



City Hospitals Sunderland

NHS Foundation Trust

ATTENDANCE MANAGEMENT POLICY

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CITY HOSPITALS SUNDERLAND NHS FOUNDATION TRUST

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1. **INTRODUCTION**

1.1 City Hospitals Sunderland (the Trust) recognises the benefits of employee health and wellbeing as well as having a robust, clearly understood procedure for managing sickness absence. This policy outlines our approach to managing attendance.

1.2 This policy takes a work-focussed approach to help minimise the impact of ill health on an employee's attendance. Being ill or injured does not always prevent an employee from getting to, or undertaking some, work. A work-focused approach involves early intervention to enable any help and support to be identified and greater emphasis on the manager and employee working together to remove barriers to work.

1.3 The principles underpinning this policy are:

- Generally, being in work is good for physical and mental health and well-being.
- The Trust is committed to promoting a culture of attendance where employees feel valued, supported and committed to the organisation and their colleagues.
- Attendance will be managed fairly and effectively in a clear and transparent way.
- Action will be taken when health and well-being are at risk or when absence is unsatisfactory.
- Attendance discussions will focus on what the employee can do rather than what they cannot, enabling them wherever possible to remain at work instead of taking sickness absence.
- The Trust is committed to reducing the number of working days lost through sickness absence and the impact this has on patient services and other employees.
- Managers will support employees in achieving a satisfactory level of attendance by helping them to remain at work when they experience ill-health, or return to work as soon as possible following a period of sickness absence.
- During long-term sickness, regular review meetings will take place to provide an opportunity for the employee and manager to identify any help needed to enable the employee to return to work as soon as they are well enough.
- Where sickness absence levels cause concern, managers will take action in accordance with the formal management procedures outlined in this policy, including the use of formal warnings to address unsatisfactory attendance.
- The Trust will offer security of employment, so far as is reasonably practicable, to employees during periods of sickness absence.
- Adjustments to an employee's role, temporary alternative duties or permanent redeployment will be considered where possible.
- Dismissal on the grounds of unsatisfactory attendance or ill health will only be considered as a last resort.

This policy is to be used in conjunction with and is accompanied by, a range of training courses, support materials and resources, which have developed by the HR Department. These are available via the Attendance Management section of the Trust Intranet.

2. PURPOSE AND SCOPE

2.1 The purpose of this policy is to:

- Maximise the deployable resources available to the Trust to deliver safe and effective care to our patients;
- Ensure that all employees who are sick, injured or who have a disability, receive appropriate support during any absence and subsequent return to work;
- Ensure that all employees have access to the full range of support services provided by the Trust, e.g. physiotherapy, counselling.
- Assist managers in managing and reducing sickness absence in a timely and robust manner to enable the Trust to have sufficient resources to deliver safe and effective care.
- Show that staff are valued by giving them support during sickness absence and/or recovery and ensure that absence from work is minimised.
- Set out the standard for ensuring a fair and consistent approach in respect of attendance management and provide a framework for managers to help them and the Trust to achieve a sustainable reduction in sickness absence.

2.2 This policy applies to all employees.

2.3 For medical and dental staff, this policy should be read and used in conjunction with the Department of Health document, 'Maintaining High Professional Standards in the Modern NHS'.

3. DUTIES

3.1 Board of Directors

The Board of Directors is responsible for monitoring and approving a framework to ensure robust attendance management, which is compliant with all relevant legislation and guidelines.

3.2 Chief Executive

The Chief Executive has ultimate responsibility for ensuring that a robust attendance management policy and procedures are in place that are compliant with all relevant legislation and guidelines.

3.3 Director of Human Resources

The Director of Human Resources is the nominated Director lead for this policy and is directly responsible to the Chief Executive for its implementation, including consultation with staff side representatives.

3.4 **Human Resources (HR)**

The HR Department is responsible for:

- Providing advice, guidance and support to managers on the application of the policy, including attendance at formal meetings held in accordance with the policy.
- Producing and analysing sickness absence data and reporting this to Executive Committee and Board of Directors.
- Developing and delivering attendance management and other related training to line managers to ensure the policy is applied consistently and fairly across the organisation.
- Reviewing this policy and any associated procedures, in response to changes in legislation, terms and conditions, rules and best practice.
- Monitoring the sickness absence triggers described in this policy and notifying employees who are close to triggering the formal procedures associated with these.

3.5 **Line Managers**

Line managers are responsible for: -

- Supporting employee health and wellbeing.
- Managing attendance / sickness absence in accordance with this policy.
- Seeking advice and support from HR and Occupational Health as appropriate on the operation of this policy.
- Making sure employees report and certify all sickness in accordance with this policy.
- Recording sickness absence start and end dates in ESR in a timely manner, so that staff are paid correctly and sickness records are accurate.
- Holding return to work meetings with employees after each spell of sickness.
- Maintaining confidentiality at all time in matters relating to employees' health and wellbeing / sickness absence.
- Keeping regular contact with and supporting employees when they are off sick and during their rehabilitation to work.
- Writing reports for formal meetings, outlining actions taken to support an employee throughout their sickness absence as part of the formal management procedures.

3.6 **Employees**

Employees are responsible for: -

- Complying with this policy at all times. Failure to do so may result in disciplinary action up to and including dismissal.
- Reporting sickness absence in line with this policy and departmental procedure. Failure to do so may result in the absence being recorded as unauthorised and pay withheld.
- Keeping in regular contact with their line manager while off sick.
- Attending work when fit to do so.

- Providing the necessary self-certificate or medical certificate as and when required by with this policy.
- Attending Occupational Health when required to do so.
- Attending return to work meetings.
- Attending any formal meeting convened under this policy when required to do so.
- Making arrangements with their trade union representative or work colleague if they wish to be accompanied at formal meetings.
- Seeking advice from their GP, Occupational Health or line manager if they are experiencing any health problems.
- Maintaining a healthy lifestyle and refraining from any activity that may prevent or delay recovery.
- Refraining from secondary employment while off sick. (See **Section 10**).

3.7 **Occupational Health Department**

The Occupational Health Department is responsible for:-

- Providing a professional, objective opinion on an individual's ability to work and any requirement for adjustments.
- Identification of health problems that may affect an individual's ability to carry out their job.
- Potential effects of health problems on current and future performance and attendance.
- Consideration of temporary or permanent adjustments to the workplace or tasks that would help to reduce the adverse effects of health problems on attendance and performance.
- Timescales for expected improvement and return to work if currently absent.
- Whether an employee may be fit to return to work in some capacity, even though the Fit Note states 'unfit for work' for SSP purposes.
- Suggested workplace adjustments on a Fit Note.
- Proposals for case management or a rehabilitation programme where appropriate.
- An opinion on suitability for medical redeployment.
- An opinion on medical exclusion.
- An opinion on consideration for ill-health/incapacity early retirement (subject to pension scheme rules).

