

TRUST POLICY SICKNESS MANAGEMENT

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FOR USE BY:

This document is to be followed by all staff of Gloucestershire Hospitals NHS Trust and Gloucestershire Managed Services

FAST FIND:

- For an overview of the short-term absence management process, see [section 7](#) and the [Short Term Absence Management Flowchart](#)
- For an overview of the long-term absence management process, see [section 7](#) and the [Long Term Absence Management Flowchart](#)
- Where a health professional is returning to work following a long absence, see also the [Return to Practice Guidelines](#).
- For information on sickness reporting and certification, see [section 5](#).
- Two Working Well leaflets are also available for managers. These are:
 - [For Referring Managers – Your Guide to our NHS Case Management Process](#)
 - [For Managers – Your Guide to our NHS Occupational Health Services](#)
- [SM1](#) Sickness reporting and certification processes
- [SM2](#) Accrual of annual leave whilst on long term sick leave
- [SM3](#) Stage One Sickness Review Meeting
- [SM4](#) Stage Two Sickness Review Meeting
- [SM5](#) Final Stage Sickness Review Meeting

1. INTRODUCTION

The Trust recognises that any employee can experience periods of ill health, and will ensure that they are treated in a fair, reasonable and consistent manner, with sympathy and the appropriate support. For their part, the Trust will make every effort to provide a healthy workplace and appropriate health promotion measures, and it is expected that employees will maintain a healthy lifestyle. Staff absence has a direct negative impact upon service quality, and it is the shared responsibility of the whole organisation to ensure that this is managed appropriately.

2. DEFINITIONS

Word/Term	Descriptor
Short-term sickness absence	Any period of sickness up to 4 weeks in duration
Long-term sickness absence	Any period of sickness of over 4 weeks in duration, or a repeated underlying medical condition
Phased return	Rehabilitation period following long sickness absence; return to work over a designated period of time tailored to the individual but usually no more than 4-6 weeks
Secondary employment	<ul style="list-style-type: none">• additional employment within the Trust over and above the employee's contracted hours, including internal bank work• casual or contracted work undertaken for another employer, or as a self-employed person

3. POLICY STATEMENT

This document applies to all Trust employees and details the process for the management of sickness absence. It is intended to facilitate a fair and consistent approach to handling staff absence caused by physical or mental ill health. Separate policies exist for other types of employee absence. In the instance of domestic emergencies, or bereavement, apply the [Leave policy](#). The [Flexible Working policy](#) may also be relevant.

4. ROLES AND RESPONSIBILITIES

Post/Group	Details
Trust Board	Ensuring that workplace environment and working conditions do not contribute to staff ill-health, and actively pursuing measures which will ensure a healthy workplace Exploring health promotion initiatives Ensuring that appropriate procedures are in place Ensuring that managers are supported when applying this procedure
Director of Human Resources and Organisational Development	Ensuring the effective implementation, operation and monitoring of this procedure Providing the Trust Board with regular reports on sickness absence levels and related issues
HR advisors	Reviewing absence levels Advising and supporting managers and staff dealing with the impact of health-related problems Ensuring consistent application of this procedure
Working Well Department	Providing advice to managers/HR on medical matters relating to employment, including reasonable adjustments Maintaining confidentiality at all times Provision of detailed reports as a result of health referrals
Line Managers	Recording and monitoring absence levels Managing staff with health-related issues, including making referrals to Working Well, ensuring a proper duty of care towards staff Maintaining regular contact with staff on sick leave
Employees	Reporting absence from work according to local procedures Self-referring to Working Well when appropriate To be familiar with this document Co-operating with managers on health-related issues Maintaining contact with managers in accordance with this document Making their best efforts to maintain a healthy lifestyle where possible

5. REPORTING AND CERTIFICATION

- Details of reporting and certification processes are available in [action card SM1](#), along with information on sick leave due to accidents and sick leave whilst on annual leave
- Managers are responsible for ensuring that employees are made aware of the correct procedures for reporting absence in their department.
- Employees are responsible for reporting their own sickness in a timely way in line with departmental procedures and ensuring that they provide self-certification or medical certification when required.
- Managers are responsible for recording absence.
- Failure to report or certify sickness may lead to the absence being unauthorised, which could lead to loss of pay and/or formal action.
- If medical certificates are submitted late without good reason, pay may be withheld.
- The manager will inform staff in writing of the need to submit a medical certificate before withholding pay.

