Sickness Absence Policy

<table>
<thead>
<tr>
<th>DOCUMENT CONTROL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Version:</td>
</tr>
<tr>
<td>Ratified by:</td>
</tr>
<tr>
<td>Date ratified:</td>
</tr>
<tr>
<td>Name of originator/author:</td>
</tr>
<tr>
<td>Name of responsible committee/individual:</td>
</tr>
<tr>
<td>Date issued:</td>
</tr>
<tr>
<td>Review date:</td>
</tr>
<tr>
<td>Target Audience</td>
</tr>
<tr>
<td>Section</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
</tr>
<tr>
<td>2. PURPOSE</td>
</tr>
<tr>
<td>3. SCOPE</td>
</tr>
<tr>
<td>4. RESPONSIBILITIES/ACCOUNTABILITIES AND DUTIES</td>
</tr>
<tr>
<td>4.1 Board of Directors</td>
</tr>
<tr>
<td>4.2 Lead Director</td>
</tr>
<tr>
<td>4.3 Line Managers</td>
</tr>
<tr>
<td>4.4 Individual Employees</td>
</tr>
<tr>
<td>4.5 Human Resources</td>
</tr>
<tr>
<td>4.6 Occupational Health Service</td>
</tr>
<tr>
<td>4.7 Staff Side Representatives</td>
</tr>
<tr>
<td>5. PROCEDURE / IMPLEMENTATION</td>
</tr>
<tr>
<td>5.1 General Principles</td>
</tr>
<tr>
<td>5.1.1 Organisational Overview of Sickness Absence</td>
</tr>
<tr>
<td>5.1.2 Analysing Sickness Absence Data</td>
</tr>
<tr>
<td>5.1.3 Probationary Contracts</td>
</tr>
<tr>
<td>5.2 General Sickness Absence Procedure</td>
</tr>
<tr>
<td>5.2.1 Reporting Procedure</td>
</tr>
<tr>
<td>5.2.2 Staff who are ill whilst at work</td>
</tr>
<tr>
<td>5.2.3 Suspension on Medical Grounds</td>
</tr>
<tr>
<td>5.2.4 Infection Control Issues</td>
</tr>
<tr>
<td>5.2.5 Self-Certification</td>
</tr>
<tr>
<td>5.2.6 Fit Note/Medical Certification</td>
</tr>
<tr>
<td>5.2.7 Recording Procedure</td>
</tr>
<tr>
<td>5.2.8 Accidents at Work</td>
</tr>
<tr>
<td>5.2.9 Support Mechanisms</td>
</tr>
<tr>
<td>5.2.10 Rose of Occupational Health</td>
</tr>
<tr>
<td>5.2.11 Case Conferences</td>
</tr>
<tr>
<td>5.2.12 Sickness whilst on annual leave</td>
</tr>
<tr>
<td>5.2.13 Bereavement/Special Leave</td>
</tr>
<tr>
<td>5.2.14 Transsexual employees</td>
</tr>
<tr>
<td>5.2.15 Pregnancy related absence</td>
</tr>
<tr>
<td>5.2.16 Sickness Whilst Suspended from Duty</td>
</tr>
<tr>
<td>5.2.17 Working whilst Sick</td>
</tr>
<tr>
<td>5.2.18 Sick Pay Entitlements</td>
</tr>
<tr>
<td>5.2.19 Reinstatement of Sick Pay</td>
</tr>
<tr>
<td>5.3 Types of Sickness Absence</td>
</tr>
<tr>
<td>5.3.1 Short Term/Intermittent Period of Absence</td>
</tr>
<tr>
<td>5.3.2 Continuing Periods of Absences/Long Term Absences</td>
</tr>
<tr>
<td>5.3.3 Disability-related Sickness absence</td>
</tr>
<tr>
<td>5.3.4 Disability Leave</td>
</tr>
<tr>
<td>5.3.5 Absence due to Work related Stress</td>
</tr>
<tr>
<td>5.3.6 Pregnancy Related Sickness Absence</td>
</tr>
<tr>
<td>5.3.7 Time off for treatments not defined as incapacity</td>
</tr>
<tr>
<td>5.3.8 Medical Appointments Procedure</td>
</tr>
<tr>
<td>5.4 Sickness Management Procedure</td>
</tr>
<tr>
<td>5.4.1 Formal Sickness Management Procedure for accredited staffside representatives</td>
</tr>
<tr>
<td>5.4.2 Trigger Points</td>
</tr>
<tr>
<td>5.4.3 Return to Work Meeting</td>
</tr>
<tr>
<td>Section</td>
</tr>
<tr>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>5.4.4 Monitoring Stage</td>
</tr>
<tr>
<td>5.5 Management of Short Term Sickness Absence</td>
</tr>
<tr>
<td>5.5.1 Hearing Stages</td>
</tr>
<tr>
<td>5.5.2 Time Limits</td>
</tr>
<tr>
<td>5.5.3 Right of Appeal</td>
</tr>
<tr>
<td>5.6 Management of Long Term Sickness Absence</td>
</tr>
<tr>
<td>5.6.1 Keeping in Touch</td>
</tr>
<tr>
<td>5.6.2 Annual Leave during periods of sickness absence</td>
</tr>
<tr>
<td>5.6.3 Long Term Sickness Review Meeting</td>
</tr>
<tr>
<td>5.6.4 Phased Returns</td>
</tr>
<tr>
<td>5.6.5 Workplace adjustments</td>
</tr>
<tr>
<td>5.6.6 Long Term Sickness Final Review Meeting</td>
</tr>
<tr>
<td>5.6.6.1 Termination on the Grounds of ill health/capability</td>
</tr>
<tr>
<td>5.6.6.2 Termination</td>
</tr>
<tr>
<td>5.6.6.3 Right of Appeal</td>
</tr>
<tr>
<td>5.7 Further Guidance</td>
</tr>
<tr>
<td>6. TRAINING IMPLICATIONS</td>
</tr>
<tr>
<td>7. MONITORING ARRANGEMENTS</td>
</tr>
<tr>
<td>8. EQUALITY IMPACT ASSESSMENT SCREENING</td>
</tr>
<tr>
<td>8.1 Privacy, Dignity and Respect</td>
</tr>
<tr>
<td>8.2 Mental Capacity Act</td>
</tr>
<tr>
<td>9. LINKS TO ANY ASSOCIATED DOCUMENTS</td>
</tr>
<tr>
<td>10. REFERENCES</td>
</tr>
<tr>
<td>11. APPENDICES</td>
</tr>
<tr>
<td>Appendix A Example Sickness Absence Notification Procedure Guidance for Staff.</td>
</tr>
<tr>
<td>Appendix B Occupational Health Services</td>
</tr>
<tr>
<td>Appendix C Sick Absence Notification and Short-Term Keeping in Touch Form</td>
</tr>
<tr>
<td>Appendix D Long-Term Sickness Absence Review Meeting Form</td>
</tr>
<tr>
<td>Appendix E Return to Work Meeting and Self Certification Form</td>
</tr>
<tr>
<td>Appendix F Short-Term Sickness Management Procedure (Flow Chart)</td>
</tr>
<tr>
<td>Appendix G Long-Term Sickness Management Procedure (Flow Chart)</td>
</tr>
<tr>
<td>Appendix H Bradford Factor</td>
</tr>
<tr>
<td>Appendix i Sickness Absence Monitoring Review Meeting Form</td>
</tr>
<tr>
<td>Appendix J Letter Templates:</td>
</tr>
<tr>
<td>Appendix JA Outcome Letter and Placed on Monitoring</td>
</tr>
<tr>
<td>Appendix JB Informal Sickness Review Meeting – 3/6/9/12 months review</td>
</tr>
<tr>
<td>Appendix JC Review Meeting Outcome Letter – not exceeded triggers</td>
</tr>
<tr>
<td>Appendix JD Review Meeting Outcome Letter following Monitoring – triggers breached, invite to Sickness Hearing</td>
</tr>
<tr>
<td>Appendix JE Sickness Hearing Outcome letter</td>
</tr>
<tr>
<td>Appendix JF Invite to Long-Term Sickness Review Meeting</td>
</tr>
</tbody>
</table>
1. INTRODUCTION

The Trust aims to ensure that employees who work for Rotherham Doncaster and South Humber NHS Foundation Trust are able to make the most effective contribution, individually and collectively, providing quality services to benefit our clients, patients and service users.

The Trust strives to improve the quality of working life for staff through the promotion and support of employee health and well-being. Managing sickness absence and improving sickness absence rates is an indicator of creating both a healthier and more efficient workplace.

The Trust is also committed to providing cost efficient services to the communities it serves. Employee sickness absence is a significant cost to the trust, via both direct and indirect costs.

2. PURPOSE

The purpose of this policy is to ensure a fair and consistent approach to the management of sickness absence across the Trust, ensuring that the following aims are met:

- the promotion of employees’ health, safety and welfare
- the efficient use of resource
- the identification of changes necessary in working practices or environment
- the compliance of the Trust with relevant employment legislation e.g. Equality Act 2010
- to achieve the targets for sickness absence reduction set by the Trust

It also aims to enable managers to deal effectively with challenges associated with managing sickness absence amongst individual staff within their area. It sets out the process to follow when staff hit the locally agreed trigger points for sickness absence. The focus should be on rehabilitation and aiding the transition back to work.

3. SCOPE

This policy/procedure applies to all employees of the Trust and should be considered in conjunction with the; Healthy Workplaces: Staff Support and Stress at Work Policy. Reference should also be made to the Agenda for Change Terms and Conditions of Service Handbook. For medical staff, in the event of a conflict with this policy, the current relevant provisions of the doctor’s contract, terms and conditions of service and Maintaining High Professional Standards in the Modern NHS will take precedence.

This policy is specific to the management of sickness absence and neither the Trust Disciplinary Policy, nor the Management of Performance (Capability) Policy and Procedure for Managing Poor Performance should be used where there is a requirement only to manage sickness absence. This
policy will always be used in such circumstances. However, the scope of this policy does not extend to addressing concerns regarding the validity of an employee’s sickness absence.

The policy applies in respect of genuine sickness and the Trust’s starting point is that all sickness absence is genuine. The Trust’s Disciplinary Policy may be invoked where it is alleged that an employee makes:

- False claims under the sickness procedure or information is found to be false
- Persistent failure to meet notification requirements as detailed in this policy
- Failure to attend medical examination/occupational health appointments may be treated as failure to comply with a reasonable management instruction
- Persistent non-compliance to this policy.
- Any claims identified as being potentially fraudulent will be referred to the Counter Fraud Specialist which may result in both a criminal investigation and disciplinary investigation.

In serious cases this could result in action being taken up to and including dismissal.

Absences due to Special Leave or Inclement Weather are not covered by this policy, as separate policies exist for these purposes.

4. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

4.1 Board of Directors

The Board of Directors are accountable for the overall wellbeing of employees of the Trust whilst at work.

It is the duty of the Board of Directors to obtain assurances from the Corporate Directorates/Care Groups that this policy is being implemented appropriately in order to balance the needs of the employees with the needs of the Trust and its services.

4.2 Lead Director

The Director of Workforce and Organisational Development has responsibility for the implementation of this policy and coordination of an appropriate communication/training strategy, together with ensuring that appropriate monitoring arrangements are in place.

