



Please Note: This policy is currently under review and is still fit for purpose.

Sickness Absence Policy

This procedural document supersedes: CORP/EMP 1 v.5 - Sickness Absence Policy.



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Author/reviewer: (this version)	Helen Houghton, Health and Wellbeing Lead
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Approved by:	Policy Approval and Compliance Group
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Target audience:	Trust Wide

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 6	9 August 2016	<ul style="list-style-type: none"> • Updated Introduction • Updated terminology for Care Groups/directorates • Removal of reporting sickness after 2 hours of shift starting. • Addition of local sickness reporting procedures • Adverse and near miss incident form- updated to Datix • Procedural documents updated • Updated - trigger points • Updated - Phased Return to work • Removal of the trigger of 8 days • Removal of annual leave and phased return 	Helen Houghton
Version 5	17 April 2014	<ul style="list-style-type: none"> • Document transferred to new format. • Appendix A and B incorporated into procedure. • Document condensed. • Terminology changed to second person “we” and “you” rather than third person “ trust” “employee” • Addition of counter fraud guidance 	Trudy Barnes
Version 4	December 2011	<ul style="list-style-type: none"> • Updated in line with Boorman review. • Updated in line with introduction of Fit note. • Updated in line with Equality Act 2010. • Integration of all sickness policy documents into one sickness absence policy. • Elimination of repetition. • Addition of reference of policy application to medical staff see 1.6. 	Helen Selvidge
Version 3	May 2010	<ul style="list-style-type: none"> • Updated in Line with NHS Litigation Authority Guidance • Please read in full – Changes made throughout. • The following new sections have been added to the policy:- Purpose, Definitions, Equality Impact Assessment, Duties and Responsibilities, Training/Support, Maintaining Contact with Absent Employee, Returning to Work, Rehabilitation of Personnel Following Long Term Absence, Process for Analysing Sickness Absence Data and Organisational Overview, Monitoring and Compliance, Associated Documents 	Michelle Victor

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1. INTRODUCTION

Our staff are Key to the continuing future success of DBH. Our aim is to become an employer of choice and our approach to people management is clearly summarised in the phrase Develop, Belong, Here. We need a strategic professional approach to managing sickness absence and this policy will provide managers with the framework they need to do this.

2. PURPOSE

Your absence has a direct impact on the service and on your colleagues who have to cover. We need to ensure that any issues with your health are identified and dealt with quickly, sensitively, consistently and sympathetically.

3. POLICY AND PROCESS AT A GLANCE

Too ill to attend work		Off for 7 days or less		Off for longer than 7 days	
Member of Staff		Member of Staff		Member of Staff	
Inform manager right away, even if day off.		Let manager know you are back at work.		Keep in touch with line manager.	
Keep in regular contact with manager.		Attend return to work interview.		Attend Occupational Health appointments.	
		Complete and submit self certification.		Provide GP or hospital med cert to cover all absence.	
Manager		Manager		Manager	
Manager completes form to open absence on ESR.		Check if any support needed.		Make arrangements for regular contact.	
		Check if any underlying issues or any targets need setting (for regular or repeated absence).		Make Occupational Health appointment after 2 weeks (MSK or stress related), or 4 weeks for others.	
				Continue as for absence less than 7 days.	

4. DUTIES AND RESPONSIBILITIES

Managers

- Deal with any absence in an effective and consistent manner.
- Monitor overall absence patterns and act on that information.
- Finding out when a return to work is likely and agree a course of action if there is uncertainty regarding a date.

- Checking whether a trigger point has been hit and discussing this with staff to agree some action – see: [Annex 1 – Managing Absence](#).
- Ensure all sickness is accurately reported on ESR.

Employees

- Following the correct notification of sickness absence procedures.
- Attending any Occupational Health appointments.
- Taking any and all reasonable actions to return to work.

