

COR/POL/007/2015-001

**TRUST CORPORATE POLICY
SICKNESS ABSENCE MANAGEMENT**

APPROVAL	Trust Policies Committee	Date approved:	21/05/15
EFFECTIVE FROM	Date of approval		
DISTRIBUTION	All Managers in CAGs, Corporate Services and Non-Clinical Services via Trust Bulletin, all employees via Trust Intranet		
RELATED DOCUMENTS	Handbook for managing absence as a result of sickness; Agenda for Change Terms and Conditions of Service Handbook Barts Health Rapid Access Policy Stress Management Management of Risks to Pregnant Workers Special Leave Flexible Working Arrangements Infection Control Principles and Responsibilities Alcohol and substance misuse - site policies		
OWNER	Director of HR and Chief Executive		
AUTHOR/FURTHER INFORMATION	HR Policy Development Workforce Specialist		
EXTERNAL REFERENCES	Health and Safety Team Occupational Health Services Handbook 'Health At Work – an independent review of sickness absence', Dame Carol Black & David Frost CBE (2011) 'NHS Health and Wellbeing Review' Dr Steve Boorman (2009) NHS Constitution		
SUPERCEDED DOCUMENTS	Managing Health and Attendance Trust Core Policy (Barts and The London NHS Trust); Policy on the Management of Absence and Ill Health (Newham University Hospital NHS Trust); Managing Sickness Absence (Whipps Cross University Hospital NHS Trust).		
REVIEW DUE	Three years from the date of approval		
KEYWORDS	Policy, sick, sickness, absence, long term, short term, occupational health, stress, illness, wellbeing		
INTRANET LOCATION(S)	http://bartshealthintranet/Policies/Policies.aspx		

CONSULTATION	Barts Health Working Groups	Policy Working Group
	External Partners	Capital Hospitals Ltd will need to be consulted in relation to BLT via the New Hospital Programme Control Team
SCOPE	<i>For the groups listed below, failure to comply with this policy may result in investigation and management action which may include formal action in line with the Trust's disciplinary or capability procedures for Trust employees, and other action in relation to organisations contracted to the Trust, which may result in the termination of a contract, assignment, placement, secondment or honorary arrangement.</i>	
	All individuals working in the Trust, in whatever capacity, including those employed by the Trust's private sector partners providing Facilities Management services and including those who have been seconded to work for its private sector partners under Retention of Employment (RoE) arrangements. CHL and its Service Providers are therefore expected to comply with this policy.	
	Exclusions: e.g. students, agency workers, Bank (only) staff, honorary contracts and contractors working within the Trust	

TABLE OF CONTENTS

1	INTRODUCTION AND AIMS	3
2	DEFINITIONS	3
3	DUTIES AND RESPONSIBILITIES	6
4	PROBLEMATIC INTERMITTENT SICKNESS ABSENCE	9
5	LONG-TERM SICKNESS ABSENCE	11
6	<i>EXCEPTIONS</i>	13
7	DISMISSAL	13
8	RIGHT OF APPEAL AGAINST DISMISSAL	13
9	IMPACT AND EQUALITIES ANALYSIS	14
10	MONITORING THE EFFECTIVENESS OF THIS POLICY	14
	APPENDIX 1: GLOSSARY OF TERMS	15
	APPENDIX 2: EXTRA SOURCES OF INFORMATION AND SUPPORT	19
	APPENDIX 3: REDEPLOYMENT PROCESS	21
	APPENDIX 4: PROCESS FOR HOLDING A FORMAL FINAL STAGE OR STAGE 3-FINAL SICKNESS ABSENCE MEETING	22

1 INTRODUCTION AND AIMS

- 1.1 Barts Health (“The Trust”) is committed to supporting the physical and mental wellbeing, health and safety of all of its employees, whilst also ensuring that it delivers and maintains an efficient and consistently high standard of care to its patients and service users. As a major local employer the Trust can make a significant contribution to improving health and well being of our population in East London, where health deprivation indices are high.
- 1.2 The Trust recognises work is a social determinant of health. It will support staff through periods of ill health to return to work or remain in work through facilitating early efficient pathways of support, care and management.
- 1.3 The Trust encourages open and honest conversations between managers and their employees so that both can work together to ensure the right support is in place to meet the aims of this policy (see 1.4) and where possible remedy any workplace causes of absence or sickness/ill health.
- 1.4 Employee absence as a result of sickness may have a disruptive effect on service delivery and therefore this policy sets out a consistent and proactive approach to the management of sickness absence.
- 1.5 The aim of this policy is to ensure that the management of employee sickness absence:
- Minimises sickness and sickness absences in line with Trust key performance indicators
 - Is fair, consistent, proactive and without discrimination in relation to any of the [\[protected characteristics\]](#)
 - Takes the individual’s circumstances and needs into consideration
 - Supports early and safe return from sickness absence
 - Supports prevention of ill health
 - Ensures that expectations about employee attendance are clear to all
 - Is carried out in line with the [\[Equality Act 2010\]](#)
 - Ensures efficient and high quality care for our patients
 - Is monitored to identify effectiveness of implementation
- 1.6 This policy contains the process and principles for managing sickness absence only. For further details please read the supporting [Management Guide].

2 DEFINITIONS

- 2.1 The following definitions are used in this policy:

Authorised Absence	Where the employee contacts the manager to notify them of their sickness by following the locally-agreed way of reporting absence. During this notification the employee should tell their manager why they are asking for sickness absence (e.g. the nature of their illness), how long they think they will be absent from work and agree when they will contact their manager again. Only authorised absences will be paid (see [Appendix 1])
Unauthorised Absence	Where the employee does not follow the locally agreed way of reporting absence AND this is not because of an emergency situation beyond their

