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Sickness and Absence Policy

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1. Introduction

- 1.1 Oxfordshire Primary Care Trust recognises that it is essential to consider the health and welfare of its employees in order to maintain effective service provision to its clients.
- 1.2 It is the policy of the Trust to ensure that there are arrangements to deal sympathetically and consistently with problems of ill health, and this will be the responsibility of line managers. Advice and assistance to both managers and employees will also be available from the Occupational Health Department and the Human Resources Department.
- 1.3 The purpose of this policy is to ensure that managers and staff are aware of their rights and obligations in matters relating to sickness absence and that action is taken in a correct and consistent manner.
- 1.4 Pre-employment screening will be compulsory prior to appointment to the Trust. In addition, staff must report any major change to their health which may affect their ability to undertake their duties effectively. This should be reported to the appropriate line manager or a nominated person. This notification will ensure advice and assistance is available for employees (via managers, Human Resources Department and Occupational Health). It will also ensure the organisation's compliance with the requirements contained within the Disability Discrimination Acts (1995 and 2005) and the Disability Discrimination (Amendment) Regulations 2003.
- 1.5 The Trust recognises the requirements of Health and Safety and Employment Legislation, and of national and local collective Agreements. This policy will be amended to take account of new legislation or local agreements, following consultation with recognised staff side organisations.
- 1.6 This policy applies to all staff employed by the Trust and will be applied to address all cases of short and long term sickness absence.

2. Definitions

- 2.1 The following definitions will apply within this policy:-
 - **Long Term Absence** - Any period of absence from work because of ill health lasting more than four weeks (2 weeks where the illness is stress-related) will be deemed as long-term sickness absence. This includes long-term absence due to a single illness or disability and repeated periods of absence arising from a single illness or disability.
 - **Short Term Absence** - Frequent short-term absence involves patterns of absence due to illnesses that may or may not be

connected. Such patterns could vary from a relatively large number of single days of absence, to fewer occasions of absence involving a loss of up to a week or more, or a mixture of individual days and longer periods of absence. High levels of this type of absence may indicate problems, which need to be explored and resolved.

- **Patterns of absence** - Trends that should be monitored and may be indicative of underlying causes for sickness absence, e.g. taking Monday/Friday off.
- **Trigger points** – The points at which it is appropriate for managers to review the sickness absence of an individual member of staff and identify any further measures that may be appropriate to support the employee in increasing their attendance rate. The Trigger points are:-
 - continuous absence of 4 weeks or more **or** 2 weeks in cases of stress related
 - 3 or more periods of absence (period of absence could be one day or more) within 3 months.
- **Bradford Factor** - The Bradford Factor identifies persistent short-term absence for individuals, by measuring the number of spells of absence, and is therefore a useful measure of the disruption caused by this type of absence. It is calculated using the formula:
 $S \times S \times D = \text{Bradford Score}$. Where 's' is the number of occasions of absence in a period and D is the total number of days' absence in the period.
- **Self-certificate** – a form completed by an employee on return to work giving dates and reasons for any absence of up to and including 7 days.
- **Return to work meeting** - Return to work meetings or telephone conversation should take place for all staff irrespective of duration of absence. These meetings should take place on the day of return to work or as soon as possible thereafter and should be conducted by the manager/supervisor/nominated person. The purpose of the meeting is to assure both the employee and manager that the employee is indeed fit to return to work, ensure managers are aware of any ongoing health concerns and provide an opportunity for staff to raise any wider concerns they may have. It should be informal and needn't take more than a matter of minutes; however the nature and severity of the illness or absence will often dictate how long and how formal the meeting needs to be.

3. Accountability and Responsibility

3.1 Of managers:-

- Maintain contact with the employee whilst they are off sick. Where it is not possible for the line manager to do this they must nominate another person and ensure that the member of staff knows who this person is.
- Carry out a return to work meeting on the first day the employee comes back from any period of sickness absence ensuring that employees complete a self-certification form when necessary
- Refer employees to Occupational Health at the relevant trigger points
- Deal with employees health in a confidential and sensitive manner
- To ensure that the turnaround documents are completed correctly and that self-certificates and doctors fit notes are obtained where appropriate
- To be responsible for taking action to reduce levels of absence to a minimum including fair and reasonable application of this policy, monitoring of absence levels of employees and the identification of areas of high absence
- Managers must ensure that employees who report to them are aware of their duties under this policy

3.2 Of staff:-

- Ensure regular attendance at work as contracted unless otherwise authorised by their line manager
- Communicate regularly and appropriately with their manager or nominated person by telephone when absent from work
- Attend return to work meetings / discussion on the first day back from any period of sickness absence
- Attend review meetings and Occupational Health appointments when required
- Must contact their line manager to gain permission to participate in any circumstances that would limit their availability to attend meetings or occupational health appointments whilst on sick leave, e.g. seek permission to leave the country whilst on sick leave.
- Make every effort when ill or injured to recover and return to work.

