

Dear Sir/Madam

Thank you for your Freedom of Information request concerning.
The Trust can provide the following information:

I would like to know:

How many people are employed by the Trust at present and how many staff were employed by the Trust 12 months ago

Current - 3685

12 months ago - 3518

How many current staff are entitled to sick pay under the Trust's current policies

All staff are entitled to sick pay

A breakdown of how many staff (as a whole number and a percentage of workforce) fall into each sick pay entitlement category

1st Year (1 month full/1 month half) - 734 19.91%

2nd Year (2 months full/2 months half) - 454 12.32%

3rd Year (4 months full/4 months half) - 784 21.27%

4th & 5th Years (5 months full/5 months half) - 410 11.12%

After 5 Years (6 months full/6 months half) 1303 35.38%

I have a series of question regarding sick leave within the Trust over the previous 12 months:

How much working time was lost to sick leave, expressed as a percentage of total Trust working time, working days, and individual incidents

3.72%

How much of this sick leave (expressed in the same manner) allowed the staff member to receive sick pay under their contractual entitlements

This data isn't recorded in the format being requested and to produce would exceed 18 hours therefore it is exempt under section 12 of the Freedom of Information Act 2000.

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How much of this sick leave (expressed in the same manner) allowed the staff member to receive sick pay under additional discretionary arrangements

This data isn't recorded in the format being requested and to produce would exceed 18 hours therefore it is exempt under section 12 of the Freedom of Information Act 2000.

How much has sick leave cost the Trust? Please break this down into sick pay and replacement/cover staff costs

£4,430,717 (sick pay only)

What are the Trust's total staffing costs, and what do sick leave costs represent as a percentage of this total

£177,931,764 2.49%

Expressed as a percentage of total sick leave taken in the last 12 months, how many sick days were taken on a Monday or a Friday

40.78%

How many individuals have taken more than 10% of their expected working time as sick leave, and what proportion of total sick leave and sick pay costs do these individuals account for

319 64.34% sick leave 43.11% sick pay

How many individuals have taken more than 15% of their expected working time as sick leave, and what proportion of total sick leave and sick pay costs do these individuals account for

224 54.03% sick leave 35.56% sick pay

What proportion of total sick leave has been attributed to 'stress' or similar reporting terms

This data isn't recorded in the format being requested and to produce would exceed 18 hours therefore it is exempt under section 12 of the Freedom of Information Act 2000.

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On how many occasions, regarding how many members of staff, have concerns about sick leave been escalated, and what action has been taken
Concerns may include, but your response should not be limited to: fitness to work questions, repeated absence, bullying or mismanagement, over-worked staff.
Action may include, but your response should not be limited to: phased return, redeployment, termination of contract on health grounds, disciplinary procedures
Additionally, please include a copy of your sickness related absence policy, and details of training on sickness and that sickness policy delivered to staff (such as managers) across the Trust. Please explain any plans to update the Trust's sickness policies, including routine updates.

Current policy attached- The Trust currently in the process of agreeing a new sickness policy with staffside. This will have a 3 year review date on it in line with other policies in the Trust (also see attachment Training Completed)

Please also explain your policy regarding the replacement of staff during sickness absences.

Replacement of staff on sick leave is managed locally; there is not a specific policy.

Please also include any internal communication or documentation that discusses concerns, raises issues or identifies a need to change any sickness related reporting or management.

If you have any queries about this response please contact the information governance manager at foi@homerton.nhs.uk , in the first instance. If, following that, you still have any concerns, you may contact the Information Commissioner either by letter, FOI/EIR Complaints resolution, Wycliffe House, Water Lane, Wilmslow, Cheshire SM9 5AF, or by email www.informationcommissioner.gov.uk to take them further.

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Yours sincerely

James Cook
Information Governance Administrator

James Woollam
Interim -Information Governance Manager

Managing Sickness & Attendance Policy

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Homerton University NHS Foundation Trust will manage the attendance of staff actively, fairly and consistently, seeking to balance the needs of individual staff with the efficient running of services.

1. Introduction

1.1. Background

1.1.1 The Homerton Hospital's primary purpose is to provide high quality healthcare to the population of Hackney. Staff are key to achieving this aim therefore good health and levels of attendance are of great importance. Sickness and unauthorised absence has major cost, quality and morale implications for the Hospital.

1.1.2 This policy & procedure aims to support high levels of attendance as it is recognised that work is good for physical and mental wellbeing and staff recover more quickly in the workplace than at home. The Trust also recognises that recovery can take some time and therefore 100% fitness is not a pre requisite to affecting a return to the workplace.

1.1.3 The effective management of absence requires prompt action by managers to ensure that staff absence is monitored, where there are attendance issues these are dealt with appropriately and where ill health is a feature swift referral to the Employee Health Management Service (EHMS) takes place in order to obtain expert advice. Prompt referrals will enable assessment and rehabilitation to be planned at a much earlier stage which will facilitate staff remaining in the workplace, returning to the workplace and preventing short term absence becoming a longer term issue.

1.1.4 By providing an EHMS with a focus on rehabilitation the Trust expects employees to demonstrate their willingness to return to work by participating in rehabilitation/phased return to work programmes designed by the EHMS. Where continued absence or attendance issues persist. Managers supported by HR will need to consider the future employment of staff whose attendance continues to be a concern.

2. Purpose and Scope of Policy

2.1 The purpose of this policy is to provide a straightforward, equitable and consistent framework about employees and employers obligations and rights in respect of sickness and unauthorised absence. The intention is for genuine illness to be dealt with sympathetically and effectively with the ultimate aim of supporting staff to be able to attend work.

2.2 The scope of this policy is applicable to all staff employed by the Homerton University Hospital NHS Foundation Trust regardless of contracted hours. This policy should be read in conjunction with Section 14 of the Agenda for Change NHS Terms and Conditions of the Service Handbook and paragraph 225 – 244 of the Hospital, Medical and Dental Staff Handbook(England and Wales).

This Policy applies to all staff employed by the Trust.

3. Rationale

- 3.1** Absence from the workplace can occur for a variety of reasons such as holidays, education and training courses, public/trade union duties and maternity leave. The majority of unplanned absence in any organisation however is attributed to sickness i.e. ill health. For the purpose of this policy sickness absence is further differentiated as 'short-term' and as 'long-term'.
- 3.2** This policy clearly sets out the approach managers must adopt in managing both short-term and long-term sickness absence. This includes 'informal counselling' and 'formal action', as described below.
- 3.3** There needs to be a clear distinction between an employee's ability to attend work for health reasons and their willingness to attend work for reasons not related to their health. This policy aims to be clear in respect of dealing with both causes of absence.

4 Roles and Responsibilities

4.1 Employee's Responsibility

To attend for work and perform the duties of their post unless they have an authorised absence, for example, sickness absence, parental leave or annual leave. Employees should not attend work if they are unwell or unfit, if in doing so they would affect their health and the health of others.

