

<b>Sickness</b>	<b>Type: Policy</b> <b>Register No: 04028</b> <b>Status: Public</b>
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Developed in response to:	Staff /Management best practice
Contributes to CQC Regulation	17

Consulted With	Post/Committee/Group	Date
Human Resources	Sarah Stewart	May 2016
<b>Professionally Approved By</b>	Bernard Scully, Director of Human Resources	May 2016

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Author/Contact for Information	Nona Stevenson
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**Document Review History**

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## **1. Purpose**

- 1.1 This policy relates to all categories of Trust staff and sets out the procedures for reporting and recording sickness absence, and for managing short and long-term absence in a consistent and fair way across the Trust.

## **2. Aims**

- 2.1 From an organisational perspective, poor attendance is detrimental to the quality and continuity of patient care and support services.
- 2.2 The Trust is concerned about the well-being of all Trust employees and wishes to support staff in improving their attendance. This policy provides the framework for managers to address attendance issues, which may include sickness absence, and to promote attendance at work in a way that is consistent and reasonable but reflects that each member of staff's situation will be different.

## **3. Scope**

- 3.1 This policy applies to all Trust employees. It does not cover cases where there is a suspicion of alcohol, drug or substance misuse, which should be managed in accordance with the Trust's policy on Alcohol, Drug and Substance Misuse.

## **4. Roles and Responsibilities**

### **4.1 Chief Executive**

- 4.1.1 To set and agree Trust targets in respect of sickness absence and ensure that it is monitored on a regular basis

### **4.2 Director of Human Resources and Human Resources Department**

- 4.2.1 To ensure that policy is regularly reviewed and amended as necessary
- 4.2.2 To ensure that line managers are aware of their responsibilities in monitoring and taking action in all cases of poor attendance of their staff
- 4.2.3 To ensure that accurate sickness data is collected and shared with relevant senior managers.
- 4.2.5 To provide training and support to all managers with a responsibility for managing attendance and ensure that it is effectively managed within their work areas.

### **4.3 Managers**

- 4.3.1 Line managers bear the responsibility for monitoring attendance and for discussing absences with employees. Managers are responsible for monitoring and managing sickness absence levels in a way that supports the needs of the service.
- 4.3.2 Managers have the responsibility of contacting their members of staff who have left a message to say that they cannot attend for work to clarify when they will be returning to work.

## **4.4 Employees**

- 4.4.1 If you are sick and unable to attend for work, you should notify your manager as soon as possible at the very latest by your usual start time. If your line manager initially is not available, you should speak with the person in charge of the shift or team at the time. You should also leave a contact number where you can be reached. Personal contact between you and your line manager should be made later. Personal contact is defined as a verbal conversation. Voice mail, text messages and e-mails are not acceptable. Where an employee remains absent for a full or part day without contact with the Trust, it will be treated as “unauthorised absence”.
- 4.4.2 In a clinical environment staff should be sensitive to the needs of the patients and ensure that sickness is notified at the earliest opportunity.
- 4.4.3 If absence is due to reasons other than sickness you must still contact your manager to advise of the nature of your absence. The Trust’s Leave Policy outlines various options for dealing with non-sick leave absences.

### **Whilst sick:**

- You must contact your manager to update them on your progress on a regular basis. It is the employees’ responsibility to contact the department as a minimum on a weekly basis
  - Tell your manager if you plan to be away from home, e.g. to recuperate, and leave a contact number where you can be reached by the person in charge of the shift or team at the time
  - Do not undertake any activity that could impact on your recovery
  - Obtain a GP or hospital medical certificate for periods of sickness of more than seven calendar days and send it, and any subsequent certificates, to your manager as soon as possible and, at the latest, within 14 calendar days of the commencement of your sickness period. Failure to do so may affect payment of Occupational Sick Pay
- 4.4.4 You must advise your line manager of the day you plan to return to work. You should advise him/her or, only if they are not available, the person in charge of the shift or team at the time, at least one day prior to your return in order that continuity of service can be provided.
- 4.4.5 Meet with your manager or person in charge of the shift/area to discuss your absence (Return to Work Interview) in a private room. Returns to Work interviews allow managers to maintain an awareness of the employee’s general health and welfare. This is an informal stage within this process.
- 4.4.6 Complete the Self Certification form for a period of absence less than seven calendar days (Appendix 1)

