

Document Title	Managing Sickness Absence Policy			
Reference Number	NTW(HR)10			
Lead Officer	Lisa Crichton-Jones Executive Director of Workforce and Organisational Development			
Author(s) (name and designation)	Jacqueline Tate Workforce Policy and Service Developments Manager			
Ratified by	Business Delivery Group			
Date ratified	Jan 2018			
Implementation Date	Jan 2018			
Date of full implementation	Jan 2018			
Review Date	Jun 2019			
Version number	V05.1			
Review and Amendment Log	Version	Type of Change	Date	Description of Change
	V05	Review	Jan 18	Reviewed Policy
	V05.1	Review	May 18	Legislative changes due to GDPR

This Policy supersedes the following Policy, which must now be destroyed:

Document Number	Title
NTW(HR)10 – V05	Attendance Management / Sickness Absence Management Policy

Managing Sickness Absence Policy

Section	Contents	Page No.
1	Introduction	1
2	Purpose	1
3	Duties, Accountability and Responsibilities	2
4	Definition of Terms	2
5	Procedure / Process	3
6	Roles and Responsibilities	4
7	Reporting Absence	7
8	Definition of Sickness	8
9	Disability Related Absence	9
10	Absence Related to Gender Specific Conditions	9
11	Management of Short Term Sickness Absence – Process Description	10
12	Management of Long Term Sickness	11
13	Fast Tracking / Early Intervention Schemes	13
14	Chronic Illness / Ill Health Retirement	14
15	NHS Injury Allowance	15
16	Pay / Performance	15
17	Assaults at Work	16
18	Doctors' Appointments / Hospital Appointments / Being Unwell at Work	16
19	Identification of Stakeholders	16
20	Training	16
21	Implementation	17
22	Fair Blame	17
23	Fraud, Bribery and Corruption	17
24	Monitoring	17
25	Associated Documents	18
Standard Appendices – attached to Policy		
A	Equality Analysis Screening Toolkit	19
B	Training Checklist and Training Needs Analysis	22
C	Audit Monitoring Tool	24
D	Policy Notification Record Sheet - click here	

Appendices – listed separate to Policy

Appendix No:	Description	Issue No:	Issue Date	Review Date
1	Alternative Employment / Termination Process	1	May 18	Jun 19
1a	Sickness Case Meeting (SCM) Form	1	May 18	Jun 19
2	Return to Work Interview	1	May 18	Jun 19
3	Flowchart	1	May 18	Jun 19
4	Link to Agenda for Change Injury Allowance Guidelines	1	May 18	Jun 19
5	Equality Act 2010 Checklist for Reasonable Adjustments	1	May 18	Jun 19
6	How to Make Effective referral to Occupational Health	1	May 18	Jun 19
7	How to Use Fast Tracking Process	1	May 18	Jun 19
7a	Process for Management of EIC Cases	1	May 18	Jun 19
7b	Promoting Mental Well Being at Work – Stress!	1	May 18	Jun 19
7c	Letter Enclosing Stress Awareness Leaflet	1	May 18	Jun 19
8	Conduct and Capability Process	1	May 18	Jun 19
8a	Providing Reasonable Adjustments Through Task Analysis	1	May 18	Jun 19
8b	Providing Reasonable Adjustments Task Analysis Form	1	May 18	Jun 19
8c	PMVA Physical Capability	1	May 18	Jun 19
8d	Physical Skills Competency Examples	1	May 18	Jun 19
8e	Medical Risk Assessment	1	May 18	Jun 19
8f	Central Recruitment Vacancy Control Form	1	May 18	Jun 19
8g	Injury Allowance Form IA1	1	May 18	Jun 19
8h	Letter Confirming Eligible for Injury Allowance	1	May 18	Jun 19
8i	Letter Confirming Non-Eligibility for Injury Allowance	1	May 18	Jun 19

Letter	Description	1	Jan 18	Jun 19
1	Invite to an Exploratory Meeting	1	Jan 18	Jun 19
2	Outcome of an Exploratory Meeting	1	Jan 18	Jun 19
3	Invite to Stage 1 Meeting	1	Jan 18	Jun 19
4	Invite to Reconvened Stage 1 Meeting	1	Jan 18	Jun 19
5	Outcome of Reconvened Stage 1 Meeting	1	Jan 18	Jun 19
6	Outcome of Stage 1 Meeting – Further Absence	1	Jan 18	Jun 19
7	Outcome of Stage 1 – Meeting – No further absence	1	Jan 18	Jun 19
8	Invite to Stage 2 Meeting	1	Jan 18	Jun 19
9	Invite to Reconvened Stage 2 Meeting	1	Jan 18	Jun 19
10	Outcome of Reconvened Stage 2 Meeting	1	Jan 18	Jun 19
11	Outcome of Stage 2 Meeting – Further Absence	1	Jan 18	Jun 19
12	Outcome of Stage 2 – Meeting – No further absence	1	Jan 18	Jun 19
13	Invite to a Third and Final Stage Meeting	1	Jan 18	Jun 19
14	Invite to Reconvened Third and Final Stage Meeting	1	Jan 18	Jun 19
15	Outcome of Reconvened Third and Final Stage Meeting	1	Jan 18	Jun 19
16	Outcome of Third and Final Stage Meeting – Dismissal	1	Jan 18	Jun 19
17	Outcome of Third and Final Stage Meeting – No further absence	1	Jan 18	Jun 19
18	Invite to Appeal against Dismissal	1	Jan 18	Jun 19
19	Outcome of Appeal against Dismissal - Appeal not upheld	1	Jan 18	Jun 19
20	Outcome of Appeal against Dismissal – Appeal upheld	1	Jan 18	Jun 19

