Policy and Procedure for the Management of Sickness Absence

<table>
<thead>
<tr>
<th>Document No.</th>
<th>Version</th>
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<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
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</thead>
<tbody>
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<td>Chanelle Wilkinson</td>
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<td>February 2007</td>
<td>Chanelle Wilkinson</td>
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</tr>
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<td></td>
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</tr>
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<td></td>
<td></td>
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<td></td>
</tr>
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</tbody>
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## Consultation History from June 2008

<table>
<thead>
<tr>
<th>Stakeholders Name</th>
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<th>Comments</th>
<th>Changes Made</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Staff Side</td>
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<td>Medical</td>
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<td>6/2008</td>
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<td>6/2008</td>
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<td>Staff Side and Cross section of Managers</td>
<td>3/2013</td>
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<td></td>
</tr>
</tbody>
</table>
## Contents:

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2.0</td>
<td>Scope</td>
<td>4</td>
</tr>
<tr>
<td>3.0</td>
<td>Roles and Responsibilities</td>
<td>4</td>
</tr>
<tr>
<td>3.1</td>
<td>Managers</td>
<td>4</td>
</tr>
<tr>
<td>3.2</td>
<td>Employees</td>
<td>5</td>
</tr>
<tr>
<td>3.3</td>
<td>Occupational Health</td>
<td>6</td>
</tr>
<tr>
<td>3.4</td>
<td>Human Resources</td>
<td>6</td>
</tr>
<tr>
<td>3.5</td>
<td>Representation</td>
<td>6</td>
</tr>
<tr>
<td>4.0</td>
<td>Procedure</td>
<td>7</td>
</tr>
<tr>
<td>4.1</td>
<td>Reporting Procedure</td>
<td>7</td>
</tr>
<tr>
<td>4.2</td>
<td>Certification and Return to Work</td>
<td>7</td>
</tr>
<tr>
<td>4.2.1</td>
<td>Self-certification</td>
<td>7</td>
</tr>
<tr>
<td>4.2.2</td>
<td>Statement of Fitness to Work (Fit Note)</td>
<td>7</td>
</tr>
<tr>
<td>4.2.3</td>
<td>Return to Work Discussion</td>
<td>8</td>
</tr>
<tr>
<td>4.2.4</td>
<td>Phased Return</td>
<td>8</td>
</tr>
<tr>
<td>4.2.5</td>
<td>Therapeutic Return</td>
<td>8</td>
</tr>
<tr>
<td>4.3</td>
<td>Managing Short-Term Absence</td>
<td>9</td>
</tr>
<tr>
<td>4.3.1</td>
<td>Introduction</td>
<td>9</td>
</tr>
<tr>
<td>4.3.2</td>
<td>Definition of Short-term Absence</td>
<td>9</td>
</tr>
<tr>
<td>4.3.3</td>
<td>Identification of Need to Review Sickness Absence</td>
<td>9</td>
</tr>
<tr>
<td>4.3.4</td>
<td>Informal Sickness Absence Review</td>
<td>10</td>
</tr>
<tr>
<td>4.3.5</td>
<td>First Formal Sickness Absence Review</td>
<td>10</td>
</tr>
<tr>
<td>4.3.6</td>
<td>Second Formal Sickness Absence Review</td>
<td>10</td>
</tr>
<tr>
<td>4.3.7</td>
<td>Termination of Contract of Employment</td>
<td>11</td>
</tr>
<tr>
<td>4.3.8</td>
<td>Where Absences have Shown patterns of Improvement and then Deteriorated after an Improved level of Absence</td>
<td>11</td>
</tr>
<tr>
<td>4.4</td>
<td>Managing Long-Term Absence</td>
<td>11</td>
</tr>
<tr>
<td>4.4.1</td>
<td>Introduction</td>
<td>11</td>
</tr>
<tr>
<td>4.4.2</td>
<td>Definition of Long-term Absence</td>
<td>11</td>
</tr>
<tr>
<td>4.4.3</td>
<td>Identification of Need to Review Sickness Absence</td>
<td>12</td>
</tr>
<tr>
<td>4.4.4</td>
<td>Initial Sickness Absence Review</td>
<td>12</td>
</tr>
<tr>
<td>4.4.5</td>
<td>Date of Return to Work is Known</td>
<td>12</td>
</tr>
<tr>
<td>4.4.6</td>
<td>Length of Sickness Absence Uncertain</td>
<td>12</td>
</tr>
<tr>
<td>4.4.7</td>
<td>Unfit to Return to Work or Not Fit to Return to Work in the Foreseeable Future</td>
<td>12</td>
</tr>
<tr>
<td>4.4.8</td>
<td>Alternative Employment</td>
<td>12</td>
</tr>
<tr>
<td>4.4.9</td>
<td>Ill-health Retirement</td>
<td>13</td>
</tr>
<tr>
<td>4.4.10</td>
<td>Termination of Contract of Employment</td>
<td>13</td>
</tr>
<tr>
<td>4.5</td>
<td>Repeated Periods of Long-term Sickness Absence or Repeated periods of Short-Term and Long-term Sickness Absence</td>
<td>14</td>
</tr>
<tr>
<td>Section</td>
<td>Title</td>
<td>Page</td>
</tr>
<tr>
<td>---------</td>
<td>-----------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>4.6</td>
<td>Employees Who Are Unable to Continue to Perform Their Normal Duties to an Acceptable Standard due to Ill-Health</td>
<td>14</td>
</tr>
<tr>
<td>4.7</td>
<td>Sickness Absence or Unsatisfactory Work Performance Due to Drug or Alcohol Related Problem</td>
<td>14</td>
</tr>
<tr>
<td>4.8</td>
<td>Pregnancy Related Sickness</td>
<td>14</td>
</tr>
<tr>
<td>4.9</td>
<td>Appeals</td>
<td>15</td>
</tr>
<tr>
<td>4.10</td>
<td>Disability Discrimination</td>
<td>15</td>
</tr>
<tr>
<td>4.11</td>
<td>Medical Suspension</td>
<td>15</td>
</tr>
<tr>
<td>5.0</td>
<td>Other Information</td>
<td>15</td>
</tr>
<tr>
<td>5.1</td>
<td>Sickness Absence and Annual Leave</td>
<td>15</td>
</tr>
<tr>
<td>5.1.1</td>
<td>Sickness Absence Whilst on Annual Leave</td>
<td>15</td>
</tr>
<tr>
<td>5.1.2</td>
<td>Accrual and Carry Over of Annual leave Whilst on Sickness Absence</td>
<td>15</td>
</tr>
<tr>
<td>5.1.3</td>
<td>Annual leave Whilst on Sickness Absence</td>
<td>15</td>
</tr>
<tr>
<td>5.2</td>
<td>Cosmetic Surgery</td>
<td>16</td>
</tr>
<tr>
<td>5.3</td>
<td>Monitoring of Sickness Absence</td>
<td>16</td>
</tr>
<tr>
<td>5.4</td>
<td>Referral to Occupational Health Department</td>
<td>16</td>
</tr>
<tr>
<td>5.5</td>
<td>Sick Pay Entitlement</td>
<td>17</td>
</tr>
<tr>
<td>5.6</td>
<td>NHS Injury Benefit Scheme</td>
<td>18</td>
</tr>
<tr>
<td>5.1.3</td>
<td>Annual leave Whilst on Sickness Absence</td>
<td>15</td>
</tr>
<tr>
<td>6.0</td>
<td>Equal Opportunities Monitoring</td>
<td>18</td>
</tr>
<tr>
<td>7.0</td>
<td>Audit and Monitoring</td>
<td>19</td>
</tr>
<tr>
<td>8.0</td>
<td>Equality Impact Analysis</td>
<td>19</td>
</tr>
<tr>
<td>9.0</td>
<td>Standards for Better Health</td>
<td>20</td>
</tr>
<tr>
<td>10.0</td>
<td>Dissemination</td>
<td>20</td>
</tr>
<tr>
<td>11.0</td>
<td>Responsibility for the Document</td>
<td>20</td>
</tr>
</tbody>
</table>
1.0 INTRODUCTION