## **5. Management Process**

- 5.1 Managers should treat employees with respect, sympathy and understanding.
- 5.2 Managers should ensure they apply the policy correctly and consistently and that employees within their area are aware of the Policy and how it will be applied.
- 5.3 Consideration should be given by managers with regard to the appropriate level of contact, taking account of the need to keep in touch with developments. Managers must judge each case on its merits, bearing in mind that many staff welcome contact during absence.
- 5.4 If managers do not hear from employees they must consider contacting them by telephone or in writing to determine why they have not complied with the Policy. If satisfied with the explanation, no action need be taken other than a reminder about the importance of compliance. If managers are not satisfied with explanations, they may consider disciplinary action and should seek advice from the Human Resources Department.
- 5.5 If a member of staff does not report that they will be not attending work this should be recorded on HealthRoster/Pay Return sheet as Unauthorised Absence and Unpaid printed in the comments column. Similarly if a member of staff does not produce a Medical Certificate (Fit Note) having indicated previously that one would be made available then this should be recorded as Unauthorised Unpaid Absence.
- 5.6 The Manager should meet with every member of staff after, (or as soon as possible after), every absence. This is an opportunity for the manager:
  - to welcome the member of staff back
  - brief them on any changes during their absence
  - ensure the absence has been correctly recorded
  - identify/clarify the reasons for absence
  - find out if work-related factors are causing or exacerbating the illness
  - agree any follow-up actions
  - complete and sign the Self Certification form and file appropriately
- 5.7 Managers will alert the member of staff to the fact that if further episodes of absence occur that these may amount to unsatisfactory attendance and be dealt with via the Disciplinary Policy.

## **6. Identifying Unsatisfactory Attendance**

- 6.1 The Trust's approach will be positive and preventative rather than punitive. The Trust aims to recognise health problems at an early stage in order to take swift action for the benefit of both the employee and the Trust.

## **6.2 Trigger Points**

6.2.1 A method of helping to achieve consistency throughout the Trust is the adoption of a trigger level of absence.

6.2.2 Trigger levels which should be applied across all groups are:

- Three periods of absence in a rolling 12 month period (For clarity, a rolling twelve month period is the preceding 12 months)

OR

- Unacceptable patterns (days linked to weekends/bank holidays/annual leave)

OR

- One absence of 20 working days or as soon as it appears this will be an absence of 20 working days (4 calendar weeks for part-time staff).

6.2.3 The purpose of the trigger level is to alert managers to the fact that the employee's absence needs attention. Action, if any, to be taken will depend upon the individual circumstances of the case.

6.2.4 Equally, setting triggers does not prevent managers taking action before the trigger levels are met. The aim is for managers to use the trigger as a mechanism for prompting consideration of the situation, if action has not already been taken.

6.2.5 In adopting the trigger method of monitoring, the following should be borne in mind:

- Abuse of the system may occur if some employees regard it as a level of absence to be taken by right
- The trigger method will be ineffective if action is not taken regarding employees whose absence levels fall just short of the chosen trigger level on occasions but still gives cause for concern
- Employees who are genuinely ill and who should be off work may instead come to work to avoid managerial action once the trigger level is reached/exceeded. This is in no-one's best interest.

## **7. Procedure for Managing Short Term Sickness Absence**

### **7.1 Stage One: Sickness Review Interview: This is an informal stage**

7.1.1 When the trigger point has either been reached or exceeded, i.e. as in Paragraph 6.2.2 above or the manager determines it necessary; sickness review interviews should take place. Staff are expected to attend on request at a mutually convenient appointment time, although this will not be by formal invitation. There is no right for the employee to be accompanied but requests to be accompanied by a Trade Union representative or work colleague may be considered.

7.1.2 The interview should:

- Be supportive and non-confrontational

- Explore the issues sensitively and try to find any cause of the poor attendance
- Depending upon the reason for the absences, consider any reasonable adjustments that you can make to the role, working pattern or work environment that might enable the member of staff to improve their attendance
- If you or the member of staff considers that there may be an underlying health issue, offer a referral to Occupational Health
- Explain the Trust is concerned about the individual's health and welfare but also concerned about the effect of absence on the service we are able to provide

7.1.3 An informal Stage 1 meeting should be followed up in writing. A monitoring record (Appendix 2) may be completed and signed by the individual and the manager. If used, one copy should be placed on the employees file and one given to the employee. Staff should be advised that if no improvement is sustained within a 3 month period the formal part of this attendance process will be invoked.