Health and Wellbeing/People & Organisational Development

- Advising line managers on the health and wellbeing of individual employees referred to them and the impact on their ability to undertake their duties.
- Advising on any adaptations/reasonable adjustments that managers need to consider on an employee's return to work following absence due to ill health.
- Monitoring and reporting on sickness absence levels to directorate/business divisions and through senior management meetings.
- Supporting and advising managers in the application of this procedure, ensuring consistency is applied.

5. POLICY AND PROCESS - DETAILS

5.1 Sickness Absence Notification Procedure

You must speak, in person unless completely unable to do so (when someone should do so on your behalf), to your manager, deputy or those identified in local reporting procedures as soon as possible (or at the point of becoming unwell) and with reasonable notice to allow cover to be arranged if necessary. You need to say when you first became sick even if it was a day off, or annual leave, give the reason for sickness and how long you think you might be off. If you don't do this, you might not get paid. Local sickness reporting procedures should be followed at all times. You must maintain regular contact with your manager regarding your continued none attendance at work and confirm when you are fit to return to work.

5.2 Self Certification Forms or "Fit Notes"

You need to complete a Trust Sickness Absence Notification form the first day you are sick up to the seventh day even if these are not working days. You should complete this on your return to work and give it to your manager at your return to work interview – you can find this form here - link.

http://intranet/Library/Communications_and_Marketing/wpr18734%20self%20certification.pdf

If you are off for more than seven days, you need a fit note or medical certificate from your GP/ Consultant. Give this to your manager as soon as you have it and you are responsible for having all absences over seven days covered by a valid note. If you are able to return to work earlier than the date on your medical certificate, it should be with the agreement of your Manager/ Supervisor. You can obtain advice from the Health & Wellbeing team.

If you are admitted to hospital you need to submit fit notes or medical certificates for the total period of your admission and in respect of your subsequent discharge.

5.3 Long Term Absence

This is any period of continuous sickness of 4 weeks or more. This may include long term absence arising out of a single illness or disability or repeated absence arising out of an illness or disability.

See [Annex 2: Managers Guidance in Managing Long Term Sickness Absence](#).

Open link below for Occupational Health and Wellbeing - Management Referral form:

[http://intranet/Library/Human Resources/Occupational Health/Man%20ref%20DBH%20final%20version%20July%202013.doc](http://intranet/Library/Human_Resources/Occupational_Health/Man%20ref%20DBH%20final%20version%20July%202013.doc)

5.4 Other Reasons for Sick Absence

Cosmetic procedures - you must disclose this to your manager. Procedures which are deemed to be medically or clinically necessary will be accepted as a valid period of sick leave. Where a procedure is being undertaken because you choose to undergo the procedure and there is no medical or clinical necessity, you will be expected to take annual or unpaid leave for this absence.

Fertility treatment - this will be treated with empathy and flexibility wherever possible. Where possible, we will work with you to offer flexibility to attend appointments. A period of time off sick may be inevitable in certain circumstances; however, you and your manager should try to avoid this by offering flexibility.

Sick whilst on holiday - You should advise your head of department of your condition as soon as possible and follow the reporting sick procedure in section 4.

Industrial injury - you should advise the DWP as soon as possible in order to obtain a 'Declaration' that an injury at work has occurred, and send a copy of the declaration to NHS Shared Business Services (SBS). This should be reported on Datix and your manager should inform NHS SBS straight away and there may be a requirement to inform the Health and Safety Executive so you should also report this to Occupational Health.

Medical exclusion - we shall, during this time, pay you the salary and allowances to which you would have been entitled, had you been at work. This time won't be counted as sick leave and should not be recorded as such. Further advice is available from Occupational Health and Wellbeing/ Human Resources about recording medical exclusion to prevent spread of infection.