4. **DEFINITIONS**

Sickness Absence: non-attendance at work by an employee due to ill health, when the employer expects attendance.

Short Term Sickness: an absence of 7 calendar days or less, which does not require a GP Fit Note / medical certificate.

Long term Sickness: a single period of 28 calendar days or more.

Planned Sick Leave: health problems that require an operation or treatment programme, which has a recognised / expected, period of recovery or duration.

Rolling Year: 12-month period preceding an absence.

Medical Exclusion: when an employee is deemed unfit to work due to their own ill health or because their job or aspects of it have been risk assessed as being detrimental to their own health and wellbeing or that of others.

Pattern of Absence: where monitoring sick leave reveals a trend in the absences, typically before or after a weekend or holiday, on a particular day, before or after certain shifts, school holidays or each time a specific meeting is due to occur.

Disability: a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on an individual's ability to do normal daily activities. Substantial is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed. Long-term means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection.

Impairment / Condition: A newly diagnosed, pre-existing, emerging or changed physical, cognitive or mental health condition. Certain conditions are not to be regarded as impairments for the purposes of the Equality Act 2010. These are:

- addiction to, or dependency on, alcohol, nicotine, or any other substance (other than a substance that is medically prescribed);
- seasonal allergic rhinitis (e.g. hayfever), except where it aggravates the effect of another condition;
- tendency to set fires;
- tendency to steal;
- tendency to physical or sexual abuse of other persons;
- exhibitionism;
- voyeurism.

Reasonable Adjustments: a legal term, which means the adjustment of a provision, criterion, practice or physical feature of an employer's premises, without which a disabled person would be placed at a substantial disadvantage in comparison to a non-disabled person. (Also, applies to all employees' assigned reasonable adjustment as part of their rehabilitation to the work environment). Examples of reasonable adjustments include:-

- Providing training or mentoring;
- Altering working hours
- Allocating some of the disabled person's duties to another person
- Acquiring or modifying equipment (e.g. voice recognition software)
- Modifying work environment (e.g. lightening, temperature, accessibility)
- Redeployment

Statement of Fitness for Work (Fit Note): A medical certificate, which must be provided for any sickness absence lasting more than 7 consecutive, calendar days. It can be used by GPs or Supervisory Clinician to confirm that someone is 'not fit for work', or 'may be fit for work' based on adjustments such as a phased return to work or lighter duties for a specified period.

Phased Return: An initial, temporary, adjustment to hours of work, duties or environment, immediately following a period of (usually long term) sickness

absence, to help the employee back in to their normal work role or an amended work role, if an agreed reasonable adjustment.

Statutory Sick Pay (SSP): A statutory weekly amount of sick pay, determined by the Government, which becomes payable for absences of at least 4 calendar days in a row, for those who meet the minimum earnings requirement.

Occupational Sick Pay (OSP): An enhanced amount of sick pay, as per NHS Terms & Conditions, which is paid, provided notification and certification requirements are met and the maximum amount payable has not been exceeded.

Occupational Health: Occupational Health is the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people and people to their jobs.

Trade Test: An assessment of an individual's proficiency, knowledge, skills and competence in a particular occupation/job role. Trade Testing can include a range of assessments including theory, practical and interview.

5. EQUALITY AND DIVERSITY STATEMENT

5.1 City Hospitals Sunderland's Attendance Management Policy is designed to make sure that appropriate, fair and consistent actions are taken by managers, in response to employees' sickness absence.

5.2 This document takes into account current employment legislation and as such will be implemented in conjunction with the Trust's Equality and Diversity Strategy and equality and diversity legislation, including:

- Equality Act 2010
- Rehabilitation of Offenders Act 1974
- Employment Rights Act 1996
- Equal Pay Act 1970 (as amended)
- Human Rights Act 1998
- Part-time Workers Directive 1999
- Employment Act 2008

5.3 Managers have a particular responsibility to ensure their management practices do not discriminate in the provision of their service or in the employment of staff. The Trust monitors and publishes information on the profile of its workforce based on age, disability, ethnicity, gender and marital status and appropriate actions will be taken by the Trust to identify and address any problems.

6. MANAGING CONFIDENTIALITY

- 6.1 Any records in relation to an employee's health are confidential and any information that is collected and stored should be held in accordance with the Data Protection Act 1998.
- 6.2 The following principles should be followed:
- Only information necessary to the monitoring and management of sickness absence should be sought (e.g. from discussions between the employee and manager or via a management referral to Occupational Health);
 - All relevant and necessary information e.g. self-certification form, records of absence review meetings, management referrals and reports, should be stored securely with restricted access and for no longer than necessary;
 - Information should be shared only with those directly involved in the management of the case, enabling the employee to see information relating to them on request;
- 6.3 It is important to retain a record of all intervention / support and decisions taken to evidence compliance with this policy and the Trust's obligations under the Equality Act 2010. These records may also be helpful as a personal aide memoire to aid the effective management of sickness absence cases.

7. TRUST CONTRACTUAL SICK PAY SCHEME

- 7.1 Employees are entitled to sick pay in accordance with the rules of the Trust's Contractual Sick Pay (CSP) scheme and the Statutory Sick Pay (SSP) scheme. This is calculated by reference to a rolling 12-month calendar period.
- 7.2 However, payment of the benefit remains at the Trust's absolute discretion and it may suspend payment in certain cases – e.g. failure to follow Trust policy or failure to attend Occupational Health appointments. In the event that payment is withheld, the employee may raise the matter through the normal Grievance Procedure.
- 7.3 An employee who is new to the NHS will not, during their first 12 months' employment with the Trust, be eligible to receive CSP for any period of sickness absence. This benefit will become an entitlement once the employee has completed 12 months' satisfactory service. An employee's continuous previous service with the Trust will count as reckonable service in respect of NHS agreements on sick pay.
- 7.4 The provisions of the Trust's CSP scheme do not affect the right of the Trust to dismiss any employee in accordance with the terms and conditions of their contract of employment. Eligibility under the CSP ceases immediately when an employee leaves the service of the Trust.

7.5 In cases resulting in the termination of employment, appropriate notice, or pay in lieu of notice will be paid in accordance with the terms of the employee's contract of employment. An employee is not entitled to exhaust their CSP, or to receive payment in respect of any outstanding entitlement prior to, on, or after the termination of their employment.

