# Sickness Absence & Attendance Procedure

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<th>CATEGORY:</th>
<th>Procedure</th>
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<td>Human Resources</td>
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<td>PURPOSE</td>
<td>To set out the principles and framework for managing sickness absence, supporting employees and improving employee attendance wherever possible</td>
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1.0 Procedure for Reporting Sickness Absence

1.1 All employees (i) have a responsibility to attend work and maintain a lifestyle with reasonable responsibility that does not prevent them from fulfilling their duties under their contract of employment. However, it is recognised that staff may be required to be absent through illness on occasion. Where this occurs, the following process should be followed:

(i) Use of the term employee includes honorary contract holders and any other workers to whom the policy will apply as set out in the policy.

1.2 Employees are expected to phone their manager in person - in exceptional circumstances a close relative or friend may phone on their behalf such as an individual being hospitalised or significantly ill. If this occurs the individual phoning must state their connection to the employee and be able to provide the required information on the employees behalf.

1.3 Employees must report their intended absence at the earliest opportunity to their immediate manager or the shift manager/supervisor if their manager is not available e.g. late/early shifts or they are phoning out of hours to give notice of sickness absence. Notification should be prior to the commencement of their working hours/shift – leaving messages with colleagues is only acceptable where a supervisor is unavaialble. Text messaging is not acceptable at all.

1.4 Employees are reminded that failure to report sickness absence as laid out within this procedure will be regarded very seriously by the Trust and may result in the witholding of salary for the day(s) absent and/or disciplinary proceedings.

1.5 When phoning their manager, employees must provide the following information where appropriate (e.g. a second or third phone call will not require all the same infomation repeated):

- Why they are absent (broad reasons in accordance with 1.6)?
- When they last worked?
- When do they expect to return to work?
- Are they food handlers?
- Are they suffering from sickness and diarrhoea?
- Hours of duty likely to be missed.
- Details of outstanding or urgent work that needs to be dealt with and contact details where appropriate.
- A communication schedule

1.6 Employees will be asked using the categories below to state the reason for their sickness which managers will record in order that appropriate recording can be undertaken consistently across the Trust. The use of these categories is also considered to be more sensitive to employees’ feelings at times when they are feeling unwell.

- Medical
- Surgical
• Skin
• Infection (1) respiratory (2) gastric
• Musculoskeletal
• Pregnancy related
• Endocrine or reproductive health
• Accident (1) at work (2) non work
• Needle stick
• Psychological/Stress

1.7 If off sick, the employee must agree with the manager an appropriate contact schedule in order to provide an update to their manager and allow their manager to keep them updated on departmental issues.

1.8 Employees must only report in sick, if it is they themselves who are unwell – other family illness requiring absence must be requested under the Special Leave Policy and Procedures. GPs’/dental appointments must be requested under the Special Leave Policy or any revised alternative policy.

1.9 Employees must not undertake paid employment during confirmed sick leave unless the Trust had given formal premission that the alternative work requested is reasonable and may assist rehabilitation. Also they must not engage in activities likely to impede their recovery or that are inconsistent with their sickness absence status - as such, an individual should not undertake additional work in the same week as they have recorded sick leave for as this is likely to impede recovery. Employees who are on sick leave may not undertake duties as bank, temporary/locum or agency staff in this or any other organisation (to do so is fraudulent and will be subject to the Trusts Disciplinary Policy procedures).

1.10 Employees must advise their manager of the intended date of return. Employees must report on their fitness to work even if recovery takes place on a rostered ‘day off’ or that period will be included within the calculation of sick leave.

1.11 All sickness (including the first 7 days of absence) is required to be certified. All employees must complete a self certification ‘Sickness Absence Form’ (SAF-1 Appendix 2) immediately on their return to work to cover the period of absence and/or provide a General Practitioner notification from the 8th day onwards promptly, by post or hand delivered to their manager. The SAF-1 form will either be available in a department or alternatively can be found on the Trust Intranet under “Form” and failure to complete a self certification form will mean the absence will be treated as unauthorised and will be without pay. The GP notes must be submitted and should reach the line manager within 6 days of the GP signing.

1.12 If an employee is sick both sides of rostered days off, during an annual leave period or at a weekend, then the manager will consider these days within their sick leave calculations. If the sick leave is not certified in the normal way under this policy, the employee will simply be recorded as on annual leave. Any annual leave accrued during sickness absence will still be subject to normal leave carry over arrangements (maximum 5 days).
1.13 If an employee falls sick whilst on leave, and where a self-certificate or medical certificate is provided, the period covered will be treated as sick leave, allowing the employee to take the leave another time. If employees fall sick on a designated public bank holiday they will not be entitled to an additional day.

