

Sickness and Absence Management Policy and Procedure

HR

Policy

Aug 2019

V1.0



NHS fraud.
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Version control

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Background

- 1.1 The Sickness and Absence Management policy and procedure applies to all permanent and fixed term staff and is written in accordance with all legal requirements and ACAS guidance.
- 1.2 The Counter Fraud Authority (NHSCFA) recognise that health related absence impacts employees' capability to perform their duties at work in addition to adding challenge to organisational effectiveness, and aims to address this issue appropriately.

Purpose

- 2.1 The policy sets out the approach to the management of sickness, absence and attendance within the workplace. The policy applies to all employees of the NHSCFA excluding staff who have express CFSMS terms. Agency workers, bank workers and contractors are excluded.
- 2.2 This policy takes a proactive approach to help minimise the impact of ill health on an employee's attendance. Support will be provided to help employees minimise health-related absence and return to work, and in cases of long term absence, to aid the recovery process and review future options for the employee.
- 2.3 This policy enables managers to address sickness absence issues, both short and long-term, in a fair, consistent and equitable manner. It is recognised however, that all cases must be dealt with on an individual basis because of differing circumstances. This policy therefore gives a framework in which sickness absence should be managed, and as such may result in dismissal.

Scope and Principles

- 3.1 In accordance with the NHSCFA's Equality and Diversity Policy, in applying this policy the organisation and line managers will have due regard to eliminate unlawful discrimination, either directly or indirectly. The policy will promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.
- 3.2 In identifying whether or not an employee is covered by the Act advice from medical professionals will be considered where this is available or will be sought

from appropriate medical professionals where this is not available via Occupational Health (OH)

- 3.3 Managers have a responsibility for ensuring that members of staff are aware of the expectations of attendance and their obligations under this policy. Managers will ensure that any concerns about attendance are brought to the attention of staff at the earliest opportunity, see Appendix A.
- 3.4 The organisation recognises that everybody can be subject to illness from time to time, however regular attendance at work is a contractual requirement. Although each case will be dealt with on an individual basis this policy outlines certain principles that should be observed.
- 3.5 As a disability confident Employer the NHSCFA recognises that employees can be subject to long-term conditions and conditions covered or likely covered by the Equality Act (2010).
- 3.6 Advice should be taken from the Human Resources provider prior to and during all formal stages of this procedure to ensure the consistent application of this procedure throughout the organisation.
- 3.7 Employees may be accompanied by a Trade Union representative or NHSCFA work colleague in all formal meetings with management about their absence and where a formal meeting is classified as a disciplinary meeting, the Disciplinary Policy will also apply.
- 3.8 Short term absenteeism refers to a series of illnesses, often unconnected, which result in frequent, short periods of absence and where there is no underlying long term health condition or disability.
- 3.9 Long term absence refers to a period of absence which last for 4 weeks or longer.

Employee Responsibilities

- 4.1 It is a contractual requirement that employees attend work and fulfil their contracted hours
- 4.2 Employees are required to cooperate fully in the use of this policy
- 4.3 Employees are expected to take responsibility for their own welfare to enable them to attend work
- 4.4 It is expected that employees will make themselves available to attend occupational health appointments and agree to the release of information from these appointments in the form of a report to aid in the management of their case
- 4.5 Employees are responsible for providing up to date contact information to an

appropriate manager

- 4.6 It is the employee's responsibility to remove themselves from work if they cannot perform their duties due to sickness and to inform an appropriate manager of their intentions.
- 4.7 It is the employee's responsibility to ensure that they have the necessary contact information to enable them to notify of their absence.