This document details the policy and procedure which will be followed by the Trust’s managers when dealing with an individual employee, whose capability to perform the duties of their post is affected by their health or attendance due to sickness absence.

2.0 SCOPE

This policy and procedure applies to all employees for matters relating to incapacity through mental or physical ill health. For medical and Dental employees reference should also be made to the Maintaining High Professional Standards in the Modern NHS – Part V Handling Concerns about a Practitioner’s Health. Part V of HSC 2003/012 issued February 2005. A copy of the framework Maintaining High Professional Standards in the Modern NHS can be obtained from the Human Resources Department on request.

Regarding medical employees, nothing within the policy will take precedence over their terms and conditions of service.

Other policies might also need to be taken into account in the management of sickness absence including: Substance Misuse Policy and the Stress Management Policy.

3.0 ROLES AND RESPONSIBILITIES

3.1 MANAGERS

All managers have a responsibility for the health, safety and welfare of their employees, and sickness absence is one aspect which requires particular attention. Managers should follow the procedures outlined in this document to ensure that effective monitoring and management of sickness absence is undertaken. Managers should ensure that the procedure is applied equally and consistently to all employees enabling the employee to have the opportunity to improve their attendance.

Managers should also ensure that employees are made aware of the policy and procedure so that they know who else in the organisation can offer advice and support.

Managers should maintain appropriate contact with their employees throughout their period of sickness absence.

Managers are responsible for maintaining full and accurate records of an employee’s sickness absence and for storing these in a confidential way.

Managers should ensure that timely return to work discussions take place with all employees for every period of sickness absence.