Specific responsibilities:

- Be aware of and follow this sickness absence process
- Be aware of who to contact if absent from work
- Inform their manager or nominated person of their sickness absence, provide a reason for the absence and, if possible, the anticipated length of absence as well as any details of any work which needs to be covered urgently
- Keep in touch with their manager if the period of absence continues, keep them informed of progress, agree times and frequency of communications and attend meetings as appropriate and as agreed throughout their sickness absence
- Inform their manager or nominated person immediately if their sickness absence is work related, for example as a result of an incident or accident at work
- Send in timely certificates to their manager or nominated person
- Co-operate with return to work interviews
- Comply with a manager's request to attend the EHMS or consult your own doctor, and take care of their health generally
- Not permitting a minor ailment or inconvenience to prevent attendance at work
- Attending to personal affairs, including medical appointments at times outside normal working hours or with minimal disruption to working hours where possible
- To inform their line manager about any illness or condition, which may affect their attendance at work

4.2 Manager's Responsibility

It is the clear responsibility of manager's to monitor the attendance of their staff and to effectively deal with any absence issues in accordance with these guidelines.

Specific responsibilities:

- To give due importance and priority the management of absence / promote good attendance
- To understand the links between working practices and their impact on health
- To demonstrate commitment to their employees' health, safety and welfare
- To maintain accurate, up to date records of each employee's attendance
- Ensure that all sickness absence records of all members of staff are regularly reviewed and appropriate action is taken as necessary
- To inform payroll when an employee is absent due to sickness; and when they return to work using the appropriate documentation
- To carry out 'Return to Work Interviews' after all sickness absences
- Arrange the receipt and retention of all medical certificates provided by an employee
- To investigate the facts and establish the reason(s), whether obvious or underlying, for long term or repeated short-term absences before taking any action
- To seek clear medical information and to assist in any decision making process concerning an employee's health. Early involvement of the EHMS should take place wherever possible.
- Consult employees affected by a disability about "reasonable adjustments" to improve their attendance at work. Reasonable adjustments should be made in line with their disability and guidance from EHMS
- To offer staff practical support and advice
- Ensure employees are aware of the Trust's Flexible Working Policy
- To consult the HR Department prior to considering any formal actions according to this policy.
- To monitor and address working practices which cause persistent stress to employees
- To apply the guidance contained within this document in a consistent, equitable and sympathetic manner
- Ensure all staff are aware of the procedure for reporting sickness absence
- Ensure that employees are aware of their responsibilities for communicating with the Trust about their sickness absence
- Distinguish between reported sickness and unauthorised absence. Unauthorised absence will be managed through the Trust Disciplinary Policy and Procedure

4.3 Workforce responsibilities

Human Resources and EHMS will give advice and guidance to managers on ways of dealing with health related problems with regard to their staff.

Specific responsibilities:

- Advise on and encourage consistent and fair management of sickness absence
- Advise on the management of specific cases as appropriate
- Support managers in close liaison with EHMS in adopting a range of options to facilitate a healthy workplace and return to work programmes

- Provide information relating to sickness absence for individuals, departments, directorates and the Board through the Trust Workforce balance scorecard and key performance indicators
- Provide training both through corporate training and ad hoc training sessions with managers

4.4 Trade union representative responsibilities

To ensure that the employee understands the procedures and the reasons for the action being taken, and to assist the employee in making their case to management as part of any formal action

5 Employees with Disabilities

The Equalities Act 2010 makes it unlawful to discriminate against a person who is disabled. It is a manager's duty to make all reasonable adaptations and changes to the workplace/job to accommodate employees covered by the Equalities Act 2010. HR and EHMS can advise on adaptations to the workplace and working arrangements.

Depending on the individual circumstances and needs of a disabled employee, managers should consider all reasonable adjustments to working practices.

After exhausting all reasonable avenues of support, if the disabled employee's absence does not improve, managers should seek advice from HR regarding formal proceedings.

It is the duty of the employee to inform the line manager or HR immediately where the employee may have a condition which falls under the Equalities Act 2010 and/or affects the employee's ability to perform the job properly or safely. This also applies where the employee may have had a disability in the past which is likely to recur.

It is the manager's duty to normally seek advice from the EHMS where the Equalities Act 2010 may apply.

6 Annual Leave and Sickness

6.1 Sickness prior to Annual Leave

Employees who become sick prior to an agreed period of annual leave must contact their manager **before** their annual leave is due to commence to confirm that it is still their intention to take their annual leave. Where possible, this contact has to be made three days before the beginning of the annual leave. If the period of annual leave is not notified correctly, then it will be recorded as sickness and a medical certificate must be produced if it exceeds seven calendar days. If the employee has failed to adhere to this notification procedure and is unable to provide the line manager with a valid certificate, the absence from work will be recorded as an unauthorised absence which includes the suspension of payments for the time in question and may lead to disciplinary action.

6.2 Sickness during Annual Leave

6.2.1 Employees who become sick during their annual leave must follow the normal notification procedure for sickness absence as far as possible. If their annual leave is to be converted to sick leave, they must also provide a medical certificate for the whole period of sickness where local conditions allow.

6.2.2 Employees on annual leave away from the United Kingdom during the period of sickness must still follow the above outlined procedure as far as possible, allowing for local conditions. The individual case must be reviewed by the Line Manager and HR before any agreement is given.

6.2.3 It is the employee's duty to provide a temporary address to the Line Manager where the employee is absent due to sickness and is away from their normal residence. Especially when abroad and where possible, the employee is to provide electronic contact details, such as telephone, fax and/or e-mail, in addition to the temporary postal address to allow for efficient communication.

7. Sickness after Annual Leave

Sickness following a period of annual leave is to be treated according to the normal notification procedure by the employee and the line manager. However, depending on the circumstances of this sickness absence, the line manager may need to ask for additional information or clarification, such as copies of the original travel or accommodation booking.

8. Annual Leave Entitlement during Sickness Absence

8.1 The right to paid annual leave continues to accrue during sick leave. Employees may take annual or unpaid leave while being absent due to sickness by requesting it in the usual way. Line managers should seek advice from Human Resources for any requests that are made.

8.2 If an employee is prevented from taking annual leave whilst absent from work he/she will be entitled to leave accrued whilst absent regardless of whether a new leave year has started. A payment in lieu of annual leave may be made to balance service needs. If an employee could have taken annual leave whilst absent from work but did not they must take their annual leave in the current leave year or their annual leave will be lost, except for 5 days (pro rata for part time staff) which can be rolled over into the next annual leave year on agreement with line managers.

8.3 Annual leave according to NHS Agenda for Change Terms and Conditions over and above the statutory entitlement provided for by the Working Time Regulations 1998 will not accrue during any period of sickness absence lasting more than 28 days, whether paid or unpaid.

9 Equal Opportunities and Diversity Implications

9.1 This policy and procedure is based on best practice guidelines and is designed to promote a consistent approach to managing sickness absence within the Trust

9.2 All aspects of this policy and the Sickness and Attendance procedure will be monitored in respect of equal opportunities to ensure it does not have a disproportionate effect on a particular group of people.

10 Working Hours and Bank Shifts

10.1 The Trust has a duty to protect the health and safety of staff recovering from sickness. In order to protect employees' health from pressures of additional working, employees who have been absent from work due to sickness may neither volunteer nor be requested to work additional hours or overtime for seven calendar days after having returned from work.

10.2 Trust employees are also not allowed to work bank shifts during sickness absence or for two weeks after their return to work.

11 Injury / Illness at Work

11.1 If an employee sustains an injury whilst working on behalf of the Trust or is on Trust premises or if it has been established that an illness has been caused due to work, then this is may be classified as an industrial injury or illness.

