



SICKNESS ABSENCE MANAGEMENT POLICY

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CONTENTS

1	Policy Statement	5
2	Implementation	6
3	Employee Responsibilities	7
4	Employers Responsibility	8
5	Short Term Sickness.....	10
6.	Long Term Sickness	14
7.	Employee Returning to Normal Duties.....	15
8.	Employee Unfit to Return to Normal Duties	16
9.	Employee Not Deemed Permanently Unfit, But no Return can be Anticipated in the Foreseeable Future	17
10.	Special Circumstances	17
11.	Medical Opinion	18
12.	Review	18
13.	Responsible Officer.....	18
	Annex A	19
	ANNEX B.....	21
	ANNEX C.....	22
	ANNEX D.....	23

ANNEX E	24
ANNEX F	25
APPENDIX 1 TO ANNEX F	27
ANNEX G.....	29
ANNEX H.....	30
ANNEX I	31
APPENDIX 1 TO ANNEX I	32
ANNEX J.....	35
ANNEX K.....	36
ANNEX L	39
ANNEX M	42

1 Policy Statement

- 1.1** The Trust has a duty to manage sickness absence in order to ensure continuity of service and quality patient care.
- 1.2** The aim of this policy is to achieve an appropriate balance between the needs of the Trust as an employer and provider of ambulance services and the welfare and rehabilitation of sick or injured employees.
- 1.3** Managers must approach the problems of ill health in an equitable manner. Employees who are unwell must be dealt with sympathetically and any assistance provided where practicable. Clear medical information must be obtained and discussed confidentially with employees, i.e. Occupational Health Service (OHS) or other agencies.
- 1.4** The Trust accepts that a level of absence due to sickness amongst staff is inevitable and takes seriously its role as a caring and sympathetic employer when managing cases of long term, short term and chronic ill health. The overriding principle of this document is that staff who are suffering from ill health should be treated sympathetically.
- 1.5** The Trust recognises the requirements of both health and safety at work (HASAW), employment legislation and Agenda for Change national agreements. In particular the health and safety of employees requires that staff returning to full contractual duties after a period of illness or injury should do so only when they are fully recovered.
- 1.6** It is important to note that whilst each case will be different and must be considered on an individual basis; the principles inherent in this policy must be followed. In applying the policy and procedure care must be taken to ensure that no employee is discriminated against, directly or indirectly.
- 1.7** All information concerning a member of staff must remain strictly confidential and will only be released to the relevant manager as and when required.
- 1.8** The Trust has a duty of care to its employees and it is the responsibility of line managers to offer support to staff who are sick throughout the sickness period.
- 1.9** Managers must take full account of all current legislation particularly the Equalities Act 2010.
- 1.10** Staff will have the right to be accompanied by either a trade union representative or work colleague at all levels within this Policy, which include return to work (RTW) meetings.
- 1.11** All absences will be input into the Electronic Staff Record (ESR). It is this ESR data which will provide the record of absence when using this Policy.

2 Implementation

- 2.1** Managers are expected to show understanding towards those who are absent for reasons of ill-health or injury whilst ensuring that the policy and procedures are followed.
- 2.2** The ensuing guidelines and procedures are part of an overall policy towards sickness absence which can be summarised as:
- a.** to deal fairly and consistently with all employees who are absent for reasons of sickness or injury, irrespective of their grade or job
 - b.** to deal with every case of absence due to sickness with care and respect for the individual concerned
 - c.** to ensure that all employees understand their own responsibilities in relation to absence due to sickness, including the person to whom they should report on the first day of absence and any continuing absence
 - d.** to ensure that all managers understand their responsibility for managing absence due to sickness
- 2.3** The national Agenda for Change and local Trust terms and conditions make provision for payment during sickness and certain requirements for sickness certification and medical examination. Nothing in this document overrides or replaces those conditions.
- 2.4** All managers, supervisors and trade union representatives will receive guidance / training so that they understand their roles and responsibilities in the management of sickness absence.
- 2.5** Managers should ensure that a culture of good attendance is created by:
- a.** regular communication with their staff
 - b.** ensuring that persons recruited to the Trust are capable of carrying out the duties contained in their job description, and receive comprehensive induction training
 - c.** adherence to HASAW legislation keeping under review best practice in promoting the health safety and welfare of employees
- 2.6** Employees will not be entitled to an additional day off if sick on a statutory holiday.
- 2.7** Annual leave not taken due to long term sickness will not be carried forward into the following leave year, other than provided for in the following paragraph, and pay in lieu will not be given.

Any member of staff who has not taken their statutory 28 days annual leave (inclusive of Bank Holidays) i.e. any member of staff who has taken less than 28 days leave within the leave year, may request to carry forward statutory annual leave i.e. 28 days minus leave taken, to the following leave year. 28 days is the maximum amount to be carried forward (European Court of Justice ruling January 2009 refers). Staff are unable to carry forward their contractual entitlement in addition to the statutory minimum

- 2.8** In the event that a member of staff falls ill during a period of annual leave, then they will only be recorded as being on sick leave if they submit a Statement of Fitness for Work (SoFfW) See Annex A to be requested by employee and authorised by line manager. If a charge is made for providing a doctor's certificate then the Trust will meet the cost.
- 2.9** The management / administration of sickness absence is the responsibility of four key parties:
- d.** Managers, Annex B
 - e.** Human Resources Department, Annex C
 - f.** Payroll Department, Annex D
 - g.** Occupational Health Service, Annex E

3 Employee Responsibilities

- 3.1** In all cases of sickness or injury, which necessitate taking time off work, it is expected that an employee will do their utmost to facilitate a safe and timely return to fitness and work. In this regard, employees are trusted to act sensibly and honestly.
- 3.2** The Trust would not expect any employee who is absent from work due to sickness or injury to:
- h.** undertake any similar employment, whether paid or unpaid, which is inconsistent with the nature of their illness or injuries
 - i.** engage in any activity which is detrimental to the nature of their illness or injuries
- 3.3** A general principle is that an employee who has been advised not to work at all by their GP or other clinician should not report for any duties. Such staff would normally be expected to attend appointments with Occupational Health and attendance review meetings.

1. Such staff may also be asked by the Trust to attend:

- (a)** Courts, coroner's courts or professional hearings in order to give evidence;
- (b)** Events organised by the Trust and/or other NHS bodies in order to investigate an incident;
- (c)** Meetings in connection with their status as TU representatives;

Interviews or panels being held under the Trust's disciplinary policy and procedures where such a request is not incompatible with the reason for their sickness absence.

If such staff are requested to attend at a court, hearing or investigation by a third party – possibly unaware that they are on sick leave – they should only do so in liaison with the Trust to ensure that such attendance is no incompatible with the reason for their sickness absence.

