

Managing sickness absences - developing local policies and procedures

1. The management of ill health within the NHS is challenging, but provides opportunities to improve the overall health and wellbeing in the workplace, which will ultimately boost organisational productivity and support service improvements for patients.
2. The arrangements set out in this annex are intended to support employers and staff in the management of sickness absence and in managing the risk of premature and unnecessary ill health retirements. It is intended that employers will amend, in partnership with local staff sides, their local policies and procedures consistent with the provisions of this agreement.
3. This agreement details the responsibilities of both staff and employers in the management of ill health in the NHS.
4. This annex should be read in conjunction with:
Section 14: Sickness Absence
Section 30: General statement on Equality and Diversity
Section 32: Dignity at Work
Section 34: Flexible working arrangements

Local sickness absence procedures

5. Effective partnership working is crucial in achieving the effective management of sickness absences. Employers therefore, in partnership with local staff side representatives, should ensure that their local sickness absence procedure and working arrangements incorporate the minimum standards set out below, to minimise the risk of premature and unnecessary ill health retirements. This will ensure that, where possible, staff are able to continue working despite experiencing periods of ill health or disability. **The minimum standards are:**

Legal responsibilities; including mutual responsibilities of employers and staff to comply with health and safety requirements, reporting of injuries and dangerous occurrences (RIDDOR), disability discrimination and other relevant legislation.

Key employer responsibilities; employers are expected to:

communicate appropriately with absent staff

manage absences under the locally agreed sickness absence procedure

provide support and advice through the use of occupational health services where appropriate

develop reporting arrangements, recognising that high levels of sickness absence are a financial risk to the organisation

have appropriate management systems in place to collect good quality data on sickness absence

in partnership with Trade Union representatives, regularly monitor and review arrangements to identify where and how policies can be improved.

Key employee responsibilities; employees are expected to:

ensure regular attendance at work

communicate appropriately with their employer when absent from work

co-operate fully in the use of the locally agreed sickness absence procedures.

6. Partnership arrangements should also ensure the regular monitoring and review of local policies and procedures is undertaken, to identify where and how policies can be improved.

Absence reporting

7. Local policies should define how and when staff notify their employer of their sickness absence.

8. Early notification that the absence is work related will enable an employer to make a timely determination of future injury allowance entitlement, as defined in Section 22.

A structured review process

9. Regular reviews should be carried out to assess and monitor staff when they are off sick, and determine what action is needed at each stage.

Where a member of staff is unlikely to return to work this would culminate in a final review where a decision on the appropriate way forward is made i.e. return to substantive employment or redeployment or termination of contract. It is assumed that as part of this process, that reasonable adjustments have been considered. Medical evidence should be made available to support the review process and occupational health advice should be sought on the likelihood of:
the prospects of a likely return to the previous employment with or without adjustments
a phased return with or without a need for adjustments
redeployment
a successful ill health retirement application.

Early interventions

10. In order to avoid premature and unnecessary ill health retirements employers should also consider the following interventions as early as is practically possible and at the latest within one month of an employee going sick:

rehabilitation – identifying appropriate ways of supporting staff to remain in work or return to work at the earliest opportunity, through intervention with appropriate treatment. This will mean providing staff with direct access through appropriate dedicated resources, such as physiotherapy and cognitive behavioural therapy
phased return - 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

redeployment - enabling the retention of staff unable to do their own job through ill health or injury as an alternative to ill health retirement or termination. Staff should be made aware of the provisions within the NHS Pension scheme to assist this process through “step down and wind down” arrangements

sick pay entitlements – review and decision dates should be determined taking account of the individual's sick pay entitlements and there should be a review before their sick pay ends. Procedures should make reference to the injury allowance provisions as detailed in Section 22 and the amended NHS Injury Benefit Scheme regulations (2013);

occupational health support – Occupational health services have a responsibility to provide advice and support to both the individual and the employer. Line managers should seek advice on long term sickness cases from their occupational health service as early as reasonably practical. Individuals may also self-refer for advice and support about the best way of seeking a return to work.

Termination

11. Where termination of the contract of employment on the grounds of incapacity is considered, all reasonable efforts should be made to obtain appropriate medical evidence via the occupational health service, including occupational health advice on the likely outcome of a successful ill health retirement application. Before a decision to terminate is made all other options should meaningfully be considered, including:
rehabilitation;
phased return;
a return to work with or without adjustments;
redeployment with or without adjustments.

12. Contractual notice must be given to a member of staff whose contract is being terminated on grounds of ill-health.

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