Practice Guidance Notes – listed separate to policy				
PGN No:	Description	Issue No:	Issue Date	Review Date
MSA-PGN-01	Supporting Mental Health in the Workplace	1	May 18	May 21

1 Introduction

- 1.1 Northumberland Tyne and Wear NHS Foundation Trust's (the Trust / NTW) vision and values focus on delivering safe, effective, high quality care to our service users. The Trust also recognises that the health, wellbeing and capability of our staff is a key enabler in achieving this.
- 1.2 This Policy sets out arrangements for Managing Sickness Absence and returning employees to work following an absence.
- 1.3 NTW recognises that employees may be absent as a result of sickness from time to time and therefore considers it essential to provide all possible assistance to help and support early recovery and return to work.
- 1.4 The Trust aims to treat absence sensitively but appropriately in order to achieve improved attendance. It recognises that although absence due to illness is inevitable, such absences:
- Are disruptive;
 - Place additional work pressure on work colleagues;
 - May lead to additional costs being incurred;
 - Can impact on the quality of care given to service users.

2 Purpose

- 2.1 The aim of this Policy is to provide a framework for the management of short and long term sickness; it is supplemented by both a Health and Wellbeing Strategy and a Conduct and Capability Process (Appendix 8).
- 2.2 This framework will aim to ensure that absence is managed consistently, fairly and within explicit time frames.
- 2.3 Whilst following this framework, managers should give due consideration to:
- Section 24 of the Handling concerns about Doctors Policy;
 - Related policies, notably Stress at Work, Flexible Working and Equality and Diversity;
 - Other strategies, notably Health and Wellbeing;
 - Conduct and Capability Process (Appendix 8);
 - Experts within and [out with](#) the Trust that can provide specialist knowledge.

- 2.4 This Policy will assist managers and staff to minimise levels of sickness absence where possible and when sickness absence is unavoidable, employ Fast Tracking methods to secure a speedy return to work and good health. It will also assist managers in reaching timely decisions about an employee's continued employment
- 2.5 The Trust recognises it has a duty of care for the health, safety and welfare of its employees. This includes being aware of and complying with its obligations under Health and Safety legislation and the Equality Act 2010.

3 Duties, Accountability and Responsibilities

- 3.1 The Trust respects the confidentiality of all information relating to an employee's sickness. The Data Protection Act 2018 and Access to Medical records Act 1988 will be observed.
- 3.2 The principles of this Policy apply to all employees of Northumberland Tyne and Wear NHS Foundation Trust, regardless of band, post, base and type of contract.
- 3.3 Managers are responsible for promoting wellbeing and attendance at work as well as managing sickness absence in their area of responsibility (for example, Ward Managers, Team Leaders and other staff with supervisory responsibilities).
- 3.4 Senior managers have a responsibility to ensure that absence is being managed effectively across their whole service area or department. The monitoring of absence management within the organisation will be carried out via the Trust-wide Quality and Performance Group. This Group is a Sub Group of the Board of Directors who consider the information contained in the Workforce Report.
- 3.5 Employees have a responsibility to keep as healthy as possible through maintaining a healthy lifestyle and assisting with the promotion of a healthy working environment. They should maintain good levels of attendance and comply with the requirements of this Policy.

4 Definition of Terms

- Lead Officer: The Director accountable for the Policy;
- Author(s): The person(s) nominated by the Lead Officer to prepare the Policy;

- **Policy Administration:** Process to support the Lead Officer, Author and Accountable Committee in the preparation of Policies;
- **Development:** A process by which something passes by degrees to a different stage, process of clarification;
- **Consultation:** An exchange of views, time limited period during which, the views / advice of others are sought to further inform the Policy content;
- **Ratify:** Formal agreement and acceptance;
- **Implement:** Put into practice / operation;
- **Review:** Reassess;
- **Monitor:** Checking a situation carefully over a period of time in order to discover something about it;
- **Fit Note:** Replaced the Medical Certificate in April, 2010 and gave GPs the opportunity to advise on adjustments that would enable the employee to return to work focusing on what the employee can do rather than what they cannot do;
- **Short Term Sickness:** This is defined as 3 or more periods of sickness within a rolling 12 month period or a total of 8 days or more within a 12 month period;
- **Long Term Sickness:** A period of 28 days or more.

5 Procedure / Process

- 5.1 This Policy has been developed in consultation with Staff Side colleagues and operational representatives. It has been considered at the Trust-wide Policy Group and Trust Quality and Performance Group.

6 Roles and Responsibilities

6.1 In order to implement and maximise the effectiveness of this Policy, the roles and responsibilities are as follows:

6.2 Trust Board

6.2.1 Will agree the Trust's target for the reduction of sickness absence and will monitor progress towards this. They will ensure that management of sickness absence is facilitated within NTW.