- It is the manager's duty to ensure that Trust employees are familiar with the incident reporting procedures and make available, on request, the Trust accident / incident reporting form for completion within 24 hours for all accidents at work or on Trust premises.
- The manager has a duty to take suitable action upon receipt of an incident report to address the hazard that caused the incident and make a record of same. Where necessary, the manager is to undertake an investigation in order to determine the underlying cause of the adverse event and take appropriate action to reduce the risk.
- The manager is also under a duty to comply with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulation 1995 (RIDDOR) and other statutory requirements, i.e. by completing the RIDDOR Form F2508, and notifying this to the Risk Department who liaise with the Health and Safety Executive (HSE) for all injuries that keep an employee away from work for more than three days.
- If it has been established that an employee's sickness absence is due to an industrial injury / illness, then the HR Department should be informed as the employee may be entitled to Temporary Injury Allowance (TIA) which is paid at 85% of full pay for the duration of their sick leave.

- Entitlement to Permanent Injury Allowance (PIA) and TIA will determine in accordance with the rules governing such payments.

12. Notification Procedure

12.1 Employee Duty

12.1.1 Any employee who is sick must notify their manager or the person in charge of their work area of their absence and the reason for it before their shift starts on their first day of sickness. This needs to be done person to person and not by email or text messaging. Where someone else is reporting an employee's absence the call must be within the same timescale and the reasons for the employee not being able to make the call must be made clear. For staff working in clinical settings if no one is available to take the call the Clinical Sit Management Team should be notified of the absence. Of staff in support settings, if no one is available to take the call the employee needs to leave a message with contact details and call back to ensure their absence has been notified.

12.1.2 When reporting their absence an employee is expected to provide the type, the likely duration and their accurate contact details. Managers have a right to know the type of illness. Unless the absence is planned i.e. an operation where the likely duration of absence is known prior to the absence occurring, members of staff are required to call their manager on a daily basis to advise on their recovery and to enable the manager to plan for on-going absence or a return to work unless the manager feels this is not necessary (i.e. a case of chicken pox and the recovery time is known).

12.1.3 Failure to follow the correct procedure for notifying absence without a reasonable explanation may disqualify the employee from sick pay, at least for that day.

12.2 Management Duty on Notification

12.2.1 When receiving notification of absence from an employee the manager needs to do the following:

- Take a record of the employees name
- Ask the employee the cause of the absence
- Understand from the employee the likely duration of the absence and if likely to be more than 7 calendar days advise them of the requirement for a medical certificate
- Ask if there are any handover issues
- Confirm the employees contact details
- Emphasise the importance of keeping in touch if anything changes
- Complete Part 1 of the Notification of Sickness Absence Form and send it to payroll sickness.homerton@bartsandthelondon.nhs.uk on the first day of absence
- Keep in contact with the member of staff if the absence is prolonged (over 1 week) to check on their progress
- When the employee returns complete Part 2 of the Sickness Absence Notification Form and send it to payroll sickness.homerton@bartsandthelondon.nhs.uk (failure to do this could result in the member of staff having their pay unfairly withheld)

12.2.2 Managers should set up systems of accurate reporting including where appropriate nominating alternative members of staff to report absence to in case they are on leave/away

from the office.

12.2.3 During the period of absence managers are entitled to contact people at home to receive updates on absence or to understand why there have been problems with notification.

12.3 Self Certification

Upon the return to work, the employee completes a Self-Certification Form for sickness of one calendar day to seven calendar days which is to be handed to the Line Manager on the first day back to work following the sickness absence, or as soon as practically feasible.

12.4 GP issued medical certificate

12.4.1 For absence of eight calendar days or over employees must provide valid medical certificates from a doctor or hospital as soon as they are aware that their sickness may be for longer than seven days. This should be provided to the manager within 48 hours of receipt. It is the employee's duty to ensure that his/her medical certificate(s) reach their manager or designated person on a timely basis and that it covers the period for which they have been certified unfit to attend work. Failure to do so may lead to sick pay being withheld (HR advice should be sought in such cases).

12.4.2 The employee must telephone their manager anytime a new medical certificate is received from either a GP or specialist from a hospital attended which potentially extends their absence.

12.4.3 Back-dated sick certificates will generally not be accepted and will lead to sickness pay being withheld. Only in exceptional circumstances may the line manager after consultation with the HR Department accept back-dated certificates.

12.4.4 In cases of persistent sickness absence/sickness absence of an unacceptably high level or questionable circumstances employees may be required to submit a valid medical certificate for sickness absence between one and seven days. The employee will be liable for any cost incurred as a result. This decision will be taken in conjunction between line management and the HR Department following a Stage 1 Formal Review.

12.5 Keeping in contact

12.5.1 Employees need to contact their manager on a daily basis to update them on their absence if a return date is not clearly identified.

12.5.2 If the employee is not maintaining the appropriate level of reporting or if there are operational reasons, the line manager has the right and duty to contact the absent employee. During a period of absence, should the employee not be available at their normal residence, they should ensure they provide the relevant contact details to their line manager.

12.5.3 If an employee has been absent from work due to sickness for at least five working days and there is no clear indication when he/she is likely to return to work, the manager should make contact with the individual to:

- Arrange a referral for them with the Employee Health Management Service (EMHS)

- Find out how he/she is recovering and when they think they are likely to return to work
- Find out what support needs they might have to enable them to return to work and during work
- A home visit may be offered if appropriate
- Reminding him/her to submit valid medical certificates during their absence
- Reminding him/her of the importance of maintaining contact with their manager
- Update him/her on any new developments about work

12.5.4 Where the absence is longer term managers should be arranging meetings with staff at least once a month to establish likely duration of absence/likelihood of return/temporary re-deployment. This can be done in conjunction with an EHMS referral and operate as a case conference style meeting involving the member of staff, manager, and an EHMS representative.

12.6 Return to work notification process

12.6.1 If not known from the outset, the employee must call their manager the day before he/she is due back to work to advise them of their intention to return to work. The expiry of a medical certificate does not automatically set the return to work date.

12.6.2 If the employee works on a ward and he or she fails to notify the intention to return to work in good time, the ward may have arranged cover. In this instance, ward management has the right to refuse to sanction the employee's return to work.

12.6.3 If an employee feels able to return to work before the expiry of their medical certificate particular emphasis needs to be placed on the return to work interview to assess the staff members fitness and in what capacity they can return. If there are any doubts then the member of staff needs to be referred to the EHMS. For expedience a telephone referral can be made.

12.6.4 If the illness of the employee was particularly serious/long or if there is a potential danger to other members of staff and the public, the line manager may seek an assessment of the employee by the EHMS prior to the employee being able to return to work and in addition to the employee's GP assessment.

12.7 Sickness whilst at work

12.7.1 Managers have a duty for the well-being of their employees at work. If an employee's sickness is likely to affect their ability to work, poses a health risk to colleagues, or remaining at work is likely to be detrimental to their health, the manager (or person in charge) has the authority to direct the employee to leave work because of sickness, this would be in accordance with the employee's entitlement to Sickness Pay.

12.7.2 Employees have the duty to report to their manager any sickness that is likely to affect their ability to work, or pose a health risk to their colleagues, especially symptoms of infectious illnesses e.g. diarrhoea and vomiting, high temperature, rashes, boils, conjunctivitis, communicable diseases, chicken pox and infestations. It is also the duty of the employee to report all accidents and dangerous occurrences to their line manager.

12.7.3 If an employee is sent home from work due to sickness, this will count as sick leave.

Return to Work Interviews

13.1 Evidence is clear that the single most effective tool in managing absence, especially persistent short terms absence, is the return to work interview. The Trust expects a return to work interview to be held following each and every episode of absence, however short, for every employee. This should happen in person on the member of staffs' first day back at work or as soon as practicable. At the meeting the pro forma should be completed and a self or doctors certificate produced.

