 At the final review meeting, if the outcome is dismissal on the grounds of ill health, employees will be advised of pay owed for annual leave, pay in lieu of notice and of their right to appeal against this decision. It is preferable where possible to gain mutual understanding with the employee and any representation of the dismissal on the grounds of ill health following the exploration of all other options throughout the long term sickness management process. However an employee will of course have the opportunity to challenge this decision at the final formal review meeting.

### **General Notes to Long Term Review Process**

- 13.20 If an employee is unable to attend a formal long term sickness absence review meeting due to ill health, despite an offer to delay the meeting once, discussions may need to take place in their absence with the information at hand and the employee should be informed in writing of any decisions made. The employee may provide a written statement if they wish. Failure to notify their manager of their inability to attend or to provide adequate justification may result in occupational sick pay being withheld.
- 13.21 It is not envisaged that the application of this policy will result in Short Term Formal Stages being invoked upon immediate return to work from a substantial long term sickness absence. If an individual is unable to sustain attendance upon return to work following any phased return period the short term process will apply in accordance with this policy. Managers must take advice from Human Resources with regards to the application of the policy in these instances. Refer also to 12.20 of this policy.
- 13.22 An employee will be entitled to appeal against any formal action taken at the final formal review meeting under the Sickness Absence Procedure providing that there are appropriate grounds for an appeal in accordance with those highlighted in the Trusts Conduct & Disciplinary Policy.

grounds of appeal based on one or more of the following criteria, with supporting evidence:

- The procedure was not followed correctly;
- New and essential information which may affect the outcome of the hearing is available. (If the employee knew the information at the time of the hearing good reason must be given as to why it was not presented at the hearing);
- Extenuating circumstances were not taken into account;
- The penalty is inappropriate, inconsistent or unduly harsh in relation to the offence.

This appeal will normally be to a higher level than the manager taking the action. The purpose of the appeal process is to review the fairness of the original decision in all the circumstances. In order to appeal the employee should write to the Senior HRBP within 10 working days of the date of the letter confirming the outcome of the meeting/hearing stating the grounds for the appeal as outlined above.

## **14. OTHER CONSIDERATIONS**

### **14.1 Absence from work due to Medical Appointments**

Absence from work due to medical appointments should be managed in accordance with the Special Leave Policy

### **14.2 Self Elected or Cosmetic Procedure**

14.2.1 Time off for cosmetic or self elected surgery will only be treated as sick leave if it is needed on medical or psychological grounds in which case the surgery must be supported by a letter from the GP or appropriate medical practitioner outlining the reasons for the surgery in order to be treated as sick leave and receive sick pay. Employees undergoing self elected surgery /procedures will normally need to use their annual leave or request unpaid special leave to cover their absence

13.2.2 If after the surgery an employee becomes unwell and is unable to attend work, normal sick pay provisions apply.

### **14.3 Pregnancy Related Sickness**

14.3.1 Pregnancy related sickness should be noted by the manager and will not count towards sickness indicators when managing short term or long term sickness absence

14.3.2 Sickness related to the pregnancy occurring up to the fourth week before the expected week of confinement will be treated in accordance with this policy. Sickness not related to pregnancy at any time during the pregnancy will be managed in accordance with this policy.

14.3.3 If an employee is off work with a pregnancy related illness within the four weeks before the expected week of confinement then the Maternity Leave and Pay

period will automatically commence.

#### **14.4 Absence from work due to Fertility Treatment**

Absence from work due to fertility treatment should be managed in accordance with the Special Leave policy.

#### **14.5 Supporting Employees with a Terminal Illness**

- 14.5.1 Where an employee has been diagnosed with a terminal illness, but has indicated to their Line Manager that they wish to be supported to remain in the workplace for as long as possible plans need to be agreed in consultation with the employee and their Union Representative to allow this to happen.
- 14.5.2 Once managers have been informed of the diagnosis and the employee has indicated that they wish to be supported to remain in work a referral should be made to occupational health to request advice and guidance on how best to support the employee to remain in the workplace.
- 14.5.3 There may be times during the treatment or management of their case when an employee is unable to attend their normal place of work, because their illness or the side effects precludes this. In these cases Line Managers in consultation with the employee should consider suitable alternative work bases within the Trust footprint or agree a period of working from home until the situation passes.
- 14.5.4 The impact for managers and the wider team where a colleague has indicated that they have a terminal illness and wish to remain in work should not be underestimated. Referrals into the staff wellbeing service or Occupational Health should be made as appropriate
- 14.5.5 Periods of absence should be managed in accordance with the absence policy, but a sympathetic approach should be taken towards the issuing of improvement notices.