3.2 EMPLOYEES

It is the duty of employees to attend regularly for work in accordance with their contract of employment and to report any sickness absence in accordance with departmental procedures.
The employee must also contact their manager at regular intervals during their period of sickness absence, giving as much indication as possible as to when they will be fit to return to work.

If an employee is absent from work without notification and fails to attend meetings which have been arranged to discuss their absence, without good reason, then the Trust may take disciplinary action, in accordance with the Trust’s Disciplinary Policy and Procedure.

3.3 OCCUPATIONAL HEALTH

The Occupational Health Department plays an important role in cases involving sickness absence. It provides advice and guidance to both managers and to employees and makes recommendations in relation to a range of issues including whether an individual is fit to continue in their present role, whether reasonable adjustments or alternative employment should be considered and whether an individual would be capable of any work in the foreseeable future.

Employees may confidentially refer themselves to the Occupational Health Department at any time in relation to sickness absence or other health problems which may affect their work.

3.4 HUMAN RESOURCES

The Human Resources Department is responsible for the implementation, monitoring and review of this policy and will be able to provide advice on all aspects of this policy and procedure.

A Human Resources Adviser must be involved in consideration of an employee’s sickness record prior to any formal interview in relation to short-term absences and any follow up meeting in relation to long-term absences in order for Human Resources advice to be given.

A Human Resources Adviser will attend to provide advice at all meetings which may result in the termination of an employee’s contract of employment or any meetings that the Human Resources Adviser deems necessary to attend.

3.5 REPRESENTATION

An employee has the right to be accompanied only by a Trade Union official/Professional Organisation representative or by a fellow colleague (i.e. another of the Trust’s workers).

The right to be accompanied only applies to formal meetings in relation to short-term absence and follow up meetings in relation to long-term absence. This right does not apply to informal meetings for short-term absences or an initial meeting for long-term absences.

The chosen companion has the right to address the meeting, but no right to answer questions on behalf of the employee. However, they will be allowed, with the agreement of the manager to participate fully in the meeting. They will also be given reasonable time to discuss the matter privately with the employee.
If the chosen companion cannot attend on the proposed date then the employee can offer an alternative date so long as it is reasonable and falls before the end of the period of five working days beginning with the first working day after the day proposed by the manager.

4.0  PROCEDURE

4.1 REPORTING PROCEDURE

When an employee is unable to attend for duty due to illness he or she must ensure that their line manager (or whoever else is designated responsible for coordinating the department/ward staffing) is contacted at the earliest opportunity. This will enable the department/ward to organise alternative cover arrangements. Some departments may have specific reporting procedures which need to be adhered to.

It is important for an employee to contact their manager after a period of sickness absence to advise that they are fit to work, particularly if a non working day follows a period of sickness absence. This ensures accurate sickness absence information is recorded.

4.2 CERTIFICATION AND RETURN TO WORK

4.2.1 Self-Certification

For absence of 7 calendar days or less, the employee is required to complete a self-certification form upon their return to duty, which must be counter-signed by their immediate manager.

4.2.2 Statement of Fitness to Work (Fit Note)

For absence longer than 7 calendar days, i.e. 8 calendar days or more, the employee is required to obtain a Statement of Fitness for Work issued by a medical practitioner, commonly the employee’s GP. Where absence is prolonged concurrent fit notes must be sent to the manager. Failure to provide timely and concurrent fit notes may result in the withholding of sick pay and disciplinary action being taken.

The fit note allows doctors to advise that an employee is not fit for work – this means that a doctor’s assessment of an employee is that they have a health condition that prevents them from working for the stated period of time or the doctor may advise that an employee ‘may be fit for work taking account of the following advice’ – this means the doctor’s assessment of an employee is that their condition does not necessarily stop them from returning to work. There are four options that may be considered to aid an employee’s return to work which is:

- a phased return to work
- amended duties
- altered hours
- workplace adaptations.

In addition, there is a comments box where the doctor can consider other options and comments, including functional effects of the employee’s condition.

The information on the form is advice only and employers do not have to make any adaptations or changes in relation to an employee’s job. If it is not possible for managers to provide the support for an employee to return to work this statement will be treated as if the
doctor had advised ‘not fit for work’. The employee remains absent from work due to sickness and the employee does not need to return to their doctor for a new statement to confirm this.

The Trust will make reasonable effort to support employees who are fit to undertake aspects of their role in order to facilitate a return to work.

If it is alleged that an employee’s absence is not genuinely for reason of sickness absence (for example an allegation that they are working for another employer while on sick leave from Milton Keynes Hospital), this will be investigated and if necessary, the disciplinary procedure invoked.

4.2.3 Return To Work Discussion

Managers are responsible for conducting Return to Work discussions with employees on their return to duty following any period of sickness absence. This should include a discussion on the reason for absence and their fitness to resume duty. This is also an opportunity to discuss whether or not it would be helpful to ask for assistance from the Occupational Health department (or any other support agencies that may be available). The reason for sickness absence will be recorded on the Self Certification form. This form should be retained on the individual’s personal file.

