

## Managing Sickness & Absence Policy

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## VERSION CONTROL SUMMARY

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1.0	March 2001	Draft reviewed by negotiating sub committee in March 2001
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8.0	March 2020	Revised process and triggers in 2019. Policy agreed in March 2020.
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## Contents

1. Policy Statement.....	4
2. Standards of Attendance and Trigger Points.....	4
3. Disability and Absence.....	4
4. Pregnancy and Absence.....	5
5. Mental Health Illness and Absence.....	5
6. Recurrent, Chronic Illness and Absence.....	5
7. Fitness to Attend Work & Medical Suspension.....	6
8. Sickness Absence During Organisational Change Processes.....	7
9. Absence Relating to Unauthorised Absence.....	7
10. Injury at Work.....	7
11. Sick Pay & Records.....	8
12. Roles and Responsibilities.....	8
13. Management Referral to Occupational Health.....	11
14. Self-Referral to Occupational Health.....	12
15. Support Available to Staff.....	12
16. Psychological and Physiological related sickness .....	12
17. Annual Leave and Sickness.....	13
18. Procedures for Managing Sickness Absence.....	13
19. Sickness Absence Reporting.....	14
20. Certification Requirements .....	14
21. Return to Work Interview.....	15
22. Medical, Dental and other Health Appointments.....	15
23. Bank Work.....	15
24. Policy Review .....	16
25. Appendix A – Flowcharts .....	17
26. Appendix B – Procedure .....	19
27. Appendix C – Sickness Absence Reporting Procedure .....	29
28. Appendix D – Return to Work Interview .....	31
29. Appendix E – Return to Work Form .....	32
30. Appendix F – Appeals Procedure .....	33

# Managing Sickness and Absence

## Policy Statement

- 1.1. The East London Foundation NHS Trust, (herein after referred to as “The Trust”) believes that the wellbeing of our staff directly relates to the achievement of our strategic objectives and is committed to achieving excellence in terms of attendance at work. All staff are expected to make a full contribution to delivering services, in support the Trust wants to demonstrate its commitment to enabling a healthy working life for its workforce.
- 1.2. It is in the interests of both employees and service users that sickness absence and its affect upon services is effectively managed and minimised. This can be achieved by the implementation of positive procedures and guidelines. A consistent and proactive approach to improving attendance is needed and managers will need to maintain a continuous and co-ordinated effort in: supporting staff through sickness; monitoring the attendance of staff on a regular basis; positively reinforcing the good attendance of staff; showing an understanding towards those who need to be absent from work on a long term basis through sickness; and dealing fairly and consistently with staff whose attendance is of concern.
- 1.3. This policy and its procedures apply to all fixed-term and substantive staff directly employed by the Trust. This policy does not apply to Agency, locum, honorary, Bank staff or students.

## 2. Standards of Attendance and Trigger Points

- 2.1. This policy outlines how to promote good attendance at work and recognise the existence of sickness absence that requires a management intervention.
- 2.2. Short term absence is defined as an episode or occasion of sickness of 1 to 27 calendar days.
- 2.3. Long term absence is defined as any episode or occasion of sickness which lasts or is expected to last 28 calendar days or more.
- 2.4. Points that would trigger management concern and intervention are:
  - 2.4.1. Short term:
    - A Bradford score of 200 or more;
    - 4 or more occasions in a rolling twelve month period;
    - or a clear pattern of absence (e.g. sick days adjoining weekends or annual leave, or sick days falling on the same day(s) of the week).
  - 2.4.2. Long term:
    - Absences which last or are expected to last for 28 calendar days or more.

## 3. Disability and Absence

- 3.1. A disability under the Equality Act 2010 is a physical or mental impairment that has a substantial and long-term (expected to last or lasting for 12 months or more) effect on the individual's ability to carry out normal day-to-day activities. The Act includes protection

for employees with progressive conditions such as cancer, multiple sclerosis and HIV. These groups are also protected from discrimination whilst in remission.

- 3.2. If the employee has such a disability the Trust should consult with the employee as deemed appropriate and seek advice to consider making workplace adjustments to current working conditions, working arrangements and/or the physical environment.
- 3.3. It is the employee's duty to disclose any disability to the Trust or Occupational Health. If an employee chooses not to disclose the nature of their ongoing medical condition, the manager must make a referral to the OH Service for advice on how this individual might be supported to attend work regularly given their condition. If the Trust is not aware of a disability the Trust cannot be expected to provide workplace adjustments.
- 3.4. When a staff member has a disability and workplace adjustments have been facilitated that enable them to remain in work, the supervisor in consultation with the line manager will as necessary discuss the adjustments as part of the supervision process. This is to ensure the employee remains supported and to assist in remaining in work.

#### **4. Pregnancy and Absence**

- 4.1. An employee who is absent due to pregnancy-related sickness will not be subject to the formal stages of this policy, however their attendance will be monitored and reviewed as normal.

#### **5. Mental Health Illness and Absence**

- 5.1. As a Mindful Employer the Trust has undertaken to treat staff experiencing mental health illnesses fairly and consistently. In order to do this the Trust will seek advice and assistance as appropriate from internal and external resources including Occupational Health and the People and Culture representative, in order to promote the retention of the employee in the workplace.
- 5.2. An agreement has been reached across London and Bedfordshire whereby staff living within the catchment area of the Trust and who require access to mental health services may, if they so choose, be treated within another area of the Trust, rather than their immediate vicinity. The Trust will also seek to see whether any reciprocal arrangements can be made with neighbouring Trusts re treating staff members with a mental health condition. Employees to whom this applies should discuss their treatment options with their GP.

#### **6. Recurrent, Chronic Illness and Absence**

- 6.1. The Trust seeks to support staff with recurrent and chronic illnesses and will apply the provisions of the Equality Act 2010 and seek advice from Occupational Health as appropriate. When setting targets for improvement in attendance, consideration will be given to chronic conditions to ensure they are supportive and achievable. Effort will also be made to distinguish disability related illness episodes from those that are common and incidental.
- 6.2. It is however recognised that unexpected, prolonged and/or repetitive absences may adversely impact upon the quality and continuity of service provision to clients as well as incur additional costs for cover.

- 6.3. In such cases the Trust shall apply the provisions of the long term sickness absence procedure to determine how the individual might be supported in the workplace to attend work regularly, and all prior adjustments that the Trust has already made will be taken into consideration. Whilst staff may return to work for extended periods, recurrent episodes of absence shall give cause to examine the individual's ability to attend work regularly. This may mean that an individual needs to re-enter the sickness process if they have a further period of absence, either through the procedure for managing high levels of sickness absence or progressing through the long term process.
- 6.4 As a guide, two or more long-term absence episodes within the period of 24 months or less will identify the need for this support to be explored. The process of management should also continue from the previous stage that the process ended with. I.e., if an employee was on stage 1 of the formal process and returns to work, then has a further long-term absence the management would continue from stage 2. This should be considered on a case by case basis.
- 6.5 If the staff member is also triggering the procedure for managing high levels of sickness absence process rather than running two processes concurrently, management may need to supportively combine the processes. Please see section 42 for more detail and seek further guidance from your local People and Culture Advisor.

## **7. Fitness to Attend Work & Medical Suspension**

- 7.1. Medical Suspension from work:
- 7.1.1. It may be necessary to consider medical suspension when an employee has not been signed off from work, but the manager feels that the staff member is not considered fit to remain on duty; this would normally be when we are concerned about a staff member, it may be that they are a risk to themselves / colleagues / patients due to their health. Any such suspension should be minimised and should be reviewed every 2 weeks. The employee should be advised to visit their GP immediately and to obtain a medical review and/or medical certification as appropriate
- 7.1.2. If the staff member is a Doctor then the Trust will seek confirmation from Maintaining High Professional Standards (MPHS) regarding their fitness to practice.
- 7.2. Prior to any medical suspension the Manager must speak to their Service Director and their People and Culture Advisor. If the concern is raised outside of normal hours the employee will be sent home and the review will be made at the earliest opportunity.
- 7.3. If a medical suspension is enacted it will be reviewed every 2 weeks. An Occupational Health referral will be completed immediately and their advice will be regularly sought in order to support the individual and identify when they are fit to return to work.
- 7.4. In circumstances where the situation is ongoing, lasts longer than 4 weeks and/or remains in dispute, the following will apply:
- The period of absence will be retrospectively considered as sickness and any entitlement to occupational sick pay will be applied accordingly;
  - The Managing Long Term Sickness & Absence Procedure (Appendix B) will commence.
- 7.5. If an employee is deemed unfit to attend work it would not normally be appropriate for

them to:

- Engage in any work, whether paid or voluntary, unless specifically deemed by the appropriate medical practitioner (such as Occupational health) to be part of the convalescence programme. They should inform their manager if their medical practitioner endorses this, to ensure that it is appropriate and complies with this policy.
- This includes where the member of staff has another job or business interest, in which case they must inform their manager if they are continuing to undertake work whilst they are off sick and unable to work at the Trust. The employee must obtain authorisation in writing from their line manager in advance of undertaking any work whilst on sick leave from the Trust.
- Complete training, study or attend course unless authorised in advance by their Line Manager in writing.
- Participate in activities that may hinder their recovery (e.g. completing sports when physically injured).