6.3 Senior Managers

6.3.1 Ensuring that all line managers are aware of the Trust's aim to minimise levels of sickness absence.

- Ensuring that all line managers have attended Mandatory Training (Management Skills Training);
- Ensuring that effective Absence Management is considered when assessing job related performance as part of the Trust's JDR process;
- Demonstrating an active interest in encouraging/enabling managers to achieve low levels of sickness absence and where staff are ill, actively supporting their earliest possible recovery;
- Aiming to improve direct service delivery quality by setting targets for reducing levels of sickness absence and monitoring progress against the achievement of those targets.

6.4 Line Managers

- Ensuring that the Policy is applied fairly to all employees:
- Recording absences in a timely manner;
- Maintaining regular contact with employees (on 1st day of absence and at regular intervals of 7 days);
- Where appropriate initiate Fast Tracking Process within agreed timescale (see Section 12);
- Carrying out a return to work discussion following every episode of absence due to sickness. The discussion should take place as soon as practically possible and within 2 working days of return;
- Carry out Stress Risk Assessment (see Stress at Work Policy - NTW(HR)12), review and monitor. If after implementing the

assessment, referrals to Occupational Health are necessary, attach copy of the reviewed Stress Risk Assessment Form to Occupational Health referral to demonstrate what interventions / action has been deployed;

- Conduct ‘trigger’ discussions / meetings in accordance with the Policy, establish attendance improvement plans, monitor compliance and take action as outlined in this Policy in relation to whether improvements are met or are not met;
- Refer staff to Occupational Health and discuss with them the reason for the referral;
- Identify and **explore** patterns of absence;
- Consider reports **from** Occupational Health in terms of reasonable adjustment recommendations / phased returns;
- Encourage staff to take advantage of any health promotion campaigns or initiatives e.g. flu campaign;
- Organise Case Conferences as required, attend sickness clinics as requested, seek clarity on Occupational Health information;
- Share %sickness levels with staff at Team discussions;
- Assess absence levels as part of the Trust’s probation periods;

6.5 Employees

- On first day of absence, verbally notify line manager or senior person on duty of their sickness at the earliest possible time. At the latest within 1 hour of start time. Text messages will not be accepted as notification of absence;
- Maintain regular contact as mutually agreed with their line manager. As a minimum employees will be expected to telephone their line manager / contact person every 7 days;
- **If absent due to stress/anxiety, a musculo-skeletal issue or planned surgery**, receive a call from an Occupational Health representative on or around the 7th day of absence to discuss their absence from work and what assistance may be available;
- If the reason for absence is stress / musculoskeletal or planned surgery, participate in the timescales detailed in the Fast Tracking Process;

- Notify their line manager of being fit to return to work;
- Participate in return to work discussions;
- Provide a Self-Certificate for absence of 4 - 7 days;
- Provide Fit Notes for absences beyond 7 days in a timely manner. Back dated Sick Notes will not be accepted and Sick Pay will only be payable from the date of receipt of the Fit Note;
- Be available during their normal contracted working time to meet and discuss their absence;
- Not carrying out any secondary employment, bank work whilst off sick without previous discussion with their line manager;
- As requested attend Occupational Health. This is a contractual requirement and failure to do so may lead to disciplinary action and / or decisions about future employment options being made without up to date medical information ([see 11.2.2](#)).

6.6 Occupational Health

- Contact employees by telephone following any period of 7 days absence [if the absence is due to stress/anxiety, a musculo-skeletal issue or planned surgery](#);
- Comply with the timescales outlined in the Fast Tracking Process, Capability Process and referral Process;
- Provide helpful written advice to line managers on individual employee's fitness for work and functionality for role / duties;
- Participate in Sickness Case Conferences and Surgeries with managers;
- Advise line managers on the application of the Equality Act 2010 in respect of reasonable adjustments in the workplace / work of individual employees;
- Provide medical advice in terms of alternative work that could be carried out by individuals;
- Provide medical advice to support ill health retirement;
- Refer to psychological services as appropriate.

6.7 Workforce and Organisational Development Department

6.7.1 Your Workforce Department and OD team can provide advice and guidance to managers and staff on the application of this Policy:

- Participate in Case Conferences for individual cases as required;
- Attend Review Meetings, formal stages in respect of complex cases;
- Provide training for managers on the Management of Sickness Absence and other related Policies. Attendance at Management Skills Training is a mandatory requirement and must be updated every 3 years

6.8 Staff Side Representatives

- Staff Side Representatives can provide advice and support to employees on the application of this Policy;
- May accompany employees at any stage of the procedure. Employees are responsible for arranging representation and this should not hold up the process. Return to Work Meetings are not deemed as formal meetings and therefore employees are not entitled to be accompanied at these meetings, nor are they at Occupational Health consultations.

7 Reporting Absence

7.1 Sickness absence must be reported to the line manager / person in charge as soon as possible, and within 1 hour of what would have been the commencement of their shift. The report should be verbal i.e. by telephone (text messages are not acceptable) and ideally by the member of staff themselves.

7.2 Contact should be agreed at this point; minimum contact should be made every 7 days and the manager / person in charge should agree with the member of staff how contact will be made. It is the individual's responsibility to initiate regular contact.

7.3 The member of staff should also be informed that if the absence exceeds 6 days, they will receive a phone call from Occupational Health on or around the 7th day of absence if the absence is due to stress/anxiety, a musculo-skeletal issue or planned surgery.