Managers should be aware that the health of an employee may be affected by a number of factors (e.g. their work, personal or domestic circumstances, relationships with other members of staff etc). Any discussion must be conducted with sensitivity and in confidence.

4.2.4 Phased Return

Employees who are deemed fit to return to work by their medical practitioner or Occupational Health may benefit from a phased return to work. This may involve a modification of duties and/or a reduction in the hours worked, increasing to normal contractual hours and duties over a period of time. The length of the phased return period should be considered on an individual basis but in most cases will not exceed 4 weeks.

Any decision to extend the 4 week phased return period must be made by the manager in conjunction with Human Resources and the Occupational Health Department.

4.2.5 Therapeutic Return

A therapeutic return is undertaken while an employee is still certified as sick. Any such return must not exceed 15.99 hours per week in line with the Department of Social Security Regulations on incapacity.

An Occupational Health Physician must prescribe a therapeutic return. It is normally used for staff who have been absent for a long period of time (usually several months) and are not certain of their ability to undertake tasks in their normal working environment. This type of return plays an important part in assessing an individual’s fitness to return to work, through observing them in the workplace.

Individuals undertaking a therapeutic return are supernumerary and have a mutually agreed, defined role and duties, stipulating exactly what they should do. The nature of a
Payment for staff undertaking a therapeutic return will be in line with their current sick pay entitlement.

4.3 MANAGING SHORT-TERM ABSENCE

4.3.1 Introduction

This process provides managers with an equitable and consistent method for dealing sympathetically with individual employees who take repeated periods of short-term sickness absence.

The aim is to give employees the opportunity to improve their attendance to an acceptable level by providing a means for them to be formally advised about the effects of their absence and of the potential consequences for their continued employment should there be no significant, sustained improvement in their attendance levels.

The process ensures that every attempt is made to clarify the nature of the employee’s illness and to obtain advice from the Occupational Health Department, if necessary.

The fact that short-term absences are for reasons of genuine illness does not mean that action under this policy by management is inappropriate.

4.3.2 Definition of Short-term Absence

A period of short-term sickness absence is any one episode (spell) of sickness absence lasting less than four weeks (27 calendar days or less). This sickness absence may be self certificated or certificated.

4.3.3 Identification of Need to Review Sickness Absence

Unacceptable periods of sickness absence from work will require the manager to review the sickness absence record of any employee.

Each case will be reviewed on its own merits and the manager will decide whether or not it is necessary/appropriate to have a sickness absence review meeting with the employee.

Examples of Unacceptable Levels of Short-term Sickness Absence is as follows:

- Three separate periods of sickness absence in a consecutive period of three months.
- Any recurrent pattern of sickness absence such as repeated sickness absence before or after days off, adjacent to annual leave or Bank/Public holidays.
- Accruing a total of 8 working days sickness absence (pro rata for part-time staff) within a 12-month rolling period.

This is not a definitive guide and other levels of sickness absence may be considered unacceptable. The above should be viewed as triggers to consider whether or not a sickness absence review meeting is necessary.
4.3.4 Informal Sickness Absence Review

When a manager considers that it is necessary to review an employee’s sickness absence, the manager should meet with the employee to identify the reason for the absences. This meeting should take place as soon as possible after the need to have a meeting is identified.

At the meeting the manager will discuss with the employee the difficulties caused by the employees absences. Depending on the reasons for the absences the manager will advise the employee what improvement in attendance is required, including any period of monitoring and the consequences of not meeting this improvement. Should it be identified that there may be an underlying medical problem then it may be appropriate to refer the employee to the Occupational Health Department for a medical assessment.

The manager will confirm the outcome of the meeting in writing to the employee.

4.3.5 First Formal Sickness Absence Review

If there is no significant improvement in attendance at any point of time within 12 months of the informal sickness absence review, the manager will arrange to meet the employee for a first formal sickness absence review.

At this meeting the manager will review the employee’s sickness absence to identify the reason for the absences.

At the meeting the manager will discuss with the employee the difficulties caused by the employees absences. Depending on the reasons for the absences, the manager will advise the employee what improvement in attendance is required, including any period of monitoring and the consequences of not meeting this improvement, including ultimately termination of their contract of employment. Should it be identified that there may be underlying medical problem, then it may be appropriate to refer the employee to the Occupational Health Department for a medical assessment, if this has not already been done.

The manager will confirm the outcome of the meeting in writing to the employee.

4.3.6 Second Formal Sickness Absence Review

If there is no significant improvement in attendance at any point of time within 12 months of the first formal sickness absence review, the manager will arrange to meet the employee for a second formal sickness absence review.

At this meeting the manager will review the employee’s sickness absence to identify the reason for the absences.