4. Notification of Sickness Absence

- 4.1 A member of staff who is unable to attend work because of sickness must notify their Line Manager or nominated person verbally by telephone, as soon as they know they are unable to attend work in order that alternative service provision may be made.

- 4.2 For shift staff this must be no later than one hour before the shift is due to start. For those not working shifts it should be no later than their normal start time.
- 4.3 If the shift is outside normal working hours and the employee cannot talk to their manager alternative local arrangements should be made by the manager and communicated to staff. Where this means an employee is unable to speak directly to their line manager or nominated person the employee must telephone again during working hours to speak to their line-manager / nominated person or leave a telephone number where their manager can contact them.
- 4.4 In exceptional circumstances, such as hospitalisation, a relative or friend should make contact with the line manager or nominated person as soon as practicable.
- 4.5 The purpose of the conversation is to ascertain the likely length of absence and the reason for absence.
- 4.6 If the absence continues for more than one day the employee is required to report in every day for the first week or as agreed and at appropriate intervals thereafter and weekly for longer-term absences, as agreed with their Line Manager or nominated person.
- 4.7 If an employee fails to comply with the reporting procedure without exceptional reason their period of absence will be considered unauthorised absence which may result in the withholding of payment and possible disciplinary action.
- 4.8 All sickness absences of one day or more in duration must be reported on the departmental monthly turnaround documents which are then forwarded to the Payroll Services Department.
- 4.9 Employees who are absent for 7 calendar days or less must complete a self certification form (see Appendix A) on their first day back at work. If the employee is unable to return to work on the eighth day, he/she must obtain a fit note from his/her GP covering the appropriate period. Both forms of sick certificates should then be submitted to the Line manager or nominated person without delay then forwarded to the Human Resources Department in a sealed envelope.
- 4.10 If an employee fails to report their absence and provide the appropriate certificates as described above, without exceptional reason, their period of absence will be considered unauthorised absence which may result in the withholding of payment and possible disciplinary action.

- 4.11 Employees should not work in any secondary employment whilst off on sick leave without the express permission of the PCT. Failure to seek permission may result in disciplinary action under the Trusts Disciplinary Policy.
- 4.12 Employees who wish to either take previously agreed annual leave or book annual leave whilst absent are required to agree this with their line manager or nominated person in advance. Please refer to the Annual Leave Policy.

5. Sick Pay

Sick pay is based on continuous NHS service which is defined as any sequential service with the NHS that has less than a 3 month break. It is dependent upon compliance with the reporting procedures and provision of certificates (as detailed above):-

SERVICE	SICK PAY
Up to 1 year	1 month full pay + 2 months' half pay
1 year - 2 years	2 months' full pay + 2 months' half pay
2 years - 3 years	4 months' full pay + 4 months' half pay
3 years - 5 years	5 months' full pay + 5 months' half pay
after 5 years	6 months' full pay + 6 months' half pay

- 5.1 The period during which sick pay should be paid and the rate of any sick pay is calculated by deducting the from the employee's entitlement on the first day of sickness the aggregate periods of paid sickness absence during the 12 months immediately preceding that day. In aggregating periods of absence due to illness no account will be taken of:-
- Unpaid sickness absence
 - Injuries or diseases sustained to employees in the actual discharge of their duties through no fault of their own (see Appendix E)
 - Injury resulting from a crime of violence not sustained on duty but connected with or arising from the employees employment has been subject of payment by the Criminal Injuries Compensation Board,

- 5.2 The Human Resources Department or the Payroll provider will send you notification of your sick pay entitlements prior to any reduction to half pay. A copy of this notification will be forwarded to your manager/nominated person/line manager.
- 5.3 You have an obligation whilst in receipt of sick pay not to undertake any activity which may delay your recovery.
- 5.4 An employee who is absent as a result of an accident is not entitled to sick pay if damages are received from a third party. The Trust will advance to an employee a sum not exceeding the amount of sick pay payable under this scheme providing the employee repays the full amount of sickness allowance to their employer when damages are received. Once received the absence shall not be taken into account for the purposes of the scale set out in 5.
- 5.5 Please refer to section 14 of the Agenda for Change Terms and Conditions handbook for further conditions for Contractual Sick Pay

6. Time off for Appointments

- 6.1 Requests for dental and or medical appointments will be considered on an individual basis. These should be arranged wherever possible outside of working hours. Where this is not possible they should be booked at the extremities of the day or shift to minimise time away from work. Staff will be expected to make up the time taken for these appointments unless they are covered under guidance contained in section 6.2. Reasonable notice will be required in these circumstances.
- 6.2. Agreement for employees to take paid time off for appointments are discretionary and each case is judged according to its circumstances. Permission to attend appointments during working hours must be sought and agreed in advance by the appropriate line manager. Examples where paid time off will be granted are employees with on-going medical problems which may be defined as a disability under the Disability Discrimination Act, employees attending an Occupational Health appointment and counselling or physiotherapy organised through Occupational Health. Reasonable notice will be expected in these circumstances.
- 6.3 Managers or the nominated person do not need to record Hospital and Dental Appointments on the Turnround document; however the manager should keep a note of these appointments.