COR/POL/007/2015-001

	<p>control e.g. they have been taken into hospital.</p> <p>Any unauthorised absence will not be paid and may result in the Trust Disciplinary Policy being applied.</p>
Problematic Intermittent Sickness Absence	<p>Intermittent sickness absences are periods of absence as a result of ill health that lasts less than 28 days.</p> <p>Intermittent sickness absence becomes problematic when a Bradford Score reaches 128 or more OR absences that follow a pattern e.g. frequently start on the same day or immediately before/after off days.</p> <p>Sickness absence will remain problematic until it falls below a Bradford Score of 128 or the pattern is redressed (see section 4).</p>
Long Term-Sickness Absence	<p>A period of absence that is (or is expected to be) 28 calendar days or longer (see section 5).</p>
Bradford Score	<p>This measures an employee's attendance over the past rolling 12 months but is weighted so that intermittent sickness, which is more disruptive to services, result in a higher score. It can be used to monitor improvement or worsening of attendance levels and as a trigger to start the problematic intermittent sickness absence process.</p> <p>All calendar days from the employee reporting as sick to the employee reporting as well again will be included in the calculation (i.e. including non-working days). Therefore, if an employee is no longer sick on one of their days off they should tell their manager so that they are not recorded as sick for longer than they are.</p> <p>The Bradford Score is calculated as follows: $O \times O \times D$ O = number of occasions of absence in the last (rolling) 12 months D = total number of days of absence in the last (rolling) 12 months e.g. 10 one-day absences = $10 \times 10 \times 10 = 1000$ 3 two-day absences = $3 \times 3 \times 6 = 54$</p>
Self Certificate	<p>Where employees have been absent because of sickness for 1-7 calendar days they should self-certify their absence (see self-certificate). They should bring this to their manager at the Return to Work meeting, who will add this to the local employee file.</p>
Fit Note	<p>GPs issue this so that managers know whether the employee is either not fit for work, may be fit for work/some work, or is fit for work: it also gives an expected timescale for this.</p> <p>A Fit Note may give advice about rehabilitation into work or amended duties or work hours or workplace adaptations.</p> <p>Department for Work & Pensions Fit for Work plans should be accepted as the equivalent of a fit note.</p> <p>Employees who are sick for more than 7 calendar days must get a Fit Note from their GP from the 8th calendar day that they are sick. If they continue to be sick, they should continue to get a Fit Note from their GP so that there are no breaks in the dates that the Fit Notes cover. Employees must submit Fit Notes to their manager within 3 working days of the 8th calendar day of the absence or expiration (i.e. the end date) of the last Fit Note (i.e. the manager must receive it by the 3rd working day).</p> <p>Managers will file these on the local employee file.</p> <p>Where the employee is sick outside the UK, they should still obtain a medical certificate from a registered medical practitioner (in English or translated by a registered translator) and ensure that it contains the same</p>

COR/POL/007/2015-001

	<p>information that a UK Fit Note would contain. Original copies should be sent to the Manager as above. Failure to provide a Fit Note (as applicable) will result in an [unauthorised absence].</p>
Rehabilitation/ Phased Return to Work	<p>Occupational Health (OH) will advise the manager where this may be needed and the structure that it should take. A rehabilitation programme is intended to allow the employee to return earlier than they might if they were expected to work their normal hours/undertake their normal duties immediately after return from absence.</p> <p>Consideration should be given to arranging a gradual return to normal duties. This could involve gradually increasing the range of duties undertaken and/or the number of hours/days worked, all over an agreed time-scale. The timing for a return to normal duties will be subject to medical advice from OH.</p> <p>Rehabilitation may include [redeployment].</p> <p>Rehabilitation/Phased return to work will be paid at full pay for the first 6 weeks. If, after this period, the employee is still unable to fulfil their contractual hours temporary part-time working will be used (i.e. the employee will work part-time for an agreed period of time and they will be paid at the appropriate part-time/pro-rata amount) or annual leave could be used.</p> <p>In addition there is Department for Work & Pensions initiative called Fit for Work where advice sought via www.fitforwork.org 0800 032 6235</p>
Discounted absences	<p>Absences that are confirmed by Occupational Health as being:</p> <ul style="list-style-type: none"> • pregnancy related (i.e. occur during pregnancy or during maternity leave period as a result of the pregnancy) or • that arise in consequence of an employee's disability or • result from an accident or illness at work (which must be reported in line with RIDDOR requirements. Does not include where the employee's negligence has caused the accident) should normally be discounted, but reasonable adjustments should still be considered to facilitate improved attendance. <p>NB. Sickness absence that occurs after an employee returns from Maternity Leave will be managed in line with this policy and must be consistent with other sickness absence management within the Trust.</p> <p>All absences will still be recorded as sickness absence and should state the reason for the absence. Please read the supporting [Management Guide] for guidance on how to manage these absences.</p> <p>Where reasonable adjustments and support are exhausted and absences resulting from a disability do not improve, it may be appropriate to address these absences in line with this policy following advice from Human Resources and Occupational Health. A [case conference] may be appropriate at this stage.</p>
Representative	<p>A representative of a recognised Trade Union, an accredited Staffside representative or an Employee of the Trust.</p> <p>Representatives are not permitted at informal meetings.</p> <p>Employees are not permitted to bring legal representation to internal formal or informal meetings.</p>
Suspension on Medical Grounds	<p>A decision taken by management to suspend an employee from work on the grounds that they are not fit to undertake their duties and pose a risk to the Trust, staff, themselves or patients.</p> <p>Any decision must be made in consultation with Occupational Health and Human Resources.</p>

COR/POL/007/2015-001

- 2.2 For a full list of terms, please see the [\[Glossary\]](#) in [\[Appendix 1\]](#)
- 2.3 Where the employees themselves are not sick but they are requesting absence to care for a dependent, they must request this by following the [\[Carer's Leave policy\]](#).
- 2.4 Employees should be aware that reporting to work as sick and claiming sick pay when they are not themselves sick is fraud and will be reported to the local counter fraud team and will be managed in line with the Disciplinary Policy.

3 DUTIES AND RESPONSIBILITIES

Employee	<ul style="list-style-type: none"> • Responsible for own health and ensuring they are able to attend work on a regular basis • Has a responsibility for deciding whether they are fit to remain at work • Understand that the contractual attendance level is 100% • Where appropriate, ensure medical reports and/or specialist advice is sent to OH in good time • To take reasonable care of health and safety at work for themselves, their team and others, and to co-operate with their employer to ensure compliance with health and safety requirements • Follow the locally agreed way of reporting their absence (see [authorised absence] above) • Talk to their manager about any adjustments or support they may need in order to attend work in line with their contract of employment • Attend OH appointments and engage with any meetings about their sickness absence. Employees can also self-refer to OH • Utilise [support] that is available where they recognise they are struggling • Submit [Fit Notes] to their manager within 3 working days of expiration (<i>i.e. the end date</i>) of the last Fit Note (<i>i.e. the manager must receive it by the 3rd working day</i>) • Have non-UK medical certificates completed in English or arrange to be translated by a registered translator and ensure they include the same details that would be contained in a UK Fit Note as described [above] • Request return to work meetings where this doesn't take place within 48 hours • Tell their manager when they are well again in line with the local reporting procedure, even if this is not a day that they are expected to be at work. Failure to do so will result in a longer absence being recorded. • Exercise right to [representation] at formal meetings if they wish • Where a representative is unavailable on a proposed 1:1 meeting date, the employee will provide their manager with an alternative within 7 calendar days of the original date or an extension to this by mutual agreement to take place within a reasonable timeframe
Manager	<ul style="list-style-type: none"> • Responsible for the health, safety and welfare of their employees • Ensure employees are aware of and understand the policy, their responsibilities and how sickness absence should be reported and managed (this may include supporting employees by providing [reasonable adjustments] e.g. providing the Policy in Braille/large print/Easy-Read or in a language other than English, or reading it to them)