At the meeting the manager will discuss with the employee the difficulties caused by the employees absences. Depending on the reasons for the absences the manager will advise the employee what improvement in attendance is required, including any period of monitoring and the consequences of not meeting this improvement, which at this stage could be termination of their contract of employment. Should it be identified that there may be an underlying medical problem then it may be appropriate to refer the employee to the
Occupational Health Department for a medical assessment if this has not already been done.

The manager will confirm the outcome of the meeting in writing to the employee.

4.3.7 Termination of Contract of Employment

If there is no significant improvement in attendance at any point of time within 12 months of the second formal sickness absence review, the manager will arrange to meet the employee for a further formal sickness absence review.

Prior to this meeting, the employee must be referred to the Occupational Health Department for a medical assessment if this has not already been done.

This meeting will be conducted by a manager with the authority or delegated authority to dismiss the employee, as detailed in the Trust’s Disciplinary Policy and Procedure.

At this meeting the manager will hear and consider all the evidence and circumstances surrounding the case, including a medical assessment, in order to reach a decision. If no important circumstances are put forward to mitigate the absence levels, the employee’s contract of employment may be terminated.

The manager will confirm the outcome of the meeting in writing to the employee.

4.3.8 Where Absences Have Shown Patterns of Improvement and then Deteriorated after an Improved Level of Absence

Where absences have shown patterns of improvement and then deterioration after an improved level of absence for a full 12-month period following a sickness absence review, the absence review procedure can be resumed at any previous stage. It is not necessary to re-start the process at the informal review stage. If however there is a significant and sustained improvement in an employee’s attendance for two years and the their sickness absence deteriorates, sickness absence reviews would commence at the informal review stage.

4.4 MANAGING LONG-TERM ABSENCE

4.4.1 Introduction

This process provides managers with an equitable and consistent method for dealing sympathetically with individual employees who have a single episode or repeated periods of long-term sickness absence.

The emphasis when dealing with long-term sickness absence will be consultation with the employee and the need to obtain medical advice.

4.4.2 Definition of Long-term Absence

A period of long-term sickness absence is any one episode (spell) of sickness lasting four weeks or more (28 calendar days or more).
4.4.3 Identification of Need to Review Sickness Absence

Employees will be absent on long-term sickness absence for a variety of reasons, e.g. convalescence from illness, injury or an operation, terminal illness, diagnosis of a long-term disability. The nature of the health problem will determine the action to be taken, if any, and will vary according to the individual situation.

4.4.4 Initial Sickness Absence Review

The manager should contact the employee to arrange an initial meeting to discover when a return to work can be expected. The response will determine the next stage in the process, as there is a range of options, which may include an early return to work.

The manager will confirm the outcome of the meeting in writing to the employee.

4.4.5 Date of Return to Work is Known

Where the approximate period of absence is known in advance e.g. as a result of an operation, the manager should refer the employee to Occupational Health if necessary prior to return to ensure that the employee is fit to return, to recommend any reduced hours for rehabilitation or any changes to the work to enable return. However, it is not necessary for every employee to attend Occupational Health to assess fitness to return to work.

4.4.6 Length of Sickness Absence Uncertain

Where the length of sickness absence is uncertain or likely to be prolonged beyond four weeks the employee and manager should maintain contact, the manager initiating meetings at regular intervals as required. The frequency of contact and meetings will depend upon the nature of the absences and will vary according to the individual situation.

The outcome from each meeting will depend on upon the nature of the absences and will vary according to the individual situation and could eventually lead to the termination of the employee’s contract of employment.

The manager will confirm the outcome of each meeting in writing to the employee.

4.4.7 Unfit to Return to Work or Not Fit to Return to Work in the Foreseeable Future.

Where the employee will not be able to return to work or will not be able to return to work in the foreseeable future the following alternatives should be considered in chronological order:

- Alternative employment, see 4.4.8.
- Ill-Health retirement, see 4.4.9.
- Termination of Contract of Employment, see 4.4.10.

The manager will confirm the outcome of the meeting in writing to the employee.

4.4.8 Alternative Employment

Where an employee is incapable of carrying out the duties under their current contract of employment, but are able to perform alternative duties, the Trust will attempt to find suitable
alternative employment which is compatible with the medical limitations of the employee involved.

Where suitable alternative employment is available, the employee will be placed on the Trust’s redeployment register in accordance with the Trust’s processes. Any employee redeployed into an alternative post will be paid on the terms and condition of that post as pay protection does not apply.

In the event that no suitable alternative employment can be found or the employee refuses offers of suitable alternative employment, then the options of ill-health retirement or termination of the employee’s contract of employment will be considered.

4.4.9 Ill-health Retirement

Employees will be eligible to apply for ill-health retirement where they have at least 2 years Pension Scheme membership, and Occupational Health or their GP have advised that they are permanently unfit to carry out their duties. Where redeployment is not an option for the employee, they will be advised that they may be eligible to apply for ill-health retirement and the procedure for applying for ill-health retirement.