1.14 If an employees' absence continues beyond the time scale indicated on the medical certificate then further certification must be obtained by the employee from their General Practitioner prior to the expiration of the former certification. Failure to provide the appropriate certification will mean that the absence is unauthorised and will be without pay.

1.15 Where the employee has sustained a serious or lengthy period of ill health then a final GP note should be provided on return to work stating they are fit for work.

1.16 Where an employee remains off sick for 4 weeks or more, they will normally be referred by their manager to the Occupational Health service as a matter of routine for review and support unless the manager, with the employee, determines this is not appropriate due to the specific nature of the absence. The Occupational Health service will determine in consultation with the employee if they need to contact the individuals GP, medical or dental practitioner in order to provide employees with the most appropriate support and to expedite a successful return to work.

1.17 All employees should note that if they have 3 separate periods of sickness within a rolling 6 month period or 5 separate periods of absence over a rolling 12 month period or 10 working days then they will be formally interviewed by their manager. Following a formal interview a Trigger Point Interview form will be completed (SAF-2, Appendix 3).

1.18 The manager will also assess whether an Occupational Health review is appropriate in order to ascertain any underlying health issues and/or to ensure that nothing within the working environment or existing working pattern is having an adverse affect on the individuals health.

1.19 If an employee becomes unwell at work or suffers an accident at work, they must inform their manager or the most senior person present if their manager is absent/not on duty as soon as practicable, in order that the manager can ensure appropriate action is taken; this may include initiating first aid procedures (by a qualified person), completing incident forms and sending the injured employee home to the care of the primary care practitioner.

1.20 Employees should not report to the Occupational Health service for ‘routine’ sickness issues, but to their General Practitioner. However, all employees can self refer to Occupational Health if they believe that their work situation is such it may result in the need to take time off for sickness, for Occupational Health advice and support. Employees who self refer are generally expected to arrange appointments out of their normal working hours or use time off in lieu (TOIL) as agreed with their manager. If these arrangements are not possible, an individual should seek the permission of their manager to refer during working hours.
2.0 Managing Sickness Absence

2.1 Managers should ensure all employees are informed of the sickness absence reporting process at their induction in the department and to display the flow chart (Appendix 1) where possible on local noticeboards.

2.2 Managers should ensure that all senior employees are appraised of the process and responsibility for collecting employee/staff information and recording sickness categories.

2.3 When employees contact a manager regarding sickness, managers must record the information in 1.5 and 1.6 above. The manager should remind absent employee of the need to keep in contact in accordance with the communication schedule and work sympathetically with them to offer support to their wellbeing as appropriate.

2.4 Each department should have an identified and named individual who collates sickness absence for reporting purposes (sickness absence reporting co-ordinator SARC) and who will keep a central record of sickness absence and attendance at work. The SARC will either complete the turnaround document (or equivalent/replacement system) or take responsibility for ensuring the turnaround document incorporates all absences. The manager will inform the SARC of the employees absence, forward the Sickness Absence Form (SAF-1 - See Appendix 2) to them and the SARC will ensure the information is forwarded to payroll for inclusion on the ESR systems via the turnaround documentation form. Where the absence is over 5 days, the manager will complete the Sickness Absence Trigger Point form (see Appendix 3) and send to the SARC.

2.5 Copies of the sickness absence forms, trigger point/return to work forms and sick notes should be retained on the employees personal file. These are kept by managers for most employees, and by the Recruitment Centre for medical and nursing staff.

2.6 Where the SARC notes that the turnaround document records an absence that they do not have a SAF-1 form for, they will contact the employee/manager to request a SAF-1 is completed by the member of staff immediately or the absence will be unauthorised and may be without pay.

Return to Work & Trigger Point Interviews

2.7 Where an individual returns to work after a period of sickness absence regardless of duration, a manager should contact the individual as appropriate to confirm fitness for work. A return to work interview is preferred but a telephone call or conversation (in a suitably confidential setting) may be appropriate where a manager is not in the same building for example.

2.8 Where the sickness absence is 5 days or more, a Return to Work interview will be arranged to check on the health of the employee and ascertain if further action needs to be taken to allow a smooth return to work for the member of staff. A Return to Work form (SAF-2) should be completed normally by the manager.
2.9 Where a manager believes an individual’s sickness is a cause for concern, they must interview an individual and where appropriate arrange an appropriate Occupational Health referral.

2.10 Where an employee reaches a “Trigger Point”, the manager must interview the employee, (see section 4.1) and complete a Trigger Point Interview Form (SAF-2).

2.11 An Occupational Health referral may be made whilst an employee remains on sick leave, the individual will be contacted at home and informed of the referral and the date/time of the Occupational Health appointment.

2.12 Employees are reminded that they are contractually required to attend for a medical examination and they should be informed of this and that a failure to comply without a valid and exceptional reason will lead to the application of the Trust’s Disciplinary Policy procedures for failing to follow Trust policies.