COR/POL/007/2015-001

- Agree frequency and method of contact with absent employees that is appropriate to the nature of the absence
- Carry out return to work meetings no later than 48 hours of the employee's return from sickness absence
- Be sensitive and discreet to individual employee needs and consistent in their approach to [\[reasonable adjustments\]](#)
- Maintain confidentiality when managing an employee's sickness absence
- Action reasonable adjustments where needed and where possible, before the employee returns from any long periods of absence
- Make OH referrals in a timely manner (for long term sickness this should be in time for the appointment to take place by 4 weeks of absence) and prior to any return to work where absence is prolonged to enable time for recommendations to be implemented. Use the OH referral form on the intranet and include sufficient background information to the referral and the issues to be addressed, to enable OH to provide helpful advice. Respond to contact from Department for Work & Pensions Fit for Work.
- Consider OH referral for absences related to stress or musculoskeletal issues
- Discuss any OH referral with the employee including the benefits to them and gain consent to refer for an appointment (give a copy to the employee). Where consent is not given, progress without OH advice
- Request case conferences with Occupational Health, the employee and HR
- Record employee absences and absence reasons in a timely manner and maintain file notes about discussions regarding their absence levels
- Carry out necessary risk assessments (with support from OH and Health and Safety Team) and consider application of [\[other Trust policies\]](#)
- Signpost employees to other [\[support\]](#) that is available
- Monitor sickness absence levels and reasons in their team
- Take a proactive and supportive approach to sickness absence management including exploring any work-/workplace-related causes for the absence at an early stage and addressing these where possible
- Give employees the opportunity to inform the manager of circumstances outside of work that may be impacting on their health
- Where employees have a [\[notifiable disease\]](#) or infectious disease (as detailed in the [\[infection control policy\]](#)), follow the relevant infection control policy and seek OH advice
- Discuss and facilitate application for [\[temporary injury allowance\]](#)/[\[permanent injury benefit\]](#)/[\[ill health retirement\]](#) where applicable
- Discuss any patterns of absence and formal management of absence with Human Resources
- Seek HR advice where there are unusual circumstances e.g. the employee is inaccessible or abroad
- Inform employees of their right to representation (Trade Union/Staffside representatives or an employee of the Trust) at formal meetings in writing
- Ensure they are trained in the management of sickness absence and that members of their team who also manage staff are trained

COR/POL/007/2015-001

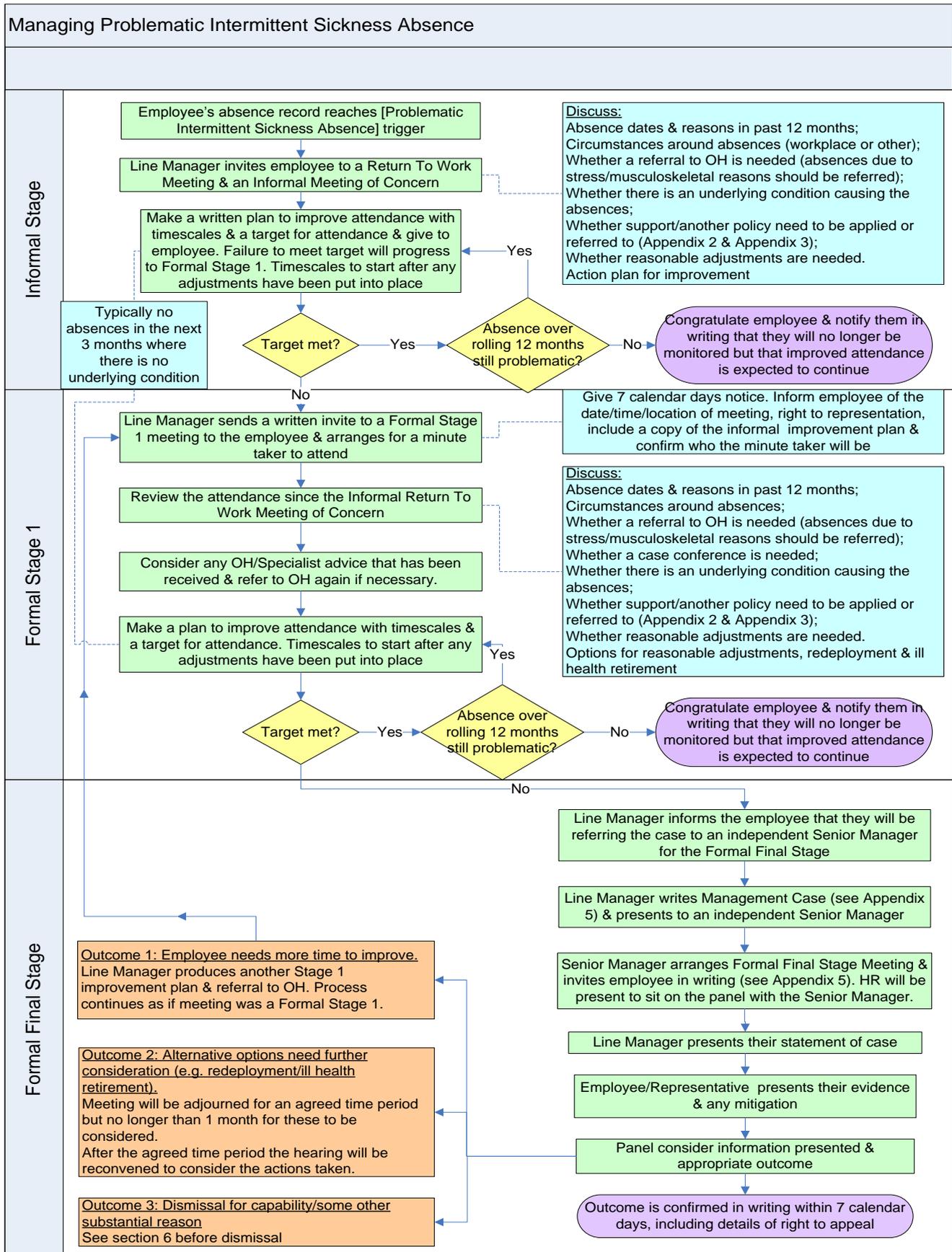
	<ul style="list-style-type: none"> • Familiarise themselves with the supporting [Management Handbook] • Seek advice from Occupational Health and Human Resources when considering medical suspension. • Notify payroll immediately when an employee commences long term sickness absence and ensure pay is adjusted in a timely manner and the employee is paid correctly.
Occupational Health (OH)	<ul style="list-style-type: none"> • Provide confidential appointments to employees to discuss their health needs • Provide appropriately detailed advice to managers about absence management with detailed recommendations (where employee consent given) • Identify and advise how employees can regain their health and return to work and how future absence may be prevented • Consider GP/Specialist advice before making recommendations where available • Advise on reasonable adjustments, reasonable attendance expectations where the employee has an underlying condition or disability and rehabilitation of employees within an agreed timeframe • Attend case conferences with managers, employees and HR • Provide guidance to managers considering medical suspension
Human Resources	<ul style="list-style-type: none"> • Advise managers about how to use this policy and give appropriate support as appropriate • Advise managers when employee's sick pay is likely to change with reasonable notice • Deliver management training • Attend case conferences where required • Attend final stage meetings as a panel member • Provide guidance to managers considering medical suspension • Explain the application of the policy to employees where needed
Staffside/ Trade Union representative	<ul style="list-style-type: none"> • Staffside/Trade Union representatives may facilitate their member to present their case or present it on their behalf during formal stages • Advise employees on the application of this policy