7.1.4 If attendance is not improved within the required timescale and sustained thereafter, line managers should liaise with the Human Resources Department and consider further action.

## **7.2 Stage 2 Meeting: First Formal Meeting**

7.2.1 This is a formal meeting arranged by the line manager. The member of staff is entitled to be accompanied by a work colleague or Trade Union official. The meeting should be arranged in the staff's working time, minimum of 7 calendar days' notice in writing. If the employee's representative is unable to attend on the date/time originally proposed, the meeting will be arranged for another date, within 7 calendar days but will not be further postponed. Human Resources should also attend. Should the employee fail to attend the second re-arranged meeting managers may decide to progress on the information that is available.

7.2.2 A Stage 2 formal meeting is designed to identify the absence issues. If the line manager or the employee considers that there may be an underlying health issue, offer a referral to Occupational Health; seek further clarity on reasons for absence and offer appropriate support.

7.2.3 This meeting should be followed up with a letter within 7 calendar days, confirming the actions agreed at the meeting and stating the Trust's expectation of attendance. Two copies of the letter should be provided (one for the individual to pass to the employee's representative), and should include the monitoring period and specify what will happen if attendance is not improved.

7.2.4 If attendance is not improved within the required timescale, normally 3 months, and sustained thereafter, the line manager should contact their Human Resources Manager to discuss and consider further action.

7.2.5 If the required improvement is met the employee should be advised that no further formal action will be necessary. However should their absence meet a further trigger or become unacceptable then the Trust reserves the right to return to this stage.

### **7.3 Stage 3 Meeting: Second Formal Meeting**

7.3.1 This is a repetition of Stage 2 first formal meeting with the same timescales as outlined above but this is the final notice to improve attendance.

7.3.2 The meeting should be followed up with a letter, within 7 calendar days, again expressing concern and confirming that the Trust expects to see an immediate and sustained improvement in attendance. It should also explain that failure to achieve this improvement within the required timescale and to sustain it thereafter may ultimately result in dismissal.

7.3.3 If the improvement is not achieved within the required timescale and sustained thereafter, discussion with Human Resources will be required to consider further action.

7.3.4 If the required improvement is met the employee should be advised that no further formal action will be necessary. However should their absence meet a further trigger or become unacceptable then the Trust reserves the right to return to this stage.

### **7.4 Stage 4 Final Review Hearing**

7.4.1 If, following Stages 1 to 3 of the procedure, an employee's attendance fails to meet the required standards, a Final review meeting will be held.

7.4.2 This should involve a Senior Manager or manager with equivalent level of authority who may be required to dismiss the employee. This will only take place if the manager is satisfied that the employee has been given all the appropriate counselling, medical advice and other appropriate advice but has failed to improve to a satisfactory attendance level.

7.4.3 If dismissal takes place the employee will be informed of their appropriate statutory notice under the Employments Rights Act 1996; the effective date of their dismissal taking into account any outstanding annual leave entitlements; their right of appeal.

### **7.5 Un-sustained improvement**

7.5.1 At any stage in the absence review process where improvement has initially been made but not maintained over a sustained period of time the employee can be placed on last review stage that they were on.

### **7.6 Sustained improvement**

7.6.1 If full attendance is sustained for 12 month the employee will move to a former stage and be reviewed again after a further 3 months.



## **8. Procedure for Managing Long Term Sickness Absence**

- 8.1 Definition – continuous sickness absence of more than 4 weeks
- 8.2 Managers should deal with long term sickness absences sensitively and in accordance with this policy. In the majority of cases, it is hoped that employees will return to their normal duties. However this may not be always possible, and in these circumstances they may need to consider adjusting an employee's duties or offering suitable alternative employment within the Trust. It is important that Managers work closely with HR and the Occupational Health Department. When considering suitable alternative work the provisions of paragraph 8.3 below need to be borne in mind.
- 8.3 It is possible that employees with a long term condition may come under the provisions of the Equality Act 2010 and it is unlawful to unjustifiably discriminate against such employees on the grounds of disability.
- 8.4 The emphasis when dealing with long term sickness will be on the need to obtain medical advice and consult and maintain contact with the employee, or in some circumstances, their family.
- 8.5 All employees with continuous absence of more than 4 weeks should produce a signing off medical certificate from their GP or confirmation from Occupational Health that they may return to work.
- 8.6 It will not always be appropriate for an employee returning from long term sick leave to have an informal stage 1 monitoring interview but all employees should have a return to work interview and be monitored regularly.