- 3.4** All members of staff and students, who are unable to report for duty due to ill health, must notify the relevant Line Manager/Department following the Reporting Procedure as identified in appendix F.
- 3.5** Failure to comply with the relevant reporting procedures may result in loss of statutory sick pay (SSP) and occupational sick pay (OSP).
- 3.6** Staff must notify their manager where sickness is caused by an injury sustained at work. Staff should ensure that details are submitted on incident report form (WMAS54/ER-54 Form) as soon as practicable.

An injury that occurred at work and results in the injured person being away from work or unable to do their full range of their normal duties for more than 7 consecutive days may be RIDDOR reportable.

Please refer to the Procedure for the Identification and Management of RIDDOR Reportable Incidents in such circumstances.

- 3.7** It is the responsibility of employees to report, in writing, any change in their health of which they are aware, which may affect their ability to undertake duties effectively and safely in order to satisfy road traffic law and health and safety legislation. This also includes reporting to the appropriate professional bodies e.g. HCPC.
- 3.8** Staff are encouraged to maintain a level of fitness appropriate to their job.
- 3.9** Staff are encouraged to seek help and support e.g. through the OHS or counselling service. Information and telephone numbers for contacts are contained within the Trust Stress Policy. In addition please refer to Annex E which provides some initial contact details and numbers. TU Organisations can also provide assistance.
- 3.10** Staff are encouraged to arrange all non-emergency medical and dental appointments outside their working hours although it is accepted that this may not always be possible e.g. short notice/change of appointments or those involving children / carers. Any appointments which cannot be made outside of their working hours will need to be discussed and agreed on how this time is taken with their Manager on an individual basis.
- 3.11** Staff must report their sickness absence as set out in Annex F

4 Employers Responsibility

- 4.1** In all cases of sickness the Trust as an employer has a responsibility to provide to its employees the same level of care as to its patients. Upon the individuals notification of sickness absence the Trust has a duty to discuss the medical/treatment needs of that individual and to facilitate where possible

- 4.2** Each section and department is responsible for keeping accurate records of sickness absence in their area. Initial recording may be manually or electronically with the final record being maintained on ESR. Categories for recording on ESR are shown at Appendix G. It is the responsibility of Departmental Managers to monitor sickness absence for all staff for whom they are responsible and to initiate action on any individual basis when it is considered appropriate, as per Annex B
- 4.3** Absence records will provide information on any time lost whether full or part days, shifts and the reason for any absence including any known medical diagnosis. Managers should also monitor requests for leaving work during shifts due to illness; record times lost and take appropriate action should a pattern emerge. This basic level of information must be readily available and historical records maintained in line with Government archive requirements.
- 4.4** Managers will investigate factors that may contribute to the levels and potential patterns of sickness absence within their department. This may include environment and/or job related factors. Action must be taken to minimise these factors.
- 4.5** Managers should notify the appropriate department of all unpaid absence using documentation such as time sheets, internal memorandum, rostering system as per local procedures.

There is a continuing commitment to provide information on absences for statutory sick pay (SSP). Details of benefits and allowances are summarised in Appendix H; further information can be obtained from Payroll Manager.

- 4.6** It is the Managers' responsibility together with Human Resources to refer employees with either long term or persistent short term sickness absence to the Occupational Health Department. Managers must inform the employee of this referral and provide a copy of the referral letter ahead of the Occupational Health meeting
- 4.7** Managers should ensure that employees are aware that they can seek help and support e.g. through the OHS or counselling service. Information and telephone numbers for contacts are contained within the Occupational Stress Policy. In addition, please refer to Annex E which provides some initial contact details and numbers.
- 4.8** Where an employee is absent as a result of a musculoskeletal injury, they may be referred to occupational health or if a work related stress illness they will automatically be referred to the Occupational Health Department for review and counselling where required. Also, for non-work related stress, staff will be offered access to the counselling service.

- 4.9** In dealing with any case of ill health, the following basic rules and guidelines should be followed:
- a. The employee must always be told clearly what aspect of the employee's sickness/attendance record is causing concern.
 - b. The possible consequences of continued sickness non-attendance must be clearly stated.
 - c. The employee must have the right of reply and explanation, through their representative, if so desired.
 - d. The manager must always act fair and reasonably in all circumstances of the case.

4.10 At this Stage consideration must be given to any instances which are related to industrial injury (including assaults) or planned operations. An industrial injury is an injury, diseases or other health condition(s) that are wholly or mainly attributable to their employment. The injury, disease, or other health condition must have been sustained or contracted in the discharge of the employee's duties of employment or an injury that is not sustained on duty but is connected with or arising from the employee's employment. The attribution of injury, illness or other health condition will be determined by the employer who should seek appropriate medical advice.

4.11 Alleged fraudulent claims for sickness absence may be dealt with under the Disciplinary/Capability Procedure may be invoked. All stages of the Disciplinary/Capability Procedure may then follow ultimately with the possibility of dismissal on the grounds of unacceptable misconduct.

4.12 Return to work interviews should be completed on the first day an individual returns to work or as soon as is reasonably practical after every period of sickness absence, irrespective of absence duration.

Return to work interviews are conducted for staff welfare purposes to enable a meaningful discussion between a staff member and a manager, giving you both an opportunity to confirm that the record of sickness absence is accurate and discuss any remaining health concerns that may affect work.

This does not form part of the formal process; it is a welfare discussion of confirmation of all aspects of return to work plan are in place.

5 Short Term Sickness

5.1 Short-term sickness absence can be defined, for management purposes, as periods of absence of less than four calendar weeks in duration. Many employees will be ill for a short period and this simply requires recording and an informal meeting with their line manager or supervisor to ascertain whether the employee needs support/assistance on their return to work.

Managers must meet staff where employees have had:

- a. Four or more episodes within a rolling twelve month period.
- b. Where a particular pattern has been identified.
- c. 17 or more calendar days of absence, in total, within a rolling 12-month period.

5.2 Stage One

- 5.2.1** Once a member of staff reaches one of the Sickness Absence trigger points a meeting is arranged by the line manager (the employee and their representative (if attending)). Meetings will be held within 14 calendar days from the first shift on duty unless mutually agreed otherwise. This meeting should discuss attendance and possible reasons for absence, offer help and agree a need for improvement.
- 5.2.2** Guidance on short-term sickness absence interviews is set out in Annex I. A letter inviting the employee to attend should be issued as soon as is reasonably practical in the circumstances.
- 5.2.3** A record of this interview should be kept and the outcomes may include the employee being informed of the following:
 - a. no further action;
 - b. a referral to Occupational Health, together with a request for permission for the Occupational Health Physician to approach the General Practitioner and any relevant Consultant involved during the sickness. This is confidential in terms of the medical details and the individual should be assured of this; the referral is to obtain advice on the reasons for the absences and any likely future patterns. Any medical reports received will be subject to the Access to Medical Reports Act 1988. Should an employee wish, they can undergo a separate examination with their own doctor, who will communicate their findings to the Occupational Health Physician;
 - c. the Trust through Occupational Health may require on occasion to seek independent specialist opinion;
 - d. information on the remaining SSP and OSP entitlement for the following twelve months (following previous verification from the Payroll department);

- e. that self-certification will not be acceptable and that they must produce a SoFfW for future absences for a specified time period for less than 7 days to be utilised with short term frequent absences and any identified patterns of absence. If a charge is made for providing a doctor's certificate then the Trust will meet the cost;
- f. that failure to comply with specific requirements relating to producing SoFfW or co-operating with the OHS may result in loss of pay and/or disciplinary action;
- g. the advice of the OHS will be considered and each case will be dealt with on its own merits information on the likely outcome, if after an appropriate review period, there is little or no improvement in the employees sickness record, and when the next review will take place.