- 6.4 Time off for antenatal and postnatal care appointments will always be agreed in line with the Maternity Policy.

7. Elective Procedures

- 7.1 Elective Procedures can include surgery that is not considered to be medically necessary; this includes cosmetic surgery which is concerned with the enhancement of appearance through surgical or medical techniques. It could also include fertility treatment.
- 7.2 The appropriate manager should make the decision whether or not to grant any form of leave, paid or unpaid, using discretion after they have considered the following points. This checklist should also be used, as appropriate, when considering granting leave (paid or unpaid) for staff who are undertaking Cosmetic Surgery or fertility treatment.
- 7.3 The Trust recognises the emotional pressure of undergoing IVF treatment and understands the potential anxiety and distress which individuals may encounter during the process. All cases will be treated individually and confidentiality will be maintained at all times.
- 7.3 Employees undergoing IVF treatment may require some degree of flexibility in their day-to-day pattern of work over and above the granting of leave. The employee's line manager and the employee will be jointly responsible for managing the flexibility that is required to attend appointments for treatment. This does not mean that the employee will work less than their normal weekly hours, but reasonable adjustments should be made using the range of flexible working options available. See [Flexible Working Policy](#) for further information.
- 7.4 Checklist for exercising discretion in an informed manner:
(This list is not exhaustive, and other relevant points should also be considered, where appropriate.)
- If organ donation is involved is the donor donating to a relative or acting as a 'general donor'?
 - Is the individual in need in a critical state (ie. is it a matter of life and death)?
 - Is the donor getting paid?
 - What position does the staff member hold? What will be the impact of the absence on the department (eg. is it a busy period/time of change? Is there adequate cover?)?
 - How much holiday leave have they accrued and used?
 - What is their absence record?

- How much unpaid/compassionate/dependency leave have they had (if any)?
- What is the recovery period/return to work time?
- How much advance notice have you been given?
- Are there any other costs to the Trust?
- Should the employee part-contribute in a monetary form (eg. take part holidays, part dependency leave, part unpaid leave)?
- Should the member of staff be sick as a result of the surgery then the Trust would incur SSP costs

8. Sickness Absence Monitoring

- 8.1 The Human Resources Department will provide quarterly statistics concerning sickness to senior management teams and to Trust Board and Community Health Oxfordshire Board. This will identify the PCT's position in relation to SHA and external benchmarks; identify main causes of absence and those areas of the organisation with figures above the benchmarks.
- 8.2 A Bradford Factor Report will be produced on a monthly basis – this will flag to HR teams those staff with 3 or more absences in a 3 month period. HR staff will discuss these reports with line managers in order to identify potential absence issues and trends.
- 8.3 As the main problem for managers is likely to be short term frequent absences, it may be most appropriate to set trigger points in terms of episodes rather than days. It is important that the time period is comparatively short (maximum 3 monthly) so that action is timely. The Human Resources Department's recommendation in respect of setting and monitoring trigger points would be to highlight/investigate absence either
- continuous absence of 4 weeks or more **or** 2 weeks in cases of stress related
 - 3 or more periods of absence within 3 months
- 8.4 It is essential that any criterion be fairly and consistently applied. It is also important that the use of trigger points is not seen as agreeing "acceptable" nor unacceptable levels of absence. Neither should they be regarded as the only time when absence can be investigated.
- 8.5 There may be patterns of absence which do not fall into either of the above categories but which still need monitoring or investigating, e.g. common days/hours off (e.g. Mondays/Fridays), days before/after personal holidays, common times/days when more than one individual is absent from work

9. Action Arising from Sickness Absence

9.1 Return to Work Meeting

The discussion may cover all or some of the following topics depending upon the length of the absence, whether it is a repeated absence. The meeting should be recorded on a standard form – see appendix B. The form is retained by the manager, with a copy to the individual if requested. The purpose of the discussion is to:-

- ensure the employee is fit to return to work
- show concern for the employee's health
- discuss the reasons for absence and explore any work-related or underlying issues
- review previous absence record
- consider referral to Occupational Health Department
- consider risks to the individual and to others
- consider possible health hazards in the workplace
- conduct an informal counselling interview if there appears to be a pattern of absence.

9.2 Referral to Occupational Health

Any member of staff who is:

- regularly absent for short periods or meets the trigger points outlined in section 8.3 and where there is no apparent reason for absence.
- continuously absent for 4 weeks (2 weeks if absence is stress related)

will be referred by his/her line manager, or nominated person to the Occupational Health Department to ascertain whether or not there are any underlying health problems. (see Appendix C for the Management Referral Form)

Occupational Health staff will discuss any issues with the member of staff and will prepare a report for the manager, nominated person or Line Manager without breaching professional confidence. The purpose of the referral will be to:

- determine whether or not the employee is able to carry out the duties for which he/she has been contracted
- whether the sickness absence is due to a work related reason

- whether the individual need some form of support
- whether adjustments to working arrangements are recommended

Employees are referred to Occupational Health to support them in managing their own health and to provide management with accurate information to enable them to manage the sickness absence fairly and appropriately. Employees must attend the Occupational Health appointment at the appropriate time or if that is not possible contact Occupational Health to re-arrange it. Failure to attend an occupational health appointment may mean that management will have to take decisions about the employee and possibly their future employment with the Trust without the benefit of having accurate and current information on that individual's health.