2.13 Managers are legally required to exercise a ‘duty of care’ towards those they are responsible for managing. This legal responsibility means ensuring safe working practices are followed at all times and areas of risk are identified, reduced and/or removed. Guidance and advice is available to support managers in their duty of care through Trust policies and specialist advisors.

3.0 Conducting Return to Work Interviews

3.1 Where a return to work interview is undertaken in accordance with 2.7 and 2.8 above, the manager or nominated deputy should undertake this task. In situations where this is not practicable, the senior manager must ensure that the person entrusted with this task is at an appropriate level of seniority and competence and is conversant with the required process.

3.2 The discussion should cover the following elements and the Return to Work form completed (SAF-2 Appendix 3), which must be kept in the employees file with any notes. This is an important part of identifying trends.

- Welcome the employee back and advise of any local or Trustwide updates
- Discuss the most recent period of sickness
- Determine if they are back to full ‘work fitness’ or if any ongoing issues/treatments/medical appointments are required
- Ensure the employee is aware of the Sickness Absence Procedures including ‘trigger points’
- Complete the SAF-2 form (Appendix 3) together. Give a copy to the employee, and place a copy on the personal file (this is the Divisional HR Advisor for nursing and medical staff)
- Close by offering ongoing support and re-iterateing the Trust’s expectations in terms of attendance and performance
4.0 Managing Absences (see Appendix 7)

4.1 Short Term Absences

Trigger Point = 3 periods of absence in a rolling 6 month period or 5 periods of absence in a rolling 12 month period or 10 working days in a rolling 12 month period.

4.1.2 When an employee reaches the Trigger Point, a meeting must take place to discuss the reasons for absence, discuss whether there are any underlying health issues or issues relating to the working environment or pattern and offer support and assistance as appropriate to enable the individual to fulfil their contractual obligations for attendance and performance. This reflects good practice and normal management arrangements. However, if an individual feels unable to participate in such a discussion, they must take appropriate advice from HR/Staffside to discuss the issues and perhaps consider what alternative arrangements may be possible. A Trigger Point Interview form must record the interview (SAF-2 Appendix 3).

4.1.3 Following an interview regarding sickness absence, if a manager feels it appropriate, a formal letter outlining the discussion may be sent to the employee to record this discussion. A copy should also be placed on the personal file with the SAF-2 Form.

4.1.4 If the manager believes an Occupational Health referral is appropriate, s/he should complete the Occupational Health referral form (SAF-3 Appendix 4) with the employee present where possible and both parties should sign the form. Managers should be clear about what questions or specific advice they seek from Occupational Health.

4.1.5 Managers should put into place any recommendations to improve the individual’s attendance where it is realistic and reasonable to do so. This may include changing hours of work on a temporary or permanent basis/job restructuring/adaption of working pattern/environment on a temporary or permanent basis and may include redeployment where possible and appropriate or Ill Health Retirement. The test of reasonableness is identified in the Equality Act 2010 in order to support the individual and maintain service delivery standards (see Appendix 5).

4.1.6 The manager should review the position with the employee normally after 2-3 months. This will be reviewed in an ongoing way dependant upon the recovery and attendance of the individual.

4.1.7 If another Trigger episode of sickness occurs within a further 12 month period, a further interview with the staff member must take place.

4.1.8 After 2 Trigger Point interviews, an absence record will be deemed unsatisfactory (unless an underlying health issue falls within the Disability Discrimination section of the Equality Act and alternative arrangements need to be considered). A formal warning may be issued which will remain on the employees record for a specified period of up to 2 years. The individual will be
informed that a failure to improve their attendance record may result in further action and endanger their employment with the Trust.

4.1.9 If there are further episodes of absence during the period of the warning that results in further Trigger Point interviews, the case will be referred to a senior manager who will formally seek an Occupational Health review. The manager may seek a termination of employment or may issue a final written warning which will stay on the employees record for 2 years.

4.1.10 If further episodes of absence occur during a final warning period, a termination of employment will be formally considered.

4.1.11 A recommendation for the termination of employment will not take place without a meeting with the individual who will be offered the opportunity to present their viewpoint. The meeting will be conducted by the Divisional Director of Operations and HR Manager without prior detailed involvement. The employees' manager will present their recommendation with HR support as required. The individual may be accompanied by a colleague or trade union/staff side representative.

4.1.12 Where a decision to terminate employment has been made, the staff member will be informed of this in writing within 5 working days of the outcome of the meeting and will be informed that they have the right to appeal within 14 days of the receipt of the letter terminating their employment. Nb: For medical staff the ill health process must follow the guidelines of ‘Maintaining High Professional Standards in the Modern NHS’.