4.3 Line Managers

It is the responsibility of the line manager/to;
• Develop a relationship of mutual trust and respect with an employee that enables open discussions and support in relation to sickness absence and its causes.
• To agree the sickness absence notification for the department in accordance with Section 5.2.1
• Provide assurance to the Trust/Board of Directors that managers are effectively implementing this policy
• Make employees aware of the importance of good attendance and the impact of absence on productivity, colleague motivation and service user or patient care.
• Recognise excellent individual attendance via the Personal Development Review
• Recognise situations at an early stage which may lead to health problems and undertake risk assessments so that a safe and conducive working environment is maintained in accordance with the requirements of the Trust’s Health and Safety Policy Statement. [Reference should be made to the Risk Assessment processes set out in the Trust’s Health and Safety Policy Statement and in the Healthy Workplaces: Staff Support and Stress at Work Policy]
• Update ESR/Health Roster on the first day and last day of sickness absence, ensuring all information is provided. Any updated information, such as a change to the absence reason should be recorded in a timely manner. Only one absence reason per episode can be recorded in ESR, therefore the primary reason should be recorded and the other reasons and dates recorded in the comments box on ESR.
• Ensure that employees are aware of the notification procedure when reporting sickness and the possible consequences of not following the procedure.
• Ensuring each employee is seen as soon as he or she returns to work from each period of sickness absence for a return to work meeting
• Ensure that appropriate action/documentation, i.e. return to work meeting/form, is completed and that appropriate information is electronically recorded on all relevant systems.
• As a minimum, unless there are exceptional circumstances, meet at a mutually agreed location with staff and a HR representative who are on long-term sickness every 4 to 6 weeks.
• Provide support and advice through the use of Occupational Health Services where appropriate
• Analyse on a regular basis reasons for absence which could be symptomatic of underlying causes within their area
• Subject to their delegated authority to take the appropriate action set out in the procedure which follows to manage their concerns about the sickness absence levels of their staff
• Be aware of the support mechanisms which are available for employees, as detailed in Section 5.2.9 and how to access the support mechanisms timely.
• To make every effort to consider any reasonable adjustments to an employees working environment/duties and responsibilities and to find suitable alternative employment or to provide reasonable retraining
opportunities wherever possible where an employee, due to health reasons, is prevented from carrying out their duties and responsibilities of their post which they were undertaking immediately prior to the sickness absence commencing.

- Ensure that employees are made aware that misrepresentation of sickness absence (including the production of self-certification and medical certificates) may be considered as fraud and ensure employees are aware of Counter Fraud Bribery and Corruption Policy and services which could result in disciplinary action including dismissal. Criminal and civil proceedings may also be pursued against individuals found to have committed fraud.
- Attend the Management of Sickness Absence Workshop/HR Policy Development Workshops and keep up to date with policy developments
- Make appropriate arrangements for covering the absence of employees, where required and possible.
- Manage unauthorised absences where an employee fails to act in accordance with the policy and procedure

4.4 Individual Employees

It is the responsibility of each employee to;

- Co-operate fully with Trust policies and procedures in managing sickness absence
- Follow the sickness absence notification procedure
- Ensure that they make every effort to maintain their health and regular attendance at work
- Communicate appropriately with their manager when absent from work
- Identify any work related issues which may impact adversely on their health
- Be mindful of the possible impact their absence has on their work colleagues.
- Engage in any Occupational Health Appointments/Services which are recommended. To engage in the services which are recommended by Occupational Health is only relevant where the employee is not currently accessing the services through alternative routes. This does not apply to the Occupational Health Appointments as employees are expected to attend all Occupational Health appointments.
- Responsibility to attend meetings arranged under this Policy and provide Fit Notes in a timely manner
- Inform their manager if they are not able to be contacted at any point during a period of sickness absence
- Not conduct themselves in a manner which is inconsistent with the stated illness or injury or take part in activities which may delay recovery or exacerbate their medical condition. In this situation advice may be sought from Occupational Health.
- Seek their managers permission if they intend to undertake any other work during the sickness absence (this includes self-employed work).
- Ask the manager if they are unsure about any aspect of this policy
4.5 Human Resources

It is the responsibility of the Human Resources Department to;

- monitor and report on sickness absence levels to Corporate Directorates/Care Groups and through senior management meetings.
- support and advise managers in the application of this policy, ensuring consistency is applied.

4.6. Occupational Health Service

It is the responsibility of the Occupational Health Service through the commercial contractual arrangements to;

- advise line managers on the health and wellbeing of individual employees referred to the Occupational Health Service and in particular the impact of the employee’s ill health on their ability to undertake the duties and responsibilities within their role.
- advise on any adaptations/adjustments that managers need to consider to facilitate an employee’s return to work following absence due to ill health.

4.7 Staff Side Representatives

It is the responsibility of staff side representatives

- To highlight any mutually beneficial improvements to this policy and associated policy documentation to the attention of the Trust.
- To work in identifying and discussing practical solutions with the employee and manager to enable a return to work, wherever possible.
- Provide employees with advice and guidance on this policy.
- Provide representation at sickness absence meetings/hearings for employees who wish to be accompanied, where requested by the employee.

5 PROCEDURE/IMPLEMENTATION

5.1 General Principles

- The Trust will endeavour to maintain a healthy workplace and support all employees to attend work wherever possible.
- The Trust will act as a reasonable employer at all times in its dealings with employees who suffer illness or incapacity, whether temporary or permanent.
- All employees will be treated as individuals and their needs and individual circumstances taken into account, where relevant.
- The employee will be given reasonable opportunities to discuss the reasons relating to their sickness absence.
• The employee should be informed in advance of any monitoring to be initiated as a result of sickness absence. This should be confirmed in writing.
• The employee should be informed, in writing, in advance of any Sickness Hearing and the process that will be followed.
• A reasonable balance will be struck between the needs and expectations of the service for continuity of sickness and of the employee for due consideration to be given to his/her circumstances.

5.1.1 Organisational Overview of Sickness Absence

The HR Department will provide sickness absence information to the agreed Trust’s Governance meeting structure. This information is broken down to include the following:

- Corporate Directorates/Care Groups sickness absence figures
- Long and Short-term sickness absence for inpatient areas
- Reasons for absence

This information, which is provided monthly, enables the Trust to consider whether further measures need to be taken in the management of sickness absence Trust wide.

5.1.2 Analysing Sickness Absence Data

Sickness absence data is recorded on the Electronic Staff Record (ESR) system, and as well as the analysis as described in section 5.1.1, the Trust benchmarks their sickness absence figures against other similar organisations within the NHS.

5.1.3 Probationary Contracts

Employment contracts for all new starters to the Trust include the paragraph that confirms that the offer of employment is subject to a probationary period of six months.

During the probationary period the new employee is required to demonstrate capability/suitability for the position in which they are employed and as such should receive confirmation that their employment may be terminated if they do not reach the required standards. It should be noted that the definition of capability under employment legislation includes reference to health and competence.

Guidance on the management of probationary contracts is available on the Trust website under the HR policies section.
5.2 General Sickness Absence Procedure

5.2.1 Reporting Procedure

Managers should ensure that employees are made aware of the Sickness Absence Notification Procedure whether this is the example procedure as detailed in Appendix A or a local absence reporting procedure.

Where an employee is unable to attend for duty because of sickness, or any other unplanned reason, they must:

**Telephone** their department manager or designated deputy, to notify them of their absence before the start of their shift, as soon as the employee knows that they are not able to attend work, which must be no later than half an hour after the commencement of the shift.

*Individual arrangements will be agreed where the employee has the protected characteristic of disability to ensure that absence reporting procedure is suitable for individual needs.

The manager must communicate the agreed localised sickness absence reporting procedure if this differs from the suggested policy approach.

Messages must not be left with unauthorised persons. Text or email messages are not an acceptable form for the employee to advise their manager of an absence. In the event that this is the only form of timely contact due to the manager not being available a follow up telephone call should be made as soon as possible to confirm the message left.

Employees are required to give the following information:

- The nature of their illness
- The date on which they may expect to be fit to return
- During the first seven days, if the date of return is not known, they are required to telephone each day, unless agreed otherwise between the employee and their manager
- Confirm their contact details

Ensure that the appropriate certification documents are submitted on time. Failure to do so may result in loss of pay and would be a breach of this policy, which may lead to the Disciplinary Policy being invoked.

The Trust aims to understand any health condition and to obtain occupational health advice. Refusal to attend such examinations will result in the Trust making decisions without full information which could be detrimental to the employee and could be a breach of contractual terms of employment requiring the use of the Disciplinary Policy. Employees have a personal responsibility to comply with the above duties.

It is a contractual obligation for an employee to attend and participate in
meetings and Occupational Health Appointments/Sickness meetings in accordance with this policy and their terms and conditions of employment. Where employees consistently fail to attend without a justifiable reason, the steps outlined in this procedure will continue in their absence and disciplinary action may be considered.

It is the employee’s responsibility to notify their manager as soon as they are fit to return to work and prior to returning to duty following a period of sickness absence even if this is a non-working day for the employee but a working day for the department. This will ensure that the sickness episode is closed appropriately on the employee’s record.

5.2.2 Staff who are ill whilst at work

If an employee is taken ill whilst at work a discussion should take place between the employee and their manager to risk assess the situation, considering the risks to the employee, their colleagues, patients and the Trust. It may be concluded that the risk can be managed through a change/adjustment to the role. If not the employee should be advised to leave work and the next of kin may be contacted, where appropriate.

Where a significant risk is identified and the employee refuses to leave work the manager should contact HR for advice on medical suspension. (See section 5.2.3 below).

If an employee attends work but then leaves due to sickness, it will be recorded as a full days attendance and will not be counted as a sick day, although if it were to happen frequently it would need to be managed, monitored and form part of the sickness absence procedures (specifically a pattern which causes concern).

5.2.3 Suspension on Medical Grounds

It may be necessary to suspend an employee on medical grounds from work if:

- In the opinion of Occupational Health the employee is unfit for work, but is declaring themselves fit or is being declared fit by their own Medical Practitioner.
- Necessary aids or adaptations are not operating or in place.

Any exclusion of this type will be on full pay. A Service Manager/Head of Service, at a minimum of Band 8a has the authority to medically suspend and this will be reviewed regularly, at least monthly.

5.2.4 Infection Control Issues

See Infection Prevention and Control Manual/section of Clinical Policies e.g. Diarrhoea and Vomiting (Gastroenteritis) Procedure (Incorporating Norovirus and Clostridium Difficile).
N.B. Healthcare workers who do not have food handling duties, or who are not based in a clinical/patient accessible area may return to work once symptoms have stopped, but without the requirement to be symptom free for 48 hours. The decision to allow the employee to return to work is the manager’s responsibility and must be made following careful risk assessment to ensure the risk of cross infection is eliminated. Managers should be encouraged to explore alternative work to facilitate a return to work for staff in clinical/patient accessible areas.

5.2.5 Self-Certification

The first seven days of sickness absence can be self-certified. This is incorporated within the return to work meeting documentation. (Appendix E). This could either be Appendix E or a medical certificate to cover the self-certification period.

5.2.6 Fit Note/Medical-Certification

For absences exceeding seven days a medical certificate must be submitted immediately thereafter and, if the illness continues, subsequent certificates must be submitted immediately on the expiry of the previous one. Where this is not feasible the employee must notify the manager of the delay and the reason for the delay. The Trust should take a copy of the Fit Note/Medical Certification and the employee should retain the original.

There are occasions when employees might not be fully fit but may be well enough to return to full or modified duties before their medical certificate expires, where this applies employees are encouraged to seek their clinician’s advice. If an early return to work can be accommodated it must be with the agreement with the employee and the manager, consideration should also be given to agreement from Occupational Health. The employee does not need to go back to their GP first prior to returning to work.

The Trust reserves the right to take Occupational Health advice over the advice given by the Practitioner on the Fit Note where this is deemed reasonable. The Trust would endeavour to seek clarification as to why the discrepancy has arisen if necessary by gathering evidence about the employee’s health from other Medics/Healthcare professionals. If the employee does not comply with the Occupational Health advice then their conduct may be considered under the Disciplinary Policy.