7.6. Where an employee is unfit to attend work and they participate in one of the activities identified in section 7.5 without the appropriate authorisation it will be considered a breach of the policy and it will be managed in line with the disciplinary policy. The Manager at this stage should seek advice from their People and Culture Representative who will liaise with the Local Counter Fraud Specialist (LCFS). If the employee is off sick and works elsewhere, the line manager must document this in writing and store this on the personnel file.

## **8. Sickness Absence During Organisational Change Processes**

- 8.1. Sickness may occur during organisational change processes; whilst the Trust will seek to support staff who are sick it is acknowledged that delays and prolonged uncertainty may negatively impact upon other staff involved and can incur additional costs for the Trust.
- 8.2. Employees may be referred to Occupational Health to assess their fitness to participate in formal meetings or competitive interview as necessary.
- 8.3. The Trust's Managing Long Term Sickness & Absence Procedures will apply as normal.
- 8.4. In the event an employee is unable to participate in selection processes, advice may be sought on the prognosis and prospect of participation in the short term and a decision made as to how the individual's situation might be accommodated.
- 8.5. The Trust reserves the right to proceed as planned and either seek/send consultation data and responses remotely, or invite staff who are not fit for duty to attend competitive interviews so as not to unduly delay consultation or selection processes. Consultation and subsequent meetings may be undertaken by correspondence as considered appropriate to the circumstances.

## **9. Absence Relating to Unauthorised Absence**

- 9.1. In situations of misconduct it may be necessary to take some form of disciplinary action against an employee. This would be where an individual fails to:
  - Follow the sickness reporting procedure (please see Appendix C); Provide relevant information regarding their sickness (e.g. provide GP certificates or travel documentation);

- Provide a satisfactory reason for being absent from work.

9.2. Issues around regular poor attendance due to sickness will be dealt with through the Procedure for Managing High Levels of Sickness Absence.

## **10. Injury at Work**

10.1. Where an employee is absent as a result of injury or disease caused at work and where their salary falls below their average monthly/weekly pay; the member of staff may apply for temporary or permanent injury allowance (TIA) which if granted may bring their pay up to 85% of average pay. For more information on TIA refer to the Trusts Temporary Injury Allowance Protocol & Procedure.

10.2. When staff are off work with an industrial injury the manager will continue to be guided by the sickness process and the same triggers will still apply for both the long term and managing high levels of sickness absence procedure. For the long term procedure, consideration in what support can be offered / how the staff member can return to work should take into account the injury and the impact this has on the individual, e.g. should they be temporarily redeployed.

10.3. For short term sickness, the injury will be included in the overall sickness absence record however the episode relating directly to the injury at work should be removed for the purpose of determining triggers.

10.4. In order for sickness absence to be recorded as directly related to an industrial injury the incident should be reported immediately to the employees line manager (or an appropriate senior manager in the absence of the line manager) and a datix form completed as soon as possible referencing the injury at work.

## **11. Sick Pay & Records**

11.1. Occupational Sick Pay entitlements are set out in the nationally agreed Agenda for Change NHS Terms and Conditions of Employment.

11.2. Statutory and Occupational Sick Pay is calculated and paid using calendar days.

11.3. An employee who is absent because of an accident either inside or outside of the workplace is not entitled to sick pay if damages are recovered from a third party. The employee must notify their line manager of any such accident and legal proceedings so arrangements can be made for sick pay to be recovered.

11.4. Sickness absence information is held on a confidential system in accordance with the Data Protection Act 1998. This information will only be used for the purposes of managing sickness and calculating pay. Employees may request a copy of their sickness record and ask for any errors or omissions to be checked and, where incorrect, rectified.

## **12. Roles and Responsibilities**

12.1. This section outlines the roles and responsibilities for the main parties involved in the

management of sickness absence. These lists are not exhaustive.

## **12.2. Trust's Responsibilities**

The Trust will ensure that:-

- working conditions are as safe and healthy as possible and meet statutory requirements;
- all staff are dealt with fairly, consistently and confidentially in accordance with the Trust's agreed policies and procedures for managing absence;
- all staff whose attendance is of concern are given the opportunity and support to improve;
- all staff are aware of the procedures for reporting sickness absence which they should follow and the standards of attendance which are expected of them and as standard this should be included in the induction programme for new starters (guidelines are given in Appendix C);
- the Trust Board receive quarterly sickness absence reports including cost of sickness absence and these reports include all substantive staff from Dr's to Chief Executive;
- a Trust target for reducing sickness absence is set and report on these in the Annual Report;
- all managers have the management of sickness absence as one of their personal objectives;
- staff are informed of what sickness absence is costing the Trust as a whole;
- those involved in managing sickness absence receive training and are fully conversant with:
  - their responsibilities within this policy
  - the Trust's agreed procedures

## **12.3. Managers' Responsibilities**

In order to ensure the consistent application of this policy and its associated procedures managers have the following responsibilities:

- To promote good attendance at work;
- To ensure that their staff are aware of the local sickness reporting procedures and the importance of adhering to them;
- To communicate with staff about any illness or condition which may affect them at work and to maintain regular contact at agreed intervals as agreed between manager and employee;
- To show commitment to their staff's health, safety and welfare and understand the links between work and health. The Trust is required to provide safe places and systems of work under the Health & Safety at Work Act 1974. Managers should ensure that regular risk assessments are carried out and that the hours worked by their staff comply with Working Time Regulations;
- To offer staff members practical support and advice and encourage staff to make full and effective use of Counselling services available;
- To apply the guidance contained within this document in a consistent, equitable and sympathetic manner and to ensure all information regarding the reason for absence remains confidential;
- To carry out return to work interviews after all absences to investigate the facts and establish the reason(s) (whether obvious or underlying) for long term, or repeated short-term absence before taking any action as well as complete the self-certification form with the employee;

- To maintain accurate, up to date records of each employee's attendance daily. (These records should include details of other forms of absence: e.g. annual leave, study leave, rostered days off etc.).
- To complete Sickness/Absence Notification forms where applicable as soon as possible.
- To seek clear medical information, advice and evidence to assist in any decision making process concerning an employee's health. Early involvement of the Occupational Health Service should take place as appropriate;
- To consult their People and Culture contact prior to any formal action related to sickness absence being progressed;
- To discuss absence records at interviews with candidates – as this is a good predictor of future attendance;
- To communicate this policy to all their staff and include as standard as part of the induction for new starters;
- To be aware of the cost of absence for staff they manage i.e. Administration Cost, Replacement Costs and Salary Costs.
- To make employees aware as soon as possible of their eligibility to apply for temporary injury allowance following an injury at work see section 10.

#### **12.4. Employees Rights & Responsibilities**

- To make every effort to attend work and fulfil the conditions of their contract of employment;
- To communicate with their line manager about any illness or condition which may affect them at work and to maintain regular contact as agreed with their manager throughout their absence from work;
- To adhere to the terms of his/her employment contract and the policies of the Trust;
- Employees are entitled to be represented by a recognised Trade Union or a work colleague not acting in a legal capacity at all formal stage meetings on sickness;
- To comply with this policy and attend all meetings; failure to do so unreasonably will result in formal action being initiated under the Trust's Disciplinary Policy and Procedure and/or may result in occupational sick pay being withheld;
- To act responsibly and take adequate safety precautions when travelling to places where there is a known risk of disease (e.g. malaria) or undertaking activities where there is a possibility of injury (e.g. skiing) by ensuring they have been inoculated as advised by the UK Government's Foreign & Commonwealth Office and/or wear appropriate safety gear;
- For further support Staff are encouraged to access the Employee Assistance Programme which offers advice, information and counselling 24 hours each day (see Trust intranet for details), which is both free of charge and confidential.