#### **14.6 Supporting Employees initiating gender reassignment**

- 14.6.1 The Trust will support employees initiating gender reassignment in accordance with this policy. Procedures linked to reassignment will be managed as sickness absence.

### **15. NHS INJURY ALLOWANCE SCHEME**

- 15.1 NHS Injury Allowance is a provision for an injury allowance to be paid to eligible employees who, due to a work related injury, illness or other health conditions are on authorised sickness absence or phased return to work with reduced pay or no pay. NHS Injury Allowance guidance and Agenda for Change should be referred to as these may be updated from time to time and any updates will supersede this section of this policy.

- 15.2 Industrial Injury Allowance is paid by employers to staff on authorised absence with reduced pay or no pay because of an injury or disease wholly or mainly attributable to their employment. IA tops up the employee's income to 85% of the average they were getting before their pay was reduced as a result of the injury or disease. It is not payable if the employee's income is more than 85% of their average pay, and it stops after 12 months, when they return to work or leave employment, whichever comes sooner. IA is subject to income tax and National Insurance deductions but not pension contribution deductions.
- 15.3 However, the injury, disease or other health condition must have been sustained or contracted in the discharge of the employee's duties of employment or an injury that is not sustained on duty but is connected with or arising from the employee's employment.
- 15.4 Injury Allowance is not applicable where the injury or disease is attributable to some other cause, for example the natural progression of a pre-existing condition, normal wear and tear or a non work related injury, condition or disease OR where a person suffers from a pre-existing or non-work related condition (injury or disease) unless there is some new work related cause and effect over and above the original problem.
- 15.5 Injury Allowance cannot be considered where a person:
- is injured while on a normal journey travelling to and from work, except where the journey is part of their contractual NHS duties of employment
  - is on sickness absence as a result of disputes relating to employment matters such as investigations or disciplinary action, or as a result of a failed application for promotion, secondment or transfer
  - sustains an injury or disease which is aggravated by the claimants own negligence or misconduct.
- 15.6 Any workplace injury or disease must be reported in accordance with the Trust's procedure regards incident reporting. Managers should ensure that the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) are complied with in appropriate circumstances.
- 15.7 Applications for IA should be made by the employee to their line manager who will in turn seek advice from the HR Department
- 15.8 Entitlement to IA is determined by the employer in accordance with Section 22 of NHS Agenda For Change Terms & Conditions of Service and NHS Employers Guidance (subject to change)
- 15.9 Disputes in relation to the outcome of an IA application should be managed through the Trusts Grievance Procedure.
- 15.10 Where an employee is absent from work due to industrial injury, their sickness absence should be managed through the Short and Long Term Sickness Absence Review Process detailed within this policy.
- 15.11 Managers should ensure the reason for the absence i.e. industrial injury is properly recorded for Payroll to ensure the correct payment scheme is used and occupational sick pay entitlement is correctly calculated.

- 15.12 Following an industrial injury the manager must ensure the correct procedure is followed for reporting an industrial injury in order for the Trust to comply with any necessary Health and Safety requirements.

## **16. PHASED RETURN TO WORK**

- 16.1 A phased return to work after a long term period of sickness absence can be beneficial for both the organisation and the employee. The purpose of this approach is to facilitate an earlier return to work than may otherwise be possible and to support employees return to work successfully.