The Fit Note either indicates that a person is not fit for work, or that they might be fit for some other work under certain circumstances. Using the Fit Note the Practitioner should also be able to suggest changes that would assist a return to work. Managers may need to undertake a risk assessment (which may or may not be a formal recorded risk assessment dependent upon the needs) to determine whether the suggested changes can be facilitated. If the suggested changes cannot be facilitated then the employee remains unfit for work.
In situations where an employee’s absence extends beyond eight days and is not covered by a medical certificate, the uncertified period of absence would be a breach of this policy. This may lead to the Disciplinary Policy being invoked and may be recorded as unauthorised unpaid leave. Where an employee encounters difficulty in obtaining a medical certificate, they should speak to their line manager as a matter of urgency.

5.2.7 Recording Procedure

The Trust has established procedures for recording absence and general monitoring of sickness absence. All absence from work due to short or long term sickness must be recorded. Absences such as maternity leave, carer leave or absence agreed under the special leave policy should not be recorded as sickness absence. Where absence has resulted from an accident at work, Managers should ensure that Pay Services are notified of this fact. The employee/manager should also complete an incident reporting form.

Employees have the right to confidentiality regarding illness/domestic or personal issues therefore considerable care should be given to the security of records. Those responsible for maintaining sickness records must ensure that absence records are held in a secure place.

Employees are required to share the details of their absence with their immediate line manager, however if the employee is unwilling and/or unable to discuss such circumstances with their immediate Line Manager, an opportunity must be given for the employee to discuss their concerns with another manager who may then seek Human Resources/Staff Side involvement.

Alternatively the employee can contact Human Resources to discuss their concerns. In exceptional circumstances, Human resources can initiate a referral to Occupational Health.

5.2.8 Accidents at Work/Ill health caused by work

Managers should be aware of the reporting requirements related to specific absences attributed to an accident at work. These are to be found within the Incident Reporting Procedure – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) located within the Trust Health, Safety and Security policies.

Any accident at work must be recorded on the appropriate system/form. (IR1).

Where there has been an accident at work the employee may, where appropriate, be referred to the Occupational Health service immediately.

Where absence results in a loss of pay following an accident at work, advice should be sought from the Human Resources Department concerning
eligibility to pursue an application under the NHS Injury Allowance.

Managers will review any accidents at work and discuss these with the employee at the Return to Work interview and confirm whether the absence directly associated with the accident from work is excluded from monitoring.

5.2.9 **Support Mechanisms**

The welfare of all employees is paramount to the Trust therefore a number of support mechanisms are available:

- Occupational Health Service
- Employee Assistance Programme (see Appendix B)
- Counselling Service*
- Back Care Advisor
- Back care risk assessment
- Fast Track Physiotherapy*
- Work place risk assessment
- Stress Audit questionnaire
- Pregnancy risk assessment

*To be accessed only when there is an identified and justifiable need for treatment sooner than can be accommodated by general NHS services.

The above are illustrative rather than exhaustive.

The Trust also provides the opportunity, jointly with Staff Side Representatives/Professional Organisation Representatives, in-house training opportunities to managers in relation to the management of sickness absence and also to all staff and managers in relation to Healthy Workplaces: Staff Support and Stress at Work Policy.

5.2.10 **Role of Occupational Health**

The Occupational Health Service provides support to the Trust and its employees by offering advice on ways to address occupational health problems. It is not expected to take on the management role but to provide an objective assessment from a clinical perspective of any situation brought to their attention. Employees may be referred by their manager where absence is frequent/short term, in order to identify any potential underlying health concerns or in cases of long-term ill health for advice on support and an anticipated date for return. In addition to advice from a GP, specialist occupational health advice is required by managers in order to facilitate effective support of employees under this policy. It is a condition of employment for all staff that they must engage in Occupational Health Services that are recommended.

A manager can refer an employee for an Occupational Health Assessment at any time associated with the Sickness Absence Policy. They may also
wish to consider undertaking a stress risk assessment at this time (dependent on the nature of the illness).

Occupational health appointments should be made in work time wherever possible, assuming that the employee is at work. If this isn’t feasible then this should be discussed between the employee and the line manager and an agreement reached on the time taken.

A referral should be submitted by a line manager when the short term definitions of sickness are triggered or after a period of two weeks sickness absence which is likely to trigger the long term sickness definition, or if deemed appropriate to support an employee and where a referral is made an employee is expected to attend.

Should an employee wish to be referred they should contact their Line Manager to action the referral. In exceptional circumstances Human Resources can action a referral. Again, in exceptional circumstances the employee may approach a Staff Side representative who may then approach the Manager or HR to discuss a possible referral.

The purpose of the referral is to obtain some/all of the following information:

- The nature of the employee illness/condition and how much longer the employee is likely to continue to be absent from work or require support
- What affect, if any, the illness has on the ability of the employee to do their job
- Whether there are any types of employment or activity which should be avoided
- Whether there are any risks which should be avoided
- Whether the employee can continue to work their normal hours
- The likelihood of a reoccurrence/being able to provide regular service in the future
- Whether the ill health condition is subject to the Equality Act 2010 and may require reasonable adjustments
- Provide Occupational Health consideration related to capability and ill health retirement options

If the absence is stress related or related to back pain/injury or a work place injury the employee must be referred to the Occupational Health Service immediately. Failure to attend an Occupational Health appointment or cancel the appointment in a timely manner may, in some circumstances, result in the employee being charged the cost of the appointment.

5.2.11 Case Conferences

For employees who have complex or difficult health issues, managers, Human Resources or Trade Unions/professional organisation representatives can request a case conference involving the Occupational Health service, Human Resources, Trade Unions/Professional Organisations and particular specialists if applicable.
5.2.12 Sickness whilst on Annual Leave

If an employee is ill whilst on annual leave, in order to reclaim the annual leave which has not been taken as a result of their illness/sickness, the employee must follow the sickness absence notification procedures as detailed in Section 5.2.1 and to produce a self-certification/medical certificate to cover the days of illness, irrespective of the length of the absence. The cost of any certificate will be borne by the employee.

This period of sickness absence will be considered as part of the employees overall sickness absence record and may result in a trigger point/hearing being enacted.

In accordance with Agenda for Change Terms and Conditions, employees will not be entitled to an additional day off if they are absent due to sickness on a General Public Holidays/Bank Holiday that they would otherwise have been required to work as part of their basic week.

5.2.13 Bereavement/Special Leave

An employee can apply for any other leave in accordance with the Trust's policies and procedures whilst in a period of sickness absence. Following a period of bereavement leave/special leave if the employee is unable to return to work due to sickness then the employee must follow the normal sickness absence reporting procedure as detailed in section 5.2.1.

5.2.14 Transsexual employees

Employees undergoing medical and/or surgical procedures related to gender reassignment may require some time off from work. Line Managers must allow employees paid time off work to undergo such procedures and it should not be counted towards an employee’s Bradford Factor or associated trigger points. Managers are reminded of the need for absolute confidentiality around an employee’s gender identity.

5.2.15 Pregnancy related absence

Pregnant employees who are off work because of pregnancy-related ill health must comply with the absence reporting procedure as detailed in Section 5.2.1. For example, a pregnant employee is subject to the usual notification and evidence requirements, and should be asked to attend a return-to-work interview when returning to work. However, any sickness absence of a pregnant employee for a pregnancy-related reason should not be taken into account if the need for formal action under this policy has been triggered.

If the manager is in any doubt as to whether or not a pregnant employee’s absence is related to her pregnancy, the manager should contact the Human Resources department for clarification.
5.2.16 Sickness whilst Suspended from Duty

If an employee remains or becomes ill during a period of suspension, and Occupational Health advise that they are not able to engage in any way with an investigatory procedure, sick pay will apply for the duration they are unable to participate in the investigation/disciplinary. The terms of the suspension should always be made clear in writing.

5.2.17 Working Whilst Sick

Whilst on sick leave an employee is indicating that they are not fit to undertake the role as an employee, either in full or as adjusted in line with the doctor’s Fit Note. As such they should not undertake any paid work elsewhere, including bank, agency work or self-employed, unless permission is given by their manager following advice from Human Resources.

5.2.18 Sick Pay Entitlements

Employees absent from work owing to illness will be entitled, subject to compliance with the absence reporting requirements contained within this policy, to receive sick pay in accordance with the scale below:

<table>
<thead>
<tr>
<th>Service</th>
<th>Entitlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>During first year</td>
<td>1 month full pay and 2 months half pay</td>
</tr>
<tr>
<td>During the second year</td>
<td>2 months full pay and 2 months half pay</td>
</tr>
<tr>
<td>During the third year</td>
<td>4 months full pay and 4 months half pay</td>
</tr>
<tr>
<td>During the fourth and fifth years</td>
<td>5 months full pay and 5 months half pay</td>
</tr>
<tr>
<td>After five years’ service</td>
<td>6 months full pay and 6 months half pay</td>
</tr>
</tbody>
</table>

The period during which sick pay is calculated for payment purposes and the rate at which it is paid is based on the periods of absence in the 12 months preceding the first day of the current absence.

For clarification on the definition of full pay see NHS Terms and Conditions of Service Handbook, Section 14 (14.4).

Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession, or where contributable negligence is proved.

An employee who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. In these circumstances the
Trust will advance to an employee a sum not exceeding the amount of sick pay payable under this scheme, providing the employee repays the full amount of sickness allowance to the Trust, when damages are received.

5.2.19 Reinstatement of Sick Pay

Sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 months of continuous sickness absence, in the following circumstances:

- employees with more than 5 years reckonable service:- sick pay will be reinstated if sick pay entitlement is exhausted before a final review meeting* for long term absence has taken place;

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

Reinstatement of sick pay should continue until the final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.

These arrangements will only apply where the failure to undertake the final review meeting is due to delay by the Trust. This provision will not apply where a review is delayed due to reasons other than those caused by the Trust.

* In certain circumstances where this is not possible due to the nature of the illness the manager must ensure that the appropriate dialogue/correspondence covers the issues a final review meeting would normally address.

If an employee does not comply with reporting and certification procedures appropriate deductions of pay will be considered.

5.3 Types of Sickness Absence

5.3.1 Short Term/Intermittent Periods of Absence

A short term absence is an absence of up to 28 calendar days for the employee in question.

5.3.2 Continuing Periods of Absences / Long Term absence

An absence of longer than 28 calendar days of the employee in question.

5.3.3 Disability-Related Sickness Absence

The definition of what constitutes a disability can be split into 4 parts:
• Does the employee have an impairment that is either physical or psychological?
• Does the impairment affect the employee’s ability to carry out normal day-to-day activities?
• Is the effect substantial?
• Is the adverse effect long term?

If a medical report identifies a disability, in accordance with the Equality Act 2010 there is a legal requirement to make reasonable adjustments, where possible. If an employee’s sickness absence is disability-related, the manager should contact the Human Resources Department/Occupational Health for specific advice.

5.3.4 Disability Leave

Many disabled employees may never, or only very rarely, need to take disability leave.

If an employee defines themselves as a disabled person, which is supported by Occupational Health advice, under the terms of the Equality Act 2010, there is a duty to make reasonable adjustments where appropriate. Disability leave is a form of a reasonable adjustment. The employee’s personal record on ESR should record the fact that they have a disability.

Disability leave should not be used as a replacement for sick leave; it is a preventative measure only. As a reasonable guide a maximum of 2 days (15 hours) pro rata for part time employees, can be requested by an employee in any leave year and should be monitored and recorded appropriately. Should the employee require additional time in excess of the 2 days (15 hours) pro rata then further advice should be sought from Occupational Health and Human Resources. It should be noted that this time can be taken in hours or in days, where appropriate and should also include travel time taken. Employees are required to provide evidence of such appointments to their manager.