The Manager will liaise with the individual to explain the procedure and monitor the progress of the application.

The decision to grant ill-health retirement rests solely with the Pensions Agency.

In cases where premature retirement on the grounds of ill health is granted, notice should usually be worked. Only in exceptional circumstances should pay in lieu of notice be given. It is usually advisable that if the employee remains within pay that the premature retirement application is made whilst the individual remains in employment. However, it is acknowledged that there will be occasions where the employee is in a no pay situation or the contract is being/or has been terminated when the application is made.

It is important to note that all applications for ill health retirement must be made within 12 weeks of the date of dismissal.

In the event that an employee is refused ill-health retirement or there is a considerable delay in the decision in relation to an application for ill-health retirement then termination of the employee’s contract of employment will be considered.

4.4.10 Termination of Contract of Employment

Where the employee is not eligible for ill-health retirement or where suitable alternative employment has been investigated but is not possible or the employee’s return to work will not be in the foreseeable future, then termination of the employee’s contract of employment may be appropriate. Full regard must be taken of all medical evidence concerning the employee's incapacity before such a decision is made.

This meeting will be conducted by a manager with the authority or delegated authority to dismiss the employee, as detailed in the Trust’s Disciplinary Policy and procedure.

The manager will confirm the outcome of the meeting in writing to the employee.
4.5 REPEATED PERIODS OF LONG-TERM SICKNESS ABSENCE OR REPEATED PERIODS OF SHORT-TERM AND LONG-TERM SICKNESS ABSENCE

By its nature, this pattern may take longer to identify, but it may consist of repeated periods of sickness absence lasting for anything from days to several months but separated by absence free periods at work.

When a pattern is identified or the manager becomes concerned at the cumulative amount of absence over a period of time the manager will arrange an informal meeting, if this has not already been done to discuss the situation. The manager may refer the employee to Occupational Health to obtain a medical opinion.

In the case of repeated certified absences, it would not be appropriate to set attendance targets as would be the case when dealing with frequent short term sickness absences, but regular reviews should be carried out with the employee by the manager.

If there is no improvement in the levels of sickness absence, then consideration should be given by the manager as to whether the level of sickness absence is acceptable. If Ill-Health Retirement under the NHS Pension Scheme is not appropriate, then consideration should be given to termination of the employee’s contract of employment. In these circumstances, the employee will be invited to a meeting, which will be conducted by a manager with the authority to dismiss the employee as detailed in the Trust’s Disciplinary Policy and Procedure.

The manager will confirm the outcome of the meeting writing to the employee.

4.6 EMPLOYEES WHO ARE UNABLE TO CONTINUE TO PERFORM THEIR NORMAL DUTIES TO AN ACCEPTABLE STANDARD DUE TO ILL-HEALTH.

Whenever an employee’s performance of duties is below an acceptable standard, the manager should meet informally with the employee and discuss any problem, which may be causing poor performance. If ill-health is suspected to be the cause, expert advice should be obtained from Occupational Health. See 5.4 for referral to Occupational Health.

If it is agreed that the employee is not fit to continue in their present post, then the procedure outlined in 4.4.7 should be followed.

4.7 SICKNESS ABSENCE OR UNSATISFACTORY WORK PERFORMANCE DUE TO DRUG OR ALCOHOL RELATED PROBLEM

In some cases, sickness absence or unsatisfactory work performance may be caused by a drug or alcohol-related problem. Where this is identified and accepted by the employee, use of this procedure may be inappropriate. See separate Policy on the misuse of drugs, substances and alcohol on how to manage these situations.

4.8 PREGNANCY RELATED SICKNESS ABSENCE

An employee who is pregnant and the sickness is a result of their pregnancy then the sickness absence will be recorded as sickness absence however the pregnancy related sickness absence will be discounted for monitoring purposes. Any sickness absence when
an employee is pregnant that is unrelated to the pregnancy will be treated like any other sickness absence.

4.9 APPEALS

An employee who has had their contract of employment terminated will have the right to appeal to the Trust Board. This appeal must be confirmed in writing to the Director of Human Resources within 7 calendar days of receipt of the letter confirming termination of employment.

4.10 DISABILITY DISCRIMINATION

In the event that an employee becomes disabled and is unable to continue in their contracted post which they hold at that time, the Trust recognises its duty under the Disability Discrimination legislation to make reasonable adjustments, which will vary according to the individual situation.

4.11 MEDICAL SUSPENSION

Occasions may arise where a manager considers that an employee is medically unfit to be on duty. In such circumstances, medical suspension from duty on full pay may be appropriate pending a formal medical opinion obtained from the Occupational Health Department. Wherever possible, managers should consult a Human Resources Advisor before carrying out a suspension on medical grounds.