- 3.1 It is reasonable for a manager to require the employee to attend OH in order to support them with any health issues that may be associated with a given situation. If the employee refuses or has a genuine reason not to attend or be referred the manager will proceed without OH input at that stage and the refusal will be noted as part of the process
- 3.2 Formal meetings and hearings will normally only be postponed once and where at least 24 hours notice of the request to postpone is received. Where this is due to employee sickness absence, a referral to Occupational Health will be made by the Chair of the meeting. Where this is due to availability of the representative, the employee must provide the Chair with an alternative date for the hearing to take place within 7 calendar days of the original hearing or an extension to this by mutual agreement, to take place within a reasonable timeframe.
- 3.3 Where less than 24 hours notice of the request to postpone is received (without reasonable grounds), the formal meeting/hearing may go ahead in the employee's absence. This will be the Chair's decision, following advice from Human Resources (or OH where necessary).
- 3.4 If the employee feels that this policy is being applied unreasonably they should follow the process laid out in the [Grievance Policy].

COR/POL/007/2015-001

4 PROBLEMATIC INTERMITTENT SICKNESS ABSENCE

4.1 The process of [\[managing problematic intermittent sickness absence\]](#) is set out in the flowchart below:



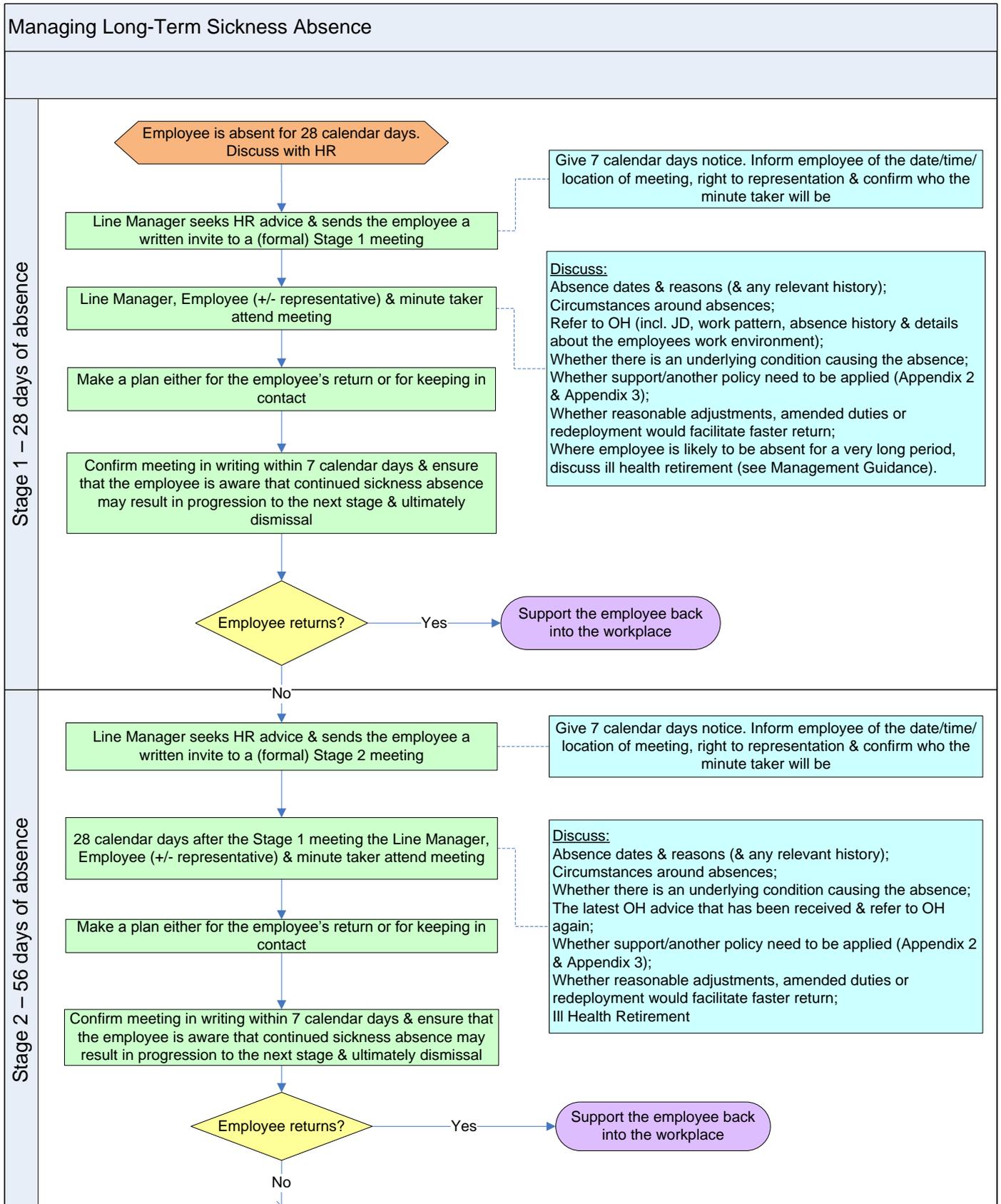
COR/POL/007/2015-001

- 4.2 It would be unusual for this process to take less than 2 months. Where this may be the case, Occupational Health and Human Resources must be consulted and all points in [\[section 6\]](#) considered.
- 4.3 Where the employee meets targets but only maintains their improved attendance for a short period (i.e. absence increases to previous levels within a rolling 12 months of the last meeting) the process will continue from the last stage in the process that was undertaken.
- 4.4 The Chair must arrange for someone to take minutes at formal meetings and hearings. This must not be a member of the panel. This is to ensure an accurate record (though not word-for-word) is kept of the hearing which is able to be shared with the employee being managed (see also [\[Appendix 5\]](#)).