Employees with on-going medical problems which may be defined as a disability under the Equality Act and require disability leave to attend their appointments, should discuss their requirements with their manager. If leave is authorised, the amount should be clearly stated and this should be recorded as Approved – Paid Leave on ESR.

5.3.5 Absence due to Work-Related Stress

Where an employee indicated that they are absent due to perceived stress related illness attributable to the workplace then the manager, following consultation with Human Resources, should arrange a referral to Occupational Health at the earliest possible stage in conjunction with a stress risk assessment.

The Trust recognises that work-related stress is a serious matter and wishes
to ensure that early, pro-active management interventions are made with the purpose of identifying and addressing the issues at hand and providing appropriate support to staff experiencing stress which is linked to their work.

5.3.6 Pregnancy-Related Sickness Absence

In cases of sickness absence related to pregnancy, further information is available in the Family Leave Policy (incorporating Maternity, Shared Parental Leave, Adoption, Paternity and Nursing Mothers).

When an employee has been absent due to pregnancy-related illness, please seek advice from the HR department.

5.3.7 Time off for treatments not defined as incapacity

Certain operable conditions such as infertility are not in themselves, defined as incapacity and therefore staff would not be automatically entitled to sick pay. This would also be the case for cosmetic procedures. However, if an employee, as a consequence of the operation or treatment are incapacitated for work, regardless of the original condition, sick pay would be payable.

Where appropriate, managers should look to support employees during the course of their treatment through discussions for example; alternative duties or leave requests to prevent unnecessary stress during the course of treatments. It may be necessary to refer the employee to the Flexible Working Policy.

5.3.8 Medical Appointments/Procedures

Unless an employee is rendered unfit for work, there is no right to paid time off to attend a medical appointment, unless they have a recognised disability as detailed in section 5.3.3 and 5.3.4. Managers should consider facilitating the appointment where it is urgent or would impact on the health of the employee. Appointments should be made at the beginning or end of a working day, where possible. Employees may wish to discuss flexible working arrangements with their manager to facilitate attendance at medical appointments.

5.4 Sickness Management Procedure

In dealing with attendance concerns, the Trust must ensure a consistent approach. In order to ensure this the following procedure should be applied for all employees. Trigger points have been set to determine at which point managerial action should be instigated.

To assist managers and their staff in understanding the procedure set out below, a flowchart is attached at Appendix F and G, Appendix F for short term sickness absence and Appendix G for long term sickness absence.
5.4.1 Formal Sickness management procedure for accredited staff side representatives

Although normal attendance standards apply to all accredited staff side representatives, no formal action should proceed against them until the circumstances of the case have been discussed with a full-time official of the union/professional organisation concerned with the individual’s consent.

5.4.2 Trigger Points

The following criteria represent a standard by which managers can recognise when it is appropriate to initiate a process with the employee to address the level and/or nature of his/her absence(s) and its effect upon the employee’s provision of continuous service. These standards are referred to as “trigger points” as they prompt the line manager to take the relevant action as detailed in this policy.

An employee will be deemed to have hit a trigger point if they have any one or more of the following:

- 3 episodes of absence during a continuous 4 month period
- 30 days continuous absence
- A Bradford Factor Score of 80 or above as calculated by ESR/E-Rostering
- Absence patterns that cause managerial concern, e.g. key holidays such as Christmas, School Breaks, arriving late/leaving early, part days sickness absence

5.4.3 Return to Work Meeting

Irrespective of the length of absence, a return to work meeting should be conducted either on the employee’s first day back at work or as soon as possible thereafter. The interview should be carried out sympathetically, in private and should be aimed at confirming the cause of the absence. It should also establish whether any support can prevent the type of absence from impacting upon the employee’s continuity of attendance and reviewing the impact of the employee’s absence on the trigger levels (Section 5.4.2). Relevant documentation should be completed. It should be noted that the documentation completed during a return to work meeting may form part of future absence management meetings and it is essential that information is recorded consistently and accurately.

Line managers or a designated person will undertake a Return to Work meeting with employees as soon as possible on their return to work and after each episode of sickness absence. In the event that the line manager is absent, another manager should conduct the meeting.
Should the return to work meeting be delayed then there is the facility to offer an initial telephone based return to work discussion to identify immediate support.

The Return to Work meeting is an opportunity to ascertain if there are any underlying problems and to also support a positive attendance culture. The information obtained at the Return to Work meeting must be recorded on Appendix E.

The purpose of the Return to Work meeting is to:

- Discuss the reasons for the employee’s absence (including any disability)
- Ensure that they are fully fit for work
- Follow up any serious problems, signpost to the Employee Assistance Programme if appropriate
- Take action where work issues contribute to the absence and identify any support mechanism required
- Review and discuss the employees sickness record
- Confirm whether any triggers have been reached

The return to work meeting should be performed in a suitable environment with full consideration given to confidentiality. The manager should ensure that the employee understands the purpose of the meeting and is encouraged to maintain future attendance through appropriate support and assistance. The meeting should neither be an inquisition nor a medical cross examination but should allow the employee to give an account of the reason for absence and questions may be asked about the health/medical condition to consider, for example, whether any reasonable adjustments are required.

5.4.4 Monitoring Stage

If, at the return to work meeting (see section 5.4.3) it is established that the employee has hit a trigger point, as detailed above, the appropriate manager should, at the earliest opportunity arrange to discuss this with the employee. Ideally this should take place as part of the return to work meeting.

The discussion during this meeting should include:

- The dates and reasons given for their absence/s
  - There should be a full discussion with the employee who should be given the opportunity to fully discuss the circumstances of their absence/s.
- Any underlying reasons for absence
  - E.g. Medical problem, domestic difficulties, problems with work or working relationships.
- Advice and discussion of possible options for employee:
  - Seeking advice from their General Practitioner.
  - Referral to Occupational health.
  - Referral to Physiotherapy / Counselling Services.
Temporary or permanent change to working arrangements. Consideration should be given as to whether reasonable adjustments under the Equality Act 2010 are appropriate and if they are not implemented then the rationale to support the decision must be provided in writing.

- Reassurance to the employee that the purpose of the meeting is to support them to attain the required levels of attendance. However employees should be made aware of the consequences of continued absence, for example:
  - Effect on the provision of service / pressure on work load of colleagues.
  - Lead to formal action, i.e. issue of sickness caution.
  - Potentially put their continuation of employment at risk.
- Confirm monitoring period and associated target to be put in place
  - Six months monitoring, commencing from date of return to work meeting with a review meeting after three months. An extended period of monitoring may be initiated, namely 12 months rather than 6 months where there is a pattern to the absence history/ monitoring/ sickness hearings.
  - Set new target not to hit a Bradford Factor Score of 10 or above
  - Agree a review meeting date.
- Confirm discussions in writing along with any actions to be taken.
  - Include copy of this procedure for their information.

In cases where the employee is absent from work due to leave (other than sick leave) e.g. maternity leave/shared maternity leave/career break/term time, which extends beyond 4 weeks, monitoring will be suspended and resumed when the employee returns to work. The monitoring period will resume for the same period as to which they have been absent for the leave. e.g. a 3 month career break, then the sickness absence monitoring would be extended by a further three month period.

If, it is identified at a Return to Work meeting that the employee has hit a Bradford Factor Score of 10 or above the manager should contact the Human Resources Department, in order to instigate the Hearing stage of the Procedure. (This may negate the need for a Review Meeting).

Absences relating to injury in the workplace or ill health caused by work (such as sharps injuries or an assault by a patient) should be excluded from indicators triggering formal action. In addition, any healthcare associated infections should not be used to trigger formal absence management procedures but may be considered when considering the sustainability of attendance. In accordance with Section 5.2.4 the manager should explore alternative duties for staff in clinical/patient accessible areas to facilitate a timely return to work interview.

Alternatively, if, during the first 3 months of the monitoring period the employee does not exceed the trigger point, the Review Meeting should be convened as planned and the employee should be informed that their
attendance will continue to be monitored for the remaining 3 months, under the same conditions as before.

If the monitoring has been extended to 12 months, then it would be reviewed every 3 months in accordance with the above protocol.

5.5 Management of Short Term Sickness Absence

5.5.1 Hearing Stage

As stated above, if, during the monitoring period, it is identified at a subsequent return to work meeting that the employee has exceeded the trigger point; a Sickness hearing should be arranged.

The formal sanctions/outcomes that could be considered during the Sickness Meeting are as follows:

- No further action
- Further period of 6 months monitoring
- First caution
- Second caution
- Final caution
- Dismissal.

The meeting should be chaired and conducted by a manager with the appropriate level of delegated authority (Delegated authority to deal with sickness meetings will mirror the Schedule of Delegated Authority to deal with Disciplinary Matters within the Disciplinary Policy) with the support of a Human Resources Representative. The employee should receive written notification about the meeting and their right to representation, normally providing seven calendar days’ notice. The employee’s absence history for the previous 12 month period should also be included with the letter. An example letter is provided at Appendix JD.

Employees will be advised, in writing, that where a scheduled Sickness Hearing is not convened due to the employee’s absence because of ill health, then any further absences will be considered at the Sickness Hearing. Should the employee have reached a further trigger during the period, then a higher level sickness caution may be considered at the Sickness Hearing. The monitoring period will be extended until the date of the actual Sickness Hearing or alternatively a referral to Occupational Health may be made to clarify whether the employee is fit to attend the meeting.

Where an employee is subject to a final caution and a sickness hearing is triggered at which dismissal may be considered, it may be convened in their absence where they are not fit to attend or prefer not to attend, if their current episode of sickness is expected to last more than 4 weeks after Occupational Health advice.
If an employee fails to attend a sickness hearing, either because their representative is unavailable or for any other reason, the meeting will be rescheduled to a date within two weeks of the original date. Where possible this rescheduling will occur in consultation with the employee’s representative in order to ensure their availability. The letter requiring the employee to attend the rescheduled hearing will clearly state that should the employee fail to attend, the hearing will be conducted in their absence.

The purpose of the hearing is to consider:

- The employee’s sickness record / absence from work.
- The opportunity for the employee to discuss the reasons for their sickness absence and any other relevant information
- The reasons why the employee has failed to meet the required levels of attendance.
- The action to be taken to achieve an acceptable standard of attendance

The Manager will, as part of their deliberations, consider the whole history of an employee’s sickness absence record and ensure that recent medical advice has been obtained and considered if necessary in order to reach a measured judgement about the appropriate action to be taken. Consideration will also be given to the context of any absence, for example, if it resulted from an accident at work.

Regardless of whether or not a caution is to be issued, the Manager can also consider the following actions during the hearing:

- Referral to Occupational Health if necessary
- Work Related Adaptations/Reasonable Adjustments
  - If the cause of the absence appears to be work related the manager should consider the possibility of alternative work arrangements.
  - Undertake Risk Assessment.

Unless the outcome is dismissal, the employee will be informed that the target will be not to hit a Bradford Factor Score of 10 or above within the 6 months following the Sickness hearing or in any rolling 6 month period for the duration of any caution issued. The Bradford Factor calculation is in accordance with ESR/Health Roster. This trigger may be adjusted following advice from a Human Resources representative, should the employee have a disability which is covered by the Equality Act which is impacting on their attendance at work.

The Manager will confirm the outcome of the sickness hearing discussions in writing including the agreed course of action, usually within seven calendar days of the Sickness hearing decision. According to the level of caution issued and to the subsequent record of the employee, it may be necessary to repeat Stage One or Two as appropriate.