#### **12.5. Role of People and Culture**

- To provide advice, guidance and support based upon best practice taking account of service delivery needs, individual contractual rights and legal obligations. Encourage and support managers to manage sickness absence effectively;
- To provide training to managers on this policy;
- To ensure that the pre-employment occupational health screening questionnaires of new employees have been processed prior to sending the offer of employment;
- Employment references should be requested and include information on the employees sickness records for the past 12 months;
- To provide quarterly statistics on sickness absence for Trust Board electronically.

- To provide useful documents to be used in conjunction with this policy e.g. template letters. .

## **12.6 Role of Payroll/ESR**

- To accurately maintain staff records and input sickness data onto the Trust's People and Culture/Payroll database (ESR);
- To ensure the accurate payment of statutory and occupational sick pay to staff;
- To work with People and Culture and line managers to provide accurate and timely sickness reports;
- To provide the Trust Board with regular updates on sickness data and the cost of sickness at the Trust.

## **12.7 Role of Occupational Health**

- To provide advice on the health/fitness of staff and functional requirements of their work as requested by the Trust;
- To obtain written consent from staff to request medical reports from their General Practitioner or Hospital Specialist to assist Occupational Health in their assessment;
- To store all records confidentially within the service and to ensure no information is given to the Trust's managers without consent from the member of staff;
- To provide advice of an individual's health/fitness and ability to return to work;
- To enable the Trust to comply with its responsibilities regarding regular immunisation of staff and health assessments for night workers.

## **13. Management Referral to Occupational Health**

- 13.1. Prior to making a referral, verbal informed consent is required by the Referring manager informing the employee that they are being referred to Occupational health, the reason for the referral and what the employee can expect from the process. In circumstances where the employee is unavailable this notification may be made in writing.
- 13.2. If the employee is experiencing stress whilst at work then managers should first undertake the Trust's 'Stress Management questionnaire' (which can be found on the intranet and in appendix 4 of the Managing Psychological Wellbeing at Work Policy) and refer to the Trust's Stress Management and Wellbeing Policy before making a referral to Occupational Health.
- 13.3. When a member of staff is referred to the Occupational Health Service a consultation is arranged with an Occupational Health Adviser who will assess whether the referral should be referred to the Consultant Occupational Physician Hotline, onto a third party, whether an Outcome Summary Report should be provided or if further medical evidence is required. Please refer to the Occupational Health Service User Guide for further information.
- 13.4. In circumstances where employees have been consulted and referred as a result of their high level of self-certified absence the Occupational Health Adviser/Physician shall provide a report to management indicating:
  - Advice on the employees current health status;
  - The prognosis where possible;
  - The likely return to work date or return to full duties;
  - Advice on the current functional ability of the employee;
  - If work duties are affected advice on whether this is likely to be short term, long term or

permanent;

- A specific rehabilitation / return to work plan, advice on adjustments, if appropriate, with clear timescales;
- Advice on disability in accordance with relevant UK legislation;
- Whether there is an underlying reason for the level of absence;
- If so, stating any reasonable suggested temporary or long term adjustments to the individual's workplace or equipment to assist them at work that may be considered;
- Whether, if practicable, the employee should be considered for temporary or permanent redeployment in another post.

13.5. Where employees have been referred as a result of long-term absence the Occupational Health Advisor/Physician shall provide a report to management indicating:

- The likely date of return to work or an indication of the likely period of absence before such an assessment may be made;
- Any suggestions of workplace adjustment(s) that may be possible to assist the member of staff with a disability to undertake their current role;
- Whether a period of rehabilitation will be necessary before returning to full duties and how this might be possible;
- Whether, if practicable, the employee should be considered for redeployment in another post.

13.6. In all of these circumstances, the manager will need to ensure that they make a timely referral to Occupational Health in advance of an employee returning to work after a lengthy period of absence in order that the feasibility of implementing any changes can be assessed and the necessary arrangements can be made.

13.7. If an employee refuses to be referred to the Occupational Health for an assessment, the reasons for refusal will be reviewed; however the employee must be advised that any future decisions that may affect their employment will be based on the information available to the Trust, which may adversely affect any future outcomes.

13.8. Employees may apply for access to their Occupational Health records by writing to the Director of People and Culture or directly to the Occupational Health service.

13.9. Information received by Occupational Health shall be considered as advisory only and should not unnecessarily delay an employee's return to work.

#### **14. Self-Referral to Occupational Health**

14.1. An employee can self-refer to Occupational Health (OH) to seek general OH advice. They can do this by calling the OH services, the number for the services can be found on the intranet or via People and Culture. Self-referrals to OH do not generate written outcome reports, but if staff request their manager or People and Culture refer them to OH then a report is provided.

#### **15. Support Available to Staff**

15.1. The Trust provides an Employee Assistance Programme for all staff members. This is a free, confidential service available to all staff covered by this policy. The programme offers a number of services that can be accessed on-line. Such as financial information,

sign-posting staff, weight loss programmes, responses to serious incidents. It can also facilitate a set number of counselling sessions per staff member.

- 15.2. The details to access this service are available on the Trust [intranet](#).
- 15.3. Staff can also access support from the Trust Equality Network and Network Leads, details of which can be found on the Trust [intranet](#).

## **16. Psychological and Physiological related sickness**

- 16.1. The Trust provides support for both of these areas. If a staff member has a chronic physiological illness, is suffering from stress or an on-going psychological illness then any sickness related to these absences should trigger a conversation about potential support options for the employee. If support is appropriate the line manager should refer to Occupational Health. The line manager does not need to wait until the employee provides a return to work date before making a referral. If the employee reaches the 28 calendar days or more sickness absence trigger for any of the above reasons then this should be managed as long term sickness absence and would require a referral to Occupational Health. The completion of a risk assessment will also be undertaken by the line manager. (Please cross reference to Trust Stress Management and Well-Being Policy for more guidance for further guidance to support staff with stress at work).
- 16.2. Referrals made whilst an employee is off sick may be activated by telephone from Occupational Health. This approach will be agreed between the Occupational Health and the line manager, noted on the referral form.
- 16.3. The Trust offers specific support to staff who are experiencing stress. Please see the Stress and Wellbeing Policy for detailed information which is useful for both staff suffering from stress and managers looking to support their staff. Staff are encouraged to speak to their managers directly regarding stress, they can also speak to the People and Culture department, to Occupational Health and to the EAP service.

## **17. Annual Leave and Sickness**

- 17.1. Should an employee fall ill whilst on annual leave, provided the normal reporting arrangements are followed and the absence certified by a GP the leave will be re-credited to the employee from the date they fall ill to the final date of sickness. Staff will forfeit this right should they fail to notify the Trust at the appropriate time as detailed within the agreed reporting arrangements.
- 17.2. Staff travelling to places where there is a known risk of disease (e.g. malaria) or undertaking activities where there is a possibility of injury (e.g. skiing) must take adequate precautions to safeguard their health and safety including amongst others adequate inoculations, anti-malarial retro-virals, and use of safety gear.
- 17.3. The Trust reserves the right to seek confirmation of the events leading up to extended and/or repeated periods of sickness from the Trust whilst on annual leave and to request reasonable safeguards are in place for future trips. In such circumstances the Trust reserves the right to withhold Occupational sick pay.
- 17.4. Staff on long-term sick leave may request and take annual leave provided it is approved by the appropriate manager in the normal way. Line managers are encouraged to remind

staff of this facility and to monitor its take up.

- 17.5. Staff on long-term sick leave whose sickness spans the end of 1 annual leave year and the beginning of the next may carry forward their untaken leave (of up to a maximum of 20 days as per ACAS guidance, pro rata for part time staff) for up to 18 months from the end of the leave year in which the leave arises.
- 17.6. Employees will not be entitled to an additional day of annual leave if their sickness was on a bank holiday.
- 17.7. For sickness occurring whilst abroad on holiday, see certification requirements below.
- 17.8. The Trust reserves the right to request and receive original documents to verify intended dates of travel.
- 17.9. Staff becoming sick immediately prior to or following a period of annual leave which means they are unable to attend work as planned must notify the Trust in the normal way and usual certification requirements will apply from the first day of sickness and remain in place until the employee returns to work unless they have notified the Trust that they would be fit to return. Should a pattern emerge of sickness around annual leave then the manager may initiate the Procedure for Managing High Levels of Sickness Absence (Appendix A).