COR/POL/007/2015-001

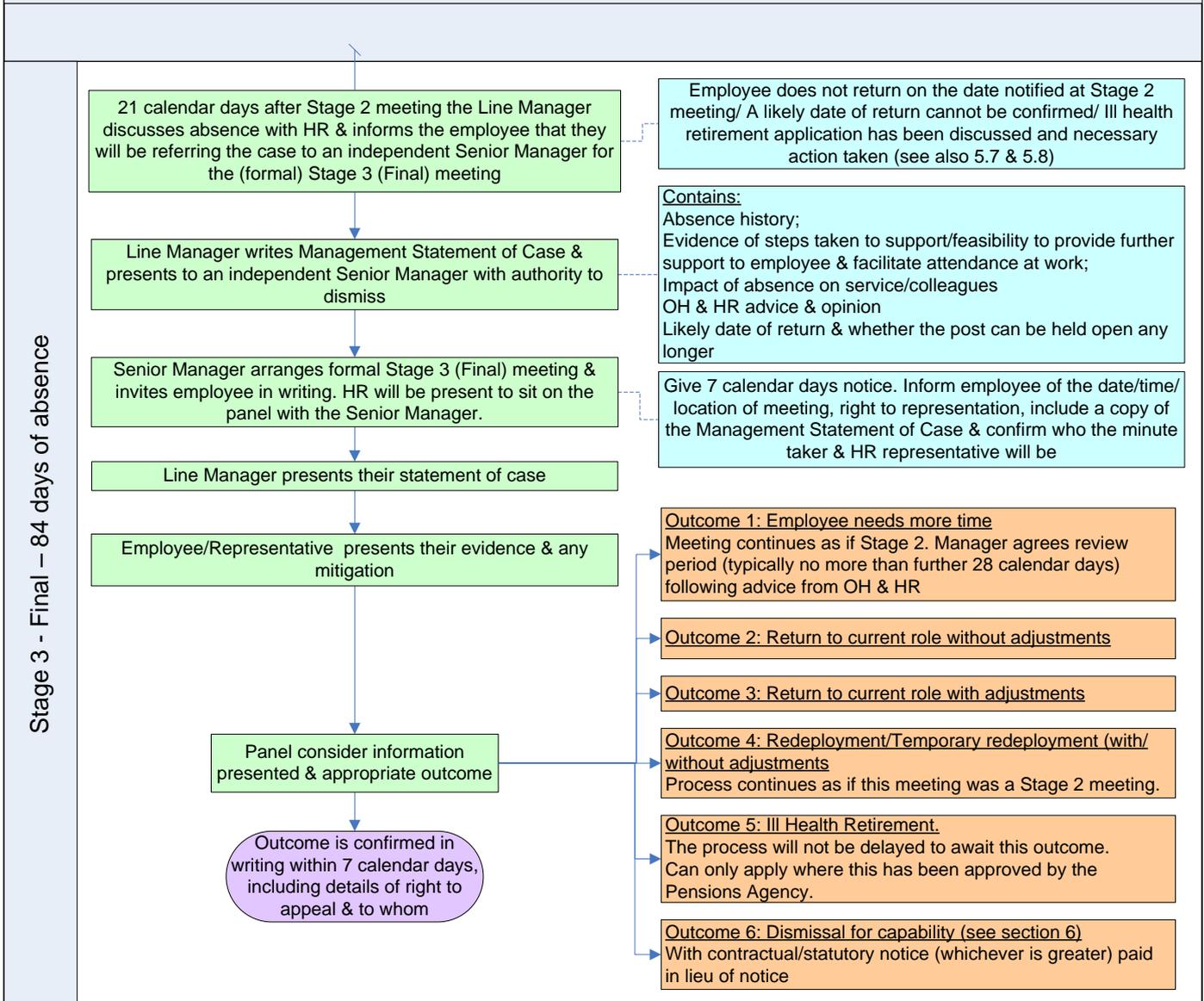
5 LONG-TERM SICKNESS ABSENCE

5.1 The process of managing [long-term sickness absence] is set out in the flowchart below:



COR/POL/007/2015-001

Managing Long-Term Sickness Absence



- 5.2 The manager should arrange a meeting with the employee prior to their expected date of return to facilitate the individual back into the workplace. It is the responsibility of the employee to inform their manager if this date changes.
- 5.3 In line with Agenda for Change, after investigation, consultation and consideration of other alternative posts and where there is no reasonable prospect of the employee returning to work, employers will have the option to terminate employment before the employee has reached the end of the contractual paid sickness absence period or is in receipt of their ill health retirement benefits.
- 5.4 Managers should notify payroll immediately when they know their employee has commenced long term sickness. A final stage meeting must be held before sick pay entitlement expires.
- 5.5 Where an employee has repeated periods of long term sickness with gaps of less than 3 months, the return to work will be considered unsuccessful and the management of the absence will continue from the last stage in the process that was undertaken.

COR/POL/007/2015-001

- 5.6 The Chair must arrange for someone to take minutes at formal meetings and hearings. This must not be a member of the panel. This is to ensure an accurate record (though not word-for-word) is kept of the hearing which is able to be shared with the employee being managed (see also [\[Appendix 5\]](#)).

6 Exceptions

- 6.1 When the cause of the absence has a known expected recovery period confirmed by Occupational Health/Specialist Medical advice (maximum 6 months except in exceptional circumstances), it would not be appropriate to advance through the stages. Human Resources should be informed and a stage 1 meeting should confirm the expected date of return and/or any adjustments required. This meeting may be held prior to any known planned absence.
- 6.2 Where it is clear that the employee will not be able to return to work for a significant period of time in the future or at all (as confirmed by Occupational Health/any appropriate specialist advice) then it may, by mutual agreement, be suitable to move straight to a later stage. This should be discussed with Human Resources and managed on a case-by-case basis. For example, this may be appropriate where an employee has been successful in their application for ill health retirement.