A letter of caution must include:
The level/periods of sickness absence.
Reason for the actions together with a summary of the facts on which the caution is being based.
A statement of what is expected from the employee and the employer in the future.
Confirmation that this will be retained on the employee’s personal file. The type of caution will be specified (e.g. First caution or Second caution etc.) as will any time limit given for improvement or review.
The length of the monitoring period should be confirmed to the employee and it should be made clear that formal action may be taken at any point after the first 3 months if the trigger is exceeded.
Notice that further unsatisfactory sickness levels are likely to result in further action/higher level of caution/dismissal.
A statement of the employee’s right and method of appeal.

Sickness hearing outcome letters are official records and as such should not be destroyed. Consequently when a caution is no longer extant (in force) it will be disregarded but remain on the employee’s file.

5.5.2 Time Limits

The following limits will prevail in respect of the different types of caution:

- A First Caution will remain extant for a period of six months.
- A Second Caution will remain extant for a period of nine months.
- A Final Caution will remain extant for a period of twelve months from the date of the sickness hearing.

Management reserve the right to extend and/or re-issue cautions following an appropriate sickness hearing process.

Where a caution is issued, monitoring will continue until the date the caution expires, this will be reviewed every 3 months.

5.5.3 Right of Appeal

Employees (other than Executive Directors and certain second-in-line officers who can only be dismissed by a decision of the Trust) have the following rights of appeal:

i. against the issue of a first caution, second caution and final caution, to the next higher level of management not previously involved. The appeal to be lodged within 21 calendar days of the date of the letter of caution.

ii. against the issue of a dismissal, to the Director/Chief Executive within 21 calendar days of the date of the letter of notice of termination. The appeal will be heard by a sub-committee of the Board of Directors.
Such appeal hearings should take place within six weeks of the receipt of the appeal by the Trust although it may in exceptional circumstances be entitled to extend this period. The employee shall be given at least seven calendar days’ notice of the date of the appeal hearing.

5.6 Management of Long-Term Sickness Absence

5.6.1 Keeping in Touch

Keeping in contact with an absent member of staff is a key factor in helping employees return to work and early intervention is recommended to ensure the return is effective, timely and supported, thereby sustained. Contact can be a sensitive subject as some employees may feel pressured to come back to work, whereas without contact others may feel out of touch and unvalued.

All contact should be documented and recorded on personal files.

N.B In cases of personal crisis, sudden bereavement, traumatic injury or critical illness it may be necessary to vary the above approach. In such circumstances advice should be sought from Human Resources and/or Occupational Health.

Line managers should not pass their keeping in touch responsibilities to others unless there are sound reasons for doing so.

5.6.2 Annual Leave During Periods of Long Term Sickness

During a period of long term sickness, as defined in Section 5.4.2, an employee can request to take a period of annual leave (and be paid accordingly) whilst absent from work. All requests for annual leave must follow the normal annual leave request protocols which are in operation within the area of work. If the request is approved, the employee’s sickness episode will close, they will take the period of annual leave and then either return to work at the end of the agreed annual leave or alternatively recommence their sickness absence. When an employee takes annual leave during a period of sickness absence the manager is required to complete a ‘Payroll Amendment Form – Sickness Absence’ and the manager must not close the sickness. The employee is not required to provide any additional medical certification when requesting to be paid annual leave during a period of sickness absence. However, for the purposes of sickness monitoring, the episode of sickness will be counted as continuous.

Where an employee is absent and has been unable to take leave then they will be able to carry the leave forward in accordance with the Working Time Directive which expressly limits carry-over in such circumstances to 4 weeks (20 days), pro-rated for part time employees. Any annual leave which they have taken in the leave year either prior to their period of sickness absence or during their period of sickness absence will be deducted from the 20 days and the remaining amount carried forward. e.g., the employee has taken 5
days prior to the period of long term sickness and then a further period of 5 days during the long term sickness, leaving a balance of 10 days.

5.6.3 Long-Term Sickness Review Meeting

The Trust’s approach to managing long term sickness is governed by two main factors:

a) The need to treat employees reasonably and fairly
b) The need to maintain efficient and cost effective service delivery over a period of time with reduced employee levels due to absence

There is a requirement for managers and employees to maintain regular consultation between employees on long term absence and their Manager throughout the period of sickness is essential to gather necessary information and to find out whether any help, advice or action is needed. This contact should be face to face at least monthly/six weekly with telephone contact in-between. In exceptional circumstances, face to face contact can be substituted for a telephone consultation, with the agreement of the Human Resources Representative.

Managers are expected to exercise judgement in respect of the appropriate timing of the scheduling of meetings and Occupational Health referrals. However, an early referral can facilitate the implementation of an early rehabilitation plan, therefore after two weeks absence the manager should refer the employee to Occupational Health (if the employee is physically unable to attend a face to face consultation due to their illness consideration should be given to a telephone referral).

Once an employee has been absent for two/four weeks continuously, the employee should be notified in writing by the Manager to attend a meeting to discuss their absence. The meeting should be within 4-6 weeks of the absence commencing.

The Manager will write giving at least seven calendar days’ notice, to the employee advising of a long term sickness review meeting which will be supported by a member of the Human Resources Department. The employee will be given the right to be accompanied. If the employee cannot attend any of the Trust establishments for medical reasons then it is only at this point the offer of an alternative venue/home visit/telephone consultation should be considered.

If the employee qualifies as having a disability under the Equality Act 2010, the manager should seek advice from the Human Resources representative.

The following information will form the basis of the discussion:

- determining the reason for sickness and prognosis for returning to work (how likely it is that the employee will return to work)
- has the employee any perceived (or actual) barriers to returning to work (including the need for workplace adjustments – see Section 5.6.5)
- are there any actions required such as:
  - Occupational Health referral (employees should be referred to Occupational Health if they are off work or likely to be off for longer than 4 weeks). The employee has a right to a copy of the Occupational Health Report.
  - Assessment by back care advisor
  - External Counsellors
  - Physiotherapy
  - Risk Assessments
- Advise on the next steps in relation to the management of their absence from work and highlight Temporary Injury Allowance, where appropriate.
- Discuss the absence record during the previous 12 months, or longer if there are repetitive/recurring problems potentially identified.
- Any personal circumstances which may be adversely contributing to the sickness record including secondary employment outside of the Trust, or those employees that have a role as a primary carer in their lives outside of work.
- Whether short term changes to working patterns and or duties would facilitate a return to work
- Schedule the next long term sickness review meeting, within the next four to six weeks. Should the employee return to work prior to the meeting date then then meeting will be cancelled.
- Where pay is to change as a consequence of being absent from work, moving from full pay to half pay or half pay to no pay, it is the managers responsibility to ensure that the staff member is aware of when the change will take place and the effect of the change on the individual’s salary.

Dependent on the circumstances of each individual case it may require a number of on-going review meetings (every four to six weeks) to provide support and management of a long term sickness case.

The manager must confirm in writing timely the outcome of the meeting and a copy placed on the employee’s personal file. The letter should also be copied to the staff side representative (where applicable).

Where the absence is on-going the long term sickness review meetings will explore, (in addition to those detailed above):

- Consideration of alternative employment (where a vacancy is available) or reasonable adjustments to the current post.
- Where the Occupational Health report indicates that the employee will not be fit for work within a reasonable time period, full consideration will be given to the implications for the Trust and effect on the employee. The employee will be dealt with compassionately.
- The possibility of an application for early/ill health retirement.

Once the above options have been considered then a final review meeting
will be scheduled where termination of employment will be considered.

5.6.4 Phased Returns

A phased return should be considered if employees have been off long term sickness due to ill health and the phased return will support them to return to the work environment.

A phased return can be recommended by the Occupational Health service or through agreement between manager and employee.

Each phased return will be designed around an individual employee with clear expectations and objectives for the employee to support them back into the workplace and to undertake the main duties of their role. The phased return should not normally exceed 4 weeks and can be less than 4 weeks, according to advice from Occupational Health.

The organisation will support a phased return to work in accordance with the following guidelines. The organisation will fully support the first two weeks of a four week phased return. Following this, for the remainder of the phased return, the employee will be required to take annual leave; time in lieu; flexi leave or unpaid leave for the days / hours they are not in work.

Example: A phased return to work of 4 weeks is recommended; the staff member is full time and works 5 days:

<table>
<thead>
<tr>
<th>Week</th>
<th>No. of days recommended to work</th>
<th>No. of days ‘additional leave’ paid by Trust</th>
<th>No. of days leave/unpaid leave to be taken / requested by employee</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Two</td>
<td>3</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Three</td>
<td>4</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Four</td>
<td>4</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Advice from HR should be sought on facilitating any phased return of less than/more than 4 weeks and queries relating to phased returns for part-time staff.

The modified duties or timetable for reduced hours and the duration of the period should be clearly documented in the long term sickness review outcome letter. A manager is responsible for reviewing the phased return to work to check progress, provide on-going support and ensure all reasonable adjustments have been enacted.

5.6.5 Workplace Adjustments

Workplace adjustments will normally be recommended through Occupational Health and back care advisors, and managers must implement the
adjustments, in consultation with Human Resources, if they are considered reasonable and viable for the employee and the service. The General Practitioner/Health Practitioner may also make recommendations on the Fit Note which should be considered in addition to the recommendations from the Occupational Health service and/or the Back Care Advisor. These adjustments may be made on a temporary or a permanent basis, and regular reviews should be undertaken to ensure they are appropriate.

The different types of workplace adjustments that may be considered are;

- Phased returns (please see above)
- Changing hours/work patterns
- Moving tasks to a more accessible area
- Redeployment for medical reasons, where a suitable vacancy exists\(^1\)
- Providing new or modifying existing equipment and tools
- Modifying work furniture
- Additional training
- Providing supervision and/or mentor
- Adjustment of triggers for disability-related illness under the sickness management procedure
- Disability Leave – refer to section 5.3.3 and 5.3.4

The above list is not exhaustive and other adjustments may be suggested by Occupational Health. Staff Side Representatives/ Professional Organisation Representatives can be involved in the identification and agreement of workplace adjustments.

Where an employee is unable to fulfil the requirements of the adjusted role a further referral should be made to Occupational Health for advice.

5.6.6 **Long Term Sickness Final Review Meeting**

If the employee remains unfit for work, the employee will be notified in writing of a meeting to review their contract of employment; a potential outcome of the meeting may be that their contract of employment is terminated on the grounds of incapability due to ill-health.

5.6.6.1 **Termination on the Grounds of Ill Health/Capability**

The decision to terminate an employee’s employment on the grounds of ill health/capability will be made after all other options have been considered. This will involve discussions with the employee, obtaining medical advice (where not prohibited) and reviewing whether or not there are any other jobs within the Trust that the employee could reasonably undertake.

\(^1\)Unless the employee is in receipt of injury allowance there is no entitlement to pay protection as detailed in the Change Management Policy in cases of medical redeployment.
Managers do not have to wait until the employee’s sick pay provision has been exhausted before making the decision to terminate.

If the advice from Occupational Health supports ill-health termination and where an employee is a member of the NHS Pension Scheme, the employee may be advised to contact the Pensions Officer. It should, however, be noted that ill-health retirement is a process which is independent of ill health/capability dismissal, and that the decision as to whether an employee should receive the benefits associated with ill health retirement is taken by the NHS Pensions Agency, independently of the Trust.

The Trust Pensions Officer can be contacted to discuss the process for submitting an application to the NHS Pensions Agency to apply for ill health retirement.