7.4 Staff must also be made aware that if their absence is due to stress, musculoskeletal or planned surgery that the Fast Tracking Process will apply (see Section 12).

7.5 If staff are fit for work on a non-working day or a rostered day off they must report themselves as fit on that day via telephone, or via email or text message if their service is not open on said day.

7.6 Managers Course of Action:

- Ask how the employee is / cause of absence and likely duration of absence;
- Determine how often contact is to be made and when;
- Inform if Fast Tracking applies and / or potential call from Occupational Health on or around the 7 days of absence
- Consider referral to Occupational Health / making employee aware of the nature of the referral and reason for it;
- Consider referral to Counselling;
- Record discussion and agreed timescales;
- Report sickness via either Time and Attendance process or send individual attendance returns to the Directorate Support Team within the Workforce Directorate via the link <http://nww1.ntw.uk/HRsicknessreporting>;
- Must include the reason for sickness including whether the sickness is a result of assault at work or when it is as a result of a Road Traffic Collision.

8 Definition of Sickness

8.1 Short Term Sickness Absence

8.1.1 The Trust will monitor patterns of absence and the following will be used as trigger points to indicate when the Policy should be followed:

- 3 periods of sickness within a 12 month rolling period or 8 days within a 12 month **rolling** period;
- Regular patterns of absence, for example, around weekends or days before and after Bank Holidays.

8.2 Long Term Absence

8.2.1 This is defined as four weeks (28 days) or more. However, continuous sickness absence of more than 2 weeks should invoke the process of long term management and referral to Occupational Health should be made at the 14 day of absence state (see also Fast Tracking – Section 12).

8.3 Persistent Absence

- 8.3.1 When managing absence both short term and long term absence (3 periods of absence or 8 days in a rolling 12 month period and absence of 4 weeks) will be regarded as a trigger point for monitoring, subject to advice from Occupational Health and / or a duty to make reasonable adjustments.

9 Disability Related Absence

- 9.1 The Trust and its employees have a duty not to treat disabled staff less favourably than it / they would treat non-disabled staff either because of a disability or, for a reason arising in connection with that person's disability or, by applying a provision criterion or practice which applies to all employees alike, but which puts a disabled person at a particular disadvantage when compared to Trust staff who do not share the disability in question. This includes a duty to make reasonable adjustments where the duty arises.
- 9.2 Potential adjustments will be fully considered, explored and implemented where possible.
- 9.3 Further information on reasonable adjustments can be sourced from [your Workforce and OD team](#), from the Trust's Equality and Diversity Advisor, from Access to Work, Remploy Trust's Patient Safety Advisors or the Medical Devices Officer or from the Guidance Notes which accompany this Policy. **See Appendix 5 – Equality Act 2010 Check List for Reasonable Adjustments.**
- 9.4 The following are some examples of reasonable adjustments that could be considered:
- Adapting the Trust equipment to enable them to do their job;
 - Adapting the employee's working hours / working patterns;
 - Transferring some of the employee's duties to other employees;
 - Alternative work or alternative location.
- 9.5 If after discussion with the employee and full consideration of the recommendations of reasonable adjustments it is deemed that reasonable adjustments cannot be facilitated, the Capability Process Suitable Alternative Employment / Termination (Appendix 1) should be implemented.

10 Absence Related to Gender Specific Conditions

- 10.1 The Trust and its employees have a duty not to treat staff less favourably based on their gender or gender identity. Conditions which are specific to gender should be considered in line with the Equality Act (2010).

- 10.2 Gender reassignment is a protected characteristic under the Equality Act (2010). Advice should be sought from your Workforce and OD team on how to support staff at work who are in the process of transitioning.

11 Management of Short Term Sickness Absence – Process Description

- 11.1 An employee who has either 3 absences due to sickness in a rolling 12 month period or a total of 8 days absence due to sickness in a rolling 12 month period enters the short terms sickness absence process at the Exploratory stage. This meeting and any subsequent meetings should take place as soon as reasonable practicable after the employee has returned to work; ideally within 7 calendar days and certainly within 14 calendar days.

If at any stage in the process a manager wants to show discretion this must be agreed with a member of the manager's Workforce and OD team in order to ensure fairness and an equity in approach. The reasons for discretion either being applied, or not, must be clearly documented by the manager.

- 11.2 **Exploratory Meeting – Advice can be provided from your Workforce and OD team at all stages of the process. A Workforce representative would normally be present at the Third and final stage.**

- 11.2.1 A meeting should be arranged between the relevant manager and the employee following this meeting the manager should set a two month monitoring period. Following the 2 month monitoring period, the manager and the employee meet at Stage 1 in the process.

- 11.2.2 At all stages the manager should enquire if there is an underlying health problem and whether there are any adjustments required. If there is or the absences all relate to a particular cause, a referral should be made to Occupational Health for more information.

- 11.2.3 In the event that medical evidence is obtained from Occupational Health which indicates that the employee's periods of short term sickness absence are caused by an underlying health problem, then managers should seek advice from the Workforce department about possible management of the employee's sickness under the Long Term Sickness procedure and / or Conduct and Capability process.

11.3 Stage 1

- 11.3.1 If the improvement target has been achieved the employee is monitored at Stage 1 for 12 months with the triggers of 3 episodes in 12 months or 8 days in 12 months.