Management Responsibilities

- 5.1 Managers are required to monitor the attendance levels of all staff in line with the trigger levels set out within this policy
- 5.2 Managers are required to monitor the welfare of all staff to aid in the prevention of sustained periods of absence
- 5.3 Advice should be sought from the NHS BSA HR at all formal stages of this procedure to ensure the consistent application throughout the NHSCFA. Managers will be provided with appropriate guidance by the HR provider in managing the informal stages should this be required.
- 5.4 Managers are required to have regular review meetings with employees and provide employees with appropriate documentation.
- 5.5 Appropriate contact details should be provided to all staff in case of absence

Reporting Absence Procedure

Notification and Monitoring

- 6.1 All employees must contact their line manager on the first day of absence as soon as is reasonably practicable or within one hour of their normal starting time. The employee should make every effort to make this call. However in exceptional circumstances, where it is not possible for employees to ring personally, for example, if an employee was a hospital inpatient, it would be reasonable for a family member / carer to make the call.
- 6.2 Employees must make every effort to talk directly to their line manager in the first instance. It is only acceptable to text, e-mail or leave messages with other colleagues if the manager is unavailable for any reason in the first instance, however employees must speak to their manager at some point on their first day of sickness absence. If the line manager is unavailable, then the employee should speak to an alternative nominated manager. In all cases, it remains the

responsibility of the employee to make and maintain contact.

- 6.3 When reporting absence employees must give the following information:
- the reason for the absence;
 - the expected length of absence (if known);
 - whether a visit will be made to their GP, and if so, the date of the appointment
 - agree when they will next contact the manager with an update if the absence continues
 - Where possible the manager should be advised of any outstanding work that may require urgent attention during the period of absence. This will enable managers to better plan and re-allocate work amongst team members.
- 6.4 Managers should record sickness absence directly into ESR using their supervisor self-service access. Sickness absence should be recorded as soon as reasonably possible on the day that the manager is notified by the employee that they will be absent from work – this will ensure the most current information is uploaded into the system. The absence record will be left open – without an end date – until the employee returns to work. On the day an employee returns to work the manager should input the date the employee was fit to work and close the absence.
- 6.5 If the employee does not maintain contact or the manager is not clear on the absence situation, the manager should make contact with the employee to gain clarification and up to date information. Should the absence continue over 7 calendar days then the employee must provide a medical certificate and is responsible for providing the certificate so that it is in effect from the 8th calendar day of absence. Failure to do so may result in the period of absence being unaccounted for and recorded as unauthorised absence which would be unpaid.
- 6.6 The employee and the manager must decide upon the frequency of further/continued contact and the form that this will take. It is not sufficient to provide medical certificates as a means of maintaining contact and medical certificates should never be provided in retrospect.

Evidence of Non-Fitness to Work

- 7.1 Self-certification is acceptable for absence of seven calendar days or less. A self-certificate form should be completed on return to work and submitted to the line manager during the return to work process.
- 7.2 Absences which continue after the initial seven calendar days must then be covered by a medical certificate completed by a doctor. A self-certificate must be completed on return to work to cover the first seven days. Medical certificates should not be backdated unless in exceptional circumstances when certificates may be accepted in retrospect.
- 7.3 Members of staff must continue to submit consecutive medical certificates in a timely manner throughout any continuing absence. The original copy must be sent to their line manager, or Human resources, however in the first instance a copy of the medical certificate must be provided electronically to their manager (.e.g. via e-mail). Failure to do so is considered to be a breach of this policy and may result in disciplinary action being taken.
- 7.4 A medical certificate, known as a fit note, will state the reason for absence with a start and end date for which the fit note covers. This allows a doctor to advise if a member of staff is either;
- Not fit to work
 - May be fit to work
- 7.5 If the doctor suggests that they 'may be fit to work' there are a number of reasonable adjustments which may help to support the employee's return to work:
- Phased return to work (for up to 4 weeks, unless in exceptional circumstance whereby this can be discussed with the line manager and HR)
 - Amended duties (as above)
 - Altered hours (as above)
 - Modification of equipment
 - Workplace adaptations
 - Redeployment
- Any such recommendations should be discussed and agreed with the individual and line manager prior to commencement of work, with Occupational Health input where required
- 7.6 If any adjustments suggested cannot be accommodated, line managers are advised to liaise with HR to discuss if any alternative steps are available.
- 7.7 The NHSCFA reserve the right to request that the employee is required to obtain a medical certificate for a specific period of absence or for all reported absences

regardless of the length of absence. Any charge by a doctor for providing a medical certificate in these circumstances will be reimbursed by the organisation.