8. SICKNESS ABSENCE REPORTING

8.1 All managers must have arrangements established sickness absence reporting procedure in place and ensure that all employees know how, by when and to whom to report their sickness if they are unable to attend work.

8.2 Employees must make a note of their local sickness reporting procedure, including who they need to speak to and by when and ensure they keep a copy of this. Employees are personally responsible for telephoning / speaking to their manager, a designated deputy or most senior person on duty, to notify their sickness, within the required timescale, which will normally be no less than 1 hour before their shift/duty start time.

8.3 When reporting their sickness absence, employees must provide information, including:-

- Sickness reason / nature of the illness;
- The date their sickness started (even if this was a rest / non work day);
- How long they expect to be off sick and an indication of when they will be fit / be back at work;
- Whether they have or intend to contact their GP / Supervising Clinician;
- Any urgent / important work that needs to be dealt with in their absence

8.4 Reporting sickness absence by text message, e-mail or social media is not permitted and employees who do so will be regarded as having breached this policy. Where there are disability related factors, which may make telephone notification difficult / not reasonable, (e.g. hearing impairment), alternative reporting arrangements should be agreed by the line manager with the employee.

8.5 Where an employee is unable to report their absence themselves, e.g. when they are hospitalised, they will need to make sure that the person who reports their absence does so in line with policy / department procedure and can also answer questions from their manager.

8.6 Failure to follow the relevant sickness reporting procedure will result in an employee's absence being recorded as unauthorised, pay will be withheld and employees may be subject to disciplinary action in line with the Trust's Disciplinary Procedure.

8.7 If the absence is 7 calendar days or less, the employee must on their return to work, complete a Sickness Self Certificate, a copy of which is available on the Trust Intranet. Sickness Self Certificates will be kept / stored on the employee's Personal File.

- 8.8 If the absence is 8 or more calendar days, the employee must obtain and submit a Fit Note (Med 3) signed by a GP or Supervising Clinician or a Medical Certificate (Med 10) from a hospital.
- 8.9 It is an offence to alter / amend a Fit Note (Med 3/Med 10) in any way. Any concerns about this will be referred to the Trust's Local Counter Fraud Specialist and may lead to disciplinary action up to an including dismissal and/or criminal action being taken.
- 8.10 Employees who are found to be participating in activities, which conflict with/or bring into question the validity of their absence, will be dealt with under the Trust's Disciplinary Policy.
- 8.11 Evidence of abuse of the sick pay scheme will be considered as potential gross misconduct and dealt with under the Trust's Disciplinary Procedure.

9. BECOMING ILL AT WORK

- 9.1 If an employee becomes ill or suffers an accident at work, they must inform their manager as soon as practicable, or the most senior person present if their manager is absent/not on duty. This is to ensure that the appropriate action is taken, which may include completing an incident form, initiating first aid (by a qualified person), seeking advice from Occupational Health, summoning emergency medical help or sending the employee home to the care of their primary care practitioner.
- 9.2 If an employee attends work but then leaves or is sent home due to ill health and more than 50% of their working hours / shift remain, it will be recorded as one day's sickness.
- 9.3 If an employee attends work but then leaves or is sent home due to ill health and less than 50% of their working hours / shift remains, it will be recorded as a full day's attendance and will not count / be recorded as a sick day. However, if this happens frequently, the manager must deal with it in accordance with the formal absence management procedure outlined in this policy.

10. SICKNESS ABSENCE AND SECONDARY EMPLOYMENT

- 10.1 Whilst off sick, employees are regarded as unfit to undertake any work and therefore must not undertake secondary employment (in any capacity), particularly with a medical certificate, without permission. (See Secondary Employment Policy for more information).
- 10.2 If an employee has a dual contract within the Trust or secondary employment and considers they can work in these roles whilst off sick, they must first discuss this with and have written permission from their line manager before doing so. This will be following consultation with and advice from HR and Occupational Health.
- 10.3 If an employee engages in secondary employment whilst off sick without the prior written permission from their line manager, they may be subject to

disciplinary action in accordance with the Trust's Disciplinary Procedure, which may result in the involvement of the Trust's Local Counter Fraud Specialist and may lead to dismissal.

11. MENTAL HEALTH PROBLEMS AND MUSCULOSKELETAL CONDITIONS

11.1 The Trust acknowledges that mental health and musculoskeletal problems are the two main causes of sickness absence. The Occupational Health Department provides rapid access to a range of support services to help employees get a fast response to help them manage problems including these and to help them stay at work.

These include access to:-

- Counselling (telephone and face to face) and legal / financial advice, through the EAP;
- Physiotherapy treatment;
- Moving and handling advice / support;
- Childcare and other carer advice / information;
- Health surveillance;
- Immunisation – e.g. influenza;
- Access to Health Trainers;
- Access to smoking cessation;

11.2 The HR Department has developed a range of guidance / information materials for managers to help them support staff with mental health problems and musculoskeletal conditions. HR and Occupational Health staff also deliver a range of training around attendance management to enable managers to support staff health and wellbeing.

12. MANAGING THE ATTENDANCE OF EMPLOYEES WITH DISABILITIES

12.1 If an employee with a stable impairment / condition is properly supported in the workplace, they will often be able to continue working whilst managing this. This includes employees with physical, cognitive and / or mental health conditions as well as situations where individuals experience fluctuating symptoms of an impairment / condition.

12.2 Where it is known that an employee's sickness absence is related directly to an impairment / condition, the manager must record this in ESR using the most relevant category of 'sickness reasons'. Managers should contact the Employee Services Team in HR if they need advice about this.

12.3 The Trust has a duty under the Equality Act 2010 to make reasonable adjustments to ensure that disabled employees are treated no less favourably than their non-disabled colleagues.

12.4 Managers should adopt a flexible and pro-active approach, that supports disabled staff who need to take leave for reasons relating to their disability,

e.g. assessment, treatment, or servicing of equipment or disability aids. Such disability-related leave is separate from sickness absence and should be recorded in ESR as 'Disability Leave'. Managers should also record disability related sick leave separately from non-disability related absences. Again, managers should seek HR advice about this.