Employees who are referred to Occupational health who do not attend the appointment with out reasonable explanation may be subject to disciplinary action under the Trust's Disciplinary Policy.

9.3 Sick Visiting

Managers are encouraged to maintain personal contact with staff during periods of sickness absence. This may be by telephone or letter, or by personal visit where arranged in advance and mutually convenient. Such visits serve to keep the absent member of staff in touch with developments in the workplace and may help sustain staff confidence prior to re-entry to the work place. For the manager they may provide access to valued expertise and knowledge and information which will be useful in planning the return to the workplace. Sick visits need not be at the home address, they may take place at work or anywhere conducive by mutual agreement.

10. Procedure for Managing Short-term Sickness Absence

- 10.1 Return to work meetings should take place for all staff irrespective of duration of absence. It is recognised that where geographical limitations an initial telephone conversation followed by a face-to-face meeting may be necessary. These meetings should take place on the day of return to work or as soon as possible thereafter and should be conducted by the manager/supervisor/nominated person/Line Manager.
- 10.2 A management referral must be made to Occupational Health in order to establish whether there is an underlying health reason for the absence.
- 10.3 Where attendance remains unsatisfactory and / or there is no underlying health problem, the matter will be managed using the Trust's Capability Policy. The aim of which will be to give management and employee the shared opportunity to improve attendance to an acceptable standard.

10.4 Under the Capability Policy regular review meetings will take place to monitor the sickness absence. At these review meetings the discussion may include:

- the level of attendance being unsatisfactory
- the impact on the service caused by the absence
- that an improvement is expected and what the level of improvement needs to be
- the likely consequences should sustained improvement not be achieved
- development and agreement of an action plan to improve the employees attendance record

10.5 Where there is an underlying health problem identified by Occupational Health consideration and improvement is not sustained, other options which may be considered under the Trust's Capability Policy and could include:

- re-induction by a period of part time working with gradually increasing hours, paid at the appropriate rate for the hours worked
- temporary reduction in contracted hours for a defined period with a consequent reduction in pay for the period
- permanent reduction in contracted hours paid at the appropriate rate for the hours worked
- return to contracted hours with restricted duties

These options will only be available where service needs can sustain this.

10.6 Dismissal

When all avenues have been exhausted, dismissal may be considered because of poor attendance. It is essential that the employee clearly understands that if the above options do not result in a satisfactory level of attendance and performance, further action will be necessary under the Trust's Capability and / or Disciplinary which may lead to dismissal

11 Procedure for Managing Long Term Sickness Absence

In these cases (either at 2 weeks or 4 weeks), a referral to Occupational Health by the line manager or nominated person must be made and the reasons for the referral discussed with the employee.

11.1 Each case will be dealt with individually by the manager or in consultation with the Occupational Health Department and Human Resources Department. The main consideration will be whether the employee will be fit to carry out the duties for which he/she is employed and, if so, within what timescale. Where an employee has been continuously absent due to sickness for 6 months the Smartcard will be withdrawn and form RA02 (available from Human Resources) should be completed by manager.

11.2 The considerations to be balanced in dealing with long term sickness are:

- The Needs of the Team Consideration must be given to the impact on the team.
- The Needs of the Employee The welfare aspect of long term sickness will be an important consideration and managers will keep in regular contact with absent staff and undertake home visits, in conjunction with the Human Resources Department or the Occupational Health Department where appropriate.

The Occupational Health Service will also undertake regular reviews and advise staff and managers accordingly.

- Expiry of Full Pay Entitlement Before the date of expiry of full sick pay entitlement, the Human Resources Department will write to both the employee and Line Manager/nominated person to confirm the date on which half pay will commence. If for any reason previous medical reviews have not taken place, the manager or nominated person must at this point arrange an appointment for the member of staff to be seen by Occupational Health staff. Where appropriate a home visit will be offered.

11.3 Following referral to the Occupational Health Department, the Line Manager/nominated person and Human Resources Manager will be informed of the outcome of the medical review.

11.4 If it is anticipated that a return to work is unlikely the Trust, the absence will be managed under the Trust's Capability Procedure and there will be a series of review meetings to monitor the employees health and possible return to work. If a final review meeting is appropriate where the outcome may be dismissal on the grounds of ill health this meeting must take place within 3 months of the last Occupational Health report.

11.5 Where the review indicates conditional fitness, the Human Resources Manager, in conjunction with the Line Manager/nominated person will examine the possibility of securing redeployment into any available and suitable posts with the Trust.

12. Returning to Work

12.1 When reviewing the employees return to work, various options exist, the appropriateness of which would be discussed in conjunction with the line manager and Occupational Health.