- 11.3.1.1 If during this time, i.e. 12 months, the employee triggers, the manager meets with the employee at Stage 1 and sets a further two month monitoring period; following this the employee is met with at Stage 2.

- 11.3.1.2 If the employee does not trigger in the 12 month monitoring period they revert to normal monitoring at the informal stage.

- 11.3.2 If the improvement target has not been achieved, the employee is set a further two month monitoring period. Following the two month monitoring period, the manager and the employee meet at Stage 2 in the process.

11.4 Stage 2

- 11.4.1 If the improvement target has been achieved the employee is monitored at Stage 2 for 18 months with the triggers of 3 episodes in 12 months or 8 days in 12 months.

- 11.4.1.1 If during this time the employee triggers, the managers meets with the employee at Stage 2 and sets a further two month monitoring period; following this the employee is met with at the **Third and Final Stage**.

- 11.4.1.2 If the employee does not trigger in the 18 month monitoring period they revert to normal monitoring at the informal stage (see Section 10.1).

- 11.4.2 If the improvement target has not been achieved the employee is set a further two month monitoring period. Following the 2 month monitoring period, the manager and the employee meet at the Final Stage in the process.

11.5 Third and Final Stage – a member of Workforce Department would normally be present at final stage.

- 11.5.1 If the improvement target has been achieved the employee is monitored at the **Third and Final Stage** for 24 months with the triggers of 3 episodes in a **rolling 12 month period** or 8 days in a **rolling 12 month period**.

- 11.5.1.1 If during this time the employee triggers, the **Third and Final Stage** meeting is reconvened and the employee's continued employment is considered; dismissal is an option.

- 11.5.1.2 If the employee does not trigger in the 24 month monitoring period they revert to normal monitoring at the informal stage (see Section 10.1).

- 11.5.2 If the improvement target has not been achieved the employee's continued employment is considered; dismissal is an option.

- 11.6 See flowchart Appendix 3.

- 11.7 A right of appeal will apply if the member of staff is dismissed. Both parties will be required to write and share a statement of case. The appeal stage will be conducted in line with the Trust's Disciplinary Policy – NTW(HR)04.

12 Management of Long Term Sickness

- 12.1 Long term absence is a period of 28 consecutive calendar days or more. Advice should be sought from Occupational Health if the absence is going to exceed 14 days (see also Fast Tracking Section 12).

12.2 Referral to Occupational Health (Team Prevent)

- 12.2.1 **Employees** must be informed that a referral is going to be made to Occupational Health and must be fully appraised by the nature of the referral. Guidance on how to make an effective referral to Occupational Health is contained in Appendix 6.
- 12.2.2 Employees who persistently fail to attend Occupational Health appointments without satisfactory explanation will be deemed to be failing to engage in the process and decisions will be taken in the absence of the medical evidence, which could include disciplinary action or proceeding straight to Final Stage of the process.
- 12.2.3 Regular contact between the individual and the line manager must be maintained. As a minimum, the employee must contact his / her line manager every 7 days to update on their absence.
- 12.2.4 **Employees** who are absent for more than 6 days **due to stress/anxiety, a musculo-skeletal issue or planned surgery** will receive a phone call from Occupational Health on or around the 7th day of absence. This call will be supportive in nature and will advise the employee of help that should be sought. Managers will need to contact Occupational Health **in advance** and provide information on nature of absence plus contact details.
- 12.2.5 Managers and employees will meet to discuss medical information / carry out risk assessment regularly.
- 12.2.6 Consideration should be given to discussing recommendations for Occupational Health around adjustments and temporary restrictions (see Conduct and Capability Process around timescales). If it is not practicable to facilitate temporary / permanent adjustments, the procedure as outlined within the Conduct and Capability Process should be applied.
- 12.2.7 Phased returns that are supported by medical advice will be accommodated for up to one month without impact on pay.
- 12.2.8 Managers should aim to have collated all medical information in regard to long term sickness before half pay expires. A Final Review Meeting must occur before half pay expires. The focus of the meeting is to determine an employee's fitness to return to their substantive post with or without adjustments to return to an alternative post or whether the employment is to be terminated on the grounds of capability due to ill health (See paragraph 13.1).
- 12.2.9 Should the manager fail to undertake a **Final Review Meeting** before half pay expires; a claim for reinstatement of half sick pay can be made by the employee after 12 months of continuous sickness absence in the following circumstances:
- Staff with **more than 5 years reckonable service** – sick pay will be reinstated if sick pay entitlement is exhausted before Final Review Meeting for long term absence has taken place;

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

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

12.2.11 However, reinstatement of half pay will only apply where the failure to undertake the Final Review Meeting is due to the delay of the employer. This provision does not apply where a review is delayed due to reasons other than those carried by the employer.

13 Fast Tracking Schemes

13.1 Stress, Musculoskeletal and Planned Surgery

13.1.1 There is substantial evidence to show that work is an important health outcome and long periods out of work can be detrimental to our health and wellbeing.

13.1.2 We also know that if an individual is off work for 6 months there is only a 50% chance of that person ever returning to any work. If they are off work for 12 months or more the chances of them returning to any work reduces to 20%.