7 **DISMISSAL**

- 7.1 The Senior Manager chairing the Formal Final Stage/Stage 3 Final meeting will make the final decision. HR will attend to sit on the panel and provide advice.
- 7.2 Dismissal will only be appropriate where the following has been reasonably considered:
- Likely date of return (confirmed by medical advice where available)
 - Individual and representative mitigation
 - Occupational Health/Specialist advice
 - HR Advice
 - Feasibility and progress of further support (incl. rehabilitation, phased return, return to work with/without reasonable adjustments, redeployment with/without reasonable adjustments)
 - Assessment of impact on the service and colleagues
 - Consistency with managing other employee attendance

- 7.3 Dismissals must be confirmed in writing and sent by Recorded Delivery.

8 **RIGHT OF APPEAL AGAINST DISMISSAL**

- 8.1 All employees who are dismissed for capability due to ill health/some other substantial reason as a result of the application of this policy have a right of appeal. This should be made in writing to the Director of HR within 14 calendar days of the date of receipt of the letter confirming the dismissal and confirm the reason for making the appeal.
- 8.2 Reasons for appeal should be based on the following areas:
- Unfairness by comparison to how the policy has been applied to others or bias of the panel;
 - Incorrect decision or too severe penalty based on the evidence provided to the panel;

COR/POL/007/2015-001

- Did not follow the procedure detailed in the policy;
- New evidence has come to light since the dismissal that would have affected the decision.

9 IMPACT AND EQUALITIES ANALYSIS

9.1 An Equality Analysis has been carried out for this policy and has concluded that there are no detrimental effects and some positive effects of this policy. The analysis has been included here:



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Absence Policy EqAnz

10 MONITORING THE EFFECTIVENESS OF THIS POLICY

Issue being monitored	Monitoring method	Responsibility	Frequency	Reviewed and followed up by
Compliance with duties within Equality Act	Monitoring demographics of those at formal stages and their outcomes	Human Resources	Bi-annual (every 6 months)	Operational Management Groups Partnership Board
Sickness absence levels	Reporting on sickness absence rates.	Human Resources	Monthly	Line managers, CAG/Corporate Management Team
	Report sickness absence rates.	Human Resources	Monthly	Operational Management Groups
	Report sickness absence reasons and areas.	Human Resources	Bi-annual (every 6 months)	Operational Management Groups Partnership Board
	Absence reasons to be monitored incl. patterns and feed back to OH, Health and Safety and appropriate boards for targeted action.	Human Resources	Bi-annual (every 6 months)	OH, Health and Safety and appropriate boards for targeted action

END

APPENDIX 1: GLOSSARY OF TERMS

<p>Sick Pay</p>	<p>Employees absent from work owing to illness will be entitled, subject to the conditions of this policy, to receive sick pay in accordance with the scale below:</p> <ul style="list-style-type: none"> • during the first year of reckonable NHS service – one month’s full pay and two months’ half pay; • during the second year of reckonable NHS service – two months’ full pay and two months’ half pay; • during the third year of reckonable NHS service – four months’ full pay and four months’ half pay; • during the fourth and fifth years of reckonable NHS service – five months’ full pay and five months’ half pay; • after completing five years of reckonable NHS service – six months’ full pay and six months’ half pay. (see also Section 14 of [Agenda for Change])
<p>Rolling 12 month period</p>	<p>The last 12 whole months e.g. if you are reviewing absences in November 2011, the period you will look at will be November 2010 – October 2011. NB: This is different to the financial year, which runs from April – March. This is not used in sickness absence monitoring.</p>
<p>Return to Work meeting</p>	<p>An informal meeting between the employee and the manager that is held within 48 hours of the employee’s return from sickness absence. The meeting should:</p> <ul style="list-style-type: none"> • Welcome the employee back to work & let them know they were missed; • Acknowledge their absence, confirm the dates they are recorded as sick, the reason for their absence and anything that can be done to prevent the absence reason happening again. Discuss any patterns of absence and whether any of the meetings described in sections [4] or [5] are necessary. It may be appropriate to refer the employee to Occupational Health; • Discuss the employee’s Responsibility to ensure that they are well enough to attend work on a regular basis; • Move on to what has happened in the workplace in their absence, whether work has been covered or is outstanding & what they need to do next so that they are able to start their work straight away (which is why it needs to be done early in their return). <p>This subject area can be remembered using the acronym WARM. There is a template available and a jointly-signed record of the discussion should be kept on the local employee file and a copy given to the employee.</p>
<p>Equality Act 2010</p>	<p>Replaces previous discrimination law (e.g. Disability Discrimination Act 1995) and includes the following:</p> <ul style="list-style-type: none"> • Extends the groups protected (protected characteristics) • Removal of health questionnaires • Bans discrimination by association • Bans direct and indirect discrimination • Bans harassment, victimisation and failure to make reasonable

COR/POL/007/2015-001

	<p>adjustments</p> <ul style="list-style-type: none"> • Replaces all previous discrimination law • Introduces harassment by third parties • Also relates to provision of services to patients, not just employment
Protected Characteristics (part of the Equality Act 2010)	<ul style="list-style-type: none"> • Age • Disability • Gender Reassignment • Marriage and Civil Partnership • Race • Religion or Belief • Sex • Sexual Orientation • (Pregnancy and Maternity – only some elements apply)
Reasonable Adjustments (part of the Equality Act 2010)	<p>An 'adjustment' is a change. This can be a physical change or a change in the way something is done. This might include exploring flexible working options (e.g. annualised hours) or specific equipment to enable to employee to do their job without causing harm to themselves. A reasonable adjustment may or may not be time limited.</p> <p>'Reasonable' will depend on a number of circumstances but the tests include:</p> <ul style="list-style-type: none"> • How much will a reasonable adjustment reduce the disadvantage? • The practicality of the change. • The financial & other costs & the extent of any disruption caused. • The extent of the Trust's financial & other resources. <p>Although the Trust must consider reasonable adjustments for employees who have a disability or are pregnant, it is best practice for them to be considered for all employees to facilitate attendance and implemented where service delivery allows. Consult with OH and HR for advice.</p>
Disability (Equality Act 2010)	<p>A physical or mental impairment (disadvantage) & this has a substantial (more than minor/trivial effect) & long-term (lasting/likely to last more than 12 months) adverse effect on his/her ability to carry out normal day-to-day activities.</p> <p>A person with Cancer, HIV infection or Multiple Sclerosis is defined as a person with a disability & protected by the Act from the point of diagnosis.</p>
Case Conference	<p>A constructive discussion to identify helpful and implementable measures for rehabilitation which contributes to, but is not part of, the formal management of sickness absence and capability.</p> <p>This will normally be arranged by the manager with the following attendees:</p> <ul style="list-style-type: none"> • Individual +/- representative • Manager • Occupational Health doctor or nurse • +/- Human Resources
Ill Health Retirement	<p>OH advice should be sought before proceeding with requesting form AW33E for the NHS Pensions Agency.</p> <p>Tier 1 - Member assessed as being unable to do their current NHS job</p>