5.2.4 The employee will be advised that continuation of this level of sickness absence is of concern.. At this stage consideration may be given to the possibility of temporary alternative employment, if it is considered that this may improve an employee's health and therefore attendance. Managers should discuss with the employee the potential to avoid working overtime hours. If the employee meets the agreed level of improvement the issue will be resolved; however if the employee fails to meet the agreed level the next stage of the procedure will be followed.

5.2.5 There is no compulsion to use a Review period at this Stage. If a Review period is deemed appropriate the period between Stage 1 & Stage 2 is up to 5 months from the date the employee booked fit to return to duty.

5.3 Stage Two Sickness Absence Meeting

5.3.1 Further sickness absence within the review period will trigger a stage 2 meeting with the member of staff

5.3.2 A meeting will be held between the employee, their representative (if attending), a representative from HR and their manager. Senior Operations Manager or equivalent may be involved at this Stage and further Stages. Meetings will be held within 14 calendar days from the first shift on duty unless mutually agreed otherwise. This meeting will discuss attendance and possible reasons for absence, offer help and agree a need for improvement.

5.3.3 This Stage Two meeting should discuss:

- a. attendance performance
- b. failure to improve or maintain required attendance
- c. possible reasons for absences
- d. possible remedial actions
- e. consequences of failure to improve

5.3.4 All issues discussed and conclusions reached should be

documented. Copies of this documentation should be copied to the employee and recorded on the employee's personal file. Outcomes, as recorded in Stage One meeting may also be considered at this Stage Two meeting.

5.3.5 The employee will be advised that continuation of this level of sickness absence is of concern. At this stage consideration may be given to the possibility of temporary alternative employment, if it is considered that this may improve an employee's health and therefore attendance. Discussion at this point in the process may also include the avoidance of working additional overtime hours. If the employee meets the agreed level of improvement the issue will be resolved; however if the employee fails to meet the agreed level the next stage of the procedure will be followed.

5.3.6 There is no compulsion to use a Review period at this Stage. If a Review period is deemed appropriate the period between Stage 2 & Stage 3 is up to five months from the date the employee booked fit to return to duty.

5.4 Stage Three Review Meeting

5.4.1 Further sickness absence within the review period will trigger a stage 3 meeting with the member of staff.

5.4.2 If there is still no improvement in the attendance level a review meeting will be held between the employee, their representative (if attending), Head of Department/Line manager and a Human Resources representative. Meetings will be held within 14 calendar working days from the first shift of duty unless mutually agreed otherwise. A review should be made of all the information collected at previous stages and all circumstances must be taken into account. Further information should be obtained as required.

5.4.3 All issues discussed and conclusions reached should be documented. Copies of this documentation should be sent to the employee and recorded on the employee's file. Further Occupational health/medical advice may be required.

5.4.4 The employee will be advised that continuation of this level of sickness absence is of concern. At this stage consideration may be given to the possibility of temporary alternative employment, if it is considered that this may improve an employee's health and therefore attendance. Discussion at this point in the process may also include the avoidance of working additional overtime hours. If the employee meets the agreed level of improvement the issue will be resolved; however if the employee fails to meet the agreed level the next stage of the procedure will be followed.

5.4.5 It is reasonable that a member of staff should be given formal written notice of the manager's concern about the level/pattern of absence, and that the letter should make it clear that if the level/pattern of

absence continues they could put their employment at risk.

- 5.4.6** The review period between Stage 3 & Post Stage 3 is up to five months from the date the employee booked fit to return to duty.

5.5 Post Stage Three Review

- 5.5.1** Where the employee fails to meet the targets set after Stage 3 the people who attended the Stage 3 Review will reconvene, meet with the employee to discuss additional information and future options. Where this meeting is unable to set any further achievable targets or provide any further assistance termination and/or ill health if appropriate may be considered.

- 5.5.2** Where termination of the contract of employment on the grounds of incapacity is considered, all reasonable efforts should be made to obtain appropriate medical evidence, including occupational health advice on the likely outcome of a successful ill health retirement application. Before a decision to terminate is made all other options should meaningfully be considered including;

- Rehabilitation;
- Phased return
- A return to work with or without adjustments
- Redeployment with or without adjustments.

Only a Director or Senior Manager or equivalent level can sanction termination of employment on health grounds in consultation with Human Resources.

- 5.5.3** In all instances at least two warnings (Stage 2 and 3) will be sent, confirming the outcome of personal interviews before dismissal is considered, but exceptional circumstances may necessitate a curtailment of the procedure.

- 5.5.4** If the employee is not fit to return to normal duties, as determined by medical evidence, the terms of the Equalities Act 2010 places a responsibility on the Trust to review the job to see whether any reasonable adjustments can be made which would enable the employee to continue in that role; and again consideration to be given to an offer of any existing alternative employment and documented.

6. Long Term Sickness

- 6.1** Long term sickness absence can be defined, for management purposes, as periods of absence of four calendar weeks or more in duration. Note that cases of long term sickness absence, will be referred to the Occupational Health Department.

- 6.2** Long term sickness must be handled sensitively and with care. The manager, in conjunction with the Human Resources department, must maintain ongoing contact with the employee throughout the absence as agreed between the member of staff and their manager. However, care must be taken that the approach is perceived to be helpful.
- 6.3** Where possible a meeting will be held with the employee to establish the reason for and possible duration of the absence, Annex J. It may be necessary to refer the employee to the OHS when confidential medical information is required.
- 6.4** Where the employee has been referred to the OHS, they will advise if there is an underlying medical reason for the absence and what the duration is likely to be. This may involve the OHS contacting the individual's GP or Consultant for further information, after obtaining the individual's consent to do so. The Human Resources department will then brief the relevant manager to include advice and guidance on how the situation should be managed, as deemed appropriate.
- 6.5** Dependant on the outcome of the meetings and the information received from the OHS, long term sickness is possible to have one of the following outcomes:
 - a.** employee fit to return to work in the foreseeable future
 - b.** employee permanently unfit to return to normal duties
 - c.** employee not deemed permanently unfit, but no return can be anticipated in the foreseeable future

7. Employee Returning to Normal Duties

- 7.1** Every employee who has been off sick for more than 7 days is required to provide a SoFfW note from their GP confirming their fitness to return to work and undertake their full range of duties.
- 7.2** Any employee who has been absent due to ill health will, on their return to work, discuss with the most appropriate person any outstanding problems, where appropriate, that may need addressing. This will be documented on a Return to Work Interview Form, which can be found at Appendix 1 to Annex J.