The meeting will be chaired and conducted by a manager with the authority to dismiss in accordance with the Disciplinary Policy who will be accompanied by a Human Resources representative. The meeting will be conducted in a supportive and compassionate way, with recognition for the potential impact of the situation on the employee. The employee has the right to be accompanied at the meeting. The chair will consider the report which is presented by the manager who has managed the sickness absence with the support of the Human Resources representative and any information which is shared by the employee.

If the outcome of the meeting is to terminate the contract of employment, the employee must be given due notice and informed of their right to appeal (See Section 5.6.6.3). All other terms and conditions will cease on the date of the termination. The outcome of the meeting must be confirmed in writing to the employee and their representative (if appropriate).

5.6.6.2 Termination

Where a decision has been taken to dismiss an employee due to their continued high levels of sickness absence, this would be on the grounds of capability i.e. the employee is no longer capable of maintaining the required levels of attendance expected in order to undertake the full duties of the post. The facts of the dismissal must be confirmed by letter. The letter will include:

- A statement of the full reason for dismissal, together with a summary of the facts leading to the decision, including overall sickness record, if applicable.
- Full details of the relevant previous extant cautions taken into consideration.
- Confirmation of the employee’s right and method of appeal, giving time limits for appeal and stating how and to whom the appeal may be addressed.

The letter concerning the decision to dismiss should be provided, if practicable, within seven calendar days of the date of the meeting to the
employee's stated or last known home address, by first class recorded delivery. The letter will be signed by the dismissing manager and a copy also sent to the employee’s representative, where applicable.

5.6.6.3 Right of Appeal

Employees (other than Executive Directors and certain second-in-line officers who can only be dismissed by a decision of the Trust) have the following rights of appeal:

i. against the issue of a first caution, second caution and final caution, to the next higher level of management not previously involved. The appeal to be lodged within 21 calendar days of the date of the letter of caution.

ii. against the issue of a dismissal, to the Director/Chief Executive within 21 calendar days of the date of the letter of notice of termination. The appeal will be heard by a sub-committee of the Board of Directors.

Such appeal hearings should take place within six weeks of the receipt of the appeal by the Trust although it may in exceptional circumstances be entitled to extend this period. The employee shall be given at least fourteen days’ notice of the date of the appeal hearing.

5.7 Further guidance

Further guidance on appropriate action which should be undertaken in relation to sickness absence can be obtained from the following:

- Healthy Workplaces: Staff Support and Stress at Work Policy
- Human Resources Department
- Staff Side

6. TRAINING IMPLICATIONS

<table>
<thead>
<tr>
<th>Staff groups requiring training</th>
<th>How often should this be undertaken</th>
<th>Length of training</th>
<th>Delivery method</th>
<th>Training delivered by whom</th>
<th>Where are the records of attendance held?</th>
</tr>
</thead>
</table>
| Managers                        | Once on policy change and on appointment
Updates of any policy changes via agreed communication channels | ½ day 1 day | Managing Sickness Absence Training
HR Policy Development Workshops which incorporate | HR Department | ESR/Personal Files |
<table>
<thead>
<tr>
<th>Staff groups requiring training</th>
<th>How often should this be undertaken</th>
<th>Length of training</th>
<th>Delivery method</th>
<th>Training delivered by whom</th>
<th>Where are the records of attendance held?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human Resources</td>
<td>On appointment and thereafter if needed</td>
<td>Variable</td>
<td>Local induction and personal coaching</td>
<td>HR Managers</td>
<td>ESR/ Personal Files</td>
</tr>
<tr>
<td>Staff Side</td>
<td>Once on policy change</td>
<td>Variable</td>
<td>Through Policy Forum and cascaded their after Personal Coaching</td>
<td>HR Department Regional Staff Side Representatives</td>
<td>ESR/ Personal Files</td>
</tr>
</tbody>
</table>

7. MONITORING ARRANGEMENTS

<table>
<thead>
<tr>
<th>Areas for monitoring</th>
<th>How</th>
<th>Who by</th>
<th>Reported to</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with this policy</td>
<td>Feedback about experience of implementing the policy</td>
<td>HR Advisors, Line Managers and Staff Representatives</td>
<td>Director of Workforce and Organisational Development</td>
<td>As occurs</td>
</tr>
<tr>
<td></td>
<td>Data collected from Sickness hearings</td>
<td>HR Advisors</td>
<td>Care Groups/Directorates meetings</td>
<td>Monthly</td>
</tr>
<tr>
<td>Trust Absence levels</td>
<td>ESR Reports</td>
<td>HR Advisors</td>
<td>Care Groups/Directorates meetings</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

8. EQUALITY IMPACT ASSESSMENT SCREENING

The completed Equality Impact Assessment for this Policy has been published on this Policy’s webpage on the Trust Policy website
8.1 Privacy, Dignity and Respect

The NHS Constitution states that all patients should feel that their privacy and dignity are respected while they are in hospital. High Quality Care for All (2008), Lord Darzi’s review of the NHS, identifies the need to organise care around the individual, ‘not just clinically but in terms of dignity and respect’.

As a consequence the Trust is required to articulate its intent to deliver care with privacy and dignity that treats all service users with respect. Therefore, all procedural documents will be considered, if relevant, to reflect the requirement to treat everyone with privacy, dignity and respect, (when appropriate this should also include how same sex accommodation is provided).

<table>
<thead>
<tr>
<th>Indicate how this will be met</th>
</tr>
</thead>
<tbody>
<tr>
<td>No issues have been identified in relation to this policy.</td>
</tr>
</tbody>
</table>

8.2 Mental Capacity Act

Central to any aspect of care delivered to adults and young people aged 16 years or over will be the consideration of the individuals capacity to participate in the decision making process. Consequently, no intervention should be carried out without either the individuals informed consent, or the powers included in a legal framework, or by order of the Court.

Therefore, the Trust is required to make sure that all staff working with individuals who use our service are familiar with the provisions within the Mental Capacity Act. For this reason all procedural documents will be considered, if relevant to reflect the provisions of the Mental Capacity Act 2005 to ensure that the interests of an individual whose capacity is in question can continue to make as many decisions for themselves as possible.

<table>
<thead>
<tr>
<th>Indicate How This Will Be Achieved.</th>
</tr>
</thead>
<tbody>
<tr>
<td>All individuals involved in the implementation of this policy should do so in accordance with the Guiding Principles of the Mental Capacity Act 2005. (Section 1)</td>
</tr>
</tbody>
</table>

9. LINKS TO ANY ASSOCIATED DOCUMENTS

- Attendance for duty during periods of inclement weather or disruption to the public transport system Policy
- Change Management Policy & Procedure
- Counter Fraud, Bribery and Corruption Policy
- Disciplinary Policy
- Family Leave Policy (incorporating Maternity, Shared Parental Leave, Adoption, Paternity and Nursing Mothers)
- Flexible Working Policy
- Guidance for Managers and Employees on Retirement from the Trust
Health and Safety Policy Statement
Health, Safety and Security suite of policies
Healthy Workplaces: Staff Support and Stress at Work Policy
Incident Reporting Policy
Infection Prevention and Control Manual/Diarrhoea and Vomiting (Gastroenteritis) Procedure (incorporating Norovirus and Clostridium Difficile)
Management of Performance (Capability) Policy and Procedure
Personal Development Review (PDR) Policy
Special Leave Policy

10. REFERENCES

Agenda for Change Terms and Conditions Services Handbook 4/2010
Equality Act 2010
Health and Safety Executive Guidance on Absence Management 2004
The Information for Health and Social Care Website (NHS I-View)
The NHS Staff Council Guidelines on Prevention and Management of Sickness Absence November 2012
Maintaining High Professional Standards in the Moderns

11. APPENDICES
EXAMPLE SICKNESS ABSENCE NOTIFICATION PROCEDURE
GUIDANCE FOR STAFF

WHAT TO DO IF YOU ARE UNABLE TO REPORT FOR DUTY BECAUSE OF SICKNESS

1 It is your responsibility to contact your department manager or nominated deputy. Only in exceptional circumstances should a friend or relative make contact on your behalf.

   If your department manager or nominated deputy are not available, you should leave your contact details to enable the appropriate manager to call you back when they are able to do so. It is not acceptable to leave a message with a colleague or on an answer phone without leaving your contact details for your head of department.

2 This notification must be made as soon as you know that you are not able to attend work, preferably prior to (but no later than half an hour after) the commencement of your shift. Failure to comply with this requirement could result in loss of pay unless there are mitigating circumstances which your manager, after consultation with the Director of Workforce and Organisational Development or nominated deputy, considers acceptable. In the event that you fail to report for duty and contact cannot be made, the Trust reserves the right to contact your next of kin.

3 You must state when you first became ill, even if you were not required to be on duty, and indicate the nature and probable duration of the illness, and a possible date of return to work.

4 It is the employee’s responsibility to notify their manager as soon as they are fit to return to work and prior to returning to duty following a period of sickness absence. This will ensure that the sickness episode is closed appropriately on the employee’s record.

NOTE: In accordance with your conditions of service, the Trust retains the right to require any individual member of staff who is unable to perform duties as a consequence of illness to submit to an examination by a medical practitioner nominated by the Trust.

DOCUMENTATION

IF YOUR ILL-HEALTH IS FOR SEVEN CALENDAR DAYS OR LESS:
You must, on return to work, report to your Head of Department/Manager as appropriate for a return to work meeting and to complete a SICKNESS ABSENCE SELF-CERTIFICATION FORM.
FOR ILL-HEALTH OVER SEVEN CALENDAR DAYS:
Medical certificates from your GP must be sent to your Head of Department/Manager. Medical certificates must be continuous.

IF YOU HAVE A STAY IN HOSPITAL
You will be given an in-patients certificate. Certificates for the total period of hospitalisation and a statement in respect of your subsequent discharge will be required. If after discharge you are still not fit to resume work, a GP certificate will be required in the usual way.

PAYMENT OF STATUTORY SICK PAY (SSP)
If you are excluded from receiving SSP you will be notified by the Pay Services Department and may apply for benefits from the local Department for Work and Pensions (DWP) office on the form sent to you.

The procedure for notification of sickness absence and completion of documentation shown above still applies.

If at any point you do not agree with the Trust’s decision about your SSP entitlement, you should in the first instance raise the matter with Pay Services Department and in the event of agreement not being reached you may use the Trust’s Grievance Procedure.

If you are still dissatisfied you may take the matter up with the insurance officer at your local branch of the DWP and you and the Trust, have the right of appeal against his decision.

ANNUAL LEAVE DURING PERIODS OF LONG TERM SICKNESS
During a period of long term sickness, as defined in Section 5.6.3, you can request to take a period of annual leave whilst absent from work. All requests for annual leave must follow the normal annual leave request protocols which are in operation within your area of work. If the request is approved, your sickness episode will close, you will take the period of annual leave and then either return to work at the end of the agreed annual leave or alternatively recommence your sickness absence.

SICKNESS WHILST ON ANNUAL LEAVE
If you are ill whilst on annual leave and wish to reclaim the annual leave which has not been taken as a result of your illness/sickness you must follow the sickness absence notification procedures as detailed in this procedure. This period of sickness absence will be considered as part of your overall sickness absence record and may result in a trigger point being enacted. You will not be entitled to an additional day off if sick on a statutory holiday in accordance with Agenda for Change Terms and Conditions of Service.