## **18. Procedures for Managing Sickness Absence**

- 18.1. The Trust has introduced the following procedures for dealing with short and long term sickness absence:
  - Procedure for Managing Sickness Absence (Appendix B)
  - Sickness Absence Reporting Procedures (Appendix C)
  - Return to Work Interview Procedures (Appendix D) and form (Appendix E)

## **19. Sickness Absence Reporting**

- 19.1. All managers will be expected to have in place robust Sickness Absence Reporting Procedures as outlined in the draft procedure in Appendix C, which should be communicated to all staff. The People and Culture team can also provide a more detailed absence reporting procedure that Managers can tailor to their department. In the absence of a local reporting procedure the procedure in Appendix C should be the applied.
- 19.2. Staff who are unable to attend for work should follow their local reporting procedure and notify their manager as soon as possible on their first day of sickness (unless there is a substantial and acceptable reason preventing notification) and at regular subsequent intervals. In the absence of any local procedure the default requirement shall be to report any absence to the immediate line manager prior to (if this is not possible within an hour of) their expected time on duty.
- 19.3. Staff who do not attend for work and fail to make contact in line with the sickness absence reporting procedure will be contacted on their home or personal phone number by their manager in order to confirm their well-being. In cases where there is a real concern for a staff member's welfare, their manager may attempt to contact the staff member's next of kin in order to check their well-being. Discretion must be exercised in judging suitability

of this and People and Culture and Senior Line management advice must be sought.

- 19.4. Failure to follow the sickness absence reporting procedures including supplying adequate documentation such as a Statement of Fitness to Work (Fit notes) may lead to management in line with the Disciplinary Policy and Procedure.

## **20. Certification Requirements**

- 20.1. Self-certification is required for any period of absence from Day 1 by signing the sickness certification declaration contained within the Return to Work Form (Appendix E) completed by the line manager on the first day of absence.
- 20.2. Medical certification from a medical practitioner in the form of a Statement of Fitness for Work or 'fit note' is required for absences that last for 8 calendar days or more and should be forwarded to the employee's line manager within 3 working days after the 8th day of absence. If period of sickness continues after this, certification must be continuous without any calendar days' gaps (except for approved annual leave) and must be received by the line manager within 3 working days of the previous certificate's expiry.
- 20.3. Failure to supply either a self-certificate or 'fit note' as set out above will result in the withholding of pay. Exceptionally the Trust reserves the right not to guarantee back payment on backdated certificates from GPs and employees will need to provide detailed reasons for the delay in writing to their line manager if this becomes necessary. If pay is to be stopped the manager will confirm the details in writing to the employee.
- 20.4. For sickness occurring whilst on annual leave out of the United Kingdom (UK), the employee is required to report sickness and provide medical certificates in the normal way within the relevant timeframes. The Trust reserves the right to verify medical certificates from outside the UK. If the period of sickness absence abroad exceeds 4 weeks, the staff member is required to be available to attend an occupational health appointment, unless there are certified travel restrictions. The Trust reserves the right to request travel documentation regarding the staff member's trip.
- 20.5. In the event an employee reports as fit to return to work following a period of sickness absence and becomes unwell and unable to return, regardless of the length of intervening time, this will be considered as one continuous period of sickness and certification requirements will apply as normal.

## **21. Return to Work Interview**

- 21.1. An essential component of these procedures must include provision for a return to work interview (see Appendix D for guidelines) with the individual member of staff and their line manager following all periods of sickness absence (including those of 1 day). This discussion must be recorded on the Return to Work form (Appendix E). The appropriate guidelines for completion of this form should be observed to ensure consistency of approach.
- 21.2. This should be a supportive meeting assisting managers in understanding any problems. It should also ensure staff know what is expected of them and staff have an opportunity to discuss absence in an attempt to identify and address issues affecting health at work.

## **22. Medical, Dental and other Health Appointments**

- 22.1. The Trust is committed to supporting employee wellbeing. Wherever possible medical appointments (especially those that are routine and predictable) should be made outside employee's working hours. However, the Trust is aware that this is not always possible and will support staff to attend appointments with the required time off. The employee needs to provide as much notice as reasonably possible of appointments. Routine dental appointments are excluded from this arrangement.
- 22.2. Employees may be granted paid time off for medical assessment, treatment or a rehabilitation period to support return to work. Arrangements will be discussed and agreed with the line manager.
- 22.3. Where an employee opts to undergo elective cosmetic surgery rather than medical reasons annual leave will be taken.
- 22.4. Transgender employees undergoing treatment or surgery as a part of or in preparation for their transition will receive paid time off.

**23. Bank work**

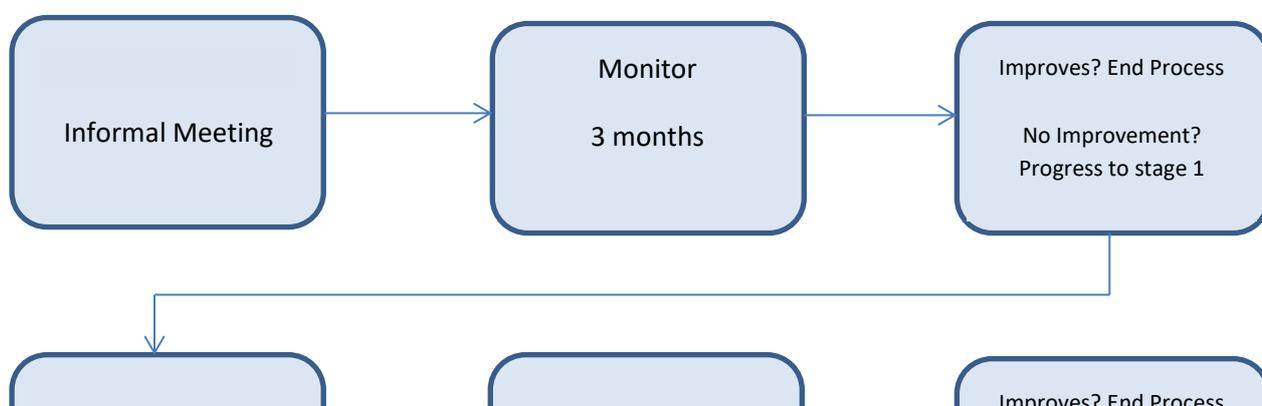
- 23.1. Staff who are both substantively employed and have a bank post will have one Sickness absence record. Sickness management processes should be undertaken by their substantive manager rather than their Bank employment.
- 23.2. Substantive staff returning from a period of sickness from their substantive role will not be allowed to undertake any bank work with the Trust for a period of 7 days following this period of sickness.
- 23.3. If a staff member is on a phased return or restricted duties then it may not be appropriate for them to complete bank work and therefore they should speak to their manager before electing to complete bank shifts.

**24. Policy Review**

- 24.1. The Director of People and Culture will ensure this policy is Equality Impact Assessed and will monitor and review the policy by 2020.