It is expected that on the first day of returning to duty, the manager will make contact. Where practicable, this will be a face to face meeting but where this is not possible, a dialogue will take place, documented and signed within 14 days on the return to work form.

- 7.3** If there is concern about individuals fitness to resume normal duties the manager must consult with the Human Resources Department immediately. In these circumstances, it may be necessary to place the individual on medical suspension, on full pay, pending a referral to the OHS. Please note that this will only be necessary where the condition may impinge on, or be aggravated by the individual's work environment. Where

there is disagreement between the OHS and the employees General Practitioner, consideration may be given to the provision of a second independent medical opinion.

7.4 Rehabilitation will be considered where practicable and/or appropriate for long term absences and recorded appropriately. Considerations may be:

- a. Re-induction by a period of part-time working with gradually increasing hours normally over an agreed period. The aim of the re-induction phase is to gradually phase the employee back into their normal work environment in terms of hours, shifts, team etc. The programme is based upon a gradual build-up of working hours. To undertake a phased return, the individual must be signed as fit to return to work by their GP and the programme supported by the Occupational Health Service. During this phasing in period, the individual will receive their full remuneration.
- b. Outstanding annual leave - it is not recommended that annual leave is taken during the phasing in period on returning to work.
- c. Staff may request to take annual leave to assist in their rehabilitation to be mutually agreed.
- d. Part time working for an agreed set period.
- e. Permanent return on reduced hours.
- f. Skills re-training including moving and handling.
- g. Alternative duties to work in conjunction with assisting the employee to full duties within an agreed timeframe.

The above list is not exhaustive.

8. Employee Unfit to Return to Normal Duties

8.1 If the employee is not fit to return to normal duties, the terms of the Equality Act 2010 places a responsibility on the Trust to review the job to see whether any reasonable adjustments can be made which would enable the employee to continue in that role – See Annex K on Equality Act 2010.

8.2 The Trust will reasonably consider one, or several, of the following adjustments:

- a. alter premises
- b. allocate some duties to another employee
- c. transfer the person to fill an existing vacancy, or alter working hours
- d. transfer the person to another place of work
- e. allow absences during working hours for rehabilitation, assessment or treatment and or supply additional training
- f. acquire or make changes to equipment
- g. alter instructions in reference manuals
- h. modify procedures for testing or assessment
- i. provide a reader or interpreter
- j. provide supervision

- 8.3** If this is not reasonably possible, and will have an operational or financially detrimental effect on the Trust or other staff, this will be explained and the Trust will explore the feasibility of any other kind of work as soon as possible. Alternative employment, retraining and/or career counselling for employment elsewhere must be fully explored by the Human Resources department.
- 8.4** Should re-deployment not be possible, retirement or dismissal must be considered. This should be explored fully with the employee as soon as the manager is notified and, where a pension is involved, an estimate obtained from the NHS Pension Agency and the view of Occupational Health sought. It is important that the employee understands their situation and that this is confirmed in writing.
- 8.5** Where the employee disputes the recommendation to terminate their contract of employment, this will be dealt with as set out in Annex L. It is important to recognise that the use of such procedures, including an appeals process, are to ensure that employees are treated fairly when capability issues are being considered and especially where this may involve the termination of a contract of employment.

9. Employee Not Deemed Permanently Unfit, But no Return can be Anticipated in the Foreseeable Future

- 9.1** In these circumstances, and before consideration is given to the termination of the employment contract due to incapacity, the appropriate manager supported by the Human Resources department will:
 - a.** interview the employee, together with their representative if requested in order to explore the situation
 - b.** give the employee the opportunity to comment on the medical opinion; give their view of their health; or provide further medical evidence and suggestions on a further course of action
 - c.** the manager will explore the feasibility of any other kind of work as soon as notified, retraining and/or career counselling for employment elsewhere must be fully explored
 - d.** the implications of the Equality Act 2010 must be considered and evidenced.

10. Special Circumstances

- 10.1** Absences, short term or long term, caused by injury at work, criminal injury, domestic violence or psychiatric illness need to be handled with particular sensitivity. Managers are advised to seek appropriate advice from the Human Resources Department, before pursuing a course of action.
- 10.2** There are particular requirements under health and safety and sex discrimination law for dealing with illness related to pregnancy, managers/staff must seek advice from the Human Resources Department.

11. Medical Opinion

- 11.1** During or following any sickness, the Trust reserves the right to refer the individual concerned for a medical review with the Occupational Health Department.

12. Review

- 12.1** This policy and procedure will be reviewed 24 months following the date of implementation or sooner where required.

13. Responsible Officer

- 13.1** The officer responsible for the issue and amendment of this policy and procedure is the Director of Workforce and Organisational Development.

Annexes:

- A. Employee Guide to the Fit Note
- B. Role of the line manager
- C. Role of the Human Resources Department
- D. Role of the Payroll Department
- E. Role of the Occupational Health Service
- F. Notification of sickness procedures
Appendix 1 Self Certification Form
- G. Categories for recording
- H. NHS Injury Allowance
- I. Short term sickness absence interview
Appendix 1 Return to Work
- J. Long term sickness absence interview
- K. Disability Discrimination Act
- L. Termination of contract due to incapacity
- M. Frequently Asked Questions

Annex A

Statement of Fitness for Work Guide to the new 'fit note'

This guide explains what to do when you get a fit note from your doctor. The fit note is a new form your doctor will give you when your health affects your ability to work. It replaces the old sick note. The fit note may include advice from your doctor on how you may be able to return to work. It is important that you make your doctor aware of the type of work you undertake which may include manual handling, VDU operator, requirement to drive service vehicles etc.

Work can be an important part of your recovery. You can find more details online at www.dwp.gov.uk/fit.note

What if my fit note says I am 'not fit for work'?

Give or send the fit note to your employer. It provides evidence that you cannot work because of your health. Your employer will use it to arrange your sick pay.

What if my fit note says I 'may be fit for work'?

If the fit note says you 'may be fit for work', this means you may be able to return to work with some help from your employer. You should discuss this advice with your employer to see if you can return to work, taking into account the effects of your illness or injury. If it is possible for you to return to work you should agree how this will happen, what support you will receive and how long the support will last. If you and your employer agree it is not possible for you to return to work until you have recovered further, you do not need to return to your doctor for a new fit note. If your doctor has advised that you may be fit for work with some adjustments but the adjustments are not available, you will remain on sick leave.