## **9. Stage 1 - Medical advice (Long Term Sickness Absence)**

- 9.1 Where an employee has been absent due to sickness for a period of more than 4 weeks, their manager should review the nature of the illness and the estimated date of return to work.
- 9.2 In appropriate cases the manager will meet and discuss with the employee the purpose of the meeting and arrange for a referral to Occupational Health.
- 9.3 The employee will be advised that they will receive a copy of any Occupational Health advice received by the manager.

## **10. Stage 2 - Review Meetings**

- 10.1 The Occupational Health Department will have been asked to advise on the individual's ability to undertake their full range of duties of their job; give an estimated time of potential return to work, and if unable to return to their existing job, the nature of any other work they may be fit to carry out.

## **11. Medical Advice (Stage 2 – Review Meetings)**

- 11.1 The medical advice may consist of the following:

## **11.2 Await further progress and recovery**

11.2.1 If the employee is likely to return to work in the near future, no further action will need to be taken. However, before returning a further review by Occupational Health may be required.

## **11.3 Suitable Alternative Employment/Redeployment**

11.3.1 If it is apparent from medical advice that the employee will be unable to return to their post for health reasons, managers must ensure that redeployment is considered. This is to ensure that an employee's experience and skills are not lost to the Trust and to comply with the requirements of the Equality Act 2010.

11.3.2 If suitable alternative employment is recommended by Occupational Health a trawl of the current Trust vacancies on [www.jobs.nhs.uk](http://www.jobs.nhs.uk) should be undertaken by the employee with the assistance of HR.

11.3.4 In the event of a potential alternative role being identified Occupational Health will be asked to advise on its suitability. Providing the employee meets all the essential criteria of the Person Specification they will be slotted in to the vacancy following the normal application and interview process.

11.3.5 If suitable alternative posts have not been found within a 4 week period, from the date of advice from Occupational Health, further discussions and options will need to be considered.

## **11.4 Retraining / Rehabilitation**

11.4.1 Following a period of long term sickness an employee may experience difficulties returning to their post. Occupational Health Department may advise that for a limited time (called Sheltered Convalescence) adjustments may be made to the employees work pattern or working hours.

11.4.2 The Sheltered Convalescence Scheme is time limited to a maximum of 4 weeks; but may be less. Employees will be expected to use any accrued annual leave during this period. At the end of that time the employee, in discussion with their line manager, Human Resources and Occupational Health, will either return to their full range of duties or make permanent adjustments to their working hours or work pattern.

## **12. Stage 3 – Possible Termination of Employment**

12.1 If after a period of time it has not been possible to redeploy an employee who has been on long term sick leave and taking full account of the requirements of the Equality Act 2010 the only option remaining may be the termination of an employee's contract of employment on the grounds of Capability due to Ill Health.

12.2 The employee will be asked to attend a meeting which should be chaired by a manager with authority to dismiss. Before considering dismissal the manager will need to take account of:

- The nature of discussions throughout the period of sickness

- Steps taken and options considered in an attempt to assist the employee's return to work
- The nature of medical advice received and the prospects of recovery
- The nature of the employment and the effect of the employee's continued absence on the workforce
- The employee's entitlement to notice in accordance with the Employment Rights Act 1996
- The employee's effective date of termination, taking into account notice period and any outstanding annual leave
- The employee's right of appeal.

### **13. Early Retirement on the Grounds of Ill Health**

- 13.1 The NHS Pension Scheme provides for an employee to retire on the grounds of medical incapacity. The scheme operates under 2 Tiers.
- 13.2 The definition of Tier 1 is 'unable to do current job due to permanent ill health' and employees will receive pension based on benefits paid to date.
- 13.3 The definition of Tier 2 is 'unable to carry out regular employment due to permanent ill health'. Employees would receive enhancement of their pension with certain limits.
- 13.4 It must be remembered that the decision to grant early retirement on the grounds of ill health rests solely with the medical advisors of the NHS Pension Scheme. It is based on the information provided in the application form submitted by the employee.
- 13.5 It is extremely unlikely that an application for ill health retirement will be accepted unless it has the support of the Occupational Health Physician.