The purpose of this interview is:

- To make the employee feel welcome and valued upon his/her return
- To ensure that the employee is really fit to return
- To identify the cause of the absence
- To identify if triggers have been reached
- To identify any patterns of absence
- To address any problem that may be causing or contributing to the absence
- To identify if the employee needs support in returning to regular and efficient service
- To address any reporting issues/failures to follow the procedure
- To agree any priorities for the post-absence period including the consideration of workplans
- To collect either a fit note (absence up to 7 calendar days) or a medical certificate (absence over 8 calendar days)

13.2 The return to work interview should be noted on the Return to Work Interview Pro Forma. It is important to take into account issues such as:

- Overall departmental absence e.g. flu/cold viruses
- Is the absence pregnancy related?
- Is the absence related to a disability? If so what reasonable adjustments could be made to support attendance
- Whether of a recurring nature e.g. back problems
- Pattern and frequency of absences e.g. if regularly sick on certain days or around bank holidays
- Previous history and attendance record
- Personal circumstances if known, e.g. domestic problems
- Attempts to return too early generating a sequence of short-term sick absences

13.3 The return to work interview with a disabled employee should be conducted in the same way as an employee who is not disabled. However it is particularly important to discuss the causes of the absence to find out if the absence may be caused in part by the working environment or whether there are other actions including reasonable adjustments that the employer could take to improve the situation.

13.4 Also issues such as pregnancy, disability and work related injuries / illnesses may require a different way of dealing with sickness absence. Managers should contact the HR or the EHMS for advice where necessary.

13.5 A return to work interview is an important part of the relationship between the manager and the employee and if managed properly is an effective way to improve attendance. It must therefore be handled sensitively. In particular the manager should:

- Hold the interview in private
- Create an atmosphere of trust and support
- Approach the interview in a genuine spirit of enquiry
- Maintain the self-esteem of the employee
- Address any problem that may arise
- Be open to considering work related problems

Following the interview:

- Both the employee and manager should review the form and either agree on the details or decide on any changes required.

Once the form has been agreed, both parties should sign the form.

14 Sickness Absence review procedure

Sickness absence is usually for a short period and often not a cause for concern, with a return to work interview sufficing to identify potential support for the employee as required and for the manager to have an adequate understanding and record of the sickness occurrence.

If sickness absence causes concern there are three formal stages of management review, which provides opportunity for the employee and their line manager to discuss concerns and reasons for their sickness absence record. The initial action is to assess whether there is an issues by looking at whether triggers have been reached (7.1 below in respect of short term absence and 8.1 for long term absence)

15. Record Keeping by Managers

The line manager should record the sickness absence on an overall attendance sheet for each member of staff which should also record other types of leave, such as annual leave, study leave, etc. Documentation regarding sickness absence and employee's medical records will be kept by line managers on their sickness absence file for at least a year starting from the end of the latest sickness absence.

All data, information and documents relating to employees sickness will be held in accordance to the Data Protection Act 1998.

16 Triggers and Benchmarks

The manager will decide when the pattern of sickness absence is causing concern, generally speaking this will be when:

You have been off sick on four occasions in a rolling six month period or

When there is an usual pattern to the absence, or

If you have been off sick for four weeks, or it has become clear you will be off sick for four weeks or more.

17 Organisation Overview

On a monthly basis Workforce will produce reports for Board containing the Trust percentage for sickness absence for that month and the previous month. This percentage will be based on a three month rolling figure. The cost of sickness absence to the organisation will also be included in the report.

On a monthly basis Workforce will produce detailed data for HR and managers for sickness absence in their areas. These reports will show a twelve month rolling period of absence for each employee in the Trust and highlight those individuals that have breached the Trust benchmark of four occasions in a rolling six month period.

Human Resources will analyse the data and provide managers with information on employees that require an attendance management interview in accordance with this policy.

Human Resources will monitor all breaches within their areas and provide guidance and support to managers to ensure all staff are managed appropriately and in accordance with this policy.

18 Monitoring/Audit

This Policy should be kept under review in the light of changing circumstances and requirements. As a minimum it should be reviewed routinely every three years. If there are significant changes this should be returned to the ratifying body for approval.

Managing Sickness & Attendance Procedure

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1. Background and rationale

1.1 The Trust has a Sickness Absence Policy which sets out, in broad terms the reasons for and principles of managing sickness absence. However expectation is of a 100% attendance. The Trust recognises that employees will be sick from time to time and therefore the purpose of The Trust is to support attendance.

1.3 Although every case will need to be handled according to the individuals circumstances, this procedure has been developed in partnership by management and staff side in order to provide a consistent, fair and clear approach.

2. Scope

This procedure applies to all staff employed by the Trust.

3. Introduction

3.1 Any sickness absence will be managed sympathetically and sensitively, whilst bearing in mind the impact that it can have on service delivery and on the workloads of other employees.

3.2 Managers will distinguish between reported sickness and unauthorised absence where no acceptable explanation is given. Unauthorised absence will be managed through the disciplinary policy.

3.3 Managers will record sickness absence in order to monitor it and in order to ensure that sick pay can be correctly calculated.

3.4 Whenever staff are sick they should always follow this procedure. It is staffs responsibility to be aware of their department's local sickness procedure guidelines, so that it can be referred to during periods of sickness absence.

3.5 The most common problem at work arising from ill health is sickness absence. However ill health can also have an impact on job performance. The principles of this procedure can also be applied to poor performance arising from ill health.

4. Your first day of absence

4.1 As soon as you are aware you will be too unwell to attend work, you must inform your manager or the most senior person in charge, usually by telephone. There will be local rules about whom to contact and by what time within your department.

4.2 For office jobs, the local rule is likely to be to call within an hour of the starting time. For shift work, you should call as far as possible in advance, but no later than when the shift should have started. If you call in sick outside the local procedures without a satisfactory reason, your absence will be counted as unauthorised. It is your responsibility to notify your manager, so if you are unable to do so in person, you will need to make sure that the person who does it for you is responsible and can also answer questions from your manager.

4.3 Your local procedures will also say who you should speak to when you call in. Usually this will be the manager or person in charge. Make a note here of any local rules

- Deadline for calling in _____

- Who to speak to _____
- Their telephone number _____
- If they are not available I should contact _____

4.4 When you call in:

- You should explain the reason for absence
- How long it is likely to last
- If and when you will be seeing a GP
- You should also agree when you will next be in contact. If it is not possible to speak to the correct person when you telephone in, make sure a contact number is left so that your manager can call you back to have this conversation.

4.5 If you are sent home from work unwell during the day, having worked half a day/shift this should not be recorded as sickness absence. ½ a day is classed as 4 hours of a normal shift pattern or working day for normal office hours.

5. Planned sick leave

5.1 If you know in advance that you are going to be taking sick leave, for instance because you are having surgery, then your manager should consider referring you to EHMS for a health assessment prior to your return to work following surgery. This will involve discussing any suitable work adjustments and their implementation. Your manager should ensure EHMS appointments are arranged as soon as the date for your surgery is known, to prevent any delays in EHMS allocating an appropriate appointment date and time.

6. Keeping in touch

6.1 While you are off sick you and your manager should keep in regular contact. If your sickness continues, you must keep in regular touch according to your local reporting procedures, unless you and your manager agree something different.