Phased Return to Work

12.2 Enabling staff to work towards fulfilling all their duties and responsibilities within a defined and appropriate time period, through interim flexible working arrangements whilst receiving their normal pay.

12.3 During the rehabilitation period, the Trust should allow employees to return to work on reduced hours without loss of pay. Any such arrangements need to be consistent with Statutory Sick Pay rules and only after any necessary Health and Safety risk assessments have been completed. These are temporary options and can only be enabled if roles and/or demand exist, where reasonable adjustment(s) can be made and where they are assessed as being suitable by the Occupational Health Department. (NB for operational staff reduced hours refers to contracted hours rather than shift length).

12.4 Occupational Health will provide guidance to the manager on a phased return to work programme. The duration of the programme will depend on the individual and the health problem. If an employee is unable to sustain improvement on a phased return to work this will be managed under the Trust's Capability Policy.

Alternative Duties

12.5 Circumstances including rehabilitation and phased return could result in alternative duties. These must be jointly agreed by the line manager and the employee and will only be made available where: -

- An employee is unable to return to full duties for a period of more than 4 weeks;
- Occupational Health is confident that the employee will return to their substantive role;
- Alternative duties should not normally exceed more than three months;
- Roles and/or demand exist for the employee to do and the local manager and Human Resources Department is agreeable;

- The employee has the skills and capability of doing that work;
- Occupational Health advise that the role will not adversely affect the employee's recovery;
- Occupational Health advise they are able to safely perform the role.

12.6 The provision of alternative duties does not ever suggest that there is a permanent role available should the employee not be able to return to their employed role. In the event that alternative duties are exhausted the employee will be required to return to sick leave and normal sick pay provisions will apply. If the employee is unlikely to be able to return to their normal role, redeployment opportunities will be discussed.

13. Redeployment

13.1 Every attempt should be made to redeploy an employee where this is felt to be appropriate. All options should be fully discussed with the employee concerned, their staff representative (if requested), the Manager with the HR Manager and Occupational Health support. The terms and conditions of the agreed redeployment must be clear and put in writing to the individual.

13.2 Following discussion with the Manager, Occupational Health and the HR Manager (except in the case of Mental Health decisions) management decisions will take account of Occupational Health advice.

13.3 The following process will be followed for employees who it is agreed by Occupational Health and the Trust require redeployment to another post:- The member of staff will be added to a register held centrally within the HR Department following an assessment by the current Manager and HR Manager of the individual's skills competencies and expectations.

- The HR Manager will identify suitable posts within the Trust prior to advertisement and arrange informal discussion with the individual, the advertising manager and the Manager.
- Details of the Job Description and Person Specification will be forwarded to Occupational Health for review and guidance.
- If the member of staff meets the Person Specification and Occupational Health are satisfied with the risk assessment and proposed post and, if necessary, reasonable adjustments can be made by the Trust, then the employee will be slotted into the role.
- If the employee is unsure about the new position they have the right to a 4 week trial period over an agreed timescale. This will be

monitored by the HR Manager and Occupational Health Advisor as appropriate.

- Where occupational health and the Trust agree that an employee is covered under the Disability Discrimination Act they will be slotted into a role with protection of salary in line with the Trust's Short Term Protection of Pay Policy (where applicable). The protection of salary will be paid by the original department and will commence upon appointment to the new role.

Failure to secure redeployment opportunities which are acceptable either to the employee and / or the Trust will inevitably lead to:

- early retirement on health grounds where pension payments are available
- or*
- termination of employment on health grounds (dismissal) with payment in lieu of contractual notice

These options can happen at any stage during the period of sickness, as long as it is both appropriate and justifiable.

14. Early Retirement on the Grounds of Ill-Health

14.1 It should be noted that only staff with a minimum of 2 years superannuable service who have contributed to the scheme and who are considered permanently unfit to undertake their duties are eligible for pension benefits

14.2 Retirement on the grounds of ill health will only be considered when reasonable adjustments and redeployment options have been exhausted and where the Occupational Health Physician has recommended that an employee is permanently incapable of carrying out their substantive role.

15. Ill – health Dismissal

Dismissal on grounds of ill health is a dismissal in law and the Trust's Capability Procedure must be used. If employment is terminated on health grounds, the employee will be entitled to receive the statutory or contractual notice period whichever is the greater. During the notice period the employee will be entitled to full pay, He/she will also receive advice from the Human Resources Manager on benefits to which he/she may be entitled.

16. Terminal Illness

No action will be taken in respect of employees who are terminally ill. However, the Line Manager/nominated person from the will keep in contact and, when the period of half pay is reached, the Human Resources Manager will discuss with the employee their individual entitlement.

17. Cases of Employees who Become Disabled

Many employees who develop progressive illnesses are now covered by the Disability Discrimination Act and/or subsequent amendments. These ensure that disabled employees are not treated less favourably as a result of their disability.