### **14. Co-operation**

- 14.1 Employees are expected to co-operate in complying with the Sickness Policy.
- 14.2 Employees are expected to agree an action/improvement plan where attendance is being managed.
- 14.3 Employees absent on sick leave must not undertake any other employment whether paid or unpaid including Agency work or in any other capacity within the Trust or any other Trust/employer.

### **15. Medical Certificates**

- 15.1 All absences require the completion of a self-certification Sickness Absence Report Form (Appendix 1) on return to work. These are available from an employee's Manager or from the Intranet.
- 15.2 For an absence of more than seven consecutive days (including Saturdays, Sundays and bank holidays), a Statement of Fitness for Work (Med 3) is required. This must be dated from the eighth day of sickness or earlier. The certificate must be sent to the employee's Manager no later than the tenth day of absence.

- 15.3 A fit certificate enables the GP to recommend that an employee refrains from work or that they may be able to return to work with the employer's agreement on a phased return to work; on amended duties; on altered hours or with workplace adaptations.
- 15.4 If a fit note recommends one of the latter recommendations the employee should seek advice from the Occupational Health Physician, who will, in conjunction their line manager and HR Advisor confirm whether the GP's recommendations are feasible for the employee.
- 15.5 If the GP's recommendation is not regarded as feasible then the employee will remain on certified sick leave.
- 15.6 On-going Statements of Fitness for Work must be sent to the employee's line manager within twenty-four hours of the previous certificate expiring.
- 15.7 If certificates are not received by the Trust on the due dates, this may result in problems with payment of Occupational Sick Pay as, due to payroll deadlines the late submission of certificates, or failure to inform the line manager of sickness absence, may mean that an employee will be marked absent without pay. This may be adjusted when certificates are received, but will mean that payment for the days in question cannot be made until the following pay day.
- 15.8 In certain circumstances, the Trust reserve the right to withdraw an employee's privilege to provide self-certificates to cover periods of absence and all future absences may require a Statement of Fitness for Work, regardless of duration. This might include occasions such as when an individual is:
- Already subject to unsatisfactory attendance procedures.
  - Working a period of notice before leaving the employment of the Trust.

GP's may charge for these certificates for which the employee will be re-imbursed on production of a receipt from the GP's surgery.

## **16. Occupational Health**

- 16.1 A request to attend the Occupational Health Department is a means of gaining a clear picture of the employee's current state of health and their ability to carry out their duties and responsibilities at work. Employees should not feel threatened by such a request as it can be essential to obtaining advice and support in managing absence. For more information and guidance please refer to the Occupational Health Policy.
- 16.2 Occupational Health may recommend seeking further specialist medical advice or advice from the employee's own GP. In such cases medical access rules apply, so the employee must consent and may see and amend or correct errors before the report is given to Occupational Health.
- 16.3 The Trust's Terms and Conditions of Employment state that health checks may be undertaken as deemed necessary. Therefore, the Trust expects that the employee will attend. If, however, the employee declines to attend for an Occupational

Health appointment or does not agree to the release of medical reports by their GP or other medical specialist, the manager must make decisions based on the evidence available to them. The employee also has a responsibility to advise their line manager of their reasons for non-attendance as failure to do so may result in disciplinary action.

- 16.4 Employees who feel that they are suffering from stress within the workplace, may self-refer to the Occupational Health department. There is a separate Stress at Work Policy that should also be consulted.
- 16.5 In the event that a case management meeting is arranged, where appropriate, these should be held in an open forum with all parties in attendance.

## **17. Equality Act**

- 17.1 The Trust is committed to seeking to retain the skills of employees who become disabled at work, in cases where the employee becomes disabled, the employee's medical condition deteriorates or where there is a change in duties of the disabled employee, then advice should be taken from Human Resources and Occupational Health.
- 17.2 Advice also needs to be taken on whether the organisational attendance targets require reasonable adjustment where the nature of the employee's absence is linked to their disability.
- 17.3 Further advice can be sought from external agencies and the Job Centre Disability Advisory Team.