7. Self certificates

7.1 If you are sick for 7 calendar days or less, you must fill in a self certificate form as soon as you return to work. This can be done as part of your “informal return to work meeting” (see below). The self certificate form in Appendix 2 should be used.

7.2 Fit Note

- **1-7 days self certificate**
- **8 days plus fitness to work certificate from your GP.**

If you are sick for 8 calendar days or more, you must send your manager a fit note from your doctor and this must cover your absence from the 8th day. This fit note will state the reason for your sickness absence and how long your doctor advises you to stay away from work. You must send it to your manager as soon as you obtain it.

If you are still ill beyond the date given by your doctor, you must send in further fit note to cover the absence.

7.3 You must make sure you arrange any doctor’s appointments in good time, as the Trust does not normally accept back-dated certificates.

7.4 If you do not send in Fit Note you may not be paid. This absence will also be recorded as unauthorised absence. Employees must submit a Fit Note to their manager within 3 calendar working days of the 8th calendar day of the absence end date of the last Fit Note. It is the employee's responsibility to make sure that Fit Notes are received promptly.

7.5 It is your responsibility to ensure that a medical certificate can be verified e.g. that it gives clearly the name, job title, address and telephone number of the person signing it.

7.6 If you have been off sick for a long period, your manager may refer you to EHMS for a health assessment prior to your return to work. To ensure there is no delay to your return, this appointment should be made in good time. See also *Formal process for long term absences*, below.

8. If you are in hospital

8.1 If you are in hospital and you are too ill to contact your manager yourself, you should make arrangements for someone else to do so.

9. If you are sick while you are on annual leave

9.1 If you are sick during a period of annual leave, you can self certify for the first 7 calendar days, after this period a GP Fit Note should be provided no later than the fourth calendar day of sickness or as soon as practicable.

9.2 This type of sick pay is discretionary and may be deferred until enquiries can be made, or withheld completely. You may be required to provide a Fit Note.

9.3 Where the employee is sick outside the UK, they should obtain a Medical Certificate from a registered Medical Practitioner (in English or translator by a registered translator) and ensure that it contains the same information that a UK Fit Note would contain.

10 Returning to work after any sick leave

10.1 When you return to work after any sickness you must report to your manager as soon as possible. Your manager will arrange a "return to work meeting" with you, within the 48 hours or at the earliest opportunity.

10.2 If you are returning from long term sickness, your manager will discuss with you whether there are any work adjustments that should be made to enable you to return to work. He or she will seek EHMS advice on this if necessary. You might be required to see EHMS before you return to work.

10.3 Where an employee has repeated periods of long term sickness with gaps of less than 3 months the return to work will be considered unsuccessful and the management of the absence will continue from the last step in the process that was undertaken.

11 Return to work meeting

11.1 The return to work meeting is a one-to-one meeting between you and your manager/supervisor or the person responsible for managing sickness absence within your department. This takes place after each absence, whatever its length.

The purpose of the meeting is

- to discuss the reasons for your absence

- to make sure that the self certificate and/or Fit Note are handed in and for your manager to ask you any questions he or she may have about it
- To consider whether there is any link between the work you do and your health – is one affecting the other?
- to consider whether it would be helpful to ask advice from EHMS – either one of you might suggest this, for instance if you feel that there is an underlying health reason for your absences, such as an existing health condition, or if you feel that your work is affecting your health
- to discuss whether there is anything further the department can do to help
- to review the level of sickness absence against the triggers or targets and, if a problem is identified, to arrange a formal meeting
- To give you an update on anything which you may have missed while you were away.

12 Pay

12.1 If you have followed this procedure correctly you will be paid sick pay as set out in your contract of employment.

12.2 The Trust sick pay is inclusive of Statutory Sick Pay (SSP) (if you are entitled to SSP).

You are not entitled to SSP if

- you are on maternity leave
- you are taking part in industrial action
- you have already received your full SSP entitlement
- you are in legal custody
- You have received state benefit during the previous eight weeks: incapacity benefit, severe disability allowance, maternity allowance.

12.3 If you receive one or more of the above payments you will receive a letter from the Benefits Agency advising how long your SSP exclusion lasts. This letter should be passed immediately to your manager to avoid an overpayment. All overpayments will be recovered.

If you do not follow the procedure, your sick pay may be stopped, particularly if you

- fail to give your manager a satisfactory explanation for your absence
- fail to contact your manager by the required time
- fail to submit a Fit Note promptly
- fill out the self certificate inaccurately or falsely
- Say you are sick and participate in activities which are inconsistent with that, e.g. DIY, or sports.

12.4 If you intend to go on holiday as part of your convalescence, you must discuss this with your manager in advance, both to avoid this being seen as an inappropriate activity during sick leave and to ensure that you remain in contact with each other.

13. Recording and monitoring sickness absence

13.1 Your Manager is responsible for notifying Payroll of any sickness or other absence and keeping accurate records of your sickness absences. This information is confidential

14. When sickness absence becomes an issue

14.1 The Trust recognises that most staff will have some sickness absence at one time or another. However, given the effect that this has on the ability to run services and on the

workloads of other staff, managers have a duty to ensure that sickness absence is kept to a minimum.

14.2 The Trust therefore sets departmental targets for sickness absence. This procedure also outlines some trigger points which would normally mean that your manager would start to take you through the formal sickness absence management process.

14.3 Your manager will decide when your pattern of sickness absence is causing concern.

Generally speaking this will be when

- you have been off sick on four occasions in a rolling six month period, or
- when there is an unusual pattern to your absence, or
- If you have been off sick for four weeks, or it has become clear you will be off sick for four weeks or more.

14.4 If your pattern of sickness absence is a cause for concern, then your manager will start the formal sickness absence management process with you.

14.5 For a pattern of short term absences following a review meeting you would be set targets for improvement. The review period would be over 3 months and clear targets will be set, e.g. no sickness in 3 months or no more than 1 occasion of sickness. The aim would be that, by drawing your attention to the standards, and investigating together any reasons why you were having difficulty meeting them, you would improve your attendance to a level where it was no longer a problem. However, if you had been given targets and been advised to improve, and there was not enough improvement, this would mean more formal action being taken, which could result in dismissal.

14.6 For long term absences, the aim is to try to get you back to work as soon as possible. Sometimes this means making adjustments to the job for a short period to help you get started again. Sometimes it is not going to be possible for a person to return to their old job and then the possibility of redeployment would be explored. If that were not possible, only then would ill health retirement or dismissal take place.

15. Referral to Employment Health Management Service

15.1 If you are due to have a formal meeting with your manager/supervisor to discuss your sickness absence you may be asked to attend EHMS for a health assessment. The aim of this assessment is to establish whether you have an underlying health problem which is affecting your attendance and/or performance at work. It is generally useful if the outcome from the EHMS assessment is available to both you and your manager prior to the sickness absence review meeting.

15.2 If you and your manager believe there is no underlying reason for your pattern of sickness absence you do not need to be referred to EHMS.

15.3 You will need to give either verbal or written consent in order to be seen by EHMS. It is possible to give your consent over the telephone. Employees will be able to see the contents of the referral and therefore the Manager should discuss the contents with the member of staff.

15.4 Feedback from the EHMS assessment (the EHMS report) will aim to provide you and your manager with the following information:

- Advice on the presence of a medical condition which is affecting your attendance or performance at work

- Any investigations or treatment undertaken or planned
- The likely prognosis and timescale for your recovery
- Likelihood of future sickness absence
- Suggestions for possible work adjustments that would help your attendance or return to work

To find out more details about your medical history EHMS may write, with your permission, to your GP or specialist.