To fall within the Act, the employee's condition must:

- have lasted or be expected to last for 12 months, or for the rest of the employee's life, whichever is the shorter
and
- substantially affect the employee's ability to carry out day to day activities.

Therefore, if we treat an employee less favourably because of a disability, we will be liable to compensate the employee for discrimination on the grounds of disability, unless we have adequate justification for doing so. We are required to consider any reasonable adjustments to the job, workplace, conditions or environment to overcome any disadvantages caused by the disability. These might include:

- adapting the job to remove tasks which cannot be done because of the disability
- allowing time off for treatment etc.
- adapting the employee's hours of work
- providing additional or different equipment
- transfer to a different location
- redeployment
- tolerating a slightly higher absence level
- in cases of redeployment or transfer to a different location on the grounds of disability the arrangements detailed in the Trust's Pay Protection Policy for short term pay protection will apply where appropriate.

In determining whether an 'adjustment' will be reasonable, all factors must be considered, including:

- cost to the employer

- resources of the employer
- whether financial assistance can be obtained from an outside source
- effectiveness of the adjustment in removing the absence problem or the disadvantage to the employee
- whether that adjustment has been made for other disabled employees
- the effect of the adjustment on other employees.

To some extent the duty to consider reasonable adjustments is similar to our existing duty to consider alternative employment for any employee before dismissing him/her on the grounds of ill health. We must be able to justify any detriment to the employee as a result of the disability and have sufficient reasons for not tolerating the continued absence.

In any such cases, the employee must be referred to Occupational Health. In addition, your Human Resources Manager will have more detailed knowledge of the requirements of the disability discrimination legislation and will provide more specific and detailed advice.

Once all reasonable adjustments have been considered, if the Trust has sufficient and appropriate justification not to tolerate the level of absence which will continue despite any adjustments, the Trust will take appropriate action.

This will inevitably lead to:

- early retirement on health grounds where pension payments are available, *or*
- termination of employment on incapacity of health grounds (dismissal) with payment in lieu of contractual notice.

The Occupational Health Department will be involved in all stages of the above in cases of disability.

18. Process for monitoring compliance and effectiveness of the policy/guidelines/procedure

The Oxfordshire NHS Staff Partnership Forum and / or the Health & Safety Committee will monitor the application of the procedure [but not consider individual cases]. Sickness absence statistics will be reported to the Health and Safety Committee. Managers will have responsibility for recording sickness absence and monitoring the reasons for the sickness absence

19. References

National Institute for Health and Clinical Excellence – Long Term Sickness Absence and Incapacity for Work, Public Health Guidance 19.

20 Process for review of the document

This procedure may be reviewed and amended in line with the Forum's constitution and will be subject to a formal review after three years of adoption.

Sickness Absence Self Certification Form

Surname	
First name	
Title: Mr/Mrs/Miss/Ms	
National Insurance number	
Date of birth	(dd/mm/yy)
Assignment number	
About your sickness Please give brief details of your sickness	
What date did your sickness begin?*	(dd/mm/yy)
What date did your sickness end?* If you do not know when your sickness will end, leave this box blank.	(dd/mm/yy)
*The dates you put in these 2 boxes may be days you do not normally work.	
What date did you last work before your sickness began?	(dd/mm/yy)
What time did you finish work on that date? ** Delete as appropriate	am/pm **
Was your sickness caused by an accident at work or an industrial disease?	Yes √ as appropriate No
Your Signature	
Signature:	Date:

Please return this form to your line manager. Line manager to then pass to Human Resources.

Return To Work Meeting Form	
This form should be used to complete the Return to Work Meeting between the line manager and employee, following any episode of sickness, in accordance with the Sickness and Absence Policy. The form will be retained by the line manager.	
Section 1: For completion by the line manager or nominated person	
Employee Name:	Job Title:
First day of absence:	
Date return to work:	
Total number of days/shifts of absence on this episode:	
Has a self certificate been completed: (for absence of 0 to 7 days)	YES / NO/ NOT REQUIRED
Has a GP Fit Note been provided: (for absences that go into the eighth day)	YES / NO/ NOT REQUIRED
Reason given for absence:	
Notification of absence report to:	NAME: DATE: TIME:
Was the absence due to an injury at work?	YES / NO
If accident at work, has an incident form been completed?	YES / NO
Section 2: Summary of Return to Work Meeting-for completion by line manager or nominated person. (Please continue on other sheet of paper if necessary)	
ACTION REQUIRED:	
Referral to Occupational Health:	YES / NO Date referred:
Alterations to working arrangements as short term support:	
I confirm that the above notes represent an accurate record of the issues discussed and the actions undertaken/recommended.	
Name:	Signature:
Job Title:	Date:

Occupational Health Management Referral Form**Information for managers, please read prior to completing the attached forms**