5. OTHER INFORMATION

5.1 SICKNESS ABSENCE AND ANNUAL LEAVE

5.1.1 Sickness Absence Whilst on Annual Leave

When a member of staff falls sick whilst on annual leave, they may reclaim that annual leave to be used at a later date provided that they follow the reporting procedures described see 4.1 and submit a statement of fitness to work to verify the period of sickness, regardless of the length of absence.

When an employee is sick immediately prior to annual leave they must contact their manager to confirm that they are fit and able to take their leave or inform them that they are still sick.

5.1.2 Accrual and Carry Over of Annual Leave Whilst on Sickness Absence

Employees who are absent from duty due to ill-health will continue to accrue entitlement to paid statutory annual leave. This entitlement will be retained even when the absence extends between two annual leave years. However, individuals will only be able to carry forward up to the maximum statutory entitlement from any leave year (This may vary from time to time according to the legislation).

5.1.3 Annual LeaveWhilst on Sickness Absence

Employees who wish to take annual leave whilst on sickness absence should book and agree annual leave with their manager thought the normal processes. Employees who do
this will be paid for their annual leave. Managers must advise payroll that employees are on annual leave whilst on sickness absence, so that they can be paid annual leave and also that their sickness absence can still be recorded on the payroll system.

5.2 COSMETIC SURGERY

Employees who choose to have cosmetic surgery for rejuvenation/appearance enhancement as opposed to physical or mental health requirements will not be entitled to have the time off as sickness absence. Annual leave should be planned and arranged to accommodate this type of cosmetic surgery.

5.3 MONITORING OF SICKNESS ABSENCE

Managers are responsible for the review of sickness absence levels in their area. Monthly absence figures will be provided for management information; in addition, quarterly trigger reports will be available to review trends over a twelve month period, and longer where appropriate. Trends should be reviewed by area and also by individual employees.

Individual attendance record cards will be maintained in each department/ward in respect of all absences. They will be made available for staff’s own personal inspection upon request. Particular attention should be paid to recording the sickness absence of part time staff to ensure accurate lost working days are captured.

If an employee attends duty for any part of their planned shift and then goes home due to sickness absence, this will not be reported as sickness absence, however, a record should be kept on the individual’s absence card that details they only completed part of their shift due to sickness absence.

5.4 REFERRAL TO OCCUPATIONAL HEALTH DEPARTMENT

An employee may be referred to the Occupational Health Department at any time in relation to sickness absence or other health problems which may affect their work.

A copy of the Occupational Health referral form and employee and manager guidance is available from the Trust intranet site, the Occupational Health Department or the Human Resources Department.

It is an express term in an employee’s contract of employment that staff will co-operate with requests to attend, at any reasonable time, for a medical assessment by Occupational Health, but this course of action should also be discussed with the employee before a referral is made. Where appropriate, an employee can be asked to attend for a medical examination even though not on sick leave. In such circumstances, if an employee refuses to attend or to consent to a reasonable clinical assessment, the employee concerned will be notified in writing that, in the absence of a medical report, any decision taken will be solely on the information available. An employee who fails to attend may also be subjected to disciplinary action.

In some instances, the Occupational Health Practitioner may request a report from the employee’s GP or Consultant. In this case, the Access to Medical reports Act 1988 will apply and written consent will be needed and the employee has the right to see the report before it is sent.
If an employee disagrees with the medical opinion expressed by the Occupational Health Physician, they must be given the opportunity of obtaining a second opinion. Upon receipt of a second opinion, the case will be referred again to the Occupational Health Physician who will be asked to review the original advice in light of any new information which has been produced. The manager will take into account information arising from the second opinion in making any decision about the future employment of the employee.

In accordance with the Data Protection Act 1998, the employee has the right to access their Occupational Health records, including all medical reports made about her/him.

### 5.5 SICK PAY ENTITLEMENT

In the case of medical employees, reference must be made to the individual’s particular terms and conditions of service relating to sick pay entitlement.

For non medical employees reference must be made to Agenda for Change Terms and Conditions of Employment

[http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-Homepage.aspx](http://www.nhsemployers.org/PayAndContracts/AgendaForChange/Pages/Afc-Homepage.aspx)

Please note the following: For employee’s on pay spine points 1 to 8 and those absent due to a work related injury or disease in the actual discharge of their duties and who are not in receipt of injury allowance, the definition of full pay will include regularly paid supplements, including any recruitment and retention premia, payments for work outside normal hours and high cost area supplements. Sick pay is calculated on the basis of what the individual would have received had he/she been at work based on the previous three months at work. For staff on pay spine points 9 to 54, full pay is pay which is in line with the appropriate pay point in the relevant pay circular, plus high cost area supplements.

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

For employees on Agenda for Change Terms and Conditions,, sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 months of continuous sickness absence, in circumstances:

- Staff with more than 5 years’ reckonable service – sick pay will be reinstated if sick pay entitlement is exhausted before a final review meeting for long term absence has taken place.