WORKING WHILST SICK
You are reminded that whilst absent from work, you should not engage in any other form of employment unless permission is given by your manager following advice from Human Resources. Engaging in paid work of such a nature could be considered a fraudulent act and may be subject to investigation and result in disciplinary, civil or criminal proceedings.
APPENDIX B

Occupational Health Services

Services Offered by Occupational Health
Employee Assistance Programme
Ergonomic Work Station Assessment
Musculoskeletal Treatment
Musculoskeletal Triage/Advice Service
Needlestick Assessment
PAM Life Health & Wellbeing Portal
Physical Capability Assessment
Restrictive Intervention Assessment
Vaccinations
Wellbeing CBT
Wellbeing Counselling
Wellbeing EMDR
Wellbeing Incident Debriefing
Wellness Health Promotion Days

Other Services
Neyber Financial Wellbeing Portal
Vivup Employee Assistance Programme

All of the above require a management referral.

However, an employee can contact PAM Assist directly on 0800 882 4102. The username is RDASH and the password is Trust.
**Sickness Absence Notification & Short-Term Keeping in Touch Form**

<table>
<thead>
<tr>
<th>Employee Name &amp; Job Title:</th>
<th>Manager’s Name &amp; Job Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date &amp; Time of call:</td>
<td>Name of person making notification if not employee:</td>
</tr>
<tr>
<td>Location of employee:</td>
<td>Reason for Absence:</td>
</tr>
<tr>
<td>Home/Relative/GP Surgery/Hospital/Other…………………</td>
<td></td>
</tr>
<tr>
<td>Expected Return Date:</td>
<td>Employee contact number:</td>
</tr>
</tbody>
</table>

This section to be completed only when someone other than the Line Manager takes the call

<table>
<thead>
<tr>
<th>Name &amp; Job Title of person taking call…………………………………………………………………………</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time employee will contact manager……………………………………………………………………………………</td>
</tr>
<tr>
<td>or Time manager will contact employee……………………………………………………………………………………</td>
</tr>
<tr>
<td>Form passed to (name of manager)……………………………………………………………………………………</td>
</tr>
</tbody>
</table>

Any further information shared between Line Manager and employee:

Employee advised to call again 2 days prior to expiry of Fit Note (where applicable) and of further contact to be made by manager if absence exceeds 2 weeks (see below): [ ]

**If reason for absence is work-related stress meeting should be arranged as soon as possible**

**Section B: Short-Term Sickness Absence Manager-Led Keeping in Touch**

**2-week contact**
Date of contact………………………………….Information shared………………………………………

**4-week contact**
Date of contact………………………………….Information shared  ……………………………………….

Employee advised of Occupational Health Referral to be made (where applicable) [ ]
## Long-Term Sickness Absence Review Meeting Form

### Main points from Occupational Health Report

**Duties Unfit to Undertake:**

**Rehabilitation/Treatment Required:**

**Adjustments Recommended:**
1. 
2. 
3. 
4. 

**Adjustments Agreed (including time period):**

**Adjustments Not Agreed & why:**

### If return to role expected within 4 weeks

**Date of return:**

**Details of phased return (if applicable):**

### If return to role not expected within 4 weeks

**Expected date of return:**

**Employee advised of further Occupational Health referral:**

**Date of next meeting:**

**Any other keeping in touch arrangements agreed:**

### If return to role not expected in foreseeable future

**Details of vacancy search agreed (where applicable)**

**Date of next meeting**

**Any further support agreed:**
Return to Work Meeting & Self-Certification Form

To be completed by the Manager prior to the Meeting

<table>
<thead>
<tr>
<th>Employee name:</th>
<th>Employee job title and band:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contracted hours:</th>
<th>Date of meeting:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Manager name:</th>
<th>Manager job title:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Details of Recent Sickness Absence Episode

<table>
<thead>
<tr>
<th>Date of first day sick:</th>
<th>Date reported fit to return:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last date worked:</th>
<th>Date returned to work:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Calendar Days Unfit:</th>
<th>Number of Working Days/Hours Lost:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nature of Illness:</th>
<th>Fit Note/s submitted:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is the absence as a result of an accident at work

YES/NO

If Yes –
- Absence included for monitoring/attendance hearing purposes
- Absence excluded for monitoring/attendance hearing purposes

Have you undertaken any paid work whilst off sick from the Trust?

YES/NO

If yes, please provide further details:-

Calculation of Sickness Management Procedure Triggers

To be completed where employee is currently subject to monitoring:

Monitoring period start date…………………………………………………………………

Monitoring period end date…………………………………………………………………

Has employee hit trigger of Bradford Factor of 10 or above in any rolling 6 month period?

Yes/No

(If yes, this information should be forwarded to the appropriate manager to arrange a sickness hearing)
To be completed where employee is not currently subject to monitoring:

Has employee hit trigger of 30 days continuous absence?  
Yes/No

Date 4 months prior to sickness absence start date………………………………………………

Number of episodes in this 4 month period……………………………………………………

Has employee hit trigger of 3 episodes in 4 months?  
Yes/No

Date 12 months prior to sickness absence start date……………………………………………

Bradford Factor in this 12 month period (using calculator)……………………………………

Has employee hit trigger of Bradford Factor of 80 or above in 12 months?  
Yes/No

Has the employee hit trigger of pattern of absence causing concern?  
Yes/No

(If yes to any of the above the employee has triggered formal monitoring, see below)

To be discussed with employee during return to work meeting:

<table>
<thead>
<tr>
<th>Information Required for Sick Pay Purposes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was absence the result of an accident at work?</td>
</tr>
<tr>
<td>If yes, has the accident been reported?</td>
</tr>
<tr>
<td>Was the absence the result of an accident outside of work?</td>
</tr>
</tbody>
</table>

On the first day of absence:

| Was there a stoppage of work due to a trade dispute? | Yes/No |
| Were you outside of the European Community?         | Yes/No |
| Were you in legal custody?                          | Yes/No |

Support for Return to Work

<table>
<thead>
<tr>
<th>Is the employee fully recovered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is any further support required?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any contributory factors / underlying causes / trends / underlying condition/ issues at work identified?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Health referral to be made?</td>
</tr>
<tr>
<td>Any other follow-up action for manager/employee?</td>
</tr>
</tbody>
</table>
## Sickness Management Procedure

<table>
<thead>
<tr>
<th>Where monitoring has been triggered:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring period start &amp; end dates:</td>
</tr>
<tr>
<td>3-month review date/s:</td>
</tr>
<tr>
<td>Where sickness hearing has been triggered:</td>
</tr>
<tr>
<td>Hearing manager:</td>
</tr>
</tbody>
</table>

I declare that the information given is to the best of my knowledge true and complete and I understand that any deliberately false statement will disqualify me from sick pay and will be regarded as a serious disciplinary offence.

**Employee signature**: ………………………………………..… **Date**: ……………

### Further action for the manager:

1. Ensure that this episode of sickness absence is inputted directly to ESR or included on the weekly sickness absence return and forwarded to Pay Services.
2. Ensure that this form, and any Fit Note are placed on the employee’s file.
3. Ensure outcome letter is sent where monitoring has been triggered (Appendix JA)
4. Ensure appropriate manager is notified of any sickness hearing to be arranged.

**Manager signature**: ………………………………………..… **Date**: ……………
At the Return to work meeting it is identified that employee X has reached a trigger point

Monitoring Stage of Sickness Management Procedure is instigated at the Return to work meeting or at a separate Sickness hearing

Manager informs employee X that they will be monitored for the next 6 months during which they must not reach a Bradford Factor Score of 10 or above or reach any other trigger point (excluding the original trigger that instigated monitoring)

Appropriate Manager holds review meeting after 3 months of monitoring

NO TRIGGER INSTIGATED

During the 6 month monitoring period

Unless a caution remains in force, or HR advise otherwise

Monitoring ends.

TRIGGER INSTIGATED

Anytime during the 6 month monitoring period

Appropriate Manager writes to employee X informing them of the trigger point they have reached during monitoring and that the next meeting will be undertake as a Sickness Hearing with the appropriate Delegated Manager. HRA is advised.

Delegated Manager receives documentation with regard to monitoring stage and arranges Sickness Hearing. Delegated Manager writes to Employee X, requesting attendance.

Employee X attends Hearing with representative. HR in attendance

Delegated Manager issues outcome of Hearing to employee X within range of:
- No Outcome
- First Caution
- Second Caution
- Final Caution
- Dismissal

*Manager can decide to extend or re-issue same caution if appropriate Employee X is advised of their right to appeal

Where a caution is issued, monitoring will continue until the date the caution expires, this will be reviewed every 3 months.
**APPENDIX G**

**LONG TERM SICKNESS MANAGEMENT PROCEDURE.**

1. **EMPLOYEE COMMENCES A PERIOD OF LONG TERM SICKNESS**

   - **ARRANGE LONG TERM SICKNESS MEETING WITHIN 4 – 6 WEEKS OF SICKNESS ABSENCE COMMENCING.**

2. **REFERRAL TO OCCUPATIONAL HEALTH**

   - **1ST LONG TERM SICKNESS REVIEW. (+4 – 6 WEEKS AFTER THE LONG TERM SICKNESS COMMENCED).**

3. **OCCUPATIONAL HEALTH REVIEW**

   - **2ND LONG TERM SICKNESS REVIEW MEETING. LONG TERM SICKNESS REVIEW (+8 – 12 WEEKS AFTER LONG TERM SICKNESS COMMENCED).**

   - **CONTINUE WITH LONG TERM SICKNESS REVIEW MEETINGS & OCCUPATIONAL HEALTH APPOINTMENTS EVERY 4 – 6 WEEKS.**

4. **EMPLOYEE IN A POSITION TO RETURN TO WORK.**

   - **AGREE PHASED RETURN TO WORK.**

   - **UNDERTAKE RETURN TO WORK INTERVIEW. CONSIDER MONITORING.**

   - **PHASED RETURN TO WORK REVIEW & IDENTIFY WHETHER ANY FUTURE SUPPORT REQUIRED.**

5. **OCCUPATIONAL HEALTH ADVISES EMPLOYEE ISN’T IN A POSITION TO RETURN TO WORK.**

   - **OCCUPATIONAL HEALTH RECOMMENDS REDEPLOYMENT.**

   - **EXPLORE REDEPLOYMENT.**

   - **ENCOURAGE EMPLOYEE TO UNDERSTAND THEIR PENSION OPTIONS.**

   - **ARRANGE LONG TERM SICKNESS MEETING TO CONSIDER ILL HEALTH TERMINATION.**

   - **IF CONTRACT TERMINATED COMPLETE TERMINATION FORM.**

   - **REDEPLOYMENT SUCCESSFUL.**

   - **REDEPLOYMENT NOT SUCCESSFUL.**
BRADFORD FACTOR

Calculation

\[ S \times S \times D = \text{Bradford points score} \]

S - the number of occasions of absence in the last 52 weeks
D - the total number of days’ absence in the last 52 weeks.

So, for employees with a total of 14 days’ absence, for example, in one rolling 52 week period, the Bradford score can vary enormously, depending on the number of occasions involved.

For example:

- One absence of 14 days is 14 points (i.e. 1 x 1 x 14)
- Seven absences of two days each is 686 points (i.e. 7 x 7 x 14)
- 14 absences of one day each is 2,744 points (i.e. 14 x 14 x 14)

Although a rolling year is common, other timescales such as 13 weeks may be used, with the associated points total correspondingly lower.