It is a requirement that staff attend EHMS when asked to do so by their manager. You should note that, if you do not attend your appointment, your manager will need to make decisions regarding your future employment without the benefit of EHMS's specialist advice. It is therefore in your best interests to attend.

It is recommended that managers seek early EHMS advice if you are off sick for any length of time or if the absence is due to stress, anxiety, mental health conditions, or back problems. This is because these are the kinds of health problems which are likely to benefit from early specialist EHMS intervention.

16. If you are too unwell to attend meetings

If, due to your illness, you are unable to attend meetings held under this policy, you will need to provide a letter from your GP or consultant or from EHMS stating this. Your manager and you should consider how the conversation can be held in these circumstances. Options could include organising a taxi for you, making a home visit with a Human Resources representative or holding the conversation by telephone.

If you are seriously ill, your manager may have to have these discussions through your next-of-kin.

17. Equality Act 2010

17.1 In managing sickness absence, the Trust will take into account the provisions of the Equality Act 2010.

18. Formal process for long term absences

18.1 In cases of long term absence, the aim is to enable you to return to work as soon as possible. Long term absences include periods of four weeks or longer.

18.2 You and your manager should seek advice from EHMS as soon as possible. If this can be done before you meet, that will help your discussions, but the meeting should not be delayed if the EHMS advice is not yet available or if you need to discuss what advice is needed before making the referral.

18.3 Managers should note that many cases of long term sickness absence may well relate to disabilities as defined by the Disability Discrimination Act (DDA). In any case, the Trust's aim is to meet the standards of the DDA, in order that staff are handled consistently and fairly.

18.4 As soon as it seems that you will be on sick leave for four weeks or more, your manager should arrange to meet with you at a mutually agreed location that is convenient for both you and your manager. Your manager should not wait until four weeks have passed before inviting you to a meeting. He/she should do so as soon as it becomes clear your absence

will last for more than four weeks. This is a formal meeting and you will be invited to bring a colleague or trade union representative with you.

18.5 At your meeting, you and your manager should discuss how long you are likely to be off work. You should also discuss whether there are any steps that can be taken to help you return to work sooner rather than later, taking into account any advice from EHMS / your GP, your consultant / specialist etc. You and your manager may consider adjusting your hours or duties temporarily. Managers and employees should bear in mind that there are mutual benefits of the employee returning to work. This is the case even if the hours and/or duties are very limited at first.

18.6 If you will not be able to return to the job as it stands, your manager will involve you in considering what the other options are, including

- reasonable adjustments (temporary or permanent)
- redeployment
- the possibility of retirement on ill-health grounds
- Termination of contract.

More than one of the above options can sometimes be explored at the same time.

18.7 At every stage, your manager should outline what the steps are and the overall timescale (if he or she has decided) so that you are aware of the various possible paths that may be followed. At each meeting, the action, timescale and when to meet again should be decided and confirmed in writing. These are formal meetings and you will be invited to bring a colleague or trade union representative with you. The timeframe for these meetings are as follows:

- step 1 meeting after 28 calendar days
- step 2 meeting after 56 calendar days
- and step 3 after 84 calendar days.

18.9 When all other options have been exhausted, and if the long term absence continues, unless your manager has reasonable grounds to believe that you will be returning to work in the near future, then your manager is likely to make recommendations before referring your case to a panel for any further decisions. Each case will, however, be judged on its particular circumstances, especially if there are health or disability problems of a serious or progressive nature.

18.10 If it is unclear whether or when you will be able to return to work, your manager (rather than EHMS) is responsible for determining how long to wait before making a decision.

18.11 EHMS may advise for a Case Conference to be arranged. A Case Conference is a constructive discussion to identify helpful and implementable measures for rehabilitation which contributes to, but is not part of, the formal management of sickness absence and capability.

This will normally be arranged by the manager with the following attendees:

- Individual +/- representative
- Manager
- EHMS doctor or nurse
- Human Resources

Where there are medical issues affecting attendance or performance, holding a case conference can be a useful tool to identify the issues and seek a strategy to resolve them.

19. Return to work after long term absence

When you return to work after a long absence, you and your manager will need to have appropriate reviews to check on your progress. The number of reviews and the timescales will depend on your needs and the reason for and length of the absence.

20. Returning on reduced days or hours

20.1 If you have been advised to return on reduced days or hours, you and your manager should talk about what would be suitable hours and duties, which should take into account any advice from EHMS. Ultimately it is for your manager to decide how the department can be run.

20.2 A plan should be made as to how the hours and/or days should be built up over a reasonable timeframe, subject to things going well. The arrangement should be put in writing. The precise arrangements will depend on individual circumstances and capabilities, but the plan for a phased return to work is usually over four weeks or less.

20.2 The Trusts expectations are that staff will return to work on a phased return on full pay for up to four weeks. There will be exception to this and these will be dealt with on an individual basis pending a case conference with EHMS, if it is deemed necessary an additional 4 weeks may be considered. Regular reviews should take place during rehabilitation. If the programme extends beyond four weeks, other options such as a temporary reduction in pay or use of annual leave should be explored.

21 Reasonable adjustments (temporary or permanent)

21.1 If it seems there is an underlying medical condition causing some or all of your sickness absence, your manager will need to consider with you whether there are adjustments that could be made to the job. These could be to change your physical environment or your attendance target, to adjust your job content, to reduce your hours.

21.2 Your manager will need to consider if these adjustments are reasonable and practical in terms of the needs of the department, the cost, the impact on colleagues, and whether the adjustments can be made permanently or for a limited period only.

21.3 Your manager will inform your colleagues the adjustments have been made for you and that these are for health reasons. To say more would be a breach of confidentiality. You and your manager should agree what information becomes public.

If you are redeployed into a job with lower pay, there is not normally pay protection.

22. Redeployment

If making reasonable adjustments has been ruled out, you and your manager should consider redeployment to another post within the Trust. In this case, you would be entitled to priority consideration before any other candidate (except for others needing redeployment because of health or potential redundancy) for any vacant post for which you meet the basic person specification. Your manager will set a timescale for this process, which this is usually three months. Reasonable adjustments may need to be made to the new job.

23. Ill-health retirement

If reasonable adjustments and redeployment have been ruled out and you are in the Pension Scheme, you and your manager may consider ill health retirement. This requires the support of a doctor, usually from EHMS, and also has to be agreed by the Pensions Agency, so you and your manager will also need to consider what the next step will be if the ill health retirement is not granted.

24. Termination of contract

Dismissal will only be considered when all other options have been exhausted. If your manager has reached the conclusion that you are not likely to be able to return to work within a reasonable timeframe and there are no other options available, he/she will ask for a more senior manager with the authority to dismiss to consider the case for your dismissal. You will be invited to attend together with a colleague or trade union representative, so that you can state your case. If you are unable to attend due to your ill health, you will be invited to send a written statement to be considered at the hearing

25. Terminal illnesses

There are special provisions in the Pension Scheme for terminal illnesses, which are designed to make a person’s circumstances as comfortable as possible in such difficult times. Therefore early advice should be sought from the Pensions Department.

26. Right of appeal

Employees dismissed under this procedure have the right to appeal within 14 calendar days against the decision.

27. Links to other policies

It may be appropriate to consult or to switch to one of the following policies in certain circumstances.