4.1.13 At all stages the employee will have the right to seek support and advice from their trade union/staff side representative or other support mechanisms such as the Trusts counselling service. In addition, all employees may be accompanied by a colleague or trade union/staff side representative at any meeting to discuss their absences.

4.1.14 The stages in this procedure may be shortened or lengthened by managers on their assessment of the circumstances but they must operate the policy fairly and consistently documenting the reasons for their actions.

4.1.15 At all stages managers will seek HR advice and support as necessary and may request HR presence at meetings with the member of staff.

4.2 Long Term Absence

Trigger Point = 4 weeks continuous absence.

4.2.1 Where an employee is off sick for a lengthy period (4 weeks of continuous absence) a managers duty of care requires them to maintain contact with individual employees. Each employee should be treated as an individual, but fairness and consistency of approach is required. All employees have a responsibility to co-operate fully with managers to enable a return to work and/or to undertake their full duties.

4.2.2 If it is known that an employee is likely to be absent through sickness for more than 4 weeks, then managers may, where they feel it is appropriate, refer the
employee to Occupational Health for review – even if the individual is under 
the care of another medical practitioner. OH consultants understand the 
impact of work on individuals and can work with other care providers to 
sure recovery is safe and as prompt as practicable. They can also ensure 
that managers are aware of any changes or adaptations that may be necessary 
before the individual returns to work and that preparation can be expedited.

4.2.3 In the case where the individual is too unwell for reasonable contact to be 
made, managers should seek advice from their HR professional/OH Team as 
to the appropriate approach to be utilised to ensure effective communication 
and contact is achieved and maintained.

4.2.4 Managers should request that OH Team provide them with the following 
information in order that they can continue to support the employee and 
ensure wider service continuation.

- General reasons for absence
- Specific underlying cause if the condition is work related
- Indication of likely return date
- Advice on any support that may be required to facilitate return
- Any implications under the Equality Act 2010
- Whether and when the employee is likely to be able to return to their 
  contracted duties

4.2.5 On receipt of OH advice, the manager should convene a meeting with the 
individual (who may be supported by a colleague or trade union/staff side 
representative). The meeting will discuss the OH advice including any 
suggestions regarding job re-design; changing hours/patterns of work; 
retraining or alternative work opportunities. It may also, where appropriate, 
consider termination on the grounds of ill health/capability.

4.2.6 Following a long term absence or to assist in a return to work, it may be 
appropriate to consider a gradual return to duties/hours and work 
responsibilities including working from home if possible and constructive to 
both parties. Where this is agreed, the provisions of the Rehabilitation Policy 
will apply and the expectation would be a return to full capability within 4 - 6 
weeks unless there is specific advice on the recommendation of occupational 
health that a longer period will enable the individual to return to full capability 
at an agreed point.

4.2.7 Managers must explain the implications of their decisions to the individual and 
ensure the employee is provided with details of any benefits or entitlements 
including injury benefits or ill health retirement. Managers must also always 
consider the Trusts obligations under the Equality Act and secure appropriate 
advice where necessary.

4.2.8 Where at any time it is determined that there is no reasonable prospect of an 
individual employee returning to work at all, or returning to gainful work within 
the Trust, the Trust will exercise its right to terminate employment. This may 
occur prior to the end of any contractual paid/unpaid sickness absence.
4.2.9 A recommendation to terminate employment should be made by the manager, in conjunction with the relevant Human Resources Manager, after taking into account the following factors:

- overall absence record;
- medical advice;
- redeployment possibilities;
- realistic likelihood of any return to work in the foreseeable future;
- needs of the service;
- length of service of individual employee.

4.2.10 Where termination of employment is considered, the termination will not take place without the individual being invited to a meeting and offered the opportunity to present their viewpoint. The meeting will be conducted by the Divisional Director of Operations and HR Manager. The individual’s line manager will present their recommendations. The individual may be accompanied by a colleague or trade union/staff side representative. All dismissals have the right to appeal and the employee will be informed of this in writing within 5 working days.

N.B: for medical staff the ill health process must follow the guidelines of ‘Maintaining High Professional Standards in the Modern NHS’.

4.2.10 If it is concluded that dismissal may be appropriate, the manager recommending dismissal must put together a management statement of case which recommends the dismissal. The report must contain all management’s considerations and/or attempts to return the employee to work, phased returns, efforts for redeployment, adaptions to the work place/post etc.

4.3 Attendance and Absence Patterns - neither short nor long term

4.3.1 An employee's pattern of attendance and/or absence may fall into neither a series of short term absences, nor a longer term absence. This may occur, for example, where an individual has an underlying health problem and has tried a rehabilitation period or adaptions, but is still not able to work to full capacity or within the reasonable adjustments required by the Equality Act.