## **18. IVF Treatment**

- 18.1 The Trust is sympathetic to employees who have indicated that they are undergoing IVF treatment.
- 18.2 Line managers who receive requests for time off for such treatment should treat these requests in the strictest confidence.
- 18.3 Employees will be required to take annual leave, time in lieu or changes to shift patterns or unpaid leave in order to attend IVF treatments.
- 18.4 Upon conception the arrangements of the Maternity Policy will be instituted.

## **19. Elective Cosmetic Surgery**

- 19.1 Employees opting to undergo cosmetic surgery through their own choice, will not receive Occupational Sick Pay for medical appointments or sickness absence related to this type of cosmetic surgery or cosmetic treatments. Any queries, should be referred to Human Resources.

## **20. Sheltered Convalescence Scheme**

- 20.1 The Sheltered Convalescence Scheme provides an opportunity to facilitate a graduated return to work for employees following a serious illness, accident or surgery.
- 20.2 The scheme is appropriate only where it would aid rehabilitation and/or facilitate an earlier return to work, determined by Occupational Health opinion.
- 20.3 The period of time for which the Scheme should operate is a maximum of four weeks and can be of shorter duration.
- 20.4 At the discretion of management, the scheme may be offered to staff with a terminal illness. In these cases the four-week maximum need not apply.
- 20.5 If Occupational Health do not agree a Sheltered Convalescence Scheme for an employee but the manager and that employee wish to have staggered return to work, accrued or current annual leave may be used.

## **21. Annual Leave and Sickness Absence**

- 21.1 If an employee is ill whilst on annual leave, they must notify their manager and provide the relevant certification. In such instances, annual leave will be suspended and the absence recorded as sickness. In accordance with Agenda for Change, employees are not entitled to an additional day off if they are ill on a general Public holiday that they would otherwise been required to work as part of their basic week.
- 21.2 Under the Working Time Regulations, employees on long term sick leave are entitled to accrue and be paid in respect of their leave entitlements. Any additional contractual annual leave in excess of the 28 days statutory (pro rata for employees working on a part-time basis), will continue to accrue during periods of long term sick leave but can only be taken by consent under certain circumstances.
- 21.3 Employees who are taken ill whilst on annual leave will be asked to provide a medical certificate if they wish to reclaim their annual leave.
- 21.4 Employees who are absent due to sickness immediately before or after a period of pre-booked annual leave, will be asked to obtain a GP certificate to cover the period of illness.
- 21.5 Employees planning to go on holiday during a period of long term sickness will be asked first obtain a letter from their GP confirming that this will aid their recovery/recuperation and must submit this to their line manager for approval in advance of their holiday. This holiday will then be counted as annual leave, paid at normal rate of pay and deducted from their annual entitlement. Employees taking holiday whilst off sick in breach of these arrangements may be subject to disciplinary action.
- 21.6 This policy should be read in conjunction with the Trust's Leave Policy and Annex Z of the Agenda for Change Handbook (AfC): NHS Terms and Conditions of Service Handbook which can be accessed via the Trust Intranet.

## **22. Breaches and Abuse of Policy**

- 22.1 Abuse of or breaches in this policy will be dealt with initially by the line manager and may result, depending on the circumstances, in actions ranging from a deduction from pay in respect of days not worked up to formal action under the Trust's Disciplinary Policy.
- 22.2 Where there is a significant breach of this policy, the HR Operations Team must consider whether that breach should be reported under the Trust's Datix reporting procedure.

## **23. Counter Fraud**

- 23.1 Employees alleged to be involved in fraudulent activity may render themselves liable to disciplinary action, including termination of employment.
- 23.2 Employees must be aware that failure to provide a true declaration when asked by the Trust, or the making of a false declaration, could result in an investigation by the Local Counter Fraud Specialist which could lead to disciplinary and/or criminal/civil action.

## **24. Audit and Monitoring**

- 24.1 Sickness data as recorded in line with this Policy is collated on a monthly basis and recorded on the ESR Payroll System.
- 24.2 An overview of the information in the ESR system is analysed and percentage figures are submitted to senior management and presented at the Financial Performance Committee and Trust Board on a monthly basis.
- 24.3 Data will be presented at the Directorate Governance meetings to review activity against the 3% Trust target and monitored at the Patient Safety & Quality Committee.
- 24.4 The detail behind the high leave percentage analyses is passed on to the HR Operations team for review. The Director of Workforce will ensure that the arrangements for reviews are in place.
- 24.5 The policy and procedure may be reviewed through the JCNC, at the request of either party and with a view to reaching agreement.
- 24.6 Feedback received from all users (managers and employees) will be collated by Human Resources and discussed at the Policy Sub-Group as part of the review process and will include any relevant Employment Law updates regularly.
- 24.7 The policy will be monitored annually by the Human Resources Operations Team with areas of exception being highlighted.
- 24.8 A yearly audit of all breaches of this Policy will be carried out and submitted to JCNC. This will be completed by the Human Resources Operations Team.