6. RETURN TO WORK MEETINGS

Note: Managers with a clinical background are reminded that when conducting return to work meetings they are acting as a manager and not a clinician. It is NOT appropriate for managers to ask for detailed health information or to advise on treatment.

The manager or nominated person is required to meet with the employee on their return to work after any sickness absence. This meeting should normally take place on the first day back to work, or as soon as possible afterwards. This meeting helps to clarify reasons for absence and whether any support or assistance is needed for the employee. In exceptional circumstances, the return to work meeting may take place over the telephone.

The details of these meetings should be recorded on the Return to Work Form (see link on main policy page).

If an employee does not feel able to discuss the reasons for their absence with their line manager, they may request that the return to work meeting is conducted by another manager. HR and trade union representatives/work colleagues are not **normally** involved in return to work meetings unless the need for this has already been identified.

7. MANAGING SICKNESS ABSENCE

Line managers are expected to undertake the management processes associated with employee sick leave, drawing on advice from HR and Working Well as necessary. HR advice should be obtained when formal action is being taken to manage sickness absence. The employee must be made aware of their right to be supported at formal meetings by a trade union representative or work colleague.

Line managers are required to make their own referral to Working Well even in cases where the member of staff has previously self-referred. This is to enable the manager to get detailed information about the employee's condition, prognosis and the effect this may have on attendance at work as well as information on any adjustments that may be recommended.

Actions taken to manage sickness absence are intended to:

- Support the employee and ensure they are given medical help and support where appropriate
- Ensure that employees' confidentiality is maintained
- Provide reasonable adjustments to employees who fall under the remit of the Equality Act 2010
- Assist with improved attendance in cases of repeated short-term sickness absence
- Assist with rehabilitation and return to work in cases of long-term sickness
- Monitor and observe trends in sickness to ensure that issues are picked up promptly and adequately managed

- Ensure that employees are aware of what further action may be taken in cases of repeated short-term absence or long term sickness absence.
- Ensure that employees are made aware of the options available to them in cases where the employee is unable to return to their own role or any other role due ongoing health issues.

In the case of clinical employees where health issues may affect fitness to practice, refer also to Handling Concerns about Practitioners' Health, which is available via www.ncas.npsa.nhs.uk.

In the case of pregnancy-related sickness absence, this should be recorded as such and is not subject to formal sickness management. Non-pregnancy related sickness absence may be managed as appropriate.

7.1 Short-Term Absences

The usual trigger for review of short-term absence is more than 2.5%[†] absence over a rolling 12 month period when linked with repeated short-term absences, or recurring patterns of absence such as:

- Repeated absences just before or after rest days or bank holidays
- Absences which coincide with requests for annual leave being turned down
- Absences which occur during the same period each year, e.g. school holidays or calendar events
- Absences which regularly occur on the same day of the week

A calculator is provided on the Sickness Management section of the HR intranet pages to assist with working out current absence percentages and target percentages

Guidance on how to conduct informal sickness review meetings can be found in Section 7.3 The informal review process is usually between the employee and the line manager, although HR advisors and/or staff side representatives may be in attendance if this is requested by the manager or the employee.

The process is shown in the [Short Term Absence Management Flowchart](#).

7.2 Long-Term Absences

Long-term absences are reviewed on a case-by-case basis and line managers are expected to proactively manage these with a view to supporting the employee in a return to work. Managers should consider a referral to Working Well for staff on long term sickness absence in order to obtain guidance on their current condition, their treatment and prognosis as well as advice on how best to support the employee on their return to work. Managers should focus on what their employee can do at work rather than what they cannot do in order to reduce the length of absence and support a return to work at the earliest possible opportunity.