Entitlement to Sick Pay

- 8.1 Entitlement to sick pay is set out in the contract of employment held by each member of staff.
- 8.2 Employees absent from work owing to illness will be entitled, subject to the conditions of the agreement outlined in the AfC handbook, to receive sick pay in accordance with the scale below:

During 1st year of service	One months' full pay and two months' half pay
During 2nd year of service	Two months' full pay and two months' half pay
During 3rd year of service	Four months' full pay and four months' half pay
During 4th and 5th years of service	Five months' full pay and five months' half pay
After 5th year of service	Six months' full pay and six months' half pay

- a. The period during which sick pay is paid and the rate of sick pay for any period of absence is calculated by deducting from the employee's entitlement, on the first day of absence, the aggregate periods of paid sickness during the 12 months immediately preceding that day.
- b. Full pay is inclusive of any [statutory benefits](#). Half pay plus statutory sick pay will not exceed full pay.
- c. For the purpose of calculating entitlement to sick pay, a previous period or periods of NHS service will be counted towards the employee's entitlement in line with Agenda for Change guidance.
- d. In the event of employment coming to an end, entitlement to sick pay ceases from the last day of employment.

Occupational Sick Pay

- 9.1 The conditions for sick pay are financial provisions indicating an entitlement to occupational sick pay and in no way indicate the amount of absence to which an employee is entitled.
- 9.2 Payment of occupational sick pay, which is in excess of statutory sick pay, is based on basic pay only; this includes high cost area supplement (HCAS) for London based staff.
- 9.3 Sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 months of continuous sickness absence, in the following circumstances:
- 9.4 Employees with more than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted before the Final Review meeting takes place, the procedure of which can be found below.
- 9.5 Employees with less than 5 years reckonable service – sick pay will be reinstated if the entitlement is exhausted and the Final Review meeting does not take place within 12 months of the start of their sickness absence.
- 9.6 Reinstatement of sick pay at half pay in these circumstances will continue until the Final Review meeting takes place. It is not retrospective for any period of zero pay in the preceding 12 months of service.
- 9.7 On a discretionary and exceptional basis, the NHSCFA will consider whether to extend the period of full or half payment detailed in 5.2, taking into account all the circumstances of the particular case and acting within Agenda for Change guidance. Such an extension of payment will require the approval of the relevant Director and the BSA HR.
- 9.8 Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession, or where contributable personal negligence is proved.
- 9.9 An employee who is absent as a result of an accident is not entitled to sick pay if damages for loss of income are received from a third party. Under these circumstances the employee will be advanced a sum not exceeding the amount of sick pay payable under this scheme providing the employee is able to provide medical documents to support the absence.
- 9.10 Any breach of the requirements of this policy, and subsequent agreements between members of staff and line managers (e.g. in relation to reporting absence, certifying absence, attending required meetings, or failing to respond and agree to reasonable management requests), may lead to the withdrawal of occupational sick pay and may result in disciplinary action being taken.
- 9.11 Formal action under the policy may be taken at any time and is not dependent

on having reached any thresholds in relation to sick pay entitlement.

Temporary Injury Allowance

- 10.1 Employees on sick leave, and receiving either reduced pay or no pay, as a result of an injury or illness that is wholly or mainly attributable to their NHS employment will be eligible to apply for Temporary Injury Allowance. Applications should be made by the employee to their line manager. The line manager will make the decision on whether payment should be made, having taken advice from Human Resources and obtaining approval from the relevant Director and BSA HR.
- 10.2 Employees are not required to be members of the NHS Pension Scheme to apply for Temporary Injury Allowance.
- 10.3 Temporary Injury Allowance will stop when the individual returns to work or leaves their employment.