Can I go back to work before the end date on my fit note?

You do not always have to be 100% "fit" to be able to do some work – in fact, work can help your recovery from health problems or support your overall wellbeing if you have a long-term health condition. You should go back to work as soon as you feel able to and, with the Trusts agreement, this may be before your fit note runs out.

For example, you may want to go back to work sooner if:

- you've recovered from your illness or injury more quickly than expected
- your employer can offer you support to help you return to work
- if your health condition no longer affects your ability to do your normal duties, you may be able to return even though you've only partly recovered.

The Trust will need to agree to you returning to work before the end date of your fit note.

The Trust could consider any of the following to support the employee back into work;

- A phased return to work

- returning to work gradually – for example, by starting part-time
- temporarily working different hours
- flexible working
- performing different or amended duties or tasks
- workplace adaptations
- having other support to do your job – for example, if you have back pain, avoiding heavy lifting

Do I need to see my doctor again before I return to work?

Your doctor will say on the fit note whether they need to see you again before you return to work. You do not need to see your doctor to be signed back to work.

How does this affect Statutory Sick Pay?

The arrangements for Statutory Sick Pay have not changed. If the fit note says you may be fit for work but you and your employer agree that you should remain off work, then you can still receive Statutory Sick Pay. If you are in doubt about your rights to Statutory Sick Pay, you can seek advice from your trade union or an advice centre. You can find detailed information about Statutory Sick Pay online at **www.direct.gov.uk**

ANNEX B

ROLE OF THE LINE MANAGER

1. To support the recovery and return to work of employees suffering ill health or injury.
2. To manage sickness absence within their department.
3. To assist or maintain an accurate record of sickness absence within their department and forward any necessary documentation to the relevant departments eg Payroll/HR department(s).
4. Identify sickness absence caused by industrial injury or illness.
5. To monitor sickness absence regularly.
6. To take appropriate action to implement this policy when sickness absence occurs and to ensure that the member of staff is fully aware of the procedure for offer assistance and notification of return to work.
7. To assume the main responsibility for dealing with the sickness absence of their staff.
8. To provide advice and support to staff in respect of their sickness absence.
9. Line Managers have the right to ask the nature and duration of the illness.

ANNEX C

ROLE OF THE HUMAN RESOURCES DEPARTMENT

1. To provide advice and guidance to managers in the management of sickness absence.
2. To provide advice and support to staff in respect of their sickness absence.
3. Liaise between the line manager and the OHS and the individual member of staff
4. Compile reports for the Trust as required.
5. To provide information on pensions and to initiate the necessary documentation in relation to cases of early retirement on ill-health grounds.
6. To arrange interim management referrals to OHS for those on long term sick and also due to return to work.
7. To record absence on ESR for pay and reporting purposes.
8. To be present at Stage 2 and 3 of this process.

ANNEX D

ROLE OF THE PAYROLL DEPARTMENT

1. To record sickness absence for pay and reporting purposes if not undertaken by HR.
2. To ensure that staff receive the appropriate sick pay entitlements in accordance with OSP and SSP regulations.
3. To formally advise employees of time-scales for notification on details of SSP and half and full pay entitlements at least four weeks in advance or as soon as practically possible.
4. To provide appropriate information on pensions if requested.

ANNEX E

ROLE OF THE OCCUPATIONAL HEALTH SERVICE

1. To provide independent advice to Human Resources regarding the employees fitness to resume work or to continue to undertake their current duties.
2. To support the recovery and return to work of employees suffering ill health or injury.
3. To liaise with the employee's General Practitioner and/or other specialist where necessary following employee written consent.
4. In line with the guidelines of the General Medical Council written consent will be obtained from the employee prior to the disclosure of the health assessment report being sent to the Line Manager/Referring Manager. The employee is entitled to see the report, and request a copy of the health assessment, prior to its issue.
5. To provide a confidential advisory service to individual members of staff as appropriate.

Contact Details:

Team Prevent

Occupational Health

01327 810 777

Regional SALs contact

Via EOC Response Desk or direct on
01384 215880 (24 hours)

In addition to the above contact EOC to request details of On Call Silver Officer

ANNEX F

NOTIFICATION OF SICKNESS PROCEDURES

FIRST DAY OF ABSENCE

1. On the first day of absence, or sooner where possible (e.g. pre planned operation), staff must report their absence due to ill health and make contact with their line manager. If contact cannot be made due to them being unavailable or off duty you should then contact the Emergency Operations Centre (EOC), OOHs and PTS Operations Centre.
2. At this point an agreement will be made as to the frequency and how the next contact or communication will take place taking into account the reason for their absence and likely duration.
3. All staff should book fit following a period of sickness absence prior to returning to work. This must be done by following the same process as outlined above. If you do not book fit and subsequently run into rest days, your sickness absence will continue to be accumulated throughout this period also. It is essential you follow your local departmental procedures.
4. If an employee is late in notifying sickness for one or more qualifying days and the manager is not satisfied that the employee has good reason for late notification, the manager can apply to withhold payment for SSP and OSP for the same number of qualifying days. The manager must however, consult with the Human Resources department and the relevant Senior Manager.
5. It is imperative that managers investigate reasons for late notification of sickness absence and are able to justify reasons for recommending non-payment of SSP or OSP. It should be noted that the reasons for non-payment of SSP must be notified in writing, by the line manager, to the salaries and wages department who are charged with the maintenance of records which will be inspected periodically by the Department of Social Security.
6. The line manager should inform the employee of the reason, in writing, if the payment of SSP (Statutory Sick Pay) or OSP (Occupational Sick Pay) has been withheld. The employee will have the right of review.
7. Working together in this process and ensuring regular contact is maintained during periods of absence will enable management to provide the appropriate and timely support required for staff when suffering ill health.

ABSENCE OF 1 TO 7 CALENDAR DAYS

8. For a period up to and including the seventh calendar day, a completed self-certification form, or alternatively, a Doctor's certificate must be forwarded to the relevant line manager.
9. Self-certification forms must be completed and forwarded immediately to their Line Manager when the employee returns to duty on or before the seventh calendar day. Refer to Appendix 1 to Annex E for copy of Self-Certification form.

ABSENCE OF MORE THAN 7 CALENDAR DAYS

10. For the period of over 7 calendar days and beyond, an employee must obtain a Statement of Fitness for Work (SoFfW) from his/her general practitioner (GP) to be submitted to the manager as soon as possible. The SoFfW needs to be completed in full..

11. Fit notes from the employees GP will then be required at weekly intervals, or at intervals determined by the GP. The date given on a fit note must run concurrently to ensure each calendar day of sickness is covered. Where 'gaps' appear between the expiry dates given on the fit note, OSP will be withheld for the days of sickness not covered. Employer should be notified at the earliest opportunity of continuing sickness. Certificates to be forwarded immediately, or as reasonably practicable, following return from their GP.