**Appendix A - Flowcharts**

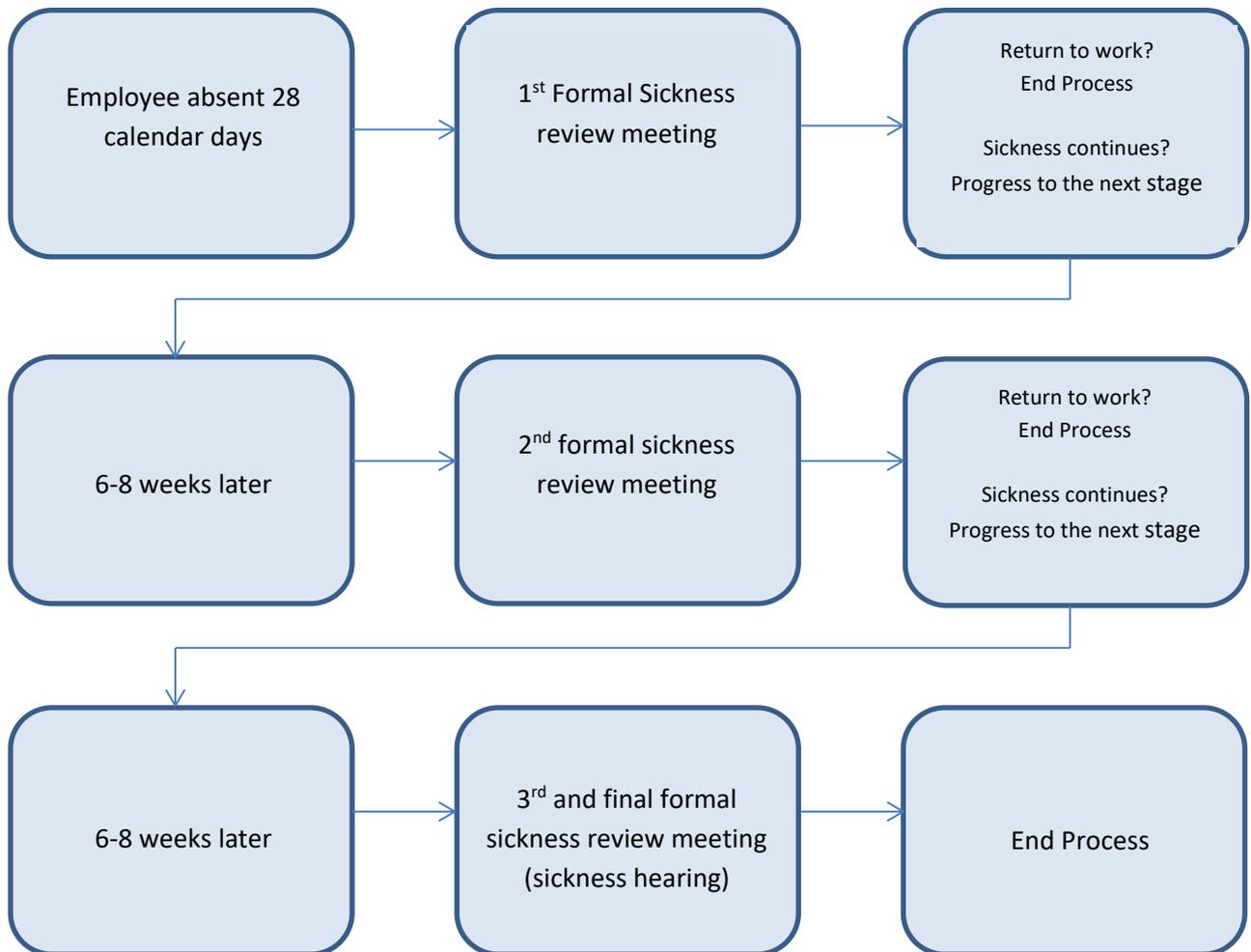
**Procedure for Managing Sickness Absence Flowchart**



**Issue** First Formal  
Caution to remain on  
file for 6 months &  
continue monitoring  
during this time

**Issue** Final Formal  
Caution to remain on  
file for 6 months &  
continue monitoring  
during this time

# Long Term Sickness Management Flowchart



## **Appendix B - Procedure**

### **1. Procedure for managing Sickness Absence**

- 1.1 The Trust takes a proactive approach to managing sickness absence, both as the action of a responsible organisation and as a mechanism of support for staff. This procedure identifies the processes to use in managing high levels of sickness absence and long term absence. It identifies that staff should be managed in a fair and consistent manner in order to improve their attendance and offered opportunities to address any on-going concerns.
- 1.2. The Trust believes that managing absence is a core component of each and every manager's role and they will be supported and provided with the necessary information to carry out this key task.
- 1.3. Trigger points are (in a rolling 12-month period):
- Bradford Score of 200 or more; and/or
  - 4 or more occasions of one day or more sickness; and/or
  - A clear pattern of absence (e.g. sick days adjoining weekends or annual leave, or sick days all falling on the same day(s) of the week/same time of the year etc.)
- 1.4. The trigger regarding long-term sickness is an episode of sickness that exceeds 28 calendar days or aggregated periods of sickness for the same medical condition.
- 1.5. Staff have the right to bring representation to all formal stages of the sickness process. This is by a recognised trade union or a colleague employed by the Trust not acting in an official capacity.

### **2. Procedure for Managing Sickness Absence**

#### **Informal Meeting**

- 2.2. When an employee reaches a trigger point as per section 2, the manager should meet with the employee for an informal meeting. This is to discuss the reasons for the sickness and to advise that the sickness record is of concern and its impact on the service. The manager shall give the employee an opportunity to provide an explanation, agree any action that may alleviate the problem (which may include referral to Occupational Health). The manager will set targets and agree the improvement required, advising that the next stage if these targets are not met will be the formal process. There is no right to representation at this informal stage. The outcome of this meeting will be confirmed in writing to the staff member within 5 working days, the letter will stay on the employee's personal file.
- 2.3. Should the employee subsequently report sickness absence at any time within the 3 month monitoring period the line manager does not have to wait until the end of the period to escalate the matter, this can happen immediately.
- 2.4. In the event there is no further sickness during this period the manager shall meet with the employee to confirm the monitoring period has been completed successfully. Should the employee's sickness absence remain a cause for concern then further monitoring may apply or the process will progress to the formal stage 1. Should a pattern emerge of monitoring, improvement and then further absence once monitoring ceases,

line managers may consider escalating this to the formal procedure at this time. Further guidance can be sought from the People and Culture department.

### **Stage 1 – First Formal Meeting**

- 2.5. If an employee's sickness absence remains a cause for concern during the informal monitoring period the manager may proceed to a formal stage 1 meeting.
- 2.6. The manager should meet with the employee to establish the reason for the absence and to review this absence against the required standards specified by the manager at the informal stage. It is also expected that discussions could include:
- GP certification (if relevant)
  - The Return to Work forms and any actions resulting from this information
  - The up to date Occupational Health advice
  - Support mechanisms
  - Possible workplace adjustments
  - If any of the absences refer to stress, the manager should highlight the Stress Management and Wellbeing Policy.

The staff member has the right to be accompanied at the formal stage of the process by a colleague or a representative from their Trade Union.

- 2.7. At the meeting the manager should confirm that any actions and support agreed during the meeting will be provided, with the specific details agreed;
- 2.8. The manager can decide between the following possible outcomes of the first formal meeting:
- To extend the informal monitoring period and for the employee to remain on the informal stage. This should be done in extenuating circumstances and a clear review date should be agreed at the meeting and the employee informed that further failure to meet the standards required may lead to action being taken under stage 1 of this procedure.
  - To issue a First Formal Caution under this procedure which will remain in force for 6 months and further monitoring of absence shall be undertaken during that period. Targets should be set in regards to absence and the employee should be advised that further failure to meet the standards set may lead to Stage 2 of the procedure and ultimately dismissal. Should the employee report sickness during this time the manager may immediately escalate the matter to the next stage;
- 2.9. The outcome of the meeting will be confirmed in writing to the employee within 5 working days and a copy of the letter will be placed on the employee's file.
- 2.10. The manager should consider whether the employee or the Trust would appear to benefit from advice from a further referral to Occupational Health, and if so make a referral. This action will be in addition to the options outlined above. The Trust may require an assessment of the employee's ability to meet the requirements of their job description and the contract of employment.

### **Stage 2 – Second Formal Meeting**

- 2.11. Where an employee fails to meet the targets set following the issue of a First Formal Warning under Stage 1 of this procedure and their sickness absence remains a

cause for concern, a second formal meeting should be arranged to establish the reasons for the failure to meet the standards required.

- 2.12. At the meeting the manager should confirm that any actions and support agreed during the meeting will be provided, with the specific details agreed, what the updated Occupational Health advice is if applicable.
- 2.13. The manager can decide between the following possible outcomes of the second formal meeting:
- To extend the caution and monitoring period issued at the stage 1 meeting and for the employee to remain at stage 1. This should be done in extenuating circumstances and a clear review date should be agreed at the meeting and the employee informed that further failure to meet the standards required may lead to action being taken under stage 2 of this procedure.
  - To issue a Final Formal Caution under this procedure which will remain in force for 6 months and further monitoring of absence shall be undertaken during that period. Targets should be set in regards to absence and the employee should be advised that further failure to meet the standards set may lead to Stage 3 of the procedure and ultimately dismissal. Should the employee report sickness during this time the manager may immediately escalate the matter to the next stage;
- 2.14. The same options apply with regard to Occupational Health as at Stage 1.
- 2.15. The outcome of the meeting will be confirmed in writing to the employee within 5 working days and a copy of the letter will be placed on the employee's file.