A meeting should be held with the employee to discuss the following:

- an appropriate rehabilitation and phased return to work (see section 8) – this will normally not last longer than 4 weeks, unless recommended by Working Well
- Ensuring appropriate reasonable adjustments are made to duties and working environment where this is appropriate and practical (see section 9)
- Exploring redeployment (permanent or temporary) where appropriate (see section 9)
- Consideration of ill-health retirement where appropriate (see section 11)

Alternatively, a case conference can be arranged with Working Well, the employee, their representative and HR to discuss the above.

Employees off sick for a pre-determined period due to elective surgery may not need to be actively managed, provided the timetable for return to work has been discussed with the line manager in advance. However, the manager may refer the employee to Working Well for guidance in relation to an appropriate return to work programme or for an opinion on the employee's treatment and/or prognosis.

Managers are recommended to refer to the [Return to Practice Guidelines](#) where a health professional is returning to work following a long absence. This will ensure that appropriate arrangements are made for clinical updates and any required supervision.

For more complex absences, including cases of terminal illness, the line manager is expected to commence a suitable review process, with advice from HR. The process is laid out in the [Long Term Absence Management Flowchart](#)

7.3 Sickness Review Meetings

Informal Sickness Review Meetings

The informal review process is conducted between the employee and the line manager. HR support and/or staff side representatives may be in attendance if this is requested by the manager or the employee. The purpose of the review meeting is to understand the reason for sickness absence, to ensure appropriate support is offered, to explain to the employee how sickness is managed in the Trust and to agree targets for future attendance. It is expected that a sickness review meeting will cover the following:

- Identifying whether there are underlying reasons for sickness such as a disability which may be covered by the Equality Act 2010
- Referral to Working Well where necessary (i.e. where a referral may provide new or further information; hitting a trigger point does not automatically trigger an Working Well referral)
- Availability of self-referral to Physiotherapy and Staff Support as appropriate
- Identifying whether employee is entitled to any payments via the NHS Injury Allowance Scheme (see section 13)
- Identifying whether temporary alternative duties would be the best way of initially getting the employee back to work during long-term sickness; this could be via amended duties in their own role, or another suitable role
- Agreeing the expected levels of attendance by means of targets in order support the employee to attend work regularly
- Agreeing a reasonable timetable for improvement
- Advising the employee that further action may be taken if absence levels do not improve
- The meeting will be documented in an appropriate format, a template is available on Sickness Management pages of the intranet to ensure that all the relevant information is recorded (see link on main policy page)
- Discussing secondary employment where applicable (see section 14)

Stage One Formal Sickness Review Meeting

Failure to achieve targets set at an informal sickness review meeting may result in a Stage One Formal Sickness Review Meeting. This meeting will be conducted by the line manager and the employee is entitled to be supported by a trade union representative or work colleague. HR may also be in attendance. The process for this is set out in [Action Card SM3](#).

Stage Two Formal Sickness Review Meeting

Failure to achieve the targets set at a Stage One Formal Sickness Review Meeting may lead to further formal action; Stage Two Formal Sickness Review Meeting. This meeting will be conducted by the line manager and the employee is entitled to be supported by a trade union representative or work colleague. HR will also be in attendance. The process for this is set out in [Action Card SM4](#)

Final Sickness Review Meeting

Termination of Contract on the grounds of sickness absence

Failure to achieve the targets set at a Stage Two Formal Sickness Review Meeting may lead to further formal action including consideration of termination of contract at a Final Sickness Review Meeting. The process for this is set out in [Action Card SM5](#).

Termination of contract on the grounds of ill health

In cases of long term ill health where it is considered that an employee may be unlikely to be able to return to work in the foreseeable future, a case review meeting should be held with the employee, their representative, Working Well (if appropriate) and HR to consider the following:

- Has advice been sought from Working Well?
- Have all reasonable adjustments to their current role been considered?
- If a return to their current role is not possible, has redeployment to an alternative role been considered?
- Has the employee been given advice on Early Ill Health Retirement?