4.3.2 Where an employee has concerns which fall into this category, there is an ongoing requirement to review their health and capability at work. This cannot have a prescribed set of reviews or interviews but good practice would suggest a review may be appropriate every 1-2 months dependant upon the specific circumstances. The reviews would concentrate upon the capacity of the individual to undertake the full range of duties agreed as appropriate to their role and any occupational health advice. Areas to consider include those outlined in 4.1.4 and 4.2.5 above, adapting the mechanism appropriately but retaining the key principles of fairness and reasonability.

4.3.3 If at any point it is considered that the employee is unlikely to make a full contribution in a reasonable period of time, a recommendation to terminate their employment on the grounds of ill health/attendance may be made in accordance with 4.1.8 and 4.2.8 above.

4.3.4 Prior to any potential dismissal an individual must be informed of their entitlements to seek ill health retirement where this may be appropriate to
them. The agreement and authorisation of ill health retirement is a responsibility of the NHS Pensions Agency and reference to the entitlement will not confer any 'right' to ill health retirement outside the remit of the NHS Pension Scheme.

5. Sickpay Entitlement and Reviews

5.1 Sick pay entitlement is outlined in section 11.1.

5.2 Where employees have more than 5 years reckonable NHS service and their absences are such that sick pay entitlement is nearly exhausted, as a minimum, a final review meeting must take place before the sick pay entitlement is exhausted (although it may be some time prior to this). Where such a review does not take place due to a delay caused entirely by the employer, sick pay will be reinstated at half pay until a final review meeting has taken place. Where a review meeting is delayed for reasons other than those caused by the employer e.g. the employee, sick pay will not be reinstated.

5.3 Where employees have less than 5 years reckonable NHS service, sick pay will be reinstated if the sick pay is exhausted and a final review has not taken place within 12 months of the start of their sickness absence and the delay is caused by the employer.

5.4 Neither of the above paragraphs infer any right to continue on or exhaust sick pay entitlements prior to a recommendation to terminate employment. An employer's decision will be based on the information reasonably available and the likelihood of the employees facility to return to full capacity in a reasonable period of time.

6.0 Authorised Absence on Health & Safety Grounds

6.1 Where an employee, whilst at work, gives rise to real concerns about their safety/fitness to continue working, managers may require the individual to go home and remain off duty until Occupational Health has assessed and reported back on them on a way forward.

6.2 In such cases normal salary including allowances must continue to be made to the employee, even where no medical certification can be provided for the period in question this is a requirement of the Employment Rights Act 1996.

6.3 In taking such actions managers must ensure that they have secured advice from their senior manager, Occupational Health, their HR manager and other specialist advisors as deemed appropriate to the situation e.g. Risk Management or Local Security Management Specialists.

6.4 All advice and actions must be recorded and an action plan to remedy the situation agreed and implemented.

6.5 Managers and individual employees must maintain regular contact with each other throughout the absence in accordance with the communication schedule.
7.0 Procedure for Medically Enforced Absence

7.1 In rare situations staff may be required to stay off duty as a requirement of the Trust Infection Control Procedures in order to reduce the risk of infection passing to others eg sickness & diarhoea.

7.2 Managers must ensure that the individual receives their normal salary including any allowances for the period that this medical restriction is imposed upon the individual member of staff.

7.3 Managers must ensure that they keep in regular contact and support the individual during this time.

8.0 Procedure for Sending Sick Employees home during a Duty Period

8.1 If an employee becomes unwell at work and requests to leave, or the manager believes that the employee should not remain at work and sends the individual home, then the part of the shift for which they are absent does NOT get counted against occupational or statutory sick pay entitlements unless this exceeds a half day and a half day is recorded (or pro rata for shifts). Subsequent days with the same health issue would of course be accounted for in the usual way.

8.2 Managers should record the whole absence on the individuals attendance record sheet using the categories as defined in 1.5 and inform the SARC for the documentation.

8.3 Where the pattern of absence causes concern, a trigger point interview is likely to arise.

9.0 Procedure for Sickness Management following an Accident at Work

9.1 Managers need to be aware that reporting accidents and occupationally acquired ill health is a Trust and legal requirement. The reports allow the enforcing authorities to know where and how risks arise and to investigate serious or recurring type of accidents.

9.2 All injuries that occur whilst on duty require employees to report them to their manager (what ever the employees position within the organisation). A Trust Incident form should be completed, managers should immediately ensure that the situation is safe and that no other staff member or visitor is at risk of injury and the report forwarded to Occupational Health and the Trust’s Health and Safety team.

9.3 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) must be followed in the event of death, major injury or accident that requires more than 3 days absent from work. The OH or Health and Safety team will undertake the required reporting process.

10.0 Procedure for Other Accidents
10.1 Employees will not normally receive sick pay for accidents received whilst undertaking active participation in a sport as a profession or where contributable negligence is proved.