SELF-CERTIFICATION FORM

(for completion of all sickness)

TO: HEAD OF DEPARTMENT

This form shall be completed by all staff who are absent due to sickness for periods of up to 7 days/being consecutive days (not working days) for which a doctors certificate has not been provided.

Section 1: Personal Details (to be completed by individual)

Name: Payroll No:

Job Title: Team/Dept:

Section 2: Period of Sickness

I hereby certify that I was unable to attend for work by reason of sickness or injury sustained at work for the period specified below (delete as appropriate)

Dates of absence: From (Time - Date) To (Time - Date) inclusive

Number of days:

Nature of Illness/Injury:

**If unknown, please
insert comments:**

Was absence due to an injury sustained at work? **Yes** / **No**

If yes, please ensure that an Untoward Occurrence Form has been completed

Section 3: Visit to Doctor

I also certify that I visited my GP on (dd/mm/yyyy) in connection with this illness/injury.

My GP's name and address is:

Section 4: Declaration

I declare that I have not worked during the above period of sickness and that the information given is complete and correct.

I understand that to give false or misleading information on this form is a serious disciplinary offence and could result in a loss of sickness benefit and disciplinary proceedings, which may lead to dismissal.

Signed:

Date: dd/mm/yyyy

Once completed please send this form to your Head of Department or Scheduling for operational staff



Section 5: Head of Department

Date notification received:

Signature:

Designation:

Comments:

ANNEX G

Categories for recording on ESR

ESR: Reason (Sickness Absence)	Conditions included in Reason (Sickness Absence)
Anxiety, Stress, depression, other psychiatric illnesses	Depression, Anxiety State, Stress, Panic Attacks, Insomnia, Post Traumatic Stress Disorder Mental illness
Asthma	
Back problems	Pain in Back
Blood Disorder	
Benign and Malignant tumours, cancers	
Burns, poisoning, frostbite, hypothermia	
Chest & Respiratory problems	Bronchitis, Pleurisy, Chest Infections, Shortness of Breath
Cold, Cough, Flu - Influenza	
Dental and oral problems	Tooth Extractions and Tooth Ache
Ear, Nose and Throat (ENT)	
Endocrine / glandular problems	
Eye problems	
Gastro-Intestinal	Diarrhoea, Gastroenteritis, food Poisoning, Stomach Bug
Genitourinary & gynecological disorders	Prolapse, Dysmenorrhea, Menorrhagia, Fibroids, Hysterectomy
Headache/Migraine	Photophobia, Nausea / Vomiting, Vertigo
Heart, Cardiac & Circulatory	
Infectious diseases	Measles, Chicken Pox, (Varicella) Rubella, Meningitis, ME, Shingles
Injury, fracture	
Nervous system disorders	
Other known causes – not elsewhere specified	
Other Musculoskeletal problems	Pain in shoulder, neck, joints, hands, wrists, sciatica, arthritis, rheumatism, polymyalgia = PMR (If connected to Musculoskeletal complaints), Sprained Ankles, Torn Ligaments, Broken Bones, Plantar Fasciitis
Pregnancy Related disorders	Morning Sickness, Hyperemesis, Pre-Eclampsia, Back Pain, Threatened Miscarriage/Abortion
Skin disorders	Eczema, Dermatitis, psoriasis, Rash, Latex Allergy or any other Skin Problems
Substance abuse Misuse	Drug Abuse/ Alcohol Related Problems
Unknown causes / not specified	

ANNEX H

Summary of Benefits and Allowance

NHS Injury Allowance

The NHS injury allowance provides support for staff who sustain an injury, disease or other health condition which is attributable to their employment.

The NHS injury allowance scheme was introduced on 31 March 2013 following a NHS Staff Council partnership review of the NHS injury benefit scheme.

NHS staff who are injured or become ill due to their employment may be entitled to financial assistance if their pay is reduced as a result of their health problems.

Injury allowance is a payment made by NHS employers to eligible staff that tops up sick pay, or earnings when on a phased return to work, to 85 per cent of pay.

Injury allowance is payable when an employee is on authorised sickness absence, or on a phased return to work, with reduced pay or no pay due to an injury, disease or other health condition that is wholly or mainly attributable to their NHS employment.

Employers are responsible for the administration and determining entitlement for injury allowance.

Payment of injury allowance is not dependent on length of service. This means that all staff are covered from their first day of employment.

Injury allowance is payable for a period of up to 12 months per episode, subject to local absence management, return to work and rehabilitation policies.

The intention is for the injury allowance to be a flexible payment that supports staff when they are off sick and on return to work. As such it can be paid for a maximum of 12 months per episode, for example, during sickness absence on reduced or no pay and during any agreed phased return to work after pay has been reduced, with an episode remaining linked to the original injury.

Where an injury is exacerbated by a further injury or incident at work (which may not on its own have led to a period of sickness absence) then a new episode may commence.

Disputes relating to eligibility or payment of **injury allowance** should be handled under the Trust's grievance procedure.

As per NHS Terms and Conditions of Service, eligible employees who have to change jobs permanently to a position on lower pay due to a work related injury, illness and/or other health condition, will receive a period of protected pay that is the same as local provision for pay protection during organisational change.

More information about Injury Allowance and supporting guidance can be found on the NHS Employer's website at: www.nhsemployers.org.

ANNEX I

SHORT TERM SICKNESS ABSENCE INTERVIEW and RETURN TO WORK

1. Interviews will be conducted in private by the line/departmental manager and should include:
 - a. an explanation of the interview
 - b. offer of any available support/help
 - c. the reason for the absence/s
 - d. domestic considerations
 - e. previous record of sickness absence
 - f. whether there are any health hazards in the workplace environment
 - g. risks to the employee and to others
 - h. reminding the employee of the confidential advice which is available through the OHS
 - i. allow discussion of any other factors affecting the general attendance of the employee
2. If at the interview it becomes apparent that there may be an underlying health problem that is of a confidential nature, the employee should be referred to the OHS.
3. Training needs to be assessed.
4. A record of interviews should be made and placed on the employees file.
5. The employee shall be informed that a referral to the OHS may be required.
6. The employee must be advised that the OHS will respect the confidentiality of any information received, medical or otherwise.
7. Relevant Health & Safety at work issues.