If all of the above been considered, a Final Sickness Review Meeting must be held to consider termination of contract on health grounds. The process for this is set out in [Action Card SM5](#).

7.4 Right to Representation

Employees are entitled to be represented by an accredited staff side representative or work colleague in any **formal** part of the sickness management process. It is the employee's responsibility to make contact with a representative/colleague and provide them with the relevant information.

7.5 Stress Management

Employees who are absent from work due to stress should be managed in accordance with this policy. The Trust is committed to reducing stress in the workplace. The Stress and Wellbeing Steering Group monitors stress in accordance with HSE standards and regularly reviews relevant data. Priority areas are identified and stress risk assessments are conducted with managers and teams to develop local action plans. Stress assessments are co-ordinated through the Committee to help identify corporate actions, but can be undertaken or reviewed at any point by any individual department. See also the [Management of Workplace Stress Policy](#), which includes relevant forms and guidance.

7.6 Monitoring Sickness

- Line managers are responsible for coding sickness absences for return on the F200 document or Rosterpro
- Sickness coding is used to monitor reasons for sickness
- Line managers are responsible for monitoring trends and patterns of sickness amongst their staff

7.7 Medical suspension

In **exceptional** circumstances, such as when an employee has been identified as a contact with a notifiable disease such as TB, it may be necessary to medically suspend him/her until medical clearance has been obtained (see Infection Control policy documents for further information). Any medical suspension would normally be with pay, and the decision would be taken in conjunction with Working Well and Infection Control. Medical suspension will be coded on the Rosterpro/F200 document as exclusion and is not recorded as sick leave.

8. RETURN TO WORK AND REHABILITATION

8.1 Suitable alternative duties

It is recognised that when employees are off sick for long periods, this can affect their confidence and mental health and therefore their ability to return to work. Where an employee is off sick with a physical injury that prevents them from carrying out their normal duties, it may be appropriate for them to work in an alternative role or location temporarily. This would be subject to the following criteria being met:

- That there is suitable work, either in the employee's own work area or another part of the Trust
- The employee is physically able to travel to and from work
- The employee's GP is prepared to issue a fit note stating the extent of the duties that they are able to carry out in the circumstances
- An appropriate risk assessment is carried out, and any accessibility issues are appropriately managed

Managers must make alternative temporary arrangements for employees on long-term sickness absence where it is possible for the employee to return to work with limitations. If not, they must provide an acceptable reason for not being able to accommodate the employee. Such decisions must be made in conjunction with Working Well and/or HR.

8.2 Phased returns to work

Line managers are responsible for implementing medical guidance on Fit Notes (**where these are reasonable/feasible**) where an employee is fit to return to work with adjustments (reduced hours or duties; phased return), usually after long term sickness. The following will apply:

- Seek further advice from Working Well or HR if recommendations cannot easily be accommodated. A case conference involving the member of staff, their representative or work colleague, the line manager, Working Well and HR may be arranged to consider recommendations by Working Well.
- Phased returns should ensure the employee is able to achieve an effective, sustained return to work, taking into account advice from the employee's GP and/or Working Well
- On phased returns, the employee will receive full pay for the hours worked and sick pay (subject to entitlement) for the remaining hours
- On phased returns, the employee may opt to use annual leave for the hours not worked. Accrued annual leave from the previous year may be used for this purpose (See [Action Card SM2](#))
- Ensure that phased returns to work are appropriately recorded on the salary card (F200) or Rosterpro
- Ensure that fit notes detail that a phased return to work is appropriate/safe
- In exceptional circumstances, it may be appropriate to conduct the phased return to work in another area, or where the employee can be supernumerary

9. REDEPLOYMENT AND REASONABLE ADJUSTMENTS

Managers may need to make reasonable adjustments for employees on a temporary or permanent basis under the following conditions:

- Where an employee has an underlying medical condition which makes them unable to carry out the full range of their duties
- Where an employee has a long-term condition which places them under the remit of the Equality Act 2010

The manager on the advice of Working Well and with the support of HR should explore the possibility of either making reasonable adjustments to the existing post, or redeployment to a suitable alternative post within the Trust. The factors to be taken into account include:

- The needs of the service
- Whether the job description or working environment can be amended to allow the employee to remain in their current post
- Likely cost of equipment or changes to working environment
- Whether assistance is required from the Disability Employment Advisor/Reemploy/Access to Work
- Employee's current skills, previous experience and aptitudes
- Whether any additional training is required
- Availability of any other suitable posts within department or elsewhere in the Trust
- The views of the employee

Where an employee moves to a lower grade post or reduces their working hours, there will be **no protection of salary or other conditions**. This must be fully discussed with the employee and access given to information about the potential pension implications of the change. If the employee is a member of the 1995/2008 pension scheme, they may be able to apply to protect their pension benefits through a 'Protection of Pay' marker. If a protection of pay marker is required, please contact the Pensions Team for a 'SM R9 App' form.

If permanent redeployment on health grounds to another area is recommended by Working Well, the manager in conjunction with HR will, for a reasonable period (usually 13 weeks), look to find a suitable alternative post. At 13 weeks a case review will be conducted with the employee, the manager, HR and the employee's representative to assess whether a suitable alternative post has been found and, if not, to consider escalation to a Final Sickness Review Meeting.

10. WORKING WELL INPUT

The role of Working Well is integral to the effective management of sickness, and also to ensuring the health and wellbeing of the Trust's employees. There are three routes for referral:

- Line managers may refer an employee with short or long-term sickness issues, but must give clear guidance to Working Well as to the information they need, i.e. the employee's prognosis or the need for any reasonable adjustments
- HR may recommend referral as part of the sickness management process
- Employees may self-refer

Working Well referrals must be made on the appropriate form using the Working Well Guidance notes (see links in Fast Find section, page 1). It is important to follow the guidance to ensure that the referral is made appropriately. Employees should be made aware that they are contractually required to attend Working Well and failure to comply without a valid and exceptional reason may lead to formal action under the Trust's Disciplinary Procedure.

11. ILL HEALTH RETIREMENT

Employees who are members of the NHS Pension Agency may apply for ill-health retirement where:

- They become permanently incapable of doing their present job because of ill health **and**
- It has not been possible to provide any reasonable adjustments or a suitable redeployment **and**
- They are working in the NHS and have at least 2 years Pension Scheme membership

Applications are approved by NHS Pensions (not the Trust) and are subject to strict criteria. The success of the application **cannot be guaranteed**. Working Well provides the reports that accompany the application, but cannot influence the outcome. Full details are available in the NHS Pension Scheme Guide which can be obtained for the Pensions Team. An application for Early Ill Health Retirement may be made following termination of contract on health grounds (provided this is the only reason for termination of contract) and, if granted, payment will be backdated to the date of termination. Support in completing the application paperwork is available from HR and trade union representatives.

12. ANNUAL LEAVE AND LONG TERM SICKNESS ABSENCE

An employee is able to request a period of annual leave during long-term sickness absence if they wish. This request will be considered by their manager. See [action card SM2](#).

At the end of the annual leave year, carryover of untaken annual leave to the next annual leave year will be considered in light of statutory accrual only, although additional carry over can be considered for the purposes of fulfilling a rehabilitation programme (see section 8).

Where a contract is terminated on health grounds payment for outstanding annual leave will be calculated in light of statutory accrual. The statutory accrual right is for employees to accrue 28 days annual leave (inclusive of 8 bank holidays) per year, pro-rata for part time employees.

13. WORK RELATED INJURIES/NHS INJURY ALLOWANCE SCHEME

Any work-related injury which results in more than seven days off work (not counting the day of the accident) must be reported according to the RIDDOR regulations (see the [Managing, Reporting and Reviewing of Incidents/Accidents, including Serious Incidents](#)).