The following conditions should apply to any phased return to work:

- a) A phased return to work must be recommended or approved by the Trust's Occupational Health Provider or the individual's Medical Practitioner. If the Occupational Health Physician feels that gradual return to work would be beneficial to an employee's recovery, they will discuss this with the employee concerned and consult with the employee's manager about its feasibility.
- b) It will usually be for a period of up to a maximum of four weeks. The full four weeks may not always be necessary in every case in order to facilitate a return to work, similarly, where it is recommended by the Occupational Health Department, a longer period may be agreed by the Manager, refer to 16.1 d).
- c) The pattern of attendance on reduced hours and/or reduced duties and responsibilities should be agreed in advance with the employee. However, it is expected that the employee will increase their working hours and/or duties week by week during the phased return with a view to resuming their full contractual hours and duties at the end of the maximum four week period. If the employee is unable to return to their full contractual hours and/or duties after the maximum four weeks, a referral to Occupational Health will be made to assess any further support needed and/or continued suitability of the role.
- d) If feasible and with agreement from their manager the employee may continue to work fewer hours than contracted for longer than 4 weeks but will only receive payment for the hours actually worked after the first 4 weeks. It is also open to the manager in agreement with the employee to use annual leave, TOIL, accumulated flexitime to cover the shortfall. However in accordance with point 'c' above, Occupational Health input is needed to assess if a protracted phased return beyond 4 weeks would suggest that a permanent reduction in hours needs to be considered via a flexible working request or whether the employee will be fit to continue with designated duties in their substantive role.
- e) It may be that Occupational Health recommends that the employee is able to return to work but not to undertake the full duties of the post at first. Occupational Health will advise on which duties the employee can undertake and the reasonableness of this recommendation will be considered, this should be agreed with the manager following discussion and exploration with the employee. Any such return to work on limited or alternative duties (not hours) will be at the employee's normal salary and will be temporary and subject to Occupational Health review. Employees are expected to co-operate with Occupational Health

advice and not to unreasonably refuse limited or alternative duties on a temporary basis as a means to returning to work. If any employee is unable to return to normal duties after the agreed temporary time period, a further referral to Occupational Health should be made to ascertain other options available.

- f) The plan and timescale for the phased return to work should be agreed in writing with, including the arrangements for monitoring and reviewing the employees progress.

## **17. FITNESS TO WORK – ‘FIT NOTE’**

17.1 A fit note (or Statement of fitness to work) allows your doctor or other healthcare professional to give an employee/employer more information on how a health condition might affect a person’s ability to work, whether this be returning to work or staying in work

17.2 The fit note offers an option ‘may be fit for work taking into account the following advice’ and the GP might suggest ways of helping an employee get back to work such as

- Phased return to work
- Flexible working
- Amended duties
- Workplace adaptations

17.3 The fit note allows employers to support and facilitate an earlier return to work for a person with a health condition which can be beneficial for both the employee and the employer

17.4 People can often come back to work before they are 100% fit and work can even aid their recovery.

17.5 Access to Work can help someone with a health condition or disability, including paying towards equipment or support

17.6 The fit note is unlikely to tell an employer what changes might need to be considered but will help discussion about what support might need to be considered as to whether it is feasible or not

17.7 If an employee is considered to be fit for work without any adjustments needed they will not be issued with a fit note. This decision will be taken by the GP.

17.8 An employee can come back to work at any time, even if this is before the fit note expires, they do not need to go back to their doctor first.

## **18. MEDICAL SUSPENSION**

18.1 Where an employee attends work and the manager has genuine concerns about their state of health, the employee may be medically suspended from duty. The decision to suspend should only be taken as a last resort and after the manager has discussed their concerns with the HR Department and the employee where

feasible.

- 18.2 The manager should advise the employee of their concerns regards their health and request that the employee seeks medical advice and obtains sickness certification. If the employee refuses, the manager may take the decision to suspend on medical grounds. This must only be done in discussion with HR and after consideration of the following:
- The severity of the employees health problem
  - The possible effects of the health problem on the employees on work
  - The possible effects of the health problem on patients, other employees etc.
- 18.3 Medical suspension is a neutral act and is not a disciplinary measure, it is not Intended as punitive or prejudicial to the employees own interests. During suspension employees will receive their full normal pay in accordance with their planned working arrangement.
- 18.4 The manager should immediately refer the employee to the Occupational Health department. Medical suspension will cease when medical clearance for work is given by the employees medical advisor/GP with input from Occupational Health or will switch to sickness absence if a fit note is provided.
- 18.5 The manager making the decision to suspend should advise the employee:
- The reasons why they are being medically suspended
  - That this does not constitute any form of disciplinary action
  - To contact an accredited staff representative, informing the staff representative where possible if one is known of the decision taken
  - That they must remain contactable and available in order that they can attend meetings as required
  - That change of address/telephone number during medical suspension must be notified immediately
  - That they will receive a letter confirming and summarising the reason(s) for the decision to suspend
  - That the need for suspension will be reviewed every 10 working days in conjunction with the HR department and communicated with the employee
- 18.6 The manager may consider as an alternative to medical suspension, restricting the employees' duties, or temporarily transferring the employee to another area of work, bearing in mind the nature and effect of the employees' health problem.
- 18.7 There are specific illnesses or conditions, referred to as Notifiable Diseases that require an employee to be suspended on medical grounds.