## **25. Communication and Implementation**

- 25.1 Employees will be made aware of this policy through reference at Corporate Induction and dissemination via Staff Focus. The document will be stored for access to all on the MEHT Intranet under HR Policies and will also be available on the Trust website.

## **26. Pensions Auto Enrolment**

- 26.1 Since 1<sup>st</sup> July 2013 the Trust has an obligation to assess all workers and their individual position within the organisation. This being the case, employees need to be aware that any changes to pay under this policy may affect their Pensions Auto Enrolment Status.

## **27. Review**

- 27.1 This policy and procedure will be reviewed within 24 months of its agreement and bi-annually thereafter. Any additional amendments will be made in accordance with any changes in legislation.

## **28. Equality and Diversity**

- 28.1 Mid Essex Hospital Services NHS Trust is committed to a Policy embracing the Equality Act 2010 in all its employment practices and strives to eliminate all unfair discrimination, harassment, bullying and victimisation. Equality of opportunity is a high priority within Mid Essex Hospital Services NHS Trust and the Trust will not unlawfully, unfairly or unreasonably discriminate or treat individuals less favourably on the grounds of gender, marital status, sexual orientation, religion or belief, disability, age, race, nationality or ethnic origin. An Equality Impact Assessment is attached at Appendix 3.

## **29. References**

- Managing Attendance and Employee Turnover, Advisory Conciliatory Arbitration Service (ACAS)
- Agenda for Change Terms and Conditions of Service Handbook, NHS Staff Council
- Absence Measurement and Management Factsheet, Chartered Institute of Personnel and Development (CIPD)
- Equality Act 2010
- Employments Rights Act 1996



**STRICTLY CONFIDENTIAL**

**Sickness Absence Report Form**

**PART 1; To be completed by Line manager / person taking call (Please print)**

Name of person reporting sick:

Job title & department:  Staff No:  WTE

Date of call: 

dd	mm	yy
----	----	----

 Time of call: 

hh	Mm
----	----

Name of person taking call:

**SHIFTS THAT WEEK**

(Please list shift for each day i.e. FD, E, L, N etc).

M	T	W	T	F	S	S

Of the above rota, what day(s) is the person expecting to be sick – when do they expect to return to work?

M	T	W	T	F	S	S

**Nature of sickness/injury symptoms:**

Anticipated return to work date 

dd	mm	yy
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**Or date for further contact**

Please explain to the member of staff that if they do not return from sickness on the day indicated on this form, they will need to call in again.

Date of Return to work: .....

Interview notes by Manager: .....

**PART 2;**

**To be completed by member of staff upon return from a period of sick leave of more than ½ day**

Dates of sickness from: 

dd	mm	yy
----	----	----

 To: 

Dd	mm	yy
----	----	----

**Reason for absence:**

I declare that I have not worked during the period of sickness and that the above statement is true and accurate to the best of my knowledge.

Signed: .....

Date.....

Line Manager Signature .....

Date.....