Trust Trigger Points

The Bradford Factor score of 80 and above can be calculated the following ways for staff who work a standard 37 ½ hour, 5 day per week shift;

- Two absences totalling 20 days (i.e. 2 x 2 x 20 = 80)
- Three absences totalling 9 days (i.e. 3 x 3 x 9 = 81)
- Four absence totalling 5 days (i.e. 4 x 4 x 5 = 80)

The Bradford Factor score of 10 and above can be calculated the following ways for staff who work a standard 37 ½ hour, 5 day per week shift;

- One absence totalling 10 days (i.e. 1 x 1 x 10 = 10)
- Two absences totalling 3 days (i.e. 2 x 2 x 3 = 12)

The Bradford calculation is as per ESR/Health Roster.
### Sickness Absence Monitoring Review Meeting Form

<table>
<thead>
<tr>
<th><strong>Employee Details:</strong></th>
<th><strong>Manager’s Details</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name:</strong></td>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Job Title/Band:</strong></td>
<td><strong>Job Title:</strong></td>
</tr>
<tr>
<td><strong>Service Area:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Meeting Date:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Review meeting number:</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Any warning currently in force?**

<table>
<thead>
<tr>
<th><strong>Number of episodes/days of sickness absence in last 12 month period</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Number of episodes/days of sickness absence since last review (if applicable)</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Reason for review meeting explained (e.g. Trigger point for action reached)</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Explanation of Trust targets and why monitoring is taking place</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Discussion re absences – reasons/underlying condition, pattern, secondary employment; support or assistance to improve?</strong></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Comments of individual/representative</strong></th>
</tr>
</thead>
</table>


<table>
<thead>
<tr>
<th>Follow up Action, by manager, i.e. occupational health referral; fast track physiotherapy; counselling; workload / stress risk assessment (pro forma - Positive Management of Pressure/Stress in the Workplace policy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information shared regarding improvement; consequences of non-improvement and potential for action within the Sickness Management Procedure, e.g. a Sickness Hearing</td>
</tr>
<tr>
<td>Information shared regarding next steps, i.e. monitoring continues/ is no longer required</td>
</tr>
<tr>
<td>Next meeting / Potential hearing Date:</td>
</tr>
<tr>
<td>Manager’s signature: Date:</td>
</tr>
<tr>
<td>Employee’s statement:</td>
</tr>
<tr>
<td>I have today discussed the above with the Manager concerned. Employee's signature: Date:</td>
</tr>
<tr>
<td>Copy: Personal file HR Advisor</td>
</tr>
</tbody>
</table>
Return to work meeting  
Outcome letter and placed on monitoring

DATE

STRICTLY PRIVATE & CONFIDENTIAL
ADDRESSEE ONLY

(name & address)

Dear

I am writing to confirm the outcome of our return to work meeting held on (Date). The purpose of the meeting was to review your recent period of absence and your sickness absence over the past twelve months.

During the meeting your absence record was discussed and I confirmed that over the past twelve months you have been absent from work as detailed below:-

<table>
<thead>
<tr>
<th>Date absence started</th>
<th>Date absence ended</th>
<th>Reason for absence</th>
<th>Number of hours lost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I explained that this breached the following trigger(s) under the policy:  
(delete as appropriate)

- A Bradford factor score of 80 or above
- 3 episodes of absence in a four month period
- A continuous period of absence exceeding 28 days

A pattern of absence (please specify details)
We discussed (this episode of absence/each episode of absence individually) and you stated that (include details of discussion for each absence).

You confirmed that you suffer with an ongoing health condition, which is STATE CONDITION which you currently manage by STATE MEDICATION/GP SUPPORT AND ANY OTHER RELEVANT INFORMATION.

Or

You confirmed that you do not have any ongoing heath conditions.

We discussed the support that has been put in place by the organisation to support your health, wellbeing and attendance at work, specifically in relation to (insert details RTW/OH/COUNSELLING/PHYSIO/AMENDMENT TO DUTIES/HOURS ETC.  
And / Or
We discussed a referral to Occupational Health (and I agreed to refer you to establish whether there are any underlying medical reasons for your absence, //or agreed that it was not necessary/appropriate at this point).

I asked whether you felt the Trust could do anything further to support you and help to improve your attendance at work. You advised (insert details of request and any further action agreed).

I explained that I would be monitoring your sickness/absence over the next 6 months from (date) until (date) and that this would be reviewed after 3 months and again at the end of this 6 month period.

During this monitoring period, I confirmed that if you reach a Bradford Factor score of 10 or more the next meeting will be held within the formal sickness management process and may result in you being issued with an Sickness Caution It was agreed that I would inform you nearer the time of the format under which the next meeting would be held.

I reminded you that this meeting is part of the Policy Relating to the Management of Sickness Absence and is designed to facilitate an acceptable level of absence at work. The validity of your absence is not in question.

I hope the above is clear and an accurate reflection of our meeting. If you have any queries or comments, please do not hesitate to get in touch.

Yours sincerely

(name)
Informal Sickness Review Meeting – Three/six/nine/twelve month review

DATE

STRICTLY PRIVATE & CONFIDENTIAL
ADDRESSEE ONLY

(name & address)

Dear

I am writing further to your return to work meeting held on (Date) at which I informed you that your levels of attendance would be monitored for a (six/nine/twelve month period until (Date). During that meeting we agreed that we would meet at 3 monthly intervals to review your attendance levels during this time. I am therefore writing to arrange a meeting for your (three/six/nine/twelve) month review. The meeting will be held at (location) on (date) at (time).

Attached to this letter is a copy of your absence record during the review period from (date) to (date) and for the previous twelve months.

Please confirm with (name) that you will be attending the meeting.

Yours sincerely

(Name)

Enc.
Review Meeting outcome letter following monitoring – not exceeded triggers

DATE

STRATEGIC PRIVATE & CONFIDENTIAL
ADDRESSEE ONLY

(name & address)

Dear

I am writing to confirm that you have been on Sickness Absence Monitoring for 3/6/9 months within a 6/9/12 months monitoring period from (date to (date)

During this period, you have been absent on the following occasions:

<table>
<thead>
<tr>
<th>Date started</th>
<th>Date ended</th>
<th>Reason</th>
<th>Hours lost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Or

During this period, I am very pleased to confirm that you have had no periods of sickness absence.

Your attendance at work has therefore improved; however, your attendance will continue to be monitored for a further 3/6/9 month period and should you hit or exceed the trigger point of a Bradford factor score of 10 within the next 3 month period, this will result in the instigation of the formal sickness management procedure and a formal review meeting will be held at which you may be issued with a formal caution. However, I hope that this will not be the case and you will be able to attend work on a regular basis. If you encounter any problems, please discuss them with me so that we can find a satisfactory solution.

Or (if this is the final review meeting and no trigger hit)

Your attendance at work has therefore improved and I am pleased to inform you that you will be taken off monitoring with immediate effect.

If you have any queries in relation to the above, please do not hesitate to contact me.

Yours sincerely

(name)

Enc.
Cc Human Resources
DATE

STRICTLY PRIVATE & CONFIDENTIAL
ADDRESSEE ONLY

(name & address)

Dear

I am writing to confirm that you have been on Sickness Absence Monitoring for 3/6/9 months within a 6/9/12 months monitoring period from (date to (date)

During this period, you have been absent due to sickness on the following occasions:

<table>
<thead>
<tr>
<th>Date started</th>
<th>Absence</th>
<th>Date absence ended</th>
<th>Reason for absence</th>
<th>Number of hours lost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Unfortunately your absence has exceeded the trigger point to not reach or exceed a Bradford factor score of 10 with a Bradford factor score of (number) during this monitoring period and has instigated the Formal Sickness Management Procedure. I am therefore informing you that a formal sickness review hearing has been arranged.

The meeting will be held on (Date) at (time) at (location). I will be accompanied by (name and title), and you are entitled to be accompanied by your trade union representative/professional organisation or a fellow colleague. You should make the necessary arrangements for them to attend.

I have enclosed details of your sickness absence over the past 12 months for your information. Please note that any sickness absence episodes from the date of this letter of notification to the date of the sickness hearing will also be considered.

Please confirm your attendance with (name and number).

If you have any queries or concerns, please do not hesitate to contact me.

Yours sincerely

(name)

Enc.
Cc Human Resources
DATE

STRICTLY PRIVATE & CONFIDENTIAL
ADRESSEE ONLY

(name & address)

Dear

I am writing to confirm the outcome of the sickness hearing on (date) at which you were accompanied by (insert name and title) (or unaccompanied) and (name), Senior HR Advisor was present.

The purpose of the meeting was to review your sickness absence relating to your monitoring period from (date) to (date)

During the meeting I confirmed that your absence during the monitoring period was as detailed below:

<table>
<thead>
<tr>
<th>Date absence started</th>
<th>Date ended</th>
<th>absence</th>
<th>Reason for absence</th>
<th>Number of hours lost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

We discussed each episode of sickness absence and you stated that (include details of discussion for each absence).

(You confirmed that you suffer with an ongoing health condition, which is STATE CONDITION which you currently manage by STATE MEDICATION/GP SUPPORT AND ANY OTHER RELEVANT INFORMATION.

Or

You confirmed that you do not have any ongoing health conditions.)

We discussed the support that had been put in place by the Trust to support your health, wellbeing and attendance at work, specifically in relation to (Insert details, RTW/OH/COUNSELLING/PHYSIO/AMENDMENT TO DUTIES/HOURS/TRIGGERS ETC.)

I asked if there was anything else that the Trust could offer to provide additional support and you stated that (Insert details of request and any further action agreed).

(Insert details of any mitigation or further discussion or explanation).

I asked if there were any additional points you wished to make, prior to a decision being made. (Include response).

At this point I adjourned the hearing to consider all of the information.
(If an outcome is given)

Following the adjournment, I confirmed that taking all of the information into consideration, your attendance was not sustainable and I was issuing you with a (First/Second/Final) caution (Insert rationale for decision, including whether a previous live caution was taken into account).

I confirmed that this would be in force for a period of (six/nine/twelve) months, during which time your attendance would be monitored. I explained that if a Bradford factor score of 10 or more during that time is reached (or within any rolling 6 month period) a further sickness hearing which could result in a (higher level of caution/your dismissal from the Trust) would be held.

I advised you that the period of monitoring would commence today and run for the duration of the caution with a review after each three month period unless a trigger is reached.

I informed you of your right to appeal to (name/title/address) within 21 days of receipt of this letter, stating the grounds for appeal.

OR (if no outcome is given)

Following the adjournment, I confirmed that taking all the information into consideration, I had decided not to issue a formal caution on this occasion. I explained that my rationale for this was (explanation of reasons why).

I confirmed that your attendance would continue to be monitored for a further period of 6 months from (Date) until (Date) with a review after 3 months. I explained that if a Bradford Factor score of 10 or more was reached during this period, a further sickness hearing would be held which could result in a formal caution.

Finally I reminded you that this meeting is part of the Sickness Absence Policy and is designed to facilitate sustainable levels of attendance at work. The validity of your absence is not in question.

I hope that the above is a clear and accurate reflection of our meeting and trust that you will be able to attend work on a regular basis, however, if you any queries or encounter any problems, please discuss them with me so that we can try to find a satisfactory solution.

Yours sincerely

(Name)
Cc Human Resources
Invite to Long-Term Sickness Review Meeting

DATE

STRICTLY PRIVATE & CONFIDENTIAL
ADRESSEE ONLY

(name & address)

Dear

I am writing to invite you to a sickness absence review meeting to discuss your ongoing sickness absence from work and to identify ways of supporting you moving forward.

The meeting will take place on DAY, DATE at TIME in LOCATION, Tickhill Road Hospital Site, Doncaster, DN4 8QN. On arrival the contact number will be (TELEPHONE NUMBER).

I will be accompanied by Name - XXXX, Job Title -XXX. You are entitled to be represented at the meeting by a companion. The chosen companion may be a fellow worker, a trade union representative, or an official employed by a trade union.

Please contact (NAME) by DAY, DATE to confirm your attendance at this meeting and, if appropriate, the name of the person who will be accompanying you.

If you have any queries please do not hesitate to contact me on telephone number (TELEPHONE NUMBER).

Yours sincerely

(Name)

Enc.
Cc Human Resources