- 12.5 Arrangements that allow an individual to take disability leave and discounting this for purposes of monitoring sickness absence, is an example of reasonable adjustments a manager can make in seeking to mitigate significant disadvantage for a disabled employee in the workplace.
- 12.6 It is not possible to describe in this policy all of the circumstances in which Disability Leave may be appropriate, as the judgment on what is reasonable will be made in the context of each employee's situation and local circumstances. Managers should seek Occupational Health and HR advice regarding adjustments that need to be considered. Examples of circumstances that may prompt a need for Disability Leave include:
- Appointments as a hospital outpatient or for specialist check-ups and diagnostic assessments.
 - Specialist assessment, e.g. for such conditions as dyslexia.
 - Equipment servicing, e.g. hearing aid tests.
 - Training with a new assistance dog or in the use of assistive technology.
 - Appointments/meetings with Access to Work.
 - Hospital treatments, e.g. a blood transfusion or dialysis, or to respond to a change in impairment/condition.
- 12.7 On return to work after a period of long term sickness or for a reason related to a disability an employee may need adjustments to be made to the way in which their work is organised, to their work station and/or to equipment to enable them to undertake their duties. Such adjustments may include:
- Agreed flexible working hours,
 - A phased return to work,
 - Minor adjustments to duties,
 - A reduction in working hours,
 - Provision of new equipment, adaptations and services, (within defined agreed limits, as fit for purpose).
- 12.8 Managers must ensure all reasonable adjustments are considered and their effectiveness assessed before proceeding through to the Formal Management Procedures outlined in this policy. Managers must also ensure that their deputy and / or any incoming manager are aware of previously agreed adjustments and that these are adhered to when allocating work or when redeploying staff to other areas is being considered.
- 12.9 Where reasonable adjustments are made but the disabled employee is still not able to carry out the duties of their post or return to it following sickness absence, the manager should seek advice and guidance from Occupational Health and HR as to whether suitable alternative redeployment should be explored. The HR Department has produced a Redeployment Guide, which gives more detailed information about this process, a copy of which is

available on the Trust Intranet.

13. SICKNESS ABSENCE FOR SPECIFIC REASONS

13.1 Pregnancy Related Sickness

Pregnancy-related sickness must be recorded by managers in ESR as '*pregnancy related disorder*' and should not be taken into account when assessing whether the Formal Management Procedures have been triggered.

If an employee is absent from work due to a pregnancy-related reason, even for one day, within 4 weeks before the expected week of childbirth, her maternity leave will start automatically. Further information about this is contained in the Trust's Parental Policy, a copy of which is available on the Intranet.

13.2 Stress Related Sickness

The Health & Safety Executive defines stress as 'the adverse reaction a person has to excessive pressure or other types of demands placed upon them'. This makes a distinction between 'pressure', which can be a positive state if managed correctly and 'stress' which can be detrimental to health.

The Trust recognises that it has a duty of care towards its employees and a legal obligation to provide a safe working environment. The Trust Managing Stress (Wellbeing) Policy aims to establish standards for managers and employees on the prevention of work related stress, it also provides information on sources of support available at the Trust to facilitate implementation of these standards and support for those experiencing feelings and symptoms of stress.

An individual may be more susceptible to the impact of work pressure perhaps due to a recognised impairment / condition, or other circumstances. This should be acknowledged openly by managers, discussed with the employee concerned and advice sought from Occupational Health at an early stage to make sure appropriate support is put in place.

13.3 Alcohol, Drugs and Substance Misuse

It is unacceptable to attend work under the influence of alcohol, drugs or substances sometimes referred to as "legal highs". A hangover is not a permissible reason to require time off work under this policy. Employees who are suffering from alcohol dependence or substance addiction are encouraged to seek help, independently, either via their GP or through Occupational Health and will be supported through the Trust Alcohol and Drug Policy.

If an individual is required to take prescription medication, which may affect their ability to undertake any part of their work (e.g. driving or operating machinery), they should speak to their Line manager about how this will be managed to ensure their own and others' safety (including patients) and

continuity of work.

13.4 Fertility Treatment / IVF

Wherever possible, appointments related to fertility treatment should be arranged outside of working hours. If necessary however time off may be granted under the Parental Policy. If time off is required due to the side effects of treatment, this will be treated as sickness absence. Sickness absence taken following implantation of a fertilized ovum that is related to the procedure itself, will not be counted towards the triggers in this policy.

13.5 Gender Identity / Transitioning

Significant time off may be required by an employee during the process of transitioning to the gender role in which they wish to be recognised. Any request for time off will be dealt with sensitively, as part of a larger programme of support. Discussion with the individual will help to establish whether annual leave, sickness absence, or any other type of leave would be most appropriate to use. For further information and support, managers should contact their Divisional HR Manager.

13.6 Hospital, Doctor and Dental Appointments

Hospital, doctor or dentist appointments if for part of a working day should not be recorded as sick leave. Such appointments should be arranged out of working hours if possible, or to give minimal disruption to the working day.

Time taken during working hours for these appointments will be paid and the dates / times of the appointments should be recorded in ESR. When requesting leave, the individual should provide their manager with appropriate documentation confirming the appointment where appropriate. When the appointment requires a whole day's absence, this will be recorded as sickness absence.

13.7 Time Off for Cosmetic Surgery / Procedures

Time off and the period of recovery for, voluntary cosmetic surgery, e.g. laser eye surgery / dental treatment, will not be treated as sickness absence and employees must use either annual leave or unpaid leave.

Should an employee subsequently become sick as a result of voluntary cosmetic surgery, i.e. complication, this will be recorded as sickness in ESR by their manager.

Time off for planned cosmetic surgery must be requested by the employee via ESR in the usual way, taking into account other leave within the department.

Where cosmetic surgery is as a result of medical advice or religious belief, it should be recorded as sickness and the level of sickness absence managed appropriately in accordance with this policy.

13.8 Antenatal Care

Please see the Parental Policy.

13.9 Cancer Screening

Employees will be granted time off for the purposes of cancer screening where they cannot make appointments / visits in their own time.

14. **SICKNESS AND ANNUAL LEAVE**

If an employee is ill during annual leave, the number of days affected can be recorded as sickness absence. However the employee must supply a medical certificate from a doctor or hospital, completed at the time and place they were ill, (not backdated), confirming the dates they were ill and would have been unfit for work had they not been on annual leave.

Employees are entitled to accrue annual leave during periods of sickness absence, in exactly the same way as if the employee was at work except that they do not accrue any entitlement to Bank Holidays falling during the period of sickness absence. Bank holidays will be deducted from an employee's leave allowance when they occur if they are off sick at the time.

Following case law precedent, if they have not taken the statutory minimum amount of annual leave under the Working Time Directive in the preceding leave year (i.e. 20 days pro rata), then they are entitled to carry forward the statutory minimum amount less any annual leave taken during the preceding leave year.