## **19. REFERRALS TO REGISTERED BODIES**

Where the employee is a statutorily registered health professional, it must be considered whether their incapability to work due to ill health necessitates referral to the appropriate statutory regulatory body e.g. GMC, GDC, NMC, HPC, RPSGB, in accordance with their respective fitness to practice procedures. Guidance is available from each regulatory body and should be discussed with

the HR department. Any decision to refer the employee must be discussed and agreed with the employees Service Director with HR support.

## **20. APPLICATION TO RETIRE ON THE GROUNDS OF ILL HEALTH**

- 20.1 Employees who are members of the NHS Pension scheme may decide to apply for ill health retirement benefits if during the long term sickness absence process it becomes clear that they are not likely to be able to return to the duties of their substantive role, if in fact any role at all.
- 20.2 Employees should be encouraged to seek advice from an accredited staff representative or the NHS pensions agency prior to making an application.
- 20.3 The outcome of any application process will be determined by the NHS Pensions agency

## **21. ILL HEALTH CAPABILITY MANAGEMENT**

- 21.1 Where an employee's ability to perform their role falls to an unacceptably low standard through deterioration in his or her health and/or disability the employees manager with the support of Human Resources and information from Occupational Health (or the employees medical practitioner) will explore reasonable adjustments with the employee, which can include:
- The possibility of adjusting elements of the job to allow the employee to continue working in the post
  - Consider redeployment (in accordance with the Trusts Redeployment Policy)
  - Consider appropriate training or support mechanisms
- 21.2 If after exhausting the above and it is apparent that the employee cannot realistically continue in employment, a decision to dismiss may be taken only following consultation with the employee, his or her representative, Occupational Health and Human Resources advice.
- 21.3 A dismissal hearing will be convened in line with section 12.7 of this policy and in accordance with the format outlines within the Trust's Conduct and Disciplinary Policy.

## **22. REVIEW**

This policy will be reviewed in 3 years time



EAA Attendance  
Management Policy.d

## Appendix 1

### Absence from Work – First Contact sheet

To be completed when an employee rings in sick. Once completed, this should be forwarded to the appropriate manager (if it is not completed by the manager) for further action and/or inclusion on the employee's personal file.

Name:	Job title:
Base:	Line Manager:
Hours worked:	Work Pattern:
Date/Time of telephone call:	
Self / Medical Certificate	
Reason for absence:	
Date sickness absence started:	
Likely duration of absence:	
Is the person alone at home?	
If yes, anything we can do to help? (if yes, please state what help)	
Work action required i.e. cancel clinics, cancel meetings	
<b>Information taken by:</b>	
<b>Name:</b>	<b>Job title:</b>
<b>Signature:</b>	<b>Date:</b>
Further action / relevant notes:	
<b>To be completed by Line Manager</b>	
Name (manager):	Designation:
Signature (manager):	Date:

**Appendix 2 RETURN TO WORK INTERVIEW FORM/SELF CERTIFICATION FORM**

<b><i>DIVISION</i></b>	<b><i>WARD/DEPARTMENT/UNIT</i></b>
<b><i>EMPLOYEE</i></b>	<b><i>INTERVIEWER</i></b>
<b><i>ABSENCE COMMENCED</i></b>	<b><i>ABSENCE ENDED</i></b>
<b><i>HOURS/DAYS LOST IN THIS OCCURANCE</i></b>	
<p><b><i>TO BE COMPLETED BY EMPLOYEE</i></b>                  The reason for my absence from duty was</p> <p>I consider that I am now fit to return to work.</p>	
<p><b><i>TO BE COMPLETED BY INTERVIEWING MANAGER</i></b>                  Summary of key points of discussion</p> <p>Was the absence related to previous absence?</p> <p>Was the absence reason work related? Any support at work required?</p> <p>Is any further absence expected for this reason?</p> <p>Is there any support that could be put in place that could have prevented this absence or further related absences?</p> <p>Any referral to staff support, physio, OH, other support services that might help prevent further absence?</p> <p>Consideration of any risk assessments (e.g. stress, workstation) or other adjustments that would support attendance?</p> <p>Other discussions:</p>	