**STAGE 1 Meeting Prompts**

**STRICTLY CONFIDENTIAL**

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

<p>This is a 1.1 informal meeting to discuss an individual's sickness record and agree outcomes:-</p>																						
<p>1. Is the person aware of the Trust Sickness Absence Policy and the procedure for reporting their sickness? If not has the person now been informed of the procedure, and told of the consequences of failing to follow this?</p>		<p>YES/ NO</p> <p>YES /NO</p>																				
<p>2 Identify all absences over the previous 12 months and discuss any pattern in the absences (e.g. Mon's &amp; Fri's)</p> <table border="1"> <thead> <tr> <th><i>From</i></th> <th><i>To</i></th> <th><i>No of Days</i></th> <th><i>Reason For Absence</i></th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			<i>From</i>	<i>To</i>	<i>No of Days</i>	<i>Reason For Absence</i>																
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<p>3. Discuss the background to the absences (eg work related, accident, self inflicted, or any underlying domestic/welfare issues etc.) together with any assistance offered : Please outline:</p>																						
<p>4. <u>Monitoring - Agreed Actions/Outcome</u></p> <p>Depending upon the reason for the absences have you offered any adjustments to their working pattern to enable the person to improve their attendance?</p> <p>Have you offered the person a referral to Occupational Health?</p> <p>Have you explained that a three month improvement plan will now be put in place where we will require a sustained improvement on attendance?</p> <p>Have you agreed a date and time to review progress at the end of the three month plan?</p> <p>Have you agreed to have monthly 1.1 meetings to discuss any issues?</p> <p>Has the employee been made aware that the Trust is concerned about their health and welfare but is also concerned about the effect of absence on the service we are able to provide?</p> <p>Has the employee been made aware that future absences will be monitored and that should their attendance fail to improve and be sustained will result in formal action being taken?</p> <p>Has a signed copy of this record been given to the employee?</p>		<p>YES/ NO</p> <p>YES/ NO</p> <p>YES/ NO</p> <p>YES/ NO</p> <p>YES/ NO</p> <p>YES/ NO</p> <p>YES/ NO</p> <p>YES /NO</p>																				
<p>Manager's Name:</p>		<p>Employee's Name:</p>																				
<p>Manager's Signature:</p>		<p>Employee's Signature</p>																				

To be completed by Line Manager/Person in Charge

**Equality Impact Assessment (EIA) template.**Title of document being impact-assessed: **Sickness Policy**Date of assessment: 17<sup>th</sup> May 2016Lead person on the assessment: **Nona Stevenson**

<b>Equality or human rights concern. (see guidance notes below)</b>	<b>Does this item have any differential impact on the equality groups listed? Brief description of impact.</b>	<b>How is this impact being addressed?</b>
<b>Gender.</b>	<p>Different genders can suffer from differing health problems. The Process should be carried out in line with the policy whatever the reason for Sickness Absence.</p> <p>Not paying Sickness Absence for IVF Treatment could be seen as indirect discrimination as only women have children and this would in the majority of time only apply to them.</p>	<p>Paragraph 6.2 of the Policy makes it clear to managers with regards to the importance of consistency.</p> <p>The Policy is in line with current legal guidelines and best practice on the subject and we would not grant sick leave to a male member of staff taking part in the IVF process either but would afford both sexes the same opportunities to appropriate leave as indicated in 18.3</p>
<b>Race and ethnicity.</b>	None	
<b>Disability.</b>	Because Disabilities can sometimes develop from a bought of sickness or can be misdiagnosed as sickness it is important that the differences are understood	Section 17 of the policy refers to the Equality Act and provides advice on where Managers can obtain further help and guidance on the subject.
<b>Religion, faith and belief.</b>	Some elective surgical procedures could be required as part of someone's religious belief and not providing Occupational Sick Pay for these procedures but for others may be seen as discriminating due to Religion, faith or belief.	Section 19 makes it clear that the Trust will not pay Occupational Sick Pay for cosmetic surgery undertaken at the employees own choice irrespective of what that procedure is. This would seem the fairest way of dealing with these issues but this section should be brought to Mangers attention and applied consistently whatever the procedure.
<b>Sexual orientation.</b>	None	
<b>Age.</b>	Staff do tend to have	The policy makes it clear in section 6.2

	differing health issues at different times of their life.	that the policy should be applied consistently irrelevant of sickness reasons.  Section 13 of the Policy explains the process of Early Retirement on the grounds of ill health.
<b>Transgender people.</b>	It might on occasions be that Surgery is carried out to physically change a person's gender. No mention of this directly has been made in the policy	Specifically mentioning this kind of surgery in the policy would in itself be discrimination but the issue has been covered in two sections indirectly. If the surgery is being carried out on the recommendations of a physician for medical reasons (physical or mental) then Paragraph 6.2 is relevant. If, however, the surgery is elective and of the individuals free choice Section 19 would be relevant.
<b>Social class.</b>	None	
<b>Carers.</b>	This policy should be used to deal with the Sickness issue of our direct staff and issues relating to the Health and Wellbeing of people in their care is dealt with in the Trusts Leave Policy.	