### **Stage 3 – Sickness Hearing**

- 2.16. Where an employee fails to meet the required standards following the issue of a Final Formal Warning and their sickness remains a cause for concern, a sickness hearing will be arranged. This hearing must be chaired by a Senior Manager within the Directorate designated with the authority to dismiss and supported by a People and Culture representative who has not previously been involved. A note taker may also be present.
- 2.17. The manager who has been responsible for sickness absence management will complete a sickness absence report and present this to the panel at the Hearing, this should include:
- The employee's sickness record and reasons for absence;
  - The actions the manager has taken to support the staff member, which should include workplace adjustments;
  - The medical advice sought;
  - The impact of the employee's absence on the service including the team.
- 2.18. Occupational Health advice should be sought prior to this meeting taking place.
- 2.19. The possible outcomes at a stage 3 hearing are:
- To extend the caution and monitoring period issued at the stage 2 meeting and for the employee to remain at stage 2. This should be done in extenuating circumstances and a clear review date should be agreed at the meeting and the employee informed that further failure to meet the standards required may lead to

- action being taken under stage 3 of this procedure.
- To pause the hearing to seek further information and reschedule as soon as this information is available;
- To redeploy the staff member;
- To dismiss the employee.

2.20. The outcome must be confirmed in writing to the employee within 5 working days, with a copy to his/her representative. A copy must be filed on the employee's personal file, which is held in the People and Culture Department.

2.21 If the outcome is dismissal then the reason for the dismissal will be capability on the grounds of sickness absence.

2.22 The appropriate contractual or statutory (whichever is the greater) notice period should be given but need not be worked at the discretion of the manager and with guidance from the People and Culture Department.

### **3. People and Culture Department Involvement**

3.1 A representative of the People and Culture Department should be in attendance at meetings at all formal stages of the procedure.

### **4. Request to Postpone/Failure to attend meetings**

4.1 Employees are required to comply with requests to confirm their attendance at meetings held under this policy. Failure to do so will result in meetings proceeding in their absence.

4.2 In the event an employee is unable to attend a meeting for good reason, and this is accepted by the relevant manager, the meeting will be postponed on one occasion only. The Trust reserves the right to reschedule the meeting ideally at the earliest possible date and, where appropriate, to seek Occupational Health advice. Should the employee fail or be unable to attend a second time, the meeting will proceed in their absence and the employee will be notified of the outcome in writing.

4.3 Failure to attend a meeting without good reason may result in Occupational Sick pay being withheld and the matter being considered as misconduct and actionable under the Trust's Disciplinary Policy.

### **5. Appeals against Warnings and Dismissal**

5.1 The employee will have the right to appeal against warnings and dismissal by writing to the Director of People and Culture within 15 working days of the hearing.

5.2 See Appendix F for appeals procedure.

### **6. Long Term Sickness Absence**

6.1 This procedure provides guidance for the management of long-term sickness absence, which should be dealt with consistently and equitable in a supportive manner to enable as speedy a return to work as appropriately possible.

- 6.2. Managers should consider the location and timings of meetings carefully to ensure employees are able to attend e.g. if an employee is too unwell to attend in person home visits or meetings held via conference call should be considered.
- 6.3. Managers should agree the contact that should be maintained with an employee when they are absent from work on a period of long term sickness. Once a staff member triggers long term sickness a referral to Occupational Health should be made to assess and support the staff member. Following this referral a meeting should be scheduled as per the process below. A representative from the People and Culture Department should be in attendance at all formal stages of the long term sickness process. At all formal sickness review meetings the employee is entitled to be represented by a recognised trade union, or a colleague employed by the Trust not acting in an official capacity.
- 6.4. In such cases, it is essential that regular contact should be maintained and in exceptional circumstances, where the employee agrees, this could include home visits. This will enable up-to-date decisions to be made in the best interest of the employee and service. This is a joint responsibility and therefore the line manager and individual should agree early on how this contact will be made and how frequent it will be. Care must be taken to ensure that this regular contact does not place inappropriate pressure on the individual but is sufficient to enable the manager to give and receive adequate information.
- 6.5. For Staff who have a long term health condition and as a result of this, have been on Long Term Sick Leave, these staff will be managed in line with the Trust's Managing Sickness and Absence Policy.
- 6.6. For Staff currently at work who have a long term health condition, which impacts on their ability to perform their duties within their substantive role, will be managed in line with the Trust's Staff Performance and Capability Policy.

(i) **The first formal sickness review meeting** will normally be arranged as soon as is practical and follow receipt of the assessment and advice from Occupational Health. The purpose of the meeting is to discuss this assessment, the prognosis, the anticipated date of return (if any) and to set out for the member of staff the stages the Trust shall follow in trying to enable the person to return to work. This could include:

- The Occupational Health report and other medical information;
- Any actions that can be taken to facilitate a return to work such as. adjustment of role or redeployment; Ill-health retirement;
- Any workplace adjustments under the Equality Act 2010, such as referral to the Access to Work scheme; Current status of sick pay;
- A further meeting date shall be set up at this time for the second sickness review meeting.

If treatment is ongoing this stage can be repeated as necessary at regular intervals until a return to work date is established. The meeting outcome shall be confirmed to the employee within 5 days of the meeting.

(ii) **The second formal sickness review meeting** will be held ideally 6-8 weeks later following further referral to Occupational Health and receipt of their advice and if a return to work in the near future can't be established. The meeting should follow the same outline as (i) above. The employee shall be reminded of the possible outcomes should a return to work not prove possible within a reasonable timescale. If treatment is ongoing this stage can be repeated as necessary at regular intervals until a return to work date is established.

(iii) **The third and final formal sickness review** is a Sickness Hearing. This meeting shall ideally take place 6-8 weeks later if a return to work date cannot be established in the near future. This hearing must be chaired by a Senior Manager within the Directorate designated with the authority to dismiss and supported by a People and Culture representative who has not previously been involved. A note taker may also be present. The manager who has been responsible for sickness absence management will complete a sickness absence report and present this to the panel. Please refer to section 39 below for more information.

- 6.7. The member of staff shall be given at least 5 working day's notice of the sickness review meeting in writing. The outcome of the meeting shall be confirmed in writing within 5 working days.
- 6.8. In addition, where an employee is absent due to injury or illness caused at work and where their salary falls below their average monthly/weekly pay; the member of staff may apply for temporary or permanent injury allowance which may bring their pay up to 85% of their average salary.

## **7. Referral to Occupational Health and Management Response**

- 7.1 The early involvement of the Occupational Health Service is essential to determine the prognosis in connection with the absence. Where an employee is absent or is expected to be absent from work on a long-term basis (28 calendar days or more) they will be contacted by their manager to commence the referral to Occupational Health process and invited to a meeting with a view to discussing the prospects for recovery and a return to work.
- 7.2 In order to see a member of staff, Occupational Health require:
  - a completed electronic management referral on which it is indicated the individual member of staff is aware of the referral;
  - a current job description;
  - details of previous sickness record;
  - details of any other relevant information (as appropriate to the case).
- 7.3 The Occupational Health Service will give the employee information about their rights under the Access to Medical Reports Act 1988.
- 7.4 If, after discussion with the manager, the member of staff refuses to sign an

Occupational Health referral form then they must be clearly advised by their manager of the possible consequences: i.e. that a decision may need to be made on their present and future fitness for work only on the available information, and without the benefit of medical evidence the employee increases the risk of being fairly dismissed.

- 7.5 When the individual is referred, the Occupational Health Service will liaise with the employee's GP or Specialist as necessary and report the likely timescale for return to work, or in more severe cases, whether a return to work is likely or advisable. A formal referral may result in a consultation with the Occupational Health Physician. The Trust will also consider a report from the employee's own GP/Specialist as well as Occupational Health.
- 7.6 Employees will be entitled to see any Occupational Health reports and make any amendments with consent from Occupational Health. If Occupational Health does not consent the employee will be entitled to add a personal statement to the report.
- 7.7 The subsequent management response to the sickness absence will be subject to all the circumstances of the case and may include the need to seek further specialist advice, redeployment to alternative duties on a temporary or permanent basis or an application for ill-health retirement.
- 7.8 However, where an employee is not able to return to work in any capacity within the Trust within a reasonable time frame and other options have been exhausted, it may be that dismissal on the grounds of capability is the only option.