Occupational Health

- 11.1 The organisation has an Occupational Health service whose role is to provide medical advice and expertise in relation to staff absences. The service is provided by an external shared service provider.
- 11.2 Employees may be referred to Occupational Health for advice in relation to a previous absence, current absence or an on-going health condition. Line managers are responsible for arranging referrals, in conjunction with NHSBSA HRSS support.
- 11.3 Occupational Health advice can be sought at any time whether or not a member of staff is under the formal process. Advice should be sought in all cases of long term sickness absence, and early intervention is recommended.
- 11.4 Occupational Health advice must be sought in all cases where dismissal is a potential outcome from a final review meeting, or where ill health retirement (if available) is being considered.
- 11.5 An employee can request an Occupational Health referral via their manager for advice and support.
- 11.6 Any recommendations or advice provided by Occupational Health will be considered by the organisation, including any specific recommendations related to any conditions covered or likely covered by the Equality Act 2010 - and, where reasonably possible, any adjustments will be accommodated. Where adjustments proposed are not reasonably practicable, the organisation will provide an explanation of the reasons for this. If any employee is dissatisfied

with the outcome then an appeal process is outlined further on in the document.

Return to Work

- 12.1 On an employee's return to work, they will be required to attend a return to work meeting with an appropriate manager to discuss their absence. It is recommended that this is done in a timely manner and where possible, on the first day back at work. If the employee has been absent with a highly sensitive condition he/she may ask for a manager of the same gender to manage the absence or a previous manager, due to reasons of confidentiality. The meeting is separate to an absence review meeting and will take place at an agreed time and in a private place with notes taken.
- 12.2 The discussion should allow for an honest exchange of information and be as transparent as possible, to prevent any misunderstandings concerning the nature of the absence and to assist the organisation to support the employee back to work most effectively.
- 12.3 The manager should assess the content of the meeting and assess if it is appropriate to make any occupational health referrals or reasonable adjustments to support the employee. If a phased return has been recommended either by occupational health, a GP or an employee, the implementation would be discussed. It will provide an opportunity for the manager to review workloads and ensure corrective action is taken where applicable.
- 12.4 Should a phased return be agreed following an occupational health referral, or medical practitioner advice, this will be for a maximum period of four weeks. Should an extension be required the reasonableness of this request will be assessed with occupational health support. The extension would be supported by either the employee using their annual leave to supplement the time worked to ensure pay remains unchanged or temporarily reduce their hours to only time worked for the extended phased return.
- 12.5 Where an employee requests a phased return to work themselves or an extension of the phased return, they must take annual leave for days / hours not worked or receive payment only for the hours worked.

Short Term Absence

- 13.1 The organisation records absence from work for all members of staff. If the amount of time being taken off for illness is giving cause for concern, managers will discuss this with employees at the return to work meeting. The absence record is available to employees and managers through their self-service portal in ESR. The individual will have the opportunity to explain any personal or work-

related issues which may be a factor in the absence.

- 13.2 The efficiency of the organisation depends upon all employees regularly attending work. Any persistent absence therefore jeopardises the Company's efficiency. To ensure consistency with the application of the Sickness Absence Management Policy, trigger points are used to monitor short-term sickness and long-term sickness.
- 13.3 The triggers for short-term absence are:
- Five or more occasions of absence in any rolling 12 month period, or
 - Eight days' of discontinuous absence in any rolling 12 month period

Scenario One

Gill is absent from work for one day in January, one day in February, one day in March, one day in April and one day in May.

Gill has triggered the absence management policy as she has had 'Five or more occasions of absence in any rolling 12 month period'.

Scenario Two

Gill is absent from work for three days in January, three days in February and three days in March. Gill has been absent on three occasions and her absence totals nine days.

Gill has triggered the absence management policy as she has had 'Eight days' of discontinuous absence in any rolling 12 month period'.

- 13.4 Any absence of 4 weeks or longer