An employee may take annual leave whilst off sick provided the holiday is expected to support rather than hinder their recovery and return to work and the employee requests approval from their manager in advance so that this can be properly recorded.

No payment will be made in lieu of any statutory minimum holiday entitlement not taken, except in the year of termination of employment.

Employees, who fail to comply with the above, may be subject to disciplinary action including having the holiday period unpaid.

See also the Trust's Annual Leave Policy.

15. **SICKNESS DURING DISCIPLINARY SUSPENSION**

An employee who is medically certified as unfit for work during a period of suspension under the Disciplinary Procedure will be recorded as being on sick leave. In the event of this occurring, the employee should follow the normal sickness absence procedures contained in this policy and normal sick pay provisions will apply. This will not have an effect on the status of the

employee's suspension, i.e. they will continue to be suspended and all other terms regarding this will still apply.

16. RETURN TO WORK MEETING

- 16.1 The return to work meeting is an opportunity for managers to confirm the reason for an employee's absence and to give them the opportunity to discuss with the employee how they are and if there is anything that can be done to support the employee in the workplace.
- 16.2 A return to work meeting must be carried out after every instance of sickness absence – even one day. Shorter frequent absences could mask a health concern, which may go un-noticed if a return to work meeting is not conducted.
- 16.3 Return to work meetings will usually be informal and brief. Key points to consider during the return to work meeting include:
- Welcome the employee back to work and ask how they are / confirm the employee is fit to return to work.
 - Clarify the reason for the absence.
 - Discuss if a referral to Occupational Health, e.g. for physiotherapy or counselling is needed / would be appropriate.
 - Consider any changes / adjustments, which should be made to accommodate the employee in their return to work.
 - Discuss this episode of sickness in the broader context of the employee's sickness absence record.
 - Advise that another meeting under the formal management procedure will be held where appropriate.
 - Consider if there are any patterns of absence occurring e.g. absences always falling on the same day of the week, prior to a bank holiday etc.
 - Engage in a wider conversation about the employee's health and well-being.
 - Discuss the value of the employee in terms of the team and the impact sickness absence has on the ability to deliver safe and high quality patient care.
 - Update the employee on any changes that have occurred while they have been away.
 - Ensure the absence has been recorded accurately in ESR.
 - Establish if sickness is work related and whether there are any Health and Safety issues to address.
- 16.4 Further guidance and documentation relating to return to work meeting is contained in the management support pack that accompanies this policy, a copy of which is available on the Trust Intranet.

17. RIGHT TO BE ACCOMPANIED

- 17.1 Employees have the right to be accompanied by a trade union representative or a work colleague at any formal meeting they are required to attend under the formal procedures within this policy.

- 17.2 Employees must make sure that if they are being accompanied at the meeting by a work colleague; they have requested and obtained prior permission from their line manager for time off to attend the meeting.
- 17.3 It is the responsibility of the employee to arrange such representation if they are requested to attend a formal meeting and wish to be accompanied.

18. TRIGGER POINTS FOR FORMAL MANGEMENT ACTION

- 18.1 The Formal Management Procedures contained in this policy, will be triggered, where:-
- In any rolling 12-month period, an employee's sickness absence reaches 10 or more calendar days, 3 or more episodes, or a single period of 28 calendar days or more.
 - An employee's sickness absence record gives cause for concern for another reason, e.g. absences on the same day of the week / month, where annual leave is refused, during school holidays or immediately before or after annual leave.
 - An employee's sickness absence is related to an impairment / condition. However, any proposed management action may be put on hold whilst reasonable adjustments are explored with the employee and / or put in place / tried, in order to assess their effectiveness.
- 18.2 Employees close to triggering the formal management procedures should be advised of this by their line manager during their return to work meeting (which should be documented) and any support needed or available that may prevent this being discussed.
- 18.3 In addition, the HR Department will notify any employee who is close to triggering the formal management procedures, advising them to discuss any health concern with their manager or Occupational Health, including access to support services provided by the Trust, e.g. physiotherapy or counselling.
- 18.4 Early referral to Occupational Health should be made where the line manager has a concern about an employee's health or sickness absence record. In particular, referral during the first 2 weeks of an absence for mental health problems or musculoskeletal conditions may reduce the risk of long-term absence and help the employee get rapid access to the support and/or treatment they need to manage such issues.
- 18.5 Sometimes it will be appropriate as part of the formal management procedures to convene a case management meeting, the purpose of which will be to bring together the employee, line manager, Occupational Health and HR, to explore jointly how the employee's attendance, disability (if applicable) and / or their return to work can be appropriately supported and managed. The employee may be accompanied at this meeting, by a trade union representative or a work colleague.

18.6 If having followed the formal management procedure, the employee's attendance record fails to demonstrate a significant and sustained improvement in their attendance; the employee will be called to a Final Attendance Review (FAR) meeting where termination of their contract of employment will be considered.

19. REFERRALS FOR OCCUPATIONAL HEALTH ASSESSMENT

19.1 Health problems, of whatever nature, may affect work performance. If a manager has any concerns about the effects of work on an employee's health, or the effects of a health problem on an employee's performance or attendance at work, referral for an Occupational Health assessment should be considered. Further advice about this should be sought from an HR Advisor or HR Manager.

19.2 A referral for Occupational Health assessment should always be considered where an employee's sickness absence (regardless of duration) relates to one or more of the following:-

- A work related injury / accident or incident.
- A mental health problem – e.g. anxiety, depression or stress.
- A musculoskeletal condition.
- Capability issues.
- Where termination of employment on ground of unsatisfactory attendance or ill health is being considered.
- Where health problems otherwise impact on work.
- Consideration of adjustments in line with the Equality Act 2010

19.3 Referrals for Occupational Health assessment should be made in conjunction with the employee, who should be informed of the reason for this. The referral and subsequent report should benefit the employee in helping them to manage their attendance as well as the line manager in providing them with advice that allows them to manage the situation appropriately.

19.4 Occupational Health advice should form the basis of discussions with employees about their attendance. The advice given to the manager will not contain confidential medical detail, but will focus on;

- The effects of an impairment or condition on an employee's attendance or performance.
- The effects of work on an employee's health.
- Options for supporting an employee to return to, or remain at work.

19.5 The Trust reserves the right to make referrals to OH at any stage of the procedures outlined in this policy as well as at other times when this is deemed appropriate to do so.

20. CONFLICTING MEDICAL ADVICE ABOUT FITNESS FOR WORK

20.1 The Trust reserves the right to rely on the advice provided by the

Occupational Health Department, which has a greater understanding of employees' roles and responsibilities and workplace health issues, whilst advice given by a GP will usually rely entirely on the employee's version of events.