13.2 Preventing Work Related Ill Health

13.2.1 **Preventing** work related ill health is a key priority for the Trust and we are working with Team Prevent, our Occupational Health providers to ensure that we have a robust strategy in place for ensuring people are mentally and physically fit to undertake their role when they join the organisation. We also want to ensure that we have a rigorous health surveillance programme in place to ensure that we can monitor the effect of work on staff health throughout their employment.

13.2.2 When a health issues is identified, the importance of **early intervention** cannot be over emphasised

13.3 Early Intervention

13.3.1 Many people with common health problems, particularly those related to musculoskeletal problems (backache) or stress, stay at work and indeed work can often be beneficial in aiding their recovery.

13.3.2 Other people, with exactly the same problems, may take time off work even though the condition is no more serious.

Usually the issue is not about what has happened to the person, but why they are not recovering and it can be that some employees face obstacles

to recovery, which can often be resolved through early intervention to Occupational Health.

- 13.3.3 Early referral will enable Team Prevent's Occupational Health Advisers to ensure that appropriate support is provided to staff to help reduce their symptoms, improve any functional limitation and regain work participation.
- 13.3.4 If an employee goes off sick with stress or a musculoskeletal problem, or if the person is at work and experiencing problems, managers are asked to refer immediately to Team Prevent **and within 5 days as a maximum**.
- 13.3.5 All referrals will be triaged by Team Prevent and if Early Intervention is likely to be beneficial, the case will be referred to Team Prevent Early Intervention Team, who will telephone the employee within 48 hours of the referral to provide advice and support. The Early Intervention Team will also liaise with the manager and provide support following the telephone consultation.
- 13.3.6 Referrals for more complex cases or longer term absence will usually be managed by the local dedicated Occupational Health Case Management Team through face to face or telephone consultations.

13.4 Advice on Surgery and Recovery Periods

- 13.4.1 Managers are also encouraged to refer staff, who have surgery planned in the future, to Occupational Health. Team Prevent will be able to advise the employee on what to expect following surgery and provide some guidance for managers on any adjustments that may be needed once the employee has returned to work. The Royal College of Surgeons and The Royal College of Obstetricians and Gynaecologists have also made available some useful guidance on evidenced based recovery periods following surgery, for manual and non-manual job roles. Using this information Team Prevent will also be able to advise the employee on the expected return to work date, following surgery.
- 13.4.2 Information on the 3 schemes and key timescales for action is attached at Appendix 7.

14 Chronic Illness / Ill Health Retirement

- 14.1 Where it has been confirmed that the employee is either permanently unfit for work or the timescale for return is not imminent/is unknown consideration should be given to termination of contact on health grounds. This is technically a dismissal and employees will have the right to appeal this decision (see paragraph 11.2.8).
- 14.2 Employees who are members of the NHS Pension Scheme for a minimum of 2 years are eligible to apply for ill health retirement. Such applications will be facilitated by the Workforce Department provided the application is supported by Occupational Health / GP.

- 14.3 There are tiered arrangements for the determination of health retirement benefits. In Tier 1 the individual is assessed as suffering from an infirmity that makes them permanently incapable of carrying out their own job. Pension entitlement is accrued service only, with no reduction. In Tier 2 the individual is assessed as being permanently unable to carry out any regular employment. Pension entitlement is accrued service, with enhancement.
- 14.4 The decision as to whether ill health retirement benefits are payable is made by the NHS Pension Scheme Administrators.

15 NHS Injury Allowance

- 15.1 Injury Allowance is a top-up payment and tops up sick pay (as defined in Section 14(a) (England) Agenda for Change and Section 22 Agenda for Change or reduced earnings when on phased return to work, to 85% of pay.
- 15.2 Injury Allowance is payable when an employee is on authorised sickness absence or on a phased return to work with reduced pay or no pay due to an injury, disease or other health condition that is wholly or mainly attributable to their NHS employment.
- 15.3 Employees are entitled to submit a claim for IA from their first day of employment (there is no qualifying period).
- 15.4 Injury Allowance is payable for up to 12 months per episode of absence from when the employees pay is affected. However, should an employee have to permanently change jobs, which then affects their pay, they would be entitled to receive protection in line with local protection arrangements that are in place for organisational change.
- 15.5 It should be noted that IA is not payable when sickness absence is as a consequence of disputes relating to employment matters such as investigations or disciplinary action, or as a result of a failed application for promotion, secondment or transfer.

16 Pay / Performance

- 16.1 Attendance levels will be used as assessment criteria in any probationary periods.

17 Assaults at Work

- 17.1 Although sickness attributed to assaults at work will count towards overall sickness levels; where it has been evidenced that the absence follows an assault at work, this period of absence will not count towards a trigger point in the management of short term / persistent absence.

- 17.2 Managers should still meet with staff that have incurred either 3 periods of absence or 8 days but progress to the next stage will not result following the discussion.

18 Doctors' Appointments / Hospital Appointments / Being Unwell at Work

- 18.1 Staff should attempt to make hospital / doctor / dental appointments outside of work time. Three appointments maximum will be given per year in work time, appointments that exceed the 3 limit will be without pay.
- 18.2 Where staff become ill whilst at work, staff will be recorded as being sick if less than 50% of the shift has been worked.