10.2 Employees who are absent as a result of an accident are not entitled to sick pay if damages are recoverable from a third party. The individual will normally be advanced sick pay on the basis that the sick pay will be repaid to the employer when the damages are received. When full repayment has been made, the absence should not be taken into account for the purposes of 10.1.

11.0 Procedure for the Payment of Salary during Sickness Absence

11.1 Managers should note that sick pay entitlement is paid in accordance with national Agenda for Change/ Medical Staff Terms and Conditions of Service tabled below.

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<th>Period of continuous NHS service</th>
<th>Period of Full pay</th>
<th>Period of Half pay</th>
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<td>During 1st year of service</td>
<td>1 month</td>
<td>2 months</td>
</tr>
<tr>
<td>During 2nd year of service</td>
<td>2 months</td>
<td>2 months</td>
</tr>
<tr>
<td>During 3rd year of service</td>
<td>4 months</td>
<td>4 months</td>
</tr>
<tr>
<td>During 4th &amp; 5th year of service</td>
<td>5 months</td>
<td>5 months</td>
</tr>
<tr>
<td>After completion of 5 years service</td>
<td>6 months</td>
<td>6 months</td>
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11.2 The definition of ‘full’ pay includes regular paid supplements e.g. recruitment & retention premia, payment for work outside of ‘normal’ hours.

11.3 Sick pay is calculated on the basis of what an employee would have received had they been in work.

11.4 For employees who are absent and not rostered, sick pay is calculated on the basis of what an employee would have received had they been in work based on an average of the previous 3 months pay.

11.5 The allowances paid in 11.1 are calculated by deducting paid sickness absences in an aggregate period of the preceding 12 months from the first day of absence discounting absences due to injury at work or arising from the employees duties where the absence is under 3 weeks or subject to a payment from the Criminal Injuries Compensation Board.

11.6 In exceptional circumstances, managers do have the discretion to extend full or half sick pay but must only do so after consultation with the Director of Human Resources.

11.7 Employees are not entitled to additional days off, if on sick leave during a statutory holiday.

12.0 Temporary Injury Allowance

12.1 The NHS Injury Benefits Scheme provides benefits for all employees, whether members of the NHS pension scheme or not, who have an injury, disease or condition caused by the duties of their NHS employment and have suffered a loss of earnings or earning ability.
12.2 Guidance on dealing with the Temporary Injury Allowance claims is available on the intranet or from Occupational Health.

13.0 Procedure for the Management of Unauthorised Absence

13.1 Managers are required to adopt a sensitive, fair, consistent approach to managing employee sickness absence. However, in the interests of maintaining excellent patient care and operational performance managers also need to have a robust approach with those that fail to follow their received and recorded instructions for reporting their absence.

13.2 When an individual fails to report for duty and does not advise their manager or nominated deputy as required by section 2.0, managers must undertake the following actions promptly:

- Attempt to telephone the individual and record the outcome of the conversation
- If contact not achieved then write to the individual within 48 hours by first class recorded delivery, keep copy and record result
- After 5 days if no contact achieved contact HR professional and check as far as practicable all possible circumstances for absence and document results
- If no reasonable outcome achieved write a letter to the employee’s home address, express concern at their continued absence and inform them that a failure to make urgent contact will mean the absence is unauthorised and will be unpaid
- Unauthorised absences will be unpaid and the Disciplinary Policy Procedures may also be utilised

13.3 This procedure may also be followed if sick notes expire and no new note is forwarded.
**EMPLOYEE’S SICKNESS REPORTING FLOWCHART**

Employee unwell - unable to attend work

- **Yes**
  - Ring Manager – Deputy only minimum immediately prior to duty period
  - Advise manager (see section 1.5) :-
    1. Why absent
    2. When last worked
    3. When expected to return
    4. If your main role is as a food handler
    5. Hours of duty being missed
    6. Details of urgent or outstanding work
    7. Contact schedule
  - Maintain contact with Manager as agreed in communication
  - Submit GP medical note for absences over 7 days
  - or
  - Complete self certification form on return for any absence up to 7

- **No**
  - Another family member unwell
    - **Yes**
      - Seek absence under Special Leave Procedure
    - **No**

Use categories to record reasons:-
- Medical
- Surgical
- Skin
- Infection respiratory
- Infection gastric
- Musculoskeletal
- Pregnancy related
- Endocrine / Reproductive health
- Needlestick
- Accident at work
- Accident non-work
- Psychological/Stress
SICKNESS ABSENCE FORM (SAF-1)

You are required to fill in this form to cover you from your FIRST COMPLETE DAY of sickness absence. On the 8th day you MUST submit a Medical Statement (Doctors Note). All sickness absence of 1-7 days must be recorded by using this form.