COR/POL/007/2015-001

	<p>Where a member is assessed by NHS Pensions and its medical advisers as being permanently incapable of efficiently discharging the duties of their present job in the NHS, they may be awarded early payment of their retirement benefits earned to date. These benefits will not be reduced as they would in, for example, a case of voluntary early retirement where benefits are reduced to cover the extra cost of being paid before the normal pension age and therefore in payment longer. However, benefits under Tier 1 provision will not be increased. In certain circumstances members receiving a Tier 1 award will be able to have their application reviewed for Tier 2.</p> <p>Tier 2 - Member assessed as being unable to do regular work of like duration.</p> <p>Tier 2 will apply where a member is assessed by NHS Pensions and its medical advisers as being permanently incapable of doing both their current NHS job AND other regular employment across the general field of employment of like duration. Their previous training, qualifications and experience, and not just the medical conditions, will be taken into account in the assessment of their permanent incapacity.</p> <p>Tier 2 assessment means entitlement to early payment of the retirement benefits earned to date increased by two thirds of the member's prospective membership up to reaching their normal retirement age. A minimum increase of four years membership capped at age 60 will apply until 31 March 2016 in the NHS Pension Scheme (Amended April 2008) only.</p>
<p>(Medical) Redeployment</p>	<p>The transferring or recruitment of staff into a suitable alternative post (see the Appendix 4 for further information).</p> <p>Redeployment can be considered at any stage. Redeployment will continue to be sought until a suitable post has been found, the employee is able to return to their post or the managing sickness absence process is completed.</p> <p>Medical redeployment may not be at the same Band. Normal rules for pay protection will not apply if the employee moves to a post at a lower Band. Temporary Injury Allowance may apply.</p>
<p>Notifiable Diseases</p>	<p>Diseases notifiable (to Local Authority Proper Officers) under the Health Protection (Notification) Regulations 2010:</p> <ul style="list-style-type: none"> • Acute encephalitis • Acute meningitis • Acute poliomyelitis • Acute infectious hepatitis • Anthrax • Botulism • Brucellosis • Cholera • Diphtheria • Enteric fever (typhoid or paratyphoid fever) • Food poisoning • Haemolytic uraemic syndrome (HUS) • Infectious bloody diarrhoea • Invasive group A streptococcal disease and scarlet fever • Legionnaires' Disease • Leprosy

COR/POL/007/2015-001

	<ul style="list-style-type: none"> • Malaria • Measles • Meningococcal septicaemia • Mumps • Plague • Rabies • Rubella • SARS • Smallpox • Tetanus • Tuberculosis • Typhus • Viral haemorrhagic fever (VHF) • Whooping cough • Yellow fever <p>As of April 2010, it is no longer a requirement to notify the following diseases: dysentery, ophthalmia neonatorum, leptospirosis, and relapsing fever</p>
<p>Authority to Dismiss</p>	<p>Managers with the authority to dismiss are senior managers in their area or field.</p> <p>They will be at Band 8C or above, or in a comparable medical post, usually in the same area of field, to dismiss</p> <p><i>(This list is subject to review, but the types of role this is intended to cover are:</i></p> <p><i>Non Executive Director</i></p> <p><i>Chief Executive</i></p> <p><i>Executive Directors</i></p> <p><i>Directors</i></p> <p><i>Deputy Directors</i></p> <p><i>Assistant/Associate Directors</i></p> <p><i>Hospital Manager</i></p> <p><i>General Managers</i></p> <p><i>Head of Nursing/Therapies/Corporate Head of Service or Department /Clinical Site Manager/Service Manager.</i></p> <p><i>This list is not exhaustive and may be amended from time to time)</i></p>
<p>Flowchart Colour Key</p>	<p>In order to assist reading the flowcharts, please note that specific information has been colour coded.</p> <p>Orange hexagons = Start of process/specific milestones</p> <p>Green rectangles = the process to be followed</p> <p>Yellow diamonds = a decision to indicate which part of the process to follow</p> <p>Blue rectangles = provide further information (e.g. topics to be discussed, required information in written correspondence etc)</p> <p>Purple oval = end of process</p> <p>Orange rectangles = possible outcomes</p>