19 Identification of Stakeholders

- 19.1 This Policy has been developed in line with NTW(O)01 – Development and Management of Procedural Documents and with the full co-operation of recognised Staff Side Organisations and staff across the Trust

- North Locality Care Group
- Central Locality Care Group
- South Locality Care Group
- Corporate Decision Team
- Business Delivery Group
- Safer Care Group
- Communications, Finance, IM&T
- Commissioning and Quality Assurance
- Workforce and Organisational Development
- NTW Solutions
- Local Negotiating Committee
- Medical Directorate
- Staff Side
- Internal Audit

20 Training

- 20.1 Training for managers in the use of this Policy will be included in the main Workforce and Organisational Development Policy Training Sessions.

21 Implementation

- 21.1 Taking into consideration all the implications associated with this Policy, it is considered that this Policy will be implemented with immediate effect.

22 Fair Blame

- 22.1 The Trust is committed to developing an open learning culture. It has endorsed the view that, wherever possible, disciplinary action will not be taken against members of staff who report near misses and adverse incidents, although there may be clearly defined occasions where disciplinary action will be taken.

23 Fraud, Bribery and Corruption

- 23.1 It is not normally permitted to work while off sick or in receipt of Statutory Sick Pay, whether in paid, unpaid or voluntary capacity, even if permission has been given on previous occasions or when the employee was not off sick.
- 23.2 An employee who continues to work in a second job and/or wishes to work, while off sick, for therapeutic reasons or to aid recovery must seek authorisation from their line manager in advance on each occasion.
- 23.3 An employee who works while off sick without authorisation from their line manager or who is suspected of falsely claiming to be sick will be referred to the Trust's Local Counter Fraud Specialist for investigation under Section 2 (Fraud by False Representation) of the Fraud Act 2006 which could lead to prosecution, a disciplinary sanction (including dismissal) and recovery of sick pay.
- 23.4 If staff or line manager suspects any wrong doing in connection with the above they must contact the Trust's Local Counter Fraud Specialist for advice before commencing an investigation.

24 Monitoring Compliance

- 24.1 Every month Occupational Health will produce information which will indicate those staff that have been off for a month and have not been referred to Occupational Health. This will be checked with managers. Every quarter Occupational Health will provide information to the Trust outlining the time taken for referrals to be made.

25 Associated Documents

- NTW(O)01 – Development and Management of Procedural Documents;
- NTW(HR)04 – Disciplinary Policy;
- NTW(HR)08 – Dignity and Respect;
- NTW(HR)11 – Flexible Working Policy;

- NTW(HR)12 – Stress at Work Policy;
- Equality Act 2010;
- Agenda for Change Terms and Conditions Handbook

Appendix A

Equality Analysis Screening Toolkit			
Names of Individuals involved in Review	Date of Initial Screening	Review Date	Service Area / Directorate
Christopher Rowlands	Jan 2018	Jan 2019	Trust-wide
Policy to be analysed:		Is this policy new or existing?	
NTW(HR)10 Managing Sickness Absence Policy		Existing	
What are the intended outcomes of this work?			
<p>It is essential that NTW has a formal written procedural document which outlines the standardisation of its approach towards the management of sickness absence. This document has been developed to advise staff on procedures that are required by the Trust to ensure we are compliant with employment law, best practice and the functional responsibilities of the organisation. They help clarify strategic and operational ways of working and bring consistency of practice.</p>			
Who will be affected?			
All staff			
Protected Characteristics under the Equality Act 2010. The following characteristics have protection under the Act, therefore require further analysis of the potential impact the policy may have upon them			
Disability	<p>Whilst it is acknowledged that the Trust aims to treat absence sensitively but appropriately in order to achieve improved attendance, there has been concern raised during the operation of the existing policy that cases involving disability-related sickness absence have not always been treated consistently across the Trust. Whilst it is important that managers <u>are</u> able to exercise discretion in such situations, it will be useful that in such situations managers have clear guidance. It is therefore proposed that further guidance for managers about managing disability-related absence be issued to supplement the reasonable adjustment checklist and task analysis tools already provided.</p> <p>Managing sickness absence so employers do not discriminate against disabled employees is a contentious area where legal opinions can differ. This is particularly so over 'absence triggers'. An employment tribunal may expect an employer to have modified its 'absence triggers', if that would have been deemed a 'reasonable adjustment' in the particular circumstances of the individual case. What is 'reasonable' can depend on the alteration being sought by the disabled employee for an illness linked to their disability. An employer is not expected to make unreasonable adjustments to its sickness absence policy and 'absence triggers' for a disabled employee. However, employers should bear in mind that disputes over sickness absence linked to disability might be considered under another type of discrimination claim – discrimination arising from disability.</p>		