NAME…………………………………. JOB TITLE/GRADE…………………………

DIRECTORATE/DIVISION/ GROUP………….WARD/DEPARTMENT…………

DATE OF SICKNESS from…………………………… to………………………….
(These may include days when you do not normally work)

WHEN WERE YOU FIT TO RETURN TO WORK………. 

NUMBER OF WORKING DAYS ABSENT………………

NATURE OF ILLNESS/INJURY………………………….

If injured at work was an Incident Form completed?
YES/NO

If your sickness was caused by an accident at work or an industrial disease you may be eligible for Temporary Injury Allowance paid by the Trust. Advice about this can be sought from the Human Resources Department or your Staff Side organisation. You should also liaise with your local DSS office concerning your entitlement to Injury Related Benefits.

Is there any other support that the Trust could provide for you?........................

Signature………………………………………… Date……………………………..

When signed, please forward to your Line Manager without delay

Departmental Use Only

(i) Line Manager to check information is correct and forward to SARC.

(ii) SARC to check information on records and ensure turnaround document records absence.

(iii) Form to be placed on individual’s personal file - Recruitment Centre (Block J, SOH) for medical and nursing staff.

SARC to sign when completed:

Name……………………………………………………Date…………………………

Sign…………………………………………………………..
Appendix 3

UNIVERSITY HOSPITAL BIRMINGHAM NHS FOUNDATION TRUST

Trigger Point Interview/ Return to Work Form (SAF-2)

Name………………………………Post & Band……………………………………

Managers name……………………………..date of RTW/TP interview………………

Department…………………………..Length of service…………………………

Normal hours of work………….Length of sickness absence……………………

Date sickness commenced………..Date returned to work……………………
(in last 12 months)

Cumulative total to date………………No of cumulative days…………………

No of cumulative occasions…………………………………………………………

  Trigger Points Hit
  ❖ 3 periods of absence in rolling 6 month period? Yes/No
  ❖ 10 working days absence in rolling 12 month period? Yes/No
  ❖ 5 periods of absence in rolling 12 month period? Yes/No
  ❖ 4 weeks absence Yes/No
  ❖ Certification (circle as appropriate) Self certified/ Medical certified

Reason for absence (see categories)……………………………………………………
……………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………
…………………………………………………………………………………………

Details of discussion……………………………………………………………………
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Detail follow up actions………………………………………………………………
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…………………………………………………………………………………………
…………………………………………………………………………………………

Referred to OHTeam ?……………………………………………………………………

Purpose of OH referral explained to employee? Yes/No
…………………………………………………………………………………………

Employees signature…………………………………Date…………………………

Managers signature…………………………………Date…………………………

Copy to employee Yes/No Copy to Divisional HR Advisor

Send this form to the Department Sickness Absence Reporting Co-ordinating (SARC) individual who will record the absence, inform payroll absence clerk [for ESR input] and forward the form for retention on the individuals personal file (Recruitment Centre for medical & nursing staff – Block J, SOH).
## Management Referral to Occupational Health (SAF-3)

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<thead>
<tr>
<th>Employees Surname (Miss, Mrs, Miss, Mr, Dr)</th>
<th>Employees Forename(s)</th>
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<tbody>
<tr>
<td>Maiden Name (if applicable)</td>
<td>Date of Birth</td>
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<table>
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<tr>
<th>Home Address</th>
<th>Telephone number:</th>
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<tr>
<th>Job Title</th>
<th>In Full or Part-Time Employment</th>
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<tr>
<th>Department Address</th>
<th>Division &amp; Group:</th>
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<tr>
<th>Referring Manager</th>
<th>Managers Position</th>
</tr>
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<tr>
<th>Department address if different from employees</th>
<th>Telephone number</th>
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**Demands of the Post** – please give details of the physical, mental and emotional demands of the job as detailed on the *Agenda for Change Job Description*
## Reason(s) for Referral

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<tr>
<th>Sickness Absence</th>
<th>Other Management Referral</th>
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<tbody>
<tr>
<td><strong>Is the employee currently at work?</strong></td>
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<td>☑</td>
<td>Yes ☐</td>
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</tbody>
</table>

Please state current incapacity:

<table>
<thead>
<tr>
<th>Is the referral for:</th>
<th>Long term sickness absence</th>
<th>Short term sickness absence</th>
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<td></td>
<td>Yes ☐</td>
<td>No ☐</td>
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</table>

**How long person has been off sick for?**

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<tr>
<th>Action Taken To-Date</th>
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| Has this been discussed with HR? | | |
| ☑ | Yes ☐ | No ☐ |