- 20.2 Where there is conflicting advice between the Occupational Health Department and the employee's GP, the manager will discuss this with the employee and ask the Occupational Health Department to communicate with the employee's GP in an effort to come up with appropriate recommendations. The employee may also be asked to take a copy of his or her job description to their GP.
- 20.3 Whilst the GP Fit Note has no legal standing and the Trust is not obliged to accept this at face value, where there continues to be conflict between the GP and Occupational Health advice, the manager, with support from HR, will discuss the matter further with the employee to investigate / try to understand the reasons why.
- 20.4 In some cases, a third, completely independent medical opinion may be sought.
- 20.5 In cases where the employee has a rare condition, that neither the GP nor Occupational Health are specialist enough to advise fully on, then advice from a specialist may be needed.
- 20.6 The employee has the right to see any medical advice relating to their sickness and should be given the opportunity to query this, if they believe it to be wrong or misleading.

21. REFUSAL TO ATTEND AN OCCUPATIONAL HEALTH APPOINTMENT

- 21.1 An employee will be regarded as being in breach of their contract of employment and this policy, if they refuse to attend an Occupational Health appointment.
- 21.2 Where this is the case, the manager, with support from HR should meet with the employee and explain that in the absence of their co-operation, the Trust will still be entitled to make decisions about whether they are capable of performing their duties and about their continued employment.
- 21.3 If after reasonable attempts, an employee still refuses to co-operate, the manager, will proceed to the next stage of the Formal Management Procedures and explain to the employee that in doing so, management decisions about their sickness / employment will be made without medical advice from Occupational Health.
- 21.4 The employee's conduct in relation to this matter will also be dealt with via the Trust's Disciplinary Procedure.
- 21.5 In such circumstances, the Trust reserves the right to withhold sick pay until the employee complies with this policy.

22. FAILURE TO ATTEND AN OCCUPATIONAL HEALTH APPOINTMENT

- 22.1 If an employee is unable to attend their Occupational Health appointment, they must contact their manager as soon as possible, so that another appointment can be arranged and their original appointment can be allocated to another employee.
- 22.2 If an employee fails to inform their manager or Occupational Health that they are unable to attend, and without notice or without good reason fails to attend the appointment, they will incur a charge for the missed appointment, which will be recouped from their salary.
- 22.3 An employee's repeated failure to attend an Occupational Health appointment without notification and / or good reason will also result in sick pay being withheld and the matter being dealt with via the Trust's Disciplinary Procedure.

23. FORMAL SICKNESS ABSENCE MANAGEMENT PROCEDURE

- 23.1 The formal sickness absence management procedure will be triggered, where an employee reaches one of the trigger points outlined in Section 18. The procedure consists of 3 formal stages and a Final Attendance Review Meeting. Appeals are covered in Section 30.
- 23.2 Timescales for each stage will depend on individual circumstances and some sickness absence may be dealt with over a longer or shorter period than others. The point at which a manager decides to move an employee to the next stage of the procedure may therefore vary from case to case.
- 23.3 Where an employee has had a single period of long-term sickness absence, e.g. following an operation, it may be sufficient to hold a return to work meeting, to support and facilitate a return to work and not proceed to Stage 1.
- 23.4 Where there are repeated patterns of long-term sickness or a combination of short and long-term sickness, the formal management procedure set out below will be followed.
- 23.5 If a target has been set at any stage of the formal management procedures and has been met and then another formal meeting is triggered, the procedure will recommence from the next stage.

24. FORMAL SICKNESS ABSENCE MEETINGS

- 24.1 Managers should seek to resolve sickness absence issues informally wherever possible. However, if informal action is not considered appropriate or has not succeeded in improving attendance to an acceptable level, the employee will be required to attend a formal Sickness Absence Meeting. Further advice on moving to the formal procedure is provided in the

Attendance Management Toolkit a copy of which is available on the Trust Intranet.

- 24.2 Formal Sickness Absence Meetings will be conducted by the employee's manager or a more senior manager, with the managerial authority to issue formal warnings to the employee and supported by a representative from HR.
- 24.3 Final Attendance Review Meetings will be conducted by a Directorate Manager / senior Trust manager without prior detailed involvement, who has the managerial authority to dismiss the employee and supported by an HR Manager.
- 24.4 The employee must take all reasonable steps to attend a meeting. If they are unable to attend at the date / time specified, the employee should immediately inform the manager conducting the meeting, who will seek to agree an alternative time.
- 24.5 If the employee feels unable to attend for a reason related to their health, they should inform the manager holding the meeting. Consideration can then be given to holding the meeting at a neutral venue or alternative arrangements made where appropriate, e.g. conducting the meeting over the telephone. Failure to attend a meeting without good reason may be treated as misconduct, or may result in the meeting proceeding in the absence of the employee.
- 24.6 The employee should receive at least 5 working days' written notice of the meeting and be sent a copy of their sickness absence record, Occupational Health report (where appropriate) and any other relevant documents. The letter inviting the employee to the meeting will outline the purpose of the meeting, the date, time and location and the employee's right to be accompanied.
- 24.7 The employee will be informed that they are entitled to be accompanied at any formal meeting by a trade union representative or work colleague. If the individual's companion cannot attend the meeting at the appointed date/time, he / she may request a postponement and suggest an alternative date/time. Where the suggested alternative is reasonable, (normally within 5 working days of the original date), the meeting will be rescheduled. The employee must confirm their companion's identity to the manager conducting the meeting at least 2 working days before it is due to take place.

25. TARGETS, MONITORING AND REVIEW MEETINGS

- 25.1 Managers will set minimum targets for improved attendance with advice from HR. These will take into account the individual circumstances of the case, Occupational Health advice, the impact of any underlying impairment / condition and any reasonable workplace adjustments that could and / or have been put in place to help the employee improve their attendance.

- 25.2 Where an improvement target is set, the manager will confirm this in writing to the employee (normally within 5 working days of the meeting) and their attendance will be monitored over a specified period.
- 25.3 If at the end of the monitoring period, the improvement target is achieved, a review meeting will take place at which the manager will advise the employee that they have achieved the required improvement and this should continue to be sustained. They will also be informed that should another sickness absence meeting be triggered, the next stage of the formal procedure will be triggered.
- 25.4 If the improvement target is not achieved, the manager will proceed to the next stage of the formal procedure and convene a review meeting before the end of the specified monitoring period. This meeting will provide the opportunity to review the employee's attendance, discuss any problems being encountered, the need for any further Occupational Health advice, ensure that any reasonable adjustments that were recommended, have been explored or put in place and the employee is receiving the support they need to improve their attendance.