**RECORD OF ABSENCE:**

.....occasions in last 6 months

.....occasions in last 12 months

.....cumulative hours/days lost over .....occasions in last 12 months

Confirm with the employee whether a formal sickness meeting is necessary.  
(See sickness absence procedure for formal indicator points.)

Not Indicated	Indicated	First stage	Second	Third
<input type="checkbox"/>				

**ACTION AGREED**

*Please detail any action agreed, including any acceptable attendance levels, support arrangements, occupational health referral etc. include setting up formal meetings as necessary*

Is the absence due to an industrial injury/accident?(delete s appropriate) Yes/No  
If yes, ensure the incident has been reported under RIDDOR

**Signed (Employee):**

**Date:**

**Signed (Manager):**

**Date:**

## **Guidance for Managers – Return to work Interview**

All employees must participate in a Return to Work Interview with their line manager (or nominated deputy) following any period of sickness absence as close as possible to the return to work date, ideally on the day of return.

This should be conducted in a private location and should be positive and welcoming and held on an informal basis. In exceptional circumstances a telephone interview may be permissible if a face to face meeting will leave too much of a delay between return to work and the return to work interview.

Research indicates that carrying out return to work interviews is one of the most effective tools employers can use to reduce absence levels and as such should be used as an important management tool rather than a 'tick box' exercise.

As a guide, managers should consider the following when conducting a return to work interview:

- Conduct the meeting in private, if the meeting is conducted over the phone ensure the employee can talk confidentially and privately
- Be sensitive and considerate to the employee
- Make sure you know the employees attendance levels before holding the meeting
- Welcome the employee back and confirm the reasons for the meeting. Point out that it is routine to conduct a return to work interview every time an employee take sick leave
- Discuss the reasons for their absence and that they are fit to return to work
- Complete the self certification form if the absence was for less than 7 days
- Ensure that medical certificates have been received if the absence was for more than 7 days and discuss with the employee any advice that might be provided on the 'fit note' from their doctor in order to support a return to work
- Discuss whether this absence was due to any underlying health problems and review any links to previous absences.
- Discuss whether the employee is having any problems at work that could be related to the absence and whether any support is needed
- Determine if there are any ways that you can help as a manager (consider OH referral, Staff Wellbeing service)
- Where absences are due to domestic problems, you should, in deciding the appropriate course of action, consider with the employee the relevance of other types of leave arrangements (i.e. parental leave, special leave etc.)
- Managers should signpost employees to appropriate places for support, for example, Domestic Abuse Policy, Staff Wellbeing Service (with manager or self referral), support for managing stress at work and/or workplace assessment.
- Reinforce the message that attendance is important (casual absence can be discouraged if staff are aware that all absence is being monitored) and remind of the possible longer term consequences of continued persistent absence
- Update them on any news/changes in the department
- Explain that as a manager it is a requirement to monitor the employees levels of sickness absence
- Record the absence and interview details on the return to work form, have both parties sign the document and provide a copy to the employee, retaining a copy