**Name of HR Adviser**

**Have any of the following options been discussed with the member of staff?**

| Graduated Return to Work | | |
| ☑ | Yes ☐ | No ☐ | | Change of hours or shift pattern? | | |
| ☑ | Yes ☐ | No ☐ |

| Re-deployment – short term | | |
| ☑ | Yes ☐ | No ☐ | | Re-deployment – long term | | |
| ☑ | Yes ☐ | No ☐ |

| Ill Health Early Retirement | | |
| ☑ | Yes ☐ | No ☐ | | Dismissal on health grounds | | |
| ☑ | Yes ☐ | No ☐ |

If any of the options above have been discussed, what was the outcome?
Questions to Occupational Health

<table>
<thead>
<tr>
<th>These are typical questions you may consider asking Occupational Health to assess. Please delete any that are not applicable in the circumstances.</th>
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<tbody>
<tr>
<td>• Are there any underlying medical conditions that the manager needs to be aware of for this member of staff?</td>
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<tr>
<td>• Are there any adjustments necessary for this member of staff to be able to return to their existing role?</td>
</tr>
<tr>
<td>• Should this member of staff be considered for re-deployment?</td>
</tr>
<tr>
<td>• If this member of staff should be considered for re-deployment, are there any restrictions that the manager needs to be aware of in facilitating this?</td>
</tr>
<tr>
<td>• Is the member of staff likely to return to work in the foreseeable future?</td>
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</tbody>
</table>

Please enclose the documents listed with this referral.

1. Attendance Record for the last two years
2. A copy of the letter to the member of staff confirming the outcome of the last meeting related to attendance if applicable

<table>
<thead>
<tr>
<th>Signature of Manager</th>
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<tr>
<td>Date of Referral</td>
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<tr>
<td>Signature of Employee</td>
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(Mandatory if employee is at work. If employee is off work then manager should affirm this has been discussed with the employee who will then be asked to sign on attendance to Occupational health)
Appendix 5

EQUALITY ACT 2010

There is a duty by the employer to make reasonable adjustments.

The following are examples of steps which an employer may have to take in relation to a disabled person in order to comply with the Act:

(a) making adjustments to premises
(b) allocating some of the disabled person’s duties to another person
(c) transferring him/her to fill an existing vacancy
(d) altering his/her working hours
(e) assigning him/her to a different place of work
(f) allowing him/her to be absent during hours for rehabilitation, assessment or treatment
(g) giving him/her, or arranging for him/her to be given, training
(h) acquiring or modifying equipment
(i) modifying instructions or reference manuals
(j) modifying procedures for testing or assessment
(k) providing a reader or interpreter
(l) providing supervision

Notes:
- The above list is not exhaustive and all reasonable options should be considered.
- Managers may be able to secure funding toward adaptations from external agencies. Advice regarding this can be obtained from the Human Resources Department or Staff Side Organisations.
### Appendix 6

**Name:**  
**Position:**  
**Dept:**

<table>
<thead>
<tr>
<th>PERS. NO:</th>
<th>D.O.B:</th>
<th>DOC:</th>
<th>Add Sickness &amp; Absences as follows:</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td>A/L - Annual Leave</td>
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<td>SL – Special Leave</td>
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<td>M – Maternity Leave</td>
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<td>F – Flex Leave</td>
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<td>R – Rostered Day Off</td>
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<td>AWP – Absence without Pay</td>
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<td>SC – Self Certified (107 days)</td>
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<td>T – Study Leave</td>
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<td>MS – Medical Suspension</td>
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**Hours Worked:**

**Annual Leave Entitlement:**

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<tr>
<th>Total Record of Sickness/Absence/Leave</th>
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<tbody>
<tr>
<td>MC – Medically Certified</td>
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<td>I – Injury at Work</td>
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**Week No.**

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<th>Week No.</th>
<th>Dates (W/C)</th>
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**Sub Totals**

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<thead>
<tr>
<th>Remarks (Nature of Absence)</th>
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<tr>
<td>A/L</td>
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23 of 27

**Sickness Absence and Attendance Procedure**  
**Issued:** 09/07/2014  
**Controlled Doc. Nr. 562**  
**Version 2**
Appendix 7
University Hospitals Birmingham NHS Foundation Trust
Managing Absence Flowchart
INTERVIEW TRIGGER POINT

SAF2 FORM COMPLETED

Manager reviews 2 - 3 months

TRIGGER POINT REACHED WITHIN 12 MONTHS

Ongoing concerns - warning

TRIGGER POINT REACHED WITHIN 24 MONTHS OF WARNING

REFER TO OH AND SENIOR MANAGER

FINAL WARNING

TRIGGER POINT REACHED WITHIN 24 MONTHS OF WARNING

REC FOR DISMISSAL
INDIVIDUAL INFORMED
REC MADE TO DDOPS
MEETING TO HEAR
REC/RESPONSES

DISMISSAL

APPEAL

Procedure may be shortened or lengthened if managers assessment of circumstances warrants further consideration of individual facts