26. STAGE 1 SICKNESS ABSENCE MEETING

26.1 The purpose of a Stage 1 Sickness Absence Meeting is:

- To review the employee's attendance record during the relevant period, confirming the accuracy of their information held.
 - To give the employee the opportunity to raise any concerns / problems and to discuss any support needed.
 - To remind the employee about the expected standards of attendance.
 - To decide whether any further action is needed, such as a referral to Occupational Health.
 - To consider whether any reasonable adjustments may be required.
 - To set a target for improved attendance and the specified period over which this will be monitored.
 - To set a review date at the end of the monitoring period.
 - To advise the employee that if they exceed the target, a Stage 2 Sickness Absence Meeting will take place before the end of the monitoring period.
- 26.2 Following the meeting, the manager will issue the employee with a formal letter outlining the discussion and explaining that a failure to improve their attendance may result in further formal action under the next stage of this procedure and endanger their employment with the Trust.

27. STAGE 2 SICKNESS ABSENCE MEETING

27.1 The purpose of a Stage 2 Sickness Absence Meeting is:

- To review the employee's attendance record during the relevant period, confirming the accuracy of sickness information held.
- To review the steps taken to help the employee to improve their attendance.
- To give the employee the opportunity to discuss any problems, raise

concerns or highlight any mitigating circumstances they wish to be taken into account.

- To decide whether there is any new information that requires a referral / further referral to Occupational Health.
- To consider if there are any reasonable adjustments that might assist the employee.
- To set a target for improved attendance and the specified period over which this will be monitored.
- To agree a review date at the end of the monitoring period.
- To inform the employee that if the target is exceeded, a Stage 3 Sickness Absence Meeting will be convened before the end of the monitoring period.

27.2 A formal warning may be issued to the employee, which will remain on their record for a specified period of up to 2 years. The employee will be informed that a failure to improve their attendance record may result in further action under the next stage of this procedure and endanger employment with the Trust. The employee will also be advised of their right to appeal.

28. STAGE 3 SICKNESS ABSENCE MEETING

28.1 The purpose of the Stage 3 Meeting is:

- To review the employee's attendance record during the relevant period, confirming the accuracy of information held.
- To review the steps already taken to support them in achieving the required level of attendance.
- To give the employee the opportunity to discuss any problems, raise any concerns or to highlight any mitigating circumstances that they wish to be taken into account.
- To discuss any Occupational Health advice that has been received and how it has been applied and what impact it has had, e.g. adjustments made.
- To decide if there is any new information that requires further Occupational Health advice/referral.

28.2 A final written warning may be issued to the employee, which will remain on their record for 2 years. The employee will be informed that if further episodes of sickness absence occur during the final warning period, a Final Attendance Review Meeting will be convened to formally consider termination of employment. The employee will also be advised of their right to appeal.

29. FINAL ATTENDANCE REVIEW MEETINGS

29.1 A Final Absence Review Meeting (FAR) will be convened where an employee has been unable to return to work, a return to work programme has been unsuccessful or an employee's absence levels have continued to be in excess of those set out in the previous two stages of the formal procedure and/or remain a concern.

- 29.2 The employee must be informed in writing that an outcome of the FAR Meeting could be dismissal.
- 29.3 The FAR Meeting will be conducted by a Directorate Manager / senior Trust manager without prior detailed involvement, who has the managerial authority to dismiss the employee and supported by an HR Manager. The employee's manager will also attend the meeting to provide details of the sickness absence and steps they have taken to address it.
- 29.4 The purpose of a FAR Meeting may (depending on the individual circumstances) include:
- A review of the meetings that have taken place to date and matters discussed with the employee;
 - A review of the history of the employee's absence, its effect on the team/department/Trust and any actions previously taken to address the situation, including any support provided to the employee;
 - Consideration of any Occupational Health advice / medical evidence obtained;
 - In the case where an employee remains on long term sickness absence, considering whether there have been any changes since the last meeting under Stage 2 of the procedure, either regarding a possible return to work, permanently reduced hours, other reasonable adjustments or redeployment opportunities;
 - Considering any matters that the employee wishes to raise such as mitigating factors;
 - Considering whether there is a reasonable likelihood of the employee returning to work or achieving the desired level of attendance in a reasonable time;
 - Considering alternative options, e.g. applying for early retirement on the grounds of ill health, in accordance with NHS Pension Scheme rules.
 - Considering, after all other options have been considered, the possible termination of employment
- 29.5 If the employee is unable to attend the meeting (for example they are not well enough / cannot travel), alternative means should be explored by which the employee can engage in the process, e.g. conducting the meeting via telephone or, in exceptional circumstances, holding the meeting at a venue nearer to the employee's home. Alternatively, written representation / submission from the employee or their trade union representative on their behalf may be considered.
- 29.6 Following the meeting, the manager, with support from the HR Manager, will consider one or more of the following options (this list is not exhaustive):
- To extend a final written warning and set a further review period (where a substantial improvement in attendance is likely within the review period);
 - To consider other options such as redeployment, reasonable adjustment, ill-health retirement or other appropriate action short of dismissal;
 - In cases where Occupational Health / independent medical advice is that the employee is fit for work, but the employee continues to be absent he / she will be advised of a return to work date. If the employee does not return to

work on the date advised, sick pay will be withheld and the matter will continue to be dealt with as misconduct via the Trust's Disciplinary Procedure.

- To dismiss the employee on grounds of capability (ill-health).

29.7 Following the meeting, if dismissal is considered appropriate, the manager will confirm this in writing / by letter to the employee within 5 working days of the meeting. The letter will include the reasons for the dismissal, the date their employment will terminate and the right to appeal.

30. APPEALS

30.1 An employee has the right to appeal against a formal warning issued under this policy or dismissal for capability, including for one or more of the following reasons:

- The procedure - a failure to follow the procedure had a material effect on the decision.
- The decision - the evidence did not support the conclusion reached.
- The penalty - was too severe given the circumstances of the case.
- New evidence, which has genuinely become known since the last meeting.

30.2 The employee must be specific about the grounds of their appeal, as these will form the agenda for the appeal hearing.

30.3 Appeals must be submitted within 10 working days of the employee receiving the letter confirming the action taken. The formal action will remain in force unless and until it is modified because of the appeal.

30.4 Arrangements will be made for appeals to be heard as soon as reasonably practicable. The employee will be notified of the date, time and venue for the appeal hearing and be given at least 5 working days' notice of this. The employee will also be informed of their right to be accompanied by a trade union representative or a work colleague.