on the personal file

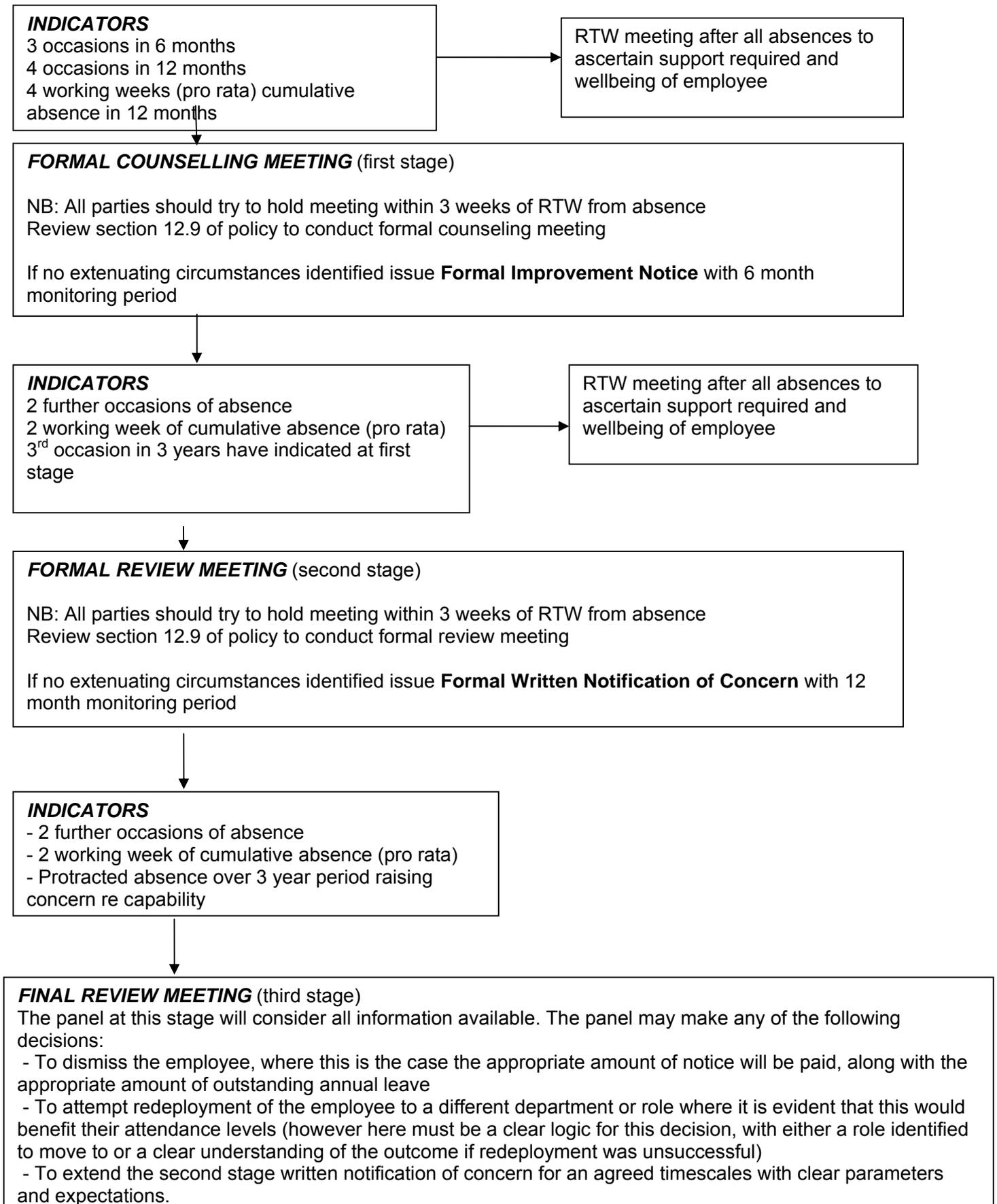
- You are not there to interrogate the employee however facts should be determined, nor should you be confrontational in the interview, just constructive
- If it is clear that the employee may be more comfortable discussing any issues with another person you should offer this opportunity
- End the meeting on a positive note

**Appendix 3**

**RECORD OF CONTACT DURING EMPLOYEE'S SICKNESS ABSENCE**

<b>Name of employee</b>		
<b>Name of manager</b>		
<b>Date</b>	<b>Type of contact i.e. telephone or visit</b>	<b>Summary of discussion</b>
		Have we agreed when next contact will be?
		Have we agreed when next contact will be?
		Have we agreed when next contact will be?
		Have we agreed when next contact will be?

## Appendix 4 – Short Term Sickness Absence Flow Chart



Appendix 5 – Staff Support Services Contact Information

- **PAM (Occupational Health), Service Centre – 01254 311 300**
- **Staff Wellbeing Service: 0161 716 2710 alternatively you can visit <http://portal/sws.pages/default.aspx>**
- **Capita (Sick pay queries)- 08442 640 041**