RETURN TO WORK FORM

SECTION 1:

Name: _____ Base: _____ Date: _____

Post: _____ Date Absent from: _____ To: _____

Reason for absence (*unwell or sickness are not acceptable*)

SECTION 2: Questions for employee (*delete or tick as applicable*)

Is it a long standing condition? Y/N If yes, could it re-occur? Y/N If yes, refer to Occupational Health

Was it an accident at work? Y/N If yes, see below for action:

- Ensure remedial training has occurred in the last 6 months
- Ensure the untoward incident form has been completed
- Ensure the employee was referred to Occupational Health

SECTION 3: Sickness: Absence Record (*take from sickness report*)

Number of calendar days absence in last 12 months: _____

Number of episodes of absence in last 12 months: _____

Absence patterns emerging: _____

SECTION 4: ACTION

Tick below if employee has had:	Level of Sickness	Action to be taken by HR/Line Manager
	4 or more episodes within a rolling 12 month period	Attendance management meeting
	A particular pattern of sickness identified	Attendance management meeting
	More than 16 calendar days of absence in total within a rolling 12 month period	Attendance management meeting
	More than 4 weeks sickness (immediate referral for absences related to stress and musculoskeletal injury)	Refer to OH
	An illness for which they need further support	Refer to OH Remedial Masseuse
	None of the above	No further action

SECTION 5:

I understand that to knowingly give false information may render me liable for Disciplinary/Fraud Action

Signed Employee: _____

Print Name: _____ Date: _____

Signed Manager: _____

Print Name: _____ Date: _____

See the Return to Work Checklist for further action and information on reverse of this form

Section 6:

Additonal Comments:

RETURN TO WORK CHECKLIST

It is good management practice to ensure that the employee is deemed fit to return to work. Therefore all employees must be seen on their return to work, irrespective of the time and duration of the sickness. In most circumstances this will simply be for welfare purposes and to ensure the employee is fit to return to work. Employees may request staff representation at this meeting however there will be no delays to the meeting should a staff representative not be available.

The reason for the employee's non-attendance at work.

Discuss the employee's general health ie are they well – has work impacted on their health?

Do you have copies of all self-certification forms and medical certificates?

Is there a pattern in the absence that may highlight a problem?

Is there an underlying medical problem?

Could this problem affect their ability to carry out their job?

Is a phased return to work required? If so the employee must be referred to Occupational Health.

Do they need referral to any other agency? ie counselling.

Do you require advice from the HR Department?

Please ensure that the environment for the above meeting is appropriate and that the meeting is carried out sensitively

ANNEX J

MANAGEMENT OF SICKNESS ABSENCE INCLUDING LONG TERM SICKNESS ABSENCE INTERVIEW

1. Interviews may be conducted throughout a period of long term sickness.
2. Interviews will be conducted in private by the line/departmental manager and/or Human Resources staff and Staff Representatives if required, and should include:
 - a. explanation of the interview
 - b. offer of any available help/support
 - c. the reason for the absence
 - d. domestic considerations
 - e. previous record of sickness absence
 - f. whether there are any health hazards in the workplace environment
 - g. risks to the employee and to others
 - h. reminding the employee of the confidential advice which is available through the OHS
 - i. allow discussion of any other factors affecting the general attendance of the employee
3. The operational implications of the absence should be discussed with the employee and their representative.
4. The possible duration of the absence.
5. The capability of returning to full duties.
6. Rehabilitation and re-deployment options.
7. Relevant Health & Safety at work issues should be discussed.

ANNEX K

Equality Act 2010

This Annex is a brief overview of the Equality Act 2010 which must be considered when managing absence whether it be short- or long-term.

Overview

The Trust is legally required under the Equality Act 2010 to make reasonable adjustments to enable its employees to continue working should they be/become disabled. It is also required to make sure the individual is not disadvantaged at work because of their disability.

A disabled person is defined in the Act as:

'if you have a a physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities'.

Questions to consider

Each element of this definition should be separately considered in the following stages. Consider these questions when discussing with the employee:

1. Is there a physical or mental impairment?
2. Does the impairment have an effect on the worker's ability to carry out normal daily-activities? Is the effect substantial?
3. Is the substantial effect long-term?

Impairments & effects

It is not possible to list a range of conditions covered by the Act, e.g. arthritis, diabetes, depression, back impairment. Each employee's case will depend on the effects of the impairment and their severity. This is because every individual experiences his/her disability very differently. It is crucial not to make generalisations. Some people will experience little effect on their day-to-day activities and will manage at work quite easily. Others will have severe effects. It is therefore essential to listen to what the employee says about the daily effects of his/her disability, and let him/her identify the difficulties s/he has at work.

Discrimination and making reasonable adjustments

Discrimination means treating someone less favorably without any justification and the Act requires that employers make reasonable adjustments if that will then remove the reason for the unfavorable treatment. Basically this means employers must take reasonable steps, e.g. to adjust hours or duties, buy or modify equipment or allow time off, so that the worker can carry out his/her job.

Compulsory training, at least of supervisors and managers, would surely be a reasonable adjustment in certain circumstances.

Where an employee becomes so disabled that s/he is no longer able to do his/her job at all, a reasonable adjustment may be to move him/her to another job, even at a slightly higher grade, without competitive interview.

The employer only needs to make reasonable adjustment if s/he knows or can reasonably be expected to know that:

1. The worker is disabled
2. The worker is likely to be at a substantial disadvantage as a result.

Eligibility & when to discuss disability

A disability discrimination case can be brought by existing employees, job applicants, workers employed on a contract personally to execute any work, apprentices and contract workers, e.g. agency workers or those working for contracted-out services. There is no minimum qualifying service or hours required for a worker to make a claim. This is why job applicants need to be asked before interview if they require any reasonable adjustments to enable them to attend the interview.

The Act not only covers disabled people who may join the Trust, but also people who become disabled during the course of their employment. For example, once they return to work after a period of long-term absence following an industrial incident. It is vital that the Trust discusses with its employees what their needs really are and what effect, if any, the disability may have on future work with the organisation. This includes discussing the need to be absent during working or training hours for rehabilitation, assessment or treatment. An appropriate time for this discussion would be during the return to work interview or absence management review.

Funding towards making reasonable adjustments

The Access to Work programme is administered through Jobcentre Plus and may provide grants towards the cost of various adjustments. More information about this programme can be found by calling your local Job Centre Plus or at: <https://www.gov.uk/access-to-work>.

Medical Evidence of a disability

Medical evidence may be obtained from one or more of the worker's GP, Physiotherapist, counsellor or consultant. It is almost always provided in the form of a written report. However it is important to consider that it is not for a doctor/OHS to give advice on the law and the meaning of concepts in the definition of disability such as "substantial" and "daily activity". What a doctor/OH Professional can do, for example, is comment on the ease or otherwise with which the worker carries out daily activities. It is worth noting, however, that disability does not necessarily affect someone's health, so

insisting on a medical report purely on the basis of the disability may be unlawful discrimination.

Further reading/ References:

ACAS. The Equality Act 2010

<http://www.acas.org.uk/index.aspx?articleid=3017>

ANNEX L

TERMINATION OF CONTRACT DUE TO INCAPACITY

The Trust wishes to support staff to attend work to meet their contractual obligations, but as an organisation delivering an emergency public service, the Trust needs to robustly manage attendance at work in order to maximise the resourcing levels to meet patient demand.