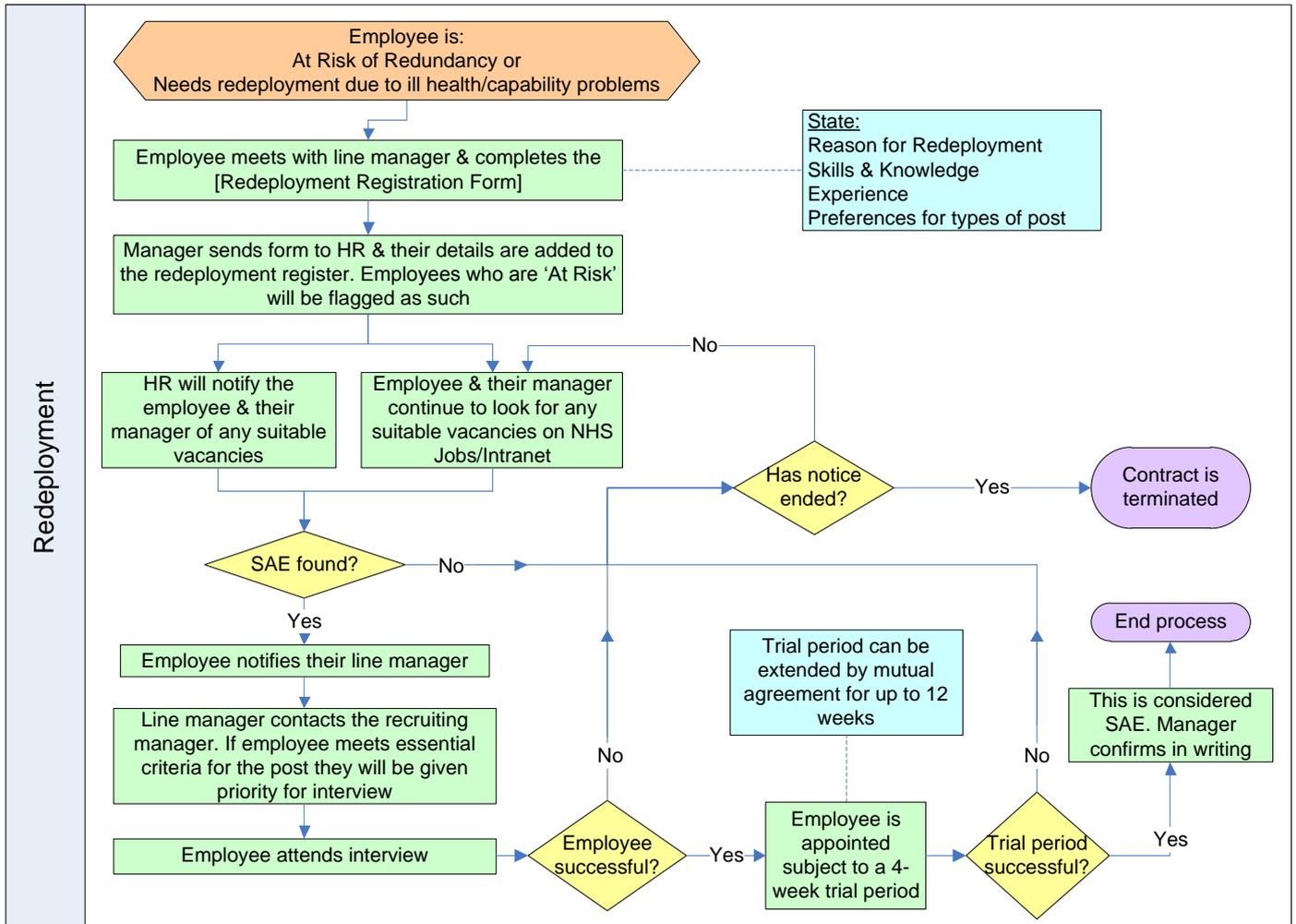
APPENDIX 2: EXTRA SOURCES OF INFORMATION AND SUPPORT

<p>Access to Work</p>	<p>A scheme run by the Government to provide free advice & grants to employees and employers to facilitate an individual to attend work. This might include funding for equipment or transport to & from work. Further info: http://www.direct.gov.uk/en/DisabledPeople/Emplimentsupport/WorkSchemesAndProgrammes/DG_4000347</p>
<p>Employee Assistance Programme <i>provided by CiC</i></p>	<p>A free service to all employees provided 24 hours 7 days a week which includes advice on debt, legal issues, caring and childcare and offers face to face counselling services. Tel. 0800 085 1376 Or access them via www.well-online.co.uk</p>
<p>Management Advice Line <i>provided by CiC</i></p>	<p>A dedicated helpline for managers, offering guidance and support on dealing with the interpersonal aspects of their role as a line manager, such as how best to manage a difficult situation or sensitive subject with an employee. If you are a Manager please call 0800 085 3805 to access the Managerial Adviceline. Or access them via www.well-online.co.uk</p>
<p>NHS Temporary Injury Allowance (TIA)</p>	<p>Temporary Injury Allowance, which is payable under the NHS Injury Benefit Scheme is no longer available to people who sustain an injury or contract a disease due to NHS employment on or after 31 March 2013. Employees who sustain an injury or contract a disease due to NHS employment on or before 30 March 2013 can still access the NHS Injury Benefit Scheme until 30 March 2038 under new transitional arrangements. . The application and decision making processes for those who qualify for TIA under this scheme remain unchanged. Applications should be made via the employee's line manager, who will contact the Payroll Department to obtain the necessary application forms. Further information can be found on: http://www.nhsbsa.nhs.uk/Documents/InjuryBenefitScheme/Injury_Benefits_Appendix_March_2013v208.13.pdf</p>
<p>Injury Allowance (IA)</p>	<p>The new IA which replaces the NHS TIA above, covers employees who sustain an injury or contract a disease or other health condition due to NHS employment on or after 31 March 2013, and forms part of NHS Staff Terms and Conditions of Service – Section 22 refers. Employers are responsible for the administration of IA and any dispute about entitlement should be considered under the Grievance procedures. The function of the new IA is to recompense employees who have temporarily lost income due to an injury or illness as a result of work. The IA is paid as an income top-up to eligible staff. The allowance will top up NHS sick pay (or earnings when on phased return on reduced pay) and certain other income i.e. contributory state benefits, up to 85 percent of the pay. The allowance is limited to the period of the employment contract only and restricted to a period of up to 12 months per episode, subject to Absence management and other related policies. The details of IA are set out in Section 22 of the NHS Terms and Conditions of Service.</p>

COR/POL/007/2015-001

	<p>Further information can be found on: http://www.nhsemployers.org/SiteCollectionDocuments/AfC_tc_of_service_handbook_fb.pdf - Section 22</p>
<p>NHS Permanent Injury Benefit (PIB)</p>	<p>PIB under the NHS Injury Benefit Scheme is no longer available to people who sustain an injury or contract a disease due to NHS employment on or after 31 March 2013.</p> <p>The PIB allowance for successful claimants is based on a percentage of their pensionable pay at the time employment ends or where they move to a lower paid employment, the number of years worked for the NHS at that time, and the level of permanent reduction in earnings ability that resulted.</p> <p>A lump sum may also be payable if the applicant's NHS employment ends because of the injury or illness. This is also a percentage of the applicant's pensionable pay.</p> <p>Further information can be found on: http://www.nhsbsa.nhs.uk/IBS/878.aspx</p>
<p>NHS Business Services Authority Injury Benefit Scheme</p>	<p>Further information about TIA, IA and PIB discussed above can be found on: http://www.nhsbsa.nhs.uk/InjuryBenefitScheme.aspx</p>
<p>NHS Ill Health Retirement</p>	<p>Further Information can be found on: http://www.nhsbsa.nhs.uk/Pensions/IllHealth.aspx</p>
<p>Department for Work & Pensions Fit for Work initiative</p>	<p>Advice can be made via www.fitforwork.org or 0800 032 6235</p>

APPENDIX 3: REDEPLOYMENT PROCESS



APPENDIX 4: PROCESS FOR HOLDING A FORMAL FINAL STAGE OR STAGE 3-FINAL SICKNESS ABSENCE MEETING