- Staff with less than 5 years’ reckonable service – sick pay will be reinstated if sick pay entitlement is exhausted and a final review does not take place within 12 months of the start of their sickness absence.

To clarify:

- If a final review meeting has not occurred then sick pay (at half pay) will be reinstated after 12 months continuous absence regardless of the pay status of the employee at that time.

- The Divisional Manager will need to be aware that half pay requires reinstatement and the Division will be required to complete the appropriate payroll documentation.
The agreement states that those provisions will not apply where a review is delayed due to reasons other than those caused by the employer. Basically, this means that only those delays which are directly caused by the employer, e.g. by not following their own locally agreed sickness absence policies and procedures such as delayed Occupational Health referrals/review meetings etc, can be taken into account when considering whether there is a case for reinstatement of sick pay. Delays which can be attributed to the employee, i.e. not adhering to the local arrangements such as attending reviews or Occupational Health appointments, are beyond the influence of the employer and therefore should not be taken into account.

For the purpose of applying this section for appropriate employees contracted on Agenda for Change terms and conditions, a “final review meeting” will have occurred if there is a letter to the employee documenting the session on the direction of future employment in relation to the specific post.

This could include one of the following:
- A meeting at which it is agreed by the employee and the manager that an application for ill health retirement should be made.
- A dismissal is confirmed and formal period of notice given
- A decision to commence a period of search for an alternative employment option
- A decision is made to convene a formal panel which could lead to termination of contract.

Managers may consider, by exception, the possibility of extending sick pay entitlements on full or half pay in accordance with Agenda for Change terms and conditions and where individual circumstances dictate.

5.6 NHS INJURY BENEFIT SCHEME

An industrial injury is an accident which occurs in the course of an employee’s work and causes personal injury. In addition, industrial injury may be due to an environmental issue (e.g. chemical reaction) that causes a period of absence due solely or mainly due to the performance of the employee’s duties.

The details of the accident should be reported by the employee in line with the Trust policy and their sickness absence should be managed in accordance with this policy.

The Human Resources Department will hold a Temporary Injury Panel to assess if payment should be made for all cases.

Where the employee’s incapacity is a result of an injury to work, or may be attributable to their employment, and if because of their absence they are likely to suffer a financial disadvantage, then they should be made aware of the availability of Injury Benefit under the NHS Injury Benefits Regulations. The website link is: [http://www.nhsbsa.nhs.uk/InjuryBenefitScheme.aspx](http://www.nhsbsa.nhs.uk/InjuryBenefitScheme.aspx)

6.0 EQUAL OPPORTUNITIES MONITORING

All formal action taken under this policy will be monitored by the Human Resources Department.
7.0 AUDIT AND MONITORING CRITERIA

<table>
<thead>
<tr>
<th>Document Audit and Monitoring Table</th>
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<tbody>
<tr>
<td><strong>Monitoring requirements:</strong></td>
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<td><strong>Monitoring Method:</strong></td>
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<td><strong>Monitoring prepared by:</strong></td>
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<td><strong>Monitoring presented to:</strong></td>
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<td><strong>Frequency of presentation:</strong></td>
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The review process will consider legislative changes and necessary amendments as a result of the monitoring of the effectiveness of the policy. It will be updated prior to the intended review date if required on receipt of changes to relevant legislation.

8.0 EQUALITY IMPACT ANALYSIS

This document has been subject to an Equality Impact Analysis in accordance with the Equality Act 2010

<table>
<thead>
<tr>
<th>Impact</th>
<th>Age</th>
<th>Disability</th>
<th>Race</th>
<th>Gender</th>
<th>Religion or Belief</th>
<th>Sexual Orientation</th>
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<tr>
<td>Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?</td>
<td>No</td>
<td>No</td>
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<td>Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?</td>
<td>No</td>
<td>No</td>
<td>No</td>
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<td>Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?</td>
<td>No</td>
<td>No</td>
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9.0 CARE QUALITY COMMISSION REGULATIONS

The Care Quality Commission (CQC) Regulations (Essential Standards) are a series of standards representing the quality of care to be delivered across the NHS in England. Below are the definitions of the key areas within these standards.

<table>
<thead>
<tr>
<th>Area</th>
<th>Definition/Evidence</th>
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</table>
| Suitability of Staffing| Meets Outcome 13 Regulation 22  
Supports managers to ensure that there are sufficient numbers of suitably qualified staff. |
|                       | Meets Outcome 14 Regulation 23  
Supports managers to ensure that staff’s health and wellbeing needs are met. |

10.0 DISSEMINATION

This Policy and Procedure will be placed on the Trust’s Intranet site. It can be accessed via the following route:
- Homepage of the Trust’s Intranet
- Departments
- HR
- Policies

11.0 OVERALL RESPONSIBILITIES FOR THE DOCUMENT

The Director of Human Resources has overall responsibility for the review and update of this policy.