1. It is necessary on legal grounds that the employee is informed by the manager as to the reasons why the referral to the Occupational Health Service (OHS) is being made, and of any possible outcomes.
2. In all cases, the referrals will only be accepted on the standard OHS referral request form. Please note that under the Access to Medical Reports Act 1988, the employee may request to have sight of the request form.
3. Managers are advised to refer employees to the OHS in the following situations:
 - Long-term sickness absence (after 4 weeks)
 - Persistent short-term absences attributed to ill health
 - Any stress-related illness within 2 weeks
 - After an employee has been injured at work and has required more than 3 consecutive days of sick leave
 - When a manager suspects that performance or behaviour issues are due to any underlying medical problem
4. Managers' responsibilities:
 - To include current job description with referral form
 - To inform the employee of the reason for referral
 - To clearly state the reasons for referral on the form
 - To clearly state the feedback required from the OHS
5. Administration of the OHS
 - On receipt of referral form, the OHS will offer an appointment to the employee as soon as possible.
 - Referring managers will be informed if an employee fails to attend or persistently defers or cancels. It is the managers' responsibility to follow this up.
 - Feedback from the OHS will be given within 2 days of appointment date in writing.
 - All specific questions in the referral letter will be answered as far as possible, without breaching medical confidentiality. Under the Access to Medical Reports Act 1988, the contents of the letter will be discussed fully with the employee.
 - If an employee self-refers to the OHS, there will be no feedback given to managers unless the employee specifically requests it.
6. Responses from the OHS may include:
 - The employee is able to return to full duties without workplace adjustments or restrictions
 - The employee is able to return to work with certain workplace adjustments, restrictions or recommendations.
 - The employee is currently unfit to return to work but an anticipated time scale will be given.

- A case meeting is advised, involving employee, HR manager/officer and OH adviser.
- A specific health problem has been identified, which makes it unlikely that the employee will be able to return to current post.
- Recommendation for ill health retirement.
- Recommendation of temporary or permanent redeployment after case meeting.

It must be understood that the OHS can only advise the referring manager and/or HR, and this advice may not be practicable or operationally possible.

7. Audit of System

If at any time managers are unhappy or unclear about the information or advice given by the OHS, they are encouraged to discuss the issues directly with the Service.

**PTH Group Limited
Banham Court
Hanbury Road
Bromsgrove
Worcs
B60 4JZ
Tel: 01527 577242**

Request for Occupational Health Assessment

Employee's name **DoB**.....

Home address

.....

..... **Post code**

Contact Tel. N° Home Work..... Mob.....

Trust Post Held.....

Work location Hours Worked

Brief job description:

.....

Referring manager **Title**

Phone N° **Location**.....

Email Address (in full).....

HR contact..... Phone N°

Email Address (in full).....

I should be grateful if you would see the employee urgently / as soon as possible

Reason for OH Referral/Assessment

Please tick

- Long-term sickness absence
- Persistent sickness absence
- Performance/capability problems,
due to a recognised health problem
- Planned return to work after illness or injury.....
- Over 65 years health assessment.....
- Other reason(s): PLEASE STATE BELOW.....

.....

Please give details of absences attributed to ill health over past 12 months:

Dates	Reason	No. of working days	Self certificate or medical certificate

I have seen/contacted this employee and explained the reason(s) for this referral

Signed **Name**.....

Position..... Date.....

Specific information required from referring manager:

- Working environment, such as client group or physical/mental demands
.....
.....
.....
- Behaviour or symptoms displayed at work giving rise to concern
.....
.....
.....
- Factors felt to be causing or contributing to absence or concerns
.....
.....
.....
- Details of previous actions already taken to address absence or concerns
.....
.....
.....
- Any other relevant information not already mentioned
.....
.....

Information requested from the OHS	Please tick
Is there a medical condition to account for absence or concerns?.....	<input type="checkbox"/>
If so, is this condition related to work and in what way?.....	<input type="checkbox"/>
Is this condition covered by the Disability Discrimination Act?.....	<input type="checkbox"/>
Is the employee currently fit or unfit to work?.....	<input type="checkbox"/>
If unfit, when do you envisage the employee will be fit to work?.....	<input type="checkbox"/>
Are there any reasonable adjustments that can be made to the employee's work to enable a return to work? If so, specify below.....	<input type="checkbox"/>
What part of the job description can they do and/or cannot do.....	<input type="checkbox"/>

Please tick

Would consideration be needed to look for alternative employment?.....
.....

If so, would this be temporary or permanent?.....
.....

Would a case management meeting to explore options be helpful?.....
.....

Would a phased return to work be helpful?.....
.....

**Do you consider a return to work unlikely? If so, would the employee fit the
criteria for ill health retirement?.....**
.....

Please add any further questions or advice required:
.....
.....
.....
.....
.....
.....
.....

Please refer to attached guidance notes for managers referring members of staff

NB: OHS to send copy of report to HR dept.