Capability	If ill health is causing capability problems other than attendance, then the Capability procedure should be followed.
Stress	The Trust has a policy on the management of stress at work.
Substance misuse	The Trust has a policy on substance misuse, which covers alcohol as well as illegal drugs.
Disciplinary	Unauthorised absence, failure to comply with procedures, failure to send in medical certificates or claiming sick pay when not ill will all be dealt with under the Trust’s Disciplinary Policy and Procedure.
Special leave	The Trust has a Special Leave Policy which allows employees to take time off for certain domestic emergencies, such as to deal with the immediate problems of children or other dependents being ill. The Sickness Absence Policy should only be used if the employee is ill him or herself. The Special Leave Policy also covers time off for medical appointments.
DDA guidance	Disability Discrimination Act guidance for managers’ covers the main points of the legislation and gives guidance to managers on reasonable adjustments.

And also in some cases the Redeployment process.

28. Notifiable diseases

Following contact with a notifiable disease, staff and their managers should seek advice from the Employee Health Management Service. If the employee is required to take time off, this will be granted as paid special leave under the Special Leave Policy.

29. Accidents at work

If you are injured whilst on duty, this must be reported to your manager/supervisor immediately or as soon as possible, but no later than the end of the working day. You or someone acting on your behalf must complete an incident reporting form. If your pay is reduced through sickness, the NHS Injury Benefit Scheme can provide an additional top up to your salary to 85% of your pre-injury pay. A guide is available from the Trust Pensions Office. If you feel you are eligible, please notify your manager and/or the Trust Pensions Office. You do not need to be a member of the NHS Scheme to claim and there is no cost to you as an employee. If staff are absent for 3 calendar days or more as a result of an accident, and then this must be reported under the Reporting of Incidents and Dangerous Diseases or Occurrences Regulations (RIDDOR). All incidents should be report via the intranet/ Datrix.

30. General Issues

Suspension for Health Reasons

30.1 With justifiable cause, and where the staff member refuses to comply, a manager may recommend that an employee is medically unfit to be at work and may endanger themselves or others by being at work. In such circumstances, after consultation with EHMS, if practicable, it may be in the best interest of the health of colleagues and patients to suspend the individual, on pay, pending a formal medical opinion by the EHMS and/or the employee's GP. The suspension will follow the procedure as outlined in the Homerton University Hospital Disciplinary Policy.

Health Appointments

30.2 Routine and planned health appointments, such as Hospital, GP and Dental should be made in the employee's own time. Where this is not possible, for example due to the limited opening hours of a clinic, then the employee needs to make leave arrangements or make up the time (i.e. annual leave, unpaid leave, time in lieu, etc) with their line manager according to the Trust's policies.

The above does not apply to staff taking time off for ante-natal care, staff with a notified disability as defined recognised by the Equality Act 2010 or where these appointments are due to a work related injury or illness, or a return to work programme.

Therapeutic and Counselling Appointments

30.3 Managers should support staff receiving intermittent short term therapy such as counselling after a traumatic event or medical treatment and long term intermittent treatment as fully as possible, this may include considering attending in work time.

However the employee is expected where possible to arrange appointments in their own time as is the case with any health appointments.

Advice should be sought from the HR Department when such situations are proving problematic.

31. Staff Counselling Service–Care First

31.1 The Counselling Service aims to help staff find solutions to problems and difficulties,

especially those that are a cause of stress, by providing a confidential space in which to discuss issues with a qualified counsellor, regardless of whether they are directly related to work.

31.2 The contact details for Care First are 0800 174319 and this is a 24 hour number 365 days of the year.

Online access is www.carefirst-lifestyle.co.uk

32. Monitoring/Audit

This Policy should be kept under review in the light of changing circumstances and requirements. As a minimum it should be reviewed routinely every three years. If there are significant changes this should returned to the ratifying body for approval.

The processes for monitoring compliance with this procedure are outlined in the table below:

Measurable Policy Objective	Monitoring/Audit	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/committees, inc responsibility for reviewing action plans
Return to Work Interviews	Audit	Annually	Employee Relations Team	Employee Relations Team
Maintaining Contact	Audit	Annually	Employee Relations Team	Employee Relations Team
Process for analysing sickness absence	Sickness Report	Calculated after each individual episode of sickness	Line Managers	Employee Relations Team
Arrangements for the organisational overview of sickness absence	Balance Scorecard and Sickness Report	Monthly	Employee Relations Team, HR	Trust Board

34. Version Control

Change control details			
Date	Version	Description	Reason for changes
February 2009	01	First version	
October 2009	01.1	Accrual of annual leave during sickness	Legislative change
July 2010	02	Update	NHSLA requirements
March 2013	02.1	Update	

**Appendix A
Sick Leave Notification Form – Payroll**

Guidance Notes (Please follow these simple steps as they are very important)	
a.	Complete Part 1 – ‘Notification of Sickness’ and then save this version confidentially in a place where you and other members of your management team can retrieve it. The File must be saved in the following format : Surname, Forename, Start Date of Absence – e.g. Smith John 01092007
b.	‘Send’ notification immediately to sickness.homerton@bartsandthelondon.nhs.uk
c.	When the employee returns to work open the saved notification and complete Part 2
d.	Having completed Part 2, ‘Save’ document then ‘Send To’ sickness.homerton@bartsandthelondon.nhs.uk immediately .
e.	Conduct return to work interview and collect either self certificate (for absences lasting 1 – 7 days) or medical certificate (8 days+) – place all documentation on local personal file
f.	Refer to Occupational Health/seek HR Advice if required

Part 1 – Notification of Sickness (To be Sent to Payroll IMMEDIATELY When First Notified)			
Assignment Number:	(in top left hand corner of new ESR payslip/on monthly budget reports)		
Surname:		First Name:	
Directorate:	(drop down list)	Ward/Dept.:	(free text)
Job Title:	(free text)		
Reason for sickness OR Other Reason	Other/Not Disclosed		(drop down list)
Date Sickness Commenced	(free text)		
Date Sickness Commenced	(dd/mm/yyyy)		
Is sickness due to an industrial injury?	(drop down list)		
Is sickness due to an accident outside of work involving a third party?	(drop down list)		

Part 2 – Notification of Return/Closure of Sickness Episode (to be completed and sent to payroll IMMEDIATELY on the employees return)	
Is sickness Medically or Self certificated	(drop down list)
Last date of sickness - whether or not a working day	(dd/mm/yyyy)
Number of working days lost	0 (number)
Number of working hours lost	(number – if applicable)
Have you planned your return to work interview with the employee?	No (drop down list)

Payroll Use Only – Actioned By	
Payroll	

Appendix A
Sick Leave Notification Form – Payroll

Admin.	
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**Appendix C
Self Certificate Form**

To be completed by employee on return from sickness absence of one to seven days and countersigned by Manager

SECTION 1: Personal Details		
Surname:	Forename:	
Present Address:		
Job Title:	Department:	
SECTION 2: Period of Sickness		
Day	Month	Year
First day of absence		
Last day of absence		
Date you returned to work		
(If this includes any annual leave or off duty days please indicate the dates below)		
SECTION 3: Details of Sickness		
Please indicate the reason for your sickness absence (words such as 'unwell' or 'illness' are not acceptable)		
Was your absence due to an injury at work?	Yes/No	
Was your absence due to an injury off duty?	Yes/No	
SECTION 4: Your Doctor		
Doctor's Name:		
Doctor's Address:		
SECTION 5: Declaration		
I confirm that I have not undertaken any work paid or unpaid during this period of absence. I also certify that the above information is correct to the best of my knowledge. I understand that the deliberate provision of false information may result in loss of sick pay and could result in disciplinary action against me. Investigation by the Trusts Local Counter Fraud Specialist and possible criminal action may occur as well.		
Employee's Signature:		Date:
Manager's Signature:		Date:

Appendix C
Self Certificate Form

EHMS MANAGEMENT REFERRAL FORM

In order to provide you with a comprehensive report please provide as much information as possible on this form and return it to ehms@homerton.nhs.uk Tel: 020 8510 7259/7098/7268

Name and job title of referring manager

Department

Telephone No.