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.

The calculation of injury allowances is detailed in [section 22](#) of the AFC handbook and the NHS Staff Council has produced guides for [Managers](#) and [Employees](#) and details of the Transitional Protection Arrangements.

14. SECONDARY EMPLOYMENT

The Trust recognises that in some instances employees undertake secondary employment, and believes that this is acceptable providing it does not interfere with the duties of their Trust role, and does not contravene the Working Time Directive. The following guidance applies:

- Where an employee is sick, it is expected that they are also unfit for any secondary employment, particularly where this would be detrimental to their recovery
- Carrying out secondary employment whilst on sick leave could be considered fraud and may result in a referral to the Local Counter Fraud Specialist. Investigations could result in criminal and/or disciplinary action being taken against the employee
- If an employee wishes to carry out secondary employment whilst off sick, they must obtain written confirmation from their GP that they are medically capable of carrying out this work without detriment to their work in the Trust and must inform the Trust that they are carrying out such work.
- The Trust reserves the right to ask for further medical advice to substantiate the information received from the employee's GP
- The Trust reserves the right to take secondary employment into account if an employee is having sickness issues which may be related to the secondary employment.

15. DISPUTES RELATING TO SICK LEAVE

In certain exceptional circumstances, Working Well may determine an employee is fit for work whilst the employee's GP continues to provide them with fit notes. In these circumstances, the Trust will seek further medical advice in order to establish whether the individual will continue to be entitled to Occupational Sick Pay.

16. TRAINING

Further advice may also be sought from HR on a case by case basis.

17. MONITORING OF COMPLIANCE

Do the systems or processes in this document have to be monitored in line with national, regional or Trust requirements?	YES
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Monitoring requirements and methodology	Frequency	Further actions
Monitoring sickness absence information – review of quantitative data from ESR	Quarterly	Reported to Trust & Divisional Boards
Identification of area of concern by HR Ops team and managers	Ongoing	Action plans agreed with relevant managers
Monitoring of stress-related sickness	Quarterly	Reported to Stress and Wellbeing Group

18. REFERENCES

NHS Staff Council (2012). Guidelines on prevention and management of sickness absence. London: NHS Staff Council.

Partnership Occupational Safety in Health Group (2012). Guidelines on prevention and management of sickness absence. London: The NHS Staff Council.

The NHS Staff Council (2013). Injury Allowance – A Guide for Employers. London: NHS Staff Council.

The NHS Staff Council (2013). Injury Allowance – A Guide for Staff. London: NHS Staff Council.

Department of Health (2013). Agenda for Change Handbook. London: Department of Health.

DOCUMENT PROFILE	
Reference Number	B0307
Title	Sickness Management
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Owning Division	Corporate
Owning Specialty	Human Resources
For Use By	GHNHST & GMS STAFF
Author	Gill Carley, HR Team Leader
Quality Assurance Group	HR Policy Group
Other Approving Groups	Staff Side Committee
Local Approval Details	HR Policy Group December 2016
TPAG Ratification	31/01/2017
Consultees	HR managers and advisors, Staff Side Committee, Trust Senior Managers, Occupational Health Department
Dissemination Details	Upload to Policy Site; global email; cascaded via divisions
Keywords	Sickness, absence, rehabilitation
Equality Impact Assessment (EIA)	B0307 EIA
Related Trust Documents	Return to Work Form Short Term Absence Management Flowchart Long Term Sickness Absence Management Flowchart Sickness Reporting and Certification Processes Accrual of Annual Leave Whilst on Long Term Sick Leave Stage One Formal Sickness Review Stage Two Formal Sickness Review Final Sickness Review
Other Relevant Documents	Management of Workplace Stress Policy Parental, Paternity or Other Leave for Special Purposes Disciplinary Policy Annual Leave Policy Flexible Working Policy Policy and Procedure for the Managing, Reporting and Reviewing of Incidents, including the Management of Serious Untoward Incidents
External Compliance Standards and/or Legislation	Equalities Act 2010