Prior to an Annex L meeting taking place, an attendance review meeting should be convened. The meeting is of a welfare nature to discuss an appropriate way of moving forward to assist the employee to maintain and sustain regular attendance at work and if any further supportive measures were required.

The employee should be advised that their attendance record is unsatisfactory and of concern to the Trust.

They will be given the opportunity to demonstrate that they can maintain and sustain regular attendance at work. Should this not be achieved an Annex L meeting should be arranged.

They should be informed that their attendance will be monitored going forward and should there be another episode, then a further meeting may be convened under Annex L of the Trust sickness absence policy. A balanced approach will be taken in determining whether a further meeting is required.

The Annex L process is intended for situations where the Trust believes the employee's contract of employment should be terminated on the grounds of their incapacity and/or inability to fulfil their contract of employment.

Examples include;

- Moving in and out of stages
- Concerning levels of sickness absence
- General patterns of sickness absence

Annex L should only be used where all other efforts to manage an employees attendance have not been successful and their absence level remains unsatisfactory.

Before an annex L meeting is convened managers should consider the reason and nature of the absences that have occurred to ensure this meeting is appropriate in the circumstances.

1. The termination of a contract of employment should only be considered where all alternatives, as set out in this policy have been exhausted including consideration of the Equality Act 2010.

2. **Key employer responsibilities;** employers are expected to:

- communicate appropriately with absent staff
- provide support and advice through the use of occupational health services where appropriate
- develop reporting arrangements, recognising that high levels of sickness absence are a financial risk to the organisation
- have appropriate management systems in place to collect good quality data on sickness absence
- in partnership with Trade Union representatives, regularly monitor and review arrangements to identify where and how policies can be improved.

3. **Key employee responsibilities;** employees are expected to:

- ensure regular attendance at work
- communicate appropriately with their employer when absent from work
- co-operate fully in the use of the locally agreed sickness absence procedures.

4. Where a decision on the appropriate way forward is made i.e. return to substantive employment or redeployment or termination of contract. It is assumed that as part of this process, that reasonable adjustments have been considered. Regular reviews should be carried out to assess and monitor staff when they are off sick, and determine what action is needed at each stage. Where a member of staff is unlikely to return to work this would culminate in a final review. Medical evidence should be made available to support the review process and occupational health advice should be sought on the likelihood of:

- the prospects of a likely return to the previous employment with or without adjustments
- a phased return with or without a need for adjustments
- redeployment
- a successful ill health retirement application.

5. In order to avoid premature and unnecessary ill health retirements employers should also consider the following interventions as early as is practically possible and at the latest within one month of an employee going sick:

- rehabilitation – identifying appropriate ways of supporting staff to remain in work or return to work at the earliest opportunity, through intervention with appropriate treatment.
- phased return - enabling staff to work towards fulfilling all their duties and responsibilities within a defined and appropriate time period, through interim flexible working arrangements, whilst receiving their normal pay

- redeployment - enabling the retention of staff unable to do their own job through ill health or injury as an alternative to ill health retirement or termination. Staff should be made aware of the provisions within the NHS Pension scheme to assist this process through “step down and wind down” arrangements
- sick pay entitlements – review and decision dates should be determined taking account of the individual's sick pay entitlements and there should be a review before their sick pay ends.
- occupational health support – Occupational health services have a responsibility to provide advice and support to both the individual and the employer. Line managers should seek advice on long term sickness cases from their occupational health service as early as reasonably practical.
- an employment break

6. Where termination of the contract of employment on the grounds of incapacity is considered, all reasonable efforts should be made to obtain appropriate medical evidence via the occupational health service, including occupational health advice on the likely outcome of a successful ill health retirement application. Before a decision to terminate is made all other options should meaningfully be considered, including:

- rehabilitation;
- phased return;
- a return to work with or without adjustments;
- redeployment with or without adjustments.

7. Any member of staff against whom the decision to dismiss has been taken, has the right of appeal. An employee who wishes to lodge an appeal against the action should inform the Director of Workforce and Organisational Development within 14 days of receiving written notification of the action. Any appeal must be in writing and should make clear whether the member of staff is appealing against the finding that they are deemed unable to fulfil their contractual obligations. Any further related evidence may also be submitted. The Human Resources department will then make any arrangements for the review of the decision.

Annex M

Frequently Asked Questions (FAQ)

Q. Explanation of rolling 12 months how it works?

A. 12 months back from the first day of absence. For example:

Today's date is 1 October 2010. Absence history is:

<i>10 December 2009</i>	<i>– 5 days absence</i>
<i>1 March 2010</i>	<i>– 1 day absence</i>
<i>26 July – 31 August 10</i>	<i>– 37 days absence</i>

Looking back over twelve months we would be looking at the period 2 October 2009 to 1 October 2010. In the above example there has been 3 incidents totaling 43 days. At the end of December 2010 this will have reduced to 2 absences of 38 days in total (assuming no further sickness has occurred).

Q. What happens when there are no more absences following the review period of 5 months?

A. If no absences have occurred during the 5 month review period the status of Stage 1, 2 or 3 will cease to operate. However if recurrent pattern of expired Stages 1, 2 or 3 is identified this will be dealt with via the Sickness Absence Management Policy as identified patterns relating to sickness absence.

Q. What is my sick pay entitlement?

A. As per Agenda for Change Terms and Conditions Handbook. This is subject to update. Current entitlement is given below:

During first year of service - One month's full pay and (after completing four months service) – two months' half pay

During second year of service - Two months' full pay and two months' half pay

During third year of service - Four months' full pay and four months' half pay

During fourth and fifth years - Five months' full pay and five months' of service half pay

After completing five years' service - Six months' full pay and six months' half pay

Q. Are 'part days/shifts' counted?

A. Sickness on part days or shifts is not counted for purposes of trigger points under the Sickness Absence Management Policy. All sickness, including part days or shifts, is, however, recorded on GRS.

Q. Use of discretion by Managers?

A. Managers will in the first instance discuss the use of discretion. However consideration should be given to obtaining HR advice.

Q. What are the review periods?

A. Managers are advised to follow the Sickness Absence Management Policy and not use the review periods from their former legacy policies, e.g. 3 months. The new Policy states 5 months for a review period and therefore 5 months should be given.

Q. Does a review period have to be given?

A. No, each situation is considered individually and one of the options provided for in the Policy is '(a) no action to be taken'; therefore it will not always be the case that a review period will be given.

Q. If there is a delay in holding a Return to Work meeting or making contact on return to work, does this mean that a meeting under the Sickness Policy will not take place?

A. A delay in holding a Return to Work meeting, or making contact, does not affect the requirement to hold a meeting under the Sickness Absence Policy if the trigger points have been reached. Please see section 4.10 for consideration of any instances which are related to industrial injury (including assaults) or planned operations.

Q. What medical standards does the Trust adopt?

A. Standards for operational posts are determined against the DVLA Group 2 Medical Standards.