Sex	Where long term conditions are particularly related to sex – for example women are far more likely than men to have the condition Lupus – then the above comments for disability and therefore the possibility of intersectionality for discrimination would apply
Race	For long term conditions that are connected to ethnicity – for example Sickle Cell Anaemia, then the above comments about disability will apply and the possibility of intersectionality for discrimination too.
Age	It is recognised by the Trust that although people do live longer, age related illnesses such as MSK, Pulmonary Vascular Disease, Stroke and cancers (not exhaustive) can impact on sickness absence. It is recommended that an analysis of sickness cases by age is conducted at regular intervals to ensure that the possibility of inadvertent indirect discrimination on the grounds of age is minimised.
Gender reassignment (including transgender)	The addition to section 10 of absence related to gender specific conditions is welcomed. It should also be noted that Transgender people can be at a higher risk of experiencing a mental health problem than the wider population. As such the comments with regard to disability would apply too.
Sexual orientation	LGBTQ+ people can be at a higher risk of experiencing a mental health problem than the wider population. As such the comments with regard to disability would apply too.
Religion or belief	No differential impact
Marriage and Civil Partnership	No differential impact
Pregnancy and maternity	Equality Act guidance states that no account must be taken of pregnancy related illness, for example, in disciplinary or redundancy decisions using sickness absence levels and it should be recorded separately from other sickness absences.
Carers	No differential impact
Other identified groups	Not applicable
How have you engaged stakeholders in gathering evidence or testing the evidence available?	
Consultation through Staff Networks, Staff Side and review of published evidence.	
How have you engaged stakeholders in testing the policy or programme proposals?	
Stakeholders are consulted as part of the Trust’s approach to the development of policies.	
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:	
Trustwide consultation has taken place, the views of staff side have been taken on board and the policy will receive scrutiny from Business Development Group prior to receiving approval.	
Summary of Analysis	
Potential for negative impact particularly on disability related issues and where there is a connection between disability and other protected characteristics. In these cases the impact will be mitigated by clear consistent approaches.	

Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups. Where there is evidence, address each protected characteristic	
Eliminate discrimination, harassment and victimisation	The policy alongside the recommendations in the equality analysis should ensure that its implementation will help to eliminate discrimination, harassment and victimisation.
Advance equality of opportunity	The practice of the policy should ensure that regardless of protected characteristic(s) the policy should not discriminate with regard to equality of opportunity.
Promote good relations between groups	Clear consistent policy should help to achieve this
What is the overall impact?	Mindful of the implementation of the recommendations in this analysis the impact of the policy should be neutral
Addressing the impact on equalities	Ensuring that in the delivery of the policy that the issues raised in the impact assessment are accounted for.
<p>From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010? Yes</p> <p>If yes, has a Full Impact Assessment been recommended? If not, why not?</p> <p>No – recommendations for protected characteristics have been made in light of research, Code of Practice Guidance and the recommendations of Staff Networks. Full Impact Assessment will take place if measures put in place are found not to mitigate potential negative impact</p>	
<p>Manager’s signature: Christopher Rowlands Date: Jan 2018</p>	

Appendix B

Communication and Training Check List for Policies

Key Questions for the accountable committees designing, reviewing or agreeing a new Trust Policy

Is this a new policy with new training requirements or a change to an existing policy?	Existing Policy
If it is a change to an existing policy are there changes to the existing model of training delivery? If yes specify below.	Yes
Are the awareness/training needs required to deliver the changes by law, national or local standards or best practice? Please give specific evidence that identifies the training need, e.g. National Guidance, CQC, NHS Resolutions etc. Please identify the risks if training does not occur.	Local Standards
Please specify which staff groups need to undertake this awareness/training. Please be specific. It may well be the case that certain groups will require different levels e.g. staff group A requires awareness and staff group B requires training.	Managers
Is there a staff group that should be prioritised for this training / awareness?	As above
Please outline how the training will be delivered. Include who will deliver it and by what method. The following may be useful to consider: Team brief/e bulletin of summary Management cascade Newsletter/leaflets/payslip attachment Focus groups for those concerned Local Induction Training Awareness sessions for those affected by the new policy Local demonstrations of techniques/equipment with reference documentation Staff Handbook Summary for easy reference Taught Session E Learning	Part of Management Development Programme
Please identify a link person who will liaise with the training department to arrange details for the Trust Training Prospectus, Administration needs etc.	Jacqueline Tate

Appendix B – continued**Training Needs Analysis**

Staff / Professional Group	Type of Training	Duration of Training	Frequency of Training
All Managers	Refresher Training	1 day	Every 3 years

Copy of completed form to be sent to:

Training and Development Department,
St. Nicholas Hospital

Should any advice be required, please contact: 0191 245 6777 (internal 56777-Option 1)

Appendix C

Monitoring Tool

Statement

The Trust is working towards effective clinical governance and governance systems. To demonstrate effective care delivery and compliance, Policy Authors are required to include how monitoring of this policy is linked to auditable standards / key performance indicators will be undertaken using this framework.

Managing Sickness Absence Policy - Monitoring Framework			
Auditable Standard / Key Performance Indicators		Frequency / Method / Person Responsible	Where Results and Any Associate Action Plan Will Be Reported To Implemented and Monitored; (this will usually be via the relevant Governance Group)
1.	There is a referral time requirement and managers are monitored against this	<p>Team Prevent provide monthly information on referral information and quarterly Reports on KPIs including length of time taken for referrals to be made both for Long Term Sickness Absence and for Fast Tracking</p> <p>Fast Tracking information will be provided in IPR Report</p> <p>Quarterly Contract Review Report from Team Prevent to Workforce Advisor in length of time taken for referrals to be made and time period from referral to Team Prevent Assessment Report</p>	<p>Workforce Training and Development Sub-Group (Quarterly)</p> <p>Monthly at CDT and Q and P</p> <p>Team Prevent Contract Review Meetings (Quarterly)</p>

The Author(s) of each Policy is required to complete this monitoring template and ensure that these results are taken to the appropriate Quality and Performance Governance Group in line with the frequency set out.