APPENDIX C

THE ROLE OF THE OCCUPATIONAL HEALTH DEPARTMENT (OHD)

Referral to Occupational Health

- Referral to Occupational Health should occur after a continuous period of 4 weeks' sickness absence or 2 weeks stress related absence.
- Referral should occur for any frequent short term sickness
- The employee must be told that they are being referred to Occupational Health and why
- When referring an individual to Occupational Health you should include the following information in writing:
 - * name of manager referring the individual and contact details including telephone number and e-mail address (to ensure continuity between departments)
 - * name of the referred individual
 - * date of birth of referred individual
 - * place of work
 - * whether full or part time
 - * sickness record for previous year
 - * nature of referral
 - * idea of your aims and expectations from the referral

Job description?

- The Occupational Health Department will aim to see the referred individual within ** of receipt of referral. (If this is not possible, Occupational Health will liaise by phone and ensure that all parties are kept informed.)
- Managers will be informed should the individual not attend Occupational Health and a further appointment offered
- Any employee can self-refer themselves to Occupational Health. Managers will receive general advice from Occupational Health following a self-referral without breaking professional confidence.
- When Managers initiate an occupational health referral the member of staff will be informed and provided with a copy of the referral form. Any specific questions in the referral letter will be answered in a letter/report to the Manager by Occupational Health as far as possible, without breaching medical confidentiality. Under the Access to Medical Reports Act 1988, the contents of the letter/report will be discussed fully with the employee.

ALCOHOL AND SUBSTANCE ABUSE

Part 1 - Policy

The PCT has a responsibility to ensure that employees' use of drugs or alcohol does not impair their safe and efficient running of the organisation, or results in risks to the health & safety of themselves, other employees, patients and the general public.

The principles detailed in the Sickness and Absence Policy applies fully to employees who have been identified as possibly having a drug or alcohol problem.

It is recognised that alcohol/substance abuse can be a health problem requiring specialist treatment which, if given at an early stage, is more likely to result in successful treatment.

Employees are strongly encouraged to seek help if they have concerns regarding their drug or alcohol consumption. Employees who do wish to confide their problem will be offered help.

Part 2 - Procedure

Managers are not expected to make a diagnosis of alcohol/substance abuse, even when they suspect it. Their role is to monitor job performance, and facilitate referral to the Human Resources and Occupational Health Departments (OHD).

Employees are encouraged to request help from either their line manager or HR in the first instance so that the Trust can arrange for the provision of support through a referral to Occupational Health. Those who wish to obtain such help will be given effective opportunities to do so with full confidentiality and without jeopardising their career prospects.

All employees should be assured that advice, assistance and encouragement will be offered to anyone identified as possibly having a drug and alcohol problem which may be adversely affecting their work.

Where the Occupational Health Department identifies that the employee has an alcohol/substance abuse problem, the employee will be referred by the OHD to their GP, in order that referral to a specialist unit may be made. If an employee accepts appropriate treatment for an alcohol/substance abuse problem, they will be entitled to sick leave and normal sickness benefits as provided in Trust Terms and Conditions of Service, for the duration of the treatment until fit to return to work. The employee will also be given reasonable time off to attend for counselling.

Employees who relapse after treatment will be expected to contact the OHD at the earliest opportunity and will be helped to resume appropriate treatment through their GP. Where employees refuse to accept treatment or the treatment fails disciplinary action may be taken.

However assistance/help does not apply to anyone who, because of drug or alcohol misuse, behaves in a manner contrary to the standards of conduct required by the Trust. Such behaviour will be dealt with in accordance with the disciplinary procedure. Employees who are subject to disciplinary action for behaviour suspected to be related to alcohol/substance abuse will be referred to the Occupational Health Department. Where disciplinary action is deemed appropriate following a full investigation, and the employee concerned has a drug or alcohol problem, this may be taken into account as a mitigating factor.

CLAIMING INDUSTRIAL INJURY BENEFIT

Appropriate and up to date procedures for reporting an incident are covered under the Incident Reporting Policy. The steps below relate to potential claims at a later date relating to industrial injury.

The steps are applicable to employees:

- Who are injured while on duty due to accident or injury
- Have contracted a disease in the course of NHS employment
- Have developed a condition attributable to work

Always make an entry in the DSS accident book which should be kept on the premises. Availability of the accident book should be advertised on staff notice boards and will be known to safety reps and all qualified first aiders.

If you are unable to work, you must complete a staff certification form ensuring that you identify the fact that in your opinion the absence has been caused by an industrial injury. Payroll department will then be informed that your absence follows an accident or incident at work.

Complete DSS Benefits Agency form B195 which may be available from the Human Resources Department, Payroll Department or the DSS.

If you have further periods of sick leave as a result of the original accident/incident let your employer know and be sure to complete further self certification forms making plain the cause of your absence, even though you will also be required to provide a completed medical certificate.

If you are still off sick after 16 weeks or suffer recurrent sickness related to the accident/incident you may apply for Industrial Injury benefit which is a DSS allowance. To qualify you must be at least 14% disabled. Assessment of disability is made by the DSS.

NHS Temporary and Permanent Injury Benefit is explained in Booklet 'NHS Injury Benefit' which is available from Human Resources.

You should also inform Occupational Health and your GP of the source of the sickness absence so that this can be appropriately documented.

WHAT TO DO IF YOU ARE ILL