Email address

Name & Address of Employee

Job Title

Internal ext and home telephone no

Start date in role

Pay Band/Grade

Job Description (please provide list of main duties)

Reason for referral (Does health problem affect work or is it exacerbated by work?)

Full Sickness Absence Record (Please record the reason, duration and frequency of absence for the last 2 years)

Background/Relevant Information

History of past performance problems (if relevant)

Managing Sickness & Attendance Procedure Flow Chart Illustrating the Review Procedure

What questions do you want answered?
E.g. would you like to know about:

- Fitness for current job
- Advice on restrictions / reasonable adjustments
- Prognosis on absence / return to work
- Treatment / investigation recommendations
- Whether DDA applies

Other questions you require answered



Management action taken to improve performance / Reduce absence / Resolve problem prior to this referral



Email: ehms@homerton.nhs.uk Tel: 020 8510 7259/7098/7268

If the employee is off sick please indicate how long they have been off and any planned return to work date. If the employee is still at work please indicate below.



This referral has been discussed with the employee. He/she is aware of the reason(s) for referral and agrees to attend an appointment. (Please note we will not be able to offer an appointment until the employee has been advised of the reason for the referral).

Please tick here

If you need to discuss this referral in further detail please contact the Employee Health Management service on Tel: 020 8510 7259 or 7098

Our Responsiveness

Where we are able to contact the employee by telephone we will aim to offer an appointment within two working days, if we are required to contact them by post an appointment is likely to be 5 -10 working days as we need to allow post to reach the employee.

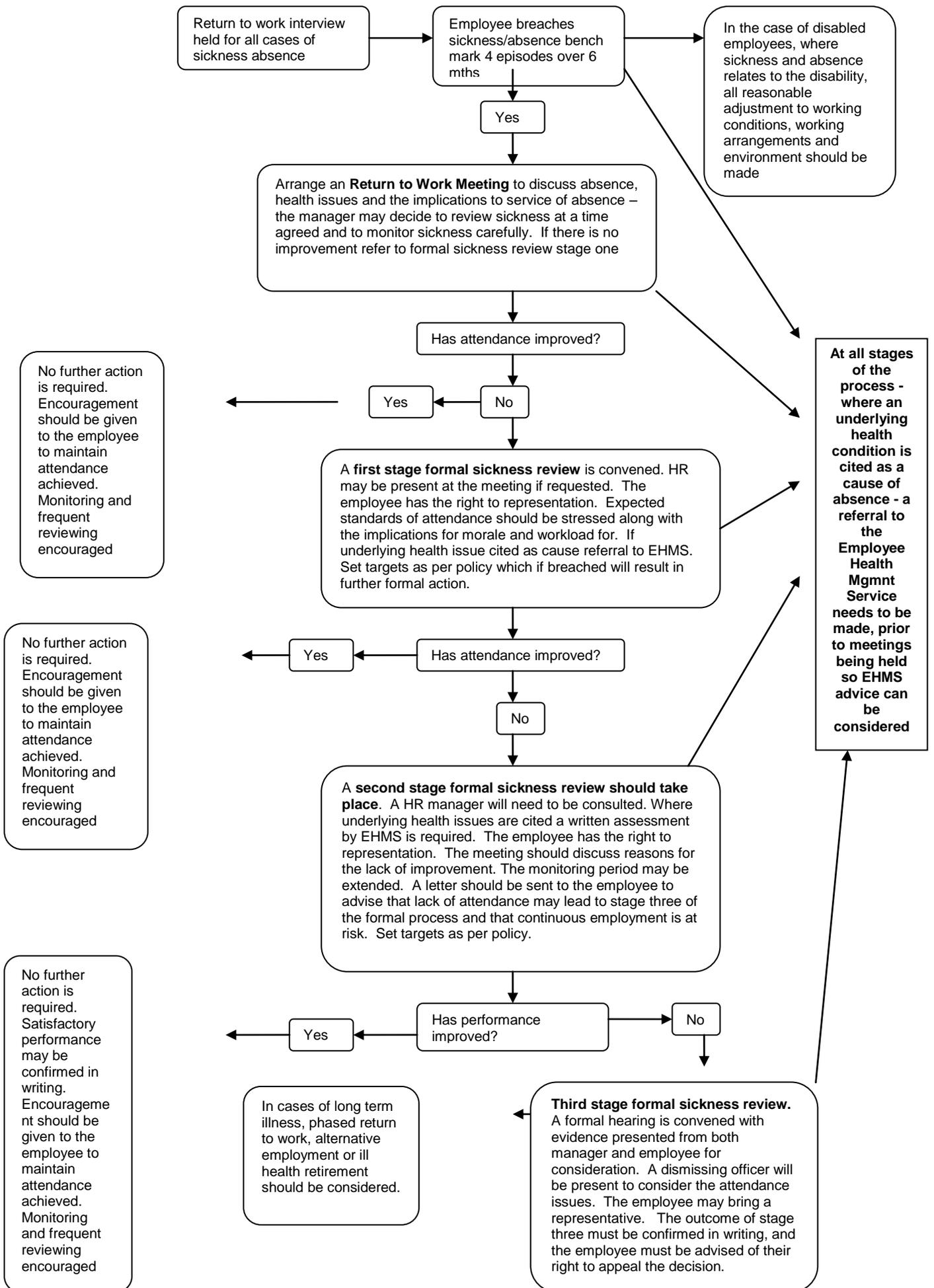
We aim to give you a verbal report on the same day of the appointment with the employee and provide a written report within 24 hours of the appointment.

Before emailing this referral form please save/print a copy of it for your own record.

Employee Health Management Service
Email: ehms@homerton.nhs.uk Tel: 020 8510 7259/7098/7268

Managing Sickness & Attendance Procedure

Flow Chart Illustrating the Review Procedure



Training Completed

Since 1st July 2013 when the new policy went live I can report the following:

- I have undertaken 15 sickness training session at the Homerton total of 206 managers/team leaders attended.
- Conducted 4 road shows at the Homerton, which 74 staff attended.
- Conduct 6 sessions at Hackney Ark, Defoe and St Leonards (twice), to which 41 Managers
- Attended 4 team meetings for services, which 34 further managers attended
- HRM and HRA have also attended various sessions with managers.
- I have also worked in partnership with Tina Gray, EHMS and we have conducted 7 training sessions to which 61 managers have attended.
- I ensure that new managers to the Trust with staff responsibility are invited to training sessions.

2014

- I will be working in partnership with the Unions and we have agreed to have a table in the coffee area for when all staff/managers go to lunch on induction days. We will be there for 45 min before they commence part two of the induction. This will be from May 2014 onwards.
- When we launch the new policy, hopefully 1st May or 1st June, I will undertake further training sessions with the HRA, across the sites.
- I will hold further road shows for staff across the sites