6. FRAUD

False sickness absence and working whilst off sick are offences of fraud and cost the NHS millions of pounds every year, which directly affects patient care. Sick pay is awarded to you on the basis that you are unfit to work and therefore you are not to engage in any form of employment (paid or voluntary) without authorisation during a period of sickness absence. Additionally, a Fit Note is an official document and any fraudulent alteration is also a criminal offence. All of the foregoing can lead to a combination of disciplinary action, civil recovery proceedings and/or prosecution. Any concern that fraud is occurring should be referred to the LCFS (see intranet for contact details), alternatively you can make a confidential report to the NHS Fraud & Corruption Reporting Line on 0800 0284060 or via www.reportnhsfraud.nhs.uk.

7. TRAINING/SUPPORT

Managing Sickness Absence training is provided through the Trust’s training department. Additional support regarding this policy is available via Health and Wellbeing and People and Organisational Development Departments.

8. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Managers, Care Groups and Corporate Directorates must monitor and analyse their sickness absence data, in line with the current Trust targets. Overall absence and patterns should be reviewed to ensure that effective absence management systems are in place.	Managers for their individual team (Care Group/Corporate Directorate).	Weekly ESR Input	Reported to ESR
Trust Sickness Absence Statistics.	Director of People and Organisational Development (POD)	Monthly	On a monthly basis the Director POD provides a report to the Board of Directors, and data is disseminated to Care Groups/Corporate Directorates to support their local arrangements. Individuals over the Trust target will be reviewed and appropriate action put in place.

9. DEFINITIONS

DWP - Department for Work and Pensions

ESR - Employee Staff Record

Fit note (The statement of fitness for work) - absences of longer than 7 days, issued by a GP or hospital.

LCFS – Local Counter Fraud Specialist

Long Term Sickness Absence - 4 weeks or more

SBS – NHS Shared Business Services

Short Term Sickness Absence - less than 4 weeks

Sickness Absence Notification Form - to cover the first to the seventh day

SSP - Statutory Sick Pay

10. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 1.

11. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Disciplinary Procedure – (CORP/EMP 2)

Capability Procedure (CORP/EMP 25)

Conduct Capability Ill Health Appeals Policy (CORP/EMP 13)

Equality Analysis Policy - (CORP/EMP 27)

Fair Treatment For All Policy - (CORP/EMP 4)

Flexible Working Policy - (CORP/EMP 48)

Fraud, Bribery & Corruption Policy & Response Plan - (CORP/FIN 1 D)

Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - (PAT/PA 19)

Health and Wellbeing Policy - (CORP/EMP 31)

12. REFERENCES

Equality Act 2010

Fraud Act 2006

Health and Safety Executive Guidance on Absence Management 2004

The Information for Health and Social Care Website (NHS I-View)

NICE Guidance – Long term sickness absence and incapacity for work March 2009.

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Policy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
CORP/EMP 1 v.6 – Sickness Absence Policy	People and Organisational Development Health and Wellbeing	Helen Houghton	Existing	21.03.16
1. Who is responsible for this policy? Human Resources and Health and Wellbeing				
2. Describe the purpose of the policy? Intended to benefit the Trust as a whole, employees and managers. To provide standard and clear guidelines on managing Sickness Absence within the Trust				
3. Are there any associated objectives? DOH responsibility deal and Wellbeing at Work				
4. What factors contribute or detract from achieving intended outcomes? None				
5. Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact N/A 				
6. Is there any scope for new measures which would promote equality? N/A				
7. Are any of the following groups adversely affected by the policy?				
a. Protected Characteristics	Affected?	Impact		
b. Age	No			
c. Disability	No			
d. Gender	No			
e. Gender Reassignment	No			
f. Marriage/Civil Partnership	No			
g. Maternity/Pregnancy	No			
h. Race	No			
i. Religion/Belief	No			
j. Sexual Orientation	No			
8. Provide the Equality Rating of the service/ function/policy /project / strategy				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
9. Date for next review April 2018				
Checked by: Ruth Cooper			Date: 21 st March 2016	