30.5 Appeals against formal warnings will be heard by a more senior manager, who has no previous involvement in the case, supported by a representative from HR.

30.6 Appeals against dismissal will be heard by a Trust Board Panel, consisting of at least two members of the Board of Directors, advised by a representative from HR.

30.7 The possible outcomes of the Appeal are;

- The appeal is not upheld and the formal action stands.
- The appeal is not upheld but where the Appeal Panel considers the sanction inappropriate, this may be reviewed.
- The appeal is upheld and the sanction no longer applies / is removed.
- Where an appeal is against dismissal, the employee will be reinstated with immediate effect and paid in full for the period from the date of dismissal, so

that continuity of service is maintained.

30.8 The decision of the Appeal Panel will be notified to the employee within 10 working days of the hearing.

30.9 The decision of the Appeal Panel is final.

31. EXCLUSION ON MEDICAL GROUNDS

31.1 Exclusion from work on medical grounds is intended to help ensure the safety of employees and patients. Managers have the authority to exclude in circumstances where:

- An employee returns to work after sickness absence and the manager has concerns about their ability to perform the full range of their duties in a safe way.
- An employee is unwell or has a condition, which causes the manager to believe the individual might present a risk to him/herself or to others (staff and / or patients).

31.2 When considering medical exclusion the manager must take advice from HR and Occupational Health in the first instance. In the case of medical and dental staff, the manager must involve the Medical Director as soon as possible.

31.3 Any medical exclusion must be confirmed in writing together with the reason. The letter should explain to the employee that medical exclusion does not constitute disciplinary action and that during the period of medical exclusion, the employee will receive their normal basic pay.

31.4 Where an employee is excluded from work on medical grounds, they must, within 5 working days, be seen by Occupational Health or their own GP.

31.5 Medical exclusion will normally be for short periods only or until a diagnosis is made, for example if an employee is suspected of being a possible source of infection such as MRSA and their work involves performing 'exposure prone procedures', they will be medically excluded until the diagnosis is confirmed. If confirmed, they will be recorded as being 'sick'/unfit for work and the normal sickness absence procedures followed.

31.6 Where there is no risk of infection, the employee must be available to attend work at any time during the period of medical exclusion and is not expected to refuse interim suitable alternative employment that is arranged / offered.

32. ILL HEALTH RETIREMENT

32.1 The NHS Pension Scheme provides two levels of ill health retirement benefits, depending on the severity of an employee's condition and the likelihood of them being able to work again.

- 32.2 To qualify for ill health retirement benefits the employee must retire from pensionable employment as a direct result of illness or injury **and either**:
- Be permanently incapable of efficiently carrying out the duties of their employment because of illness or injury (**Tier-1**); or
 - Be permanently incapable of engaging in regular employment of like duration because of the illness or injury (**Tier-2**).
- 32.3 Further information about ill health retirement can be found on the NHS Business Services Authority website at <http://www.nhsbsa.nhs.uk/Pensions/896.aspx>
- 32.4 Decisions about applications for ill-health retirement are made by the Medical Advisors at the NHS Pensions Agency and not the Trust.

33. NHS INJURY BENEFIT SCHEME

- 33.1 The NHS Injury Benefits Scheme provides an annual allowance for staff who have suffered a permanent loss of earning ability as the result of an illness or injury, wholly or mainly, attributable to their NHS employment.
- 33.2 Further information about the NHS Injury Benefit Scheme can be found on the NHS Business Services Authority website at <http://www.nhsbsa.nhs.uk/InjuryBenefitScheme.aspx>

34. THIRD PARTY LIABILITY CLAIMS

- 34.1 Where an employee is absent from work as a result of an accident or injury sustained whilst away from work and this was caused by another person (e.g. a car accident), damages for loss of earnings may be recoverable from the person who caused the accident - i.e. the 'third party'.
- 34.2 In such cases, the Trust will seek to reclaim any sick pay, which can be recovered from the third party. For procedural details, please contact the Employee Services Team in the HR Department.

35. MONITORING COMPLIANCE/EFFECTIVENESS OF THE POLICY

Area for monitoring	Method	Frequency	Responsibility	Monitoring Assurance Group	Lead for developing action plan	Group responsible for monitoring action plan
Effectiveness of policy in reducing sickness absence rates	Workforce Report	Quarterly	Deputy Director of HR	Executive Committee	Director of HR	Board of Directors
Implementation of formal procedure for	Workforce Report	Quarterly	Deputy Director of HR	Executive Committee	Director of HR	Board of Directors

breaches of policy triggers						
Employee compliance with policy	Workforce Report	Quarterly	Deputy Director of HR	Executive Committee	Director of HR	Board of Directors
Financial impact of sickness for the Trust	Workforce Report	Quarterly	Deputy Director of HR	Executive Committee	Director of HR	Board of Directors
ESR data quality in relation sickness absence	Workforce Report	Quarterly	Deputy Director of HR	Executive Committee	Director of HR	Board of Directors
Effectiveness of OH support/interventions in reducing stress and MSK sickness	Workforce Report	Quarterly	Deputy Director of HR	Executive Committee	Director of HR	Board of Directors
Impact of work on health	Staff Survey	Annual	Deputy Director of HR	Executive Committee	Director of HR	Board of Directors

36. DISSEMINATION, IMPLEMENTATION AND TRAINING

- Contracts of Employment
- Staff Handbook
- Corporate and Local Induction
- E-mail
- Senior Manager Forum
- The Intranet
- HR Briefings
- HR Workshops/Roadshows and Training
- Team Brief

37. CONSULTATION, APPROVAL, RATIFICATION AND REVIEW

Consultation

- Human Resources Strategy Group
- Joint Consultative Group
- Directorate Managers / Senior Manager Forum / Matrons

Approval

- Executive Committee

Ratification

- Policy Committee

Review

- Every 2 years

38. EXTERNAL REFERENCES

The Equality Act 2010

39. ASSOCIATED TRUST DOCUMENTS

Alcohol and Drugs Policy

Annual Leave Policy

Staff Appraisal and Development Policy

Capability Policy and Procedure

Disciplinary Procedure

Flexible Working Policy

Grievance Policy and Procedure

Health and Safety Policy

Induction and Mandatory Training Policy

Parental Policy

Organisational Change & Pay Protection Policy

Secondary Employment Policy

Special Leave Policy

Staff Wellbeing (Stress) Policy

Working Time Directive Policy

Raising Concerns (Whistleblowing) Policy