## **8. Adjustment of Current Role**

- 8.1 In order to enable the return of a member of staff to their current role at the earliest opportunity, the Trust shall consider reasonable temporary and/or permanent adjustments such as phased return to work; adaptation/adjustment of current working practices including hours of work; and/or reallocation of duties. If the adjustments to the role are permanent they should be reviewed, minimum on a yearly basis, to ensure that they are relevant and feasible.
- 8.2 In the main most adjustments shall be temporary and would usually last for no longer than 4 weeks. The Trust will fund one phased return to last a maximum of 4 weeks in any rolling 12-month period and reserves the right to determine the length of time appropriate in the circumstances whilst giving due consideration to Occupational Health advice. Staff can request they use annual leave to extend their phased return (e.g. working 3 days and taking 2 days annual leave, or any sensible arrangement that assists the employee in their return whilst meeting the needs of the team, and as approved by line management).
- 8.3 Permanent adjustments to roles should only be considered in exceptional circumstances, with medical endorsement and with due regard to the needs of the service.
- 8.4 Managers, employees and trade union representatives are encouraged to use the Trust guidance on workplace adjustments at work in conjunction with this policy.

## **9. Redeployment**

- 9.1 The Trust will endeavour to support employees to return to work following long term sickness by offering opportunities for temporary or permanent redeployment where possible. Permanent redeployment is appropriate where it is clear that the employee will not be able to return to their substantive post at any time in the future and would be subject to the normal recruitment and selection procedures of the Trust. Any move to a new post as permanent redeployment will be paid at the going rate for the new job and will be by agreement with the employee and thus would not be subject to protection of pay under the normal arrangements.
- 9.2 The redeployment policy provides further detail on how redeployment should be managed. Temporary redeployment may include a reduction of hours/change of job description and would be suitable for employees who were fit to return to work in some capacity but needed a short period of transition before resuming the full duties of their substantive post. Temporary redeployment may be within the same department, (eg; by a modification of the substantive post) or elsewhere in the Trust and may be offered to the employee for up to 3 months.
- 9.3 Every effort will be made to facilitate an employee's return to work including making workplace adjustments under the Equality Act 2010 which may include applications for grants where appropriate and the seeking of advice from external Disability Advisers.
- 9.4 Occupational Health may recommend permanent redeployment to an appropriate post where an individual is no longer able to perform their established role, due to their health.
- 9.5 Permanent redeployment on health grounds, subject to available suitable alternative vacancies:
- is normally sought for a period of 6-weeks;
  - is offered on a one month satisfactory performance trial basis;
  - does not attract pay protection of previous salary or earnings;
  - may be refused by the individual, but unreasonable refusal of what is deemed 'suitable' redeployment, may lead to dismissal on the grounds of capability due to ill health being considered where there are no other options.

## **10. Ill-Health Retirement (NHS Pension Scheme members only)**

- 10.1 The NHS Pension Scheme sets out that employees will be eligible to apply for ill-health retirement where they have at least 2 years pensions Scheme membership, are under 65 years old and Occupational Health or their GP have advised that they are permanently unfit to carry out their duties. Any decision to grant ill-health retirement lies solely with NHS Pensions.
- 10.2 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 doing so.
- 10.3 Where the employee is a member of the NHS Pension Scheme, and in the opinion of the Occupational Health Physician is considered to be unfit for the foreseeable future, an

application can be made to NHS Pensions for the employee to retire early on the grounds of their ill health.

10.4 The Manager, with the assistance of People and Culture will liaise with the individual to explain the procedure and monitor the progress of the application.

10.5 In these circumstances, the long term sickness management process will continue and the final review will take place however the employee's contract will not be terminated until a decision on the application has been made by NHS Pensions, unless the employee's sick pay expires before this time.

10.6 If the employee's first application is not successful, or is deferred, then the Trust will allow up to a maximum of 3-months for NHS Pensions to reconsider the application further, before considering termination of employment. As the final sickness review will have taken place, should sick pay expire during this time it shall not be reinstated. In the event a second application is unsuccessful and the employee is still deemed to be unfit for work and a final review has taken place, then there may be no option but to terminate the employee's employment on the grounds of capability due to ill-health.

10.7 In the event the application is successful, the employee shall then resign from the Trust and receive their ill-health retirement benefits.

## **11. Terminal Illness**

11.1 Where the employee is suffering from a terminal illness there are a variety of options open to the manager/employee. The Trust would aim, as far as possible to give the employee's interests serious attention and would try to provide the most financially beneficial result for the employee and/or his/her relatives. The options open would include:

- That the employee continues to work fully or in a reduced capacity (with corresponding reduced pay and benefits);
- That if the employee is a member of the NHS Pension Scheme and meets the eligibility criteria they may make an application for ill-health retirement or where their life expectancy is 12 months or less, their incapacity pensions may be commuted so that the value of their benefits and paid as a single lump sum.

## **12. Termination of employment**

12.1 Where other options are not available, it may be that the employee will be dismissed for reasons of capability. Before reaching the decision to terminate employment the manager with the authority to dismiss (the chairperson) shall convene a final sickness review meeting and take a balanced view of the following factors;

- The length of the absence to date and the likely length of the continuing absence;
- The nature and likely duration of the illness;
- Any medical advice/prognosis on the individual;
- The effect of the continuing absence on the work that needs to be done.
- The prevailing Agenda for Change or Trust conditions of service relating to sick pay
- Entitlements for the member of staff.
- The need for the worker to do the job for which they were employed to do and the difficulty covering his/her absence

12.2 At the meeting the line manager shall present a chronology of events and description of the efforts made to enable the person to return to work. A full account of any meetings and Occupational Health advice shall be required.

12.3 The employee shall have the right to respond to all of the information presented and to put forward any matters s/he wishes the chairperson to hear.

12.4 Should the outcome be dismissal appropriate notice shall be paid at full pay.

### **13. Request to Postpone/Failure to attend meetings**

13.1 Employees are required to comply with requests to confirm their attendance at meetings held under this policy. Failure to do so will result in meetings proceeding in their absence.

13.2 In the event an employee is unable to attend a meeting for good reason, and this is accepted by the relevant manager, the meeting will be postponed on one occasion only. The Trust reserves the right to reschedule the meeting ideally at the earliest possible date and, where appropriate, to seek Occupational Health advice. Should the employee fail or be unable to attend a second time, the meeting will proceed in their absence and notified of the outcome in writing.

13.3 Failure to attend a meeting without good reason may result in Occupational Sick pay being withheld and the matter being considered as misconduct and actionable under the Trust's Disciplinary Policy.

### **14. Appeals against Dismissal**

14.1 The employee will have the right to appeal against warnings and dismissal by writing to the Director of People and Culture within 15 working days of the date of the letter confirming the meeting. The appeal procedure will comply with the procedure of appeal against dismissal in the Disciplinary Procedure.

### **15. Movement between the long term procedure and managing sickness absence procedures**

15.1. The procedure for managing Sickness Absence incorporates all types of sickness absence whether short or long term. The process should be put on hold if an employee is continuously absent for more than 28 calendar days; the process for managing long term sickness would then be applied. If/when an employee returns to work the process for managing sickness absence continues at the stage it reached when long term sickness absence commenced.

15.2. The Procedure for Managing Sickness Absence will continue to apply throughout and staff may undergo parallel processes..

## Appendix C - Sickness Reporting Procedure

- Any member of staff who is ill and unable to attend work (other than by pre-arrangement) must notify their manager or other designated person as soon as possible. The notification time will need to be determined locally, but must be no later than an hour before that days specified start time.
- It is the responsibility of each individual member of staff to ring in and report that they are sick. Only in very exceptional circumstances is it acceptable for someone to ring in on their behalf (e.g. emergency hospitalisation). The employee should ring rather than text or email reporting in their first day of absence. The set timescales must still be met. **Failure to notify absence properly may lead to the absence being classed as unauthorised absence, which will be unpaid, and may lead to disciplinary action.**
  - The same information is required at the time of ringing in, whether the individual themselves telephones, or someone telephones on their behalf:
    - reason for the absence
    - estimated length of absence
    - immediate work issues needing to be addressed
    - (the manager may also ask for a contact number: only to be used if necessary)
    - agree ongoing contact arrangements
  - Any absence of over 1 calendar day requires a self-certificate (which is included on the sickness absence form). Where the absence continues, a 'fit note' issued by a recognised medical practitioner will be necessary from the eighth calendar day of absence. It is the individual's responsibility to provide the necessary certification; failure to do so may lead to loss of sick pay and/or disciplinary action.
  - In addition to the regular ongoing contact, when an employee becomes well again, they must telephone their line manager or other designated person and provide an indication of their likely return. At the latest, this must be by the day before they wish to return so that appropriate staffing and scheduling arrangements can be made.
  - For all periods of absence due to sickness, the line manager is responsible for ensuring the completion of the sickness notification forms for payroll.
  - In addition, the line manager should record the sickness absence on an overall attendance sheet for each member of staff which would also record annual leave, study leave, etc.
  - If any employee comes into work but subsequently goes home (i.e. only part of the day worked), this should still be recorded by the manager's on the individual's attendance record, although it will not need to be notified to payroll, as only whole sick days count for sick pay purposes.
  - On return to work, managers must carry out a return to work interview for all absences, and complete the second part of the carbonised sickness notification form and forward to the payroll department.

- For sick pay purposes, all days lost to sickness including rostered days off and weekends must be counted. However, for the purpose of measuring absence, managers should record the number of days that the employee was expected to work in that period.

## Appendix D - Return to Work Interview

This meeting is designed to aid communication between managers and staff. It is intended to help managers understand any problems and ensure staff know what is expected of them as well as enable staff to have an opportunity to discuss absence in an attempt to identify and address issues affecting health at work.

Following any period of sickness absence the manager should meet with the employee, ideally on the first day back or as soon as possible thereafter.

As a guide, managers are advised to undertake the following:

- Complete the appropriate sickness payroll form the Return to Work form (Appendix E) and collect any outstanding 'fit note's';
- Check the employee's absence record is correct and that the relevant reporting procedure was followed;
- If reporting procedure was not followed, explore the reasons for this and seek advice from People and Culture as necessary;
- Ask how the employee is now, if they are fit to return to work, if there is an underlying medical condition that is likely to recur and if they require any support;
- Update the employee on how their work was covered, on any events of note that happened whilst they were away;
- Calculate the employee's current Bradford Score and check number of occasions and any patterns of sickness absence in past 12 months. If Bradford score is 200 or more and/or the member of staff has been absence on 4 or more occasions and/or if there is a clear pattern of sickness refer the member of staff to Occupational Health and proceed to the Short Term Sickness Procedure (Appendix A);
- Consider referral to Occupational Health if:

(a) Either party has concerns about the individual's fitness to work (refer also to trigger points for cause for concern);

(b) Either party identifies any risk associated with the employee's work (also complete a risk assessment);

(c) The absence was more than 28 calendar days.

Possible outcomes of the meeting may include:

- Referral to Occupational Health for advice and to support the employee;
- Seek further People and Culture advice;
- Advising the employee to contact the staff counselling and assistance programme for additional support;
- Arranging a meeting in accordance with the Short Term Sickness Procedures.

Make a record of the meeting using the form at Appendix E and retain this on the member of staff's personal file.



## **Appendix F - Appeals Procedure**

### **1. Appeals Panel Preparation**

Following receipt of an appeal, an appeals panel will be convened. The employee must submit the appeal proforma to the Director of People and Culture within 15 working days from the date of the sickness hearing outcome letter. If the appeal proforma lacks sufficient detail as to which aspects of the panels' decision the appellant is dissatisfied with or are not compliant with section 1.5 of Appendix 14, they may lose their right to appeal.

The appeal letter should include all documents in support of the appeal, though the employee may submit further documents up until a minimum of 10 working days before the date of the appeal hearing. Any documents submitted outside of this timeframe may not be considered. The appeal document and any supporting documents are considered to be the employee's statement of case.

Upon receipt of the appellant's grounds for appeal, the PA to the People and Culture Director will, within 3 working days, forward it to the Chair of the sickness panel so that he/she can write their management case. They will have 15 working days before the appeal hearing to submit their management case to the Director of People and Culture, which should include a comprehensive justification for the decision made at the initial hearing and respond to any queries raised by the appellant.

The employee statement of case (their appeal proforma and supporting documents) and the management side case will be forwarded by the PA to the People and Culture Director, to all relevant parties (appeal panel members, employee side and sickness management side) at least 5 working days before the appeal.

All appeal panels should be held as soon as practicably possible following the employee's appeal/statement of case being received.

If the employee or management case has not been submitted within the stipulated time frame, the hearing may be postponed. In exceptional circumstances, an extension of 5 working days may be granted for the submission of the paperwork.

### **2. Notice of appeal hearing date**

The appellant should be given at least 5 working days' notice of the date and time that the appeal hearing will be convened.

### **3. Rescheduled Appeal Hearing Timescales**

Postponed appeal hearings will be rescheduled a second time. If the reason for postponement has been non-submission of paperwork, then all relevant missing paperwork must be submitted within 10 working days before the date of the second hearing. The same timescales for exchange of missing paperwork applies, i.e. 5 working days.

If the Management/appellant case is not submitted within 10 working days before the date of the second hearing is arranged then the hearing will go ahead. The management/appellant will be given the opportunity to present their case and question the other side. In the absence of an appellant case, the original appeal letter can be used in the hearing. No new paperwork can be presented at the hearing.

If the employee is unable to make the date or does not turn up to the hearing, they will be given one further opportunity to attend. Failure to attend a second time will result in the appeal hearing being heard in their absence.

#### **4. Appeal Hearing**

At the Appeal Hearing, the following procedure shall be observed:

##### **5. Introductions**

- The purpose of the hearing is explained by the Chair of the panel
- The procedure to be followed is explained by the Chair of the panel

##### **6. The Employee's case**

- The appellant and/or their representative shall put their case to the panel in the presence of the Chair of the Sickness Hearing. In support they may call witnesses.
- The Chair of the Sickness Hearing shall have the opportunity to ask questions of the appellant, their representative and witnesses.
- The members of the Appeals Panel shall have the opportunity to ask questions of the appellant, their representatives and witnesses.
- The appellant or his/her representative shall have the opportunity to re-examine his/her witnesses on any matter referred to in their examination by members of the Appeal Panel or the Chair of the Sickness Hearing.
- During the course of the appeal hearing the chair may call adjournments to either consider evidence or for natural breaks. The employee or their representative or the Chair of the Sickness Hearing may ask the chair to consider an adjournment at any stage of proceedings. The Panel may at its discretion adjourn the appeal at any time in order that further evidence may be produced by either party to the dispute or for any other reason.

##### **7. Management's Case**

- The Chair of the Sickness Hearing shall state the Trust's case in the presence of the appellant and his/her representative. S/he may call witnesses.
- The appellant or his/her representative shall have the opportunity to ask questions of the Chair of the Sickness Hearing and witnesses.
- The members of the Appeal Panel shall have the opportunity to ask questions of the Chair of the Sickness Hearing and witnesses.
- The Chair of the Sickness Hearing shall have the opportunity to re-examine his/her witnesses on any matter referred to in their examination by members of the Appeal Panel, the appellant or his/her representative.

##### **8. Summing Up**

- The Chair of the Sickness Hearing will have the opportunity to sum up their case if they wish.
- The appellant or his/her representative shall have the right to speak last in summing up their case.

- Neither party may introduce any new matter.
- Nothing in the foregoing procedure shall prevent the members of the Panel from inviting either party to elucidate or amplify any statement they may have made. Neither should it prevent them from asking them such questions as may be necessary to ascertain whether or not they propose to call any evidence in respect of any part of their statement, or alternatively, whether they are in fact claiming that the matters are within their own knowledge, in which case they will be subject to examination as a witness as in point four of the employees case above.
- The Panel may ask questions or points of clarification at any time during this procedure.

## **9. Adjournment**

- An adjournment is called to allow the panel to consider the evidence
- Management, the appellant and his/her representative shall withdraw to allow the panel to make a decision.

## **10. All parties return and the decision of the panel is communicated**

- The Appeal Panel may call all parties back into the room on the day of the sickness hearing to give their decision. The appeal hearing outcome letter should be sent to the employee as soon as practicable and within no later than 5 working days.
- In some cases it may be necessary to take further time to consider the case, in order to consider all the evidence presented to them and seek further clarification. In such cases the employee will be notified of any delays which will not exceed a further 5 working days. The decision should be confirmed in writing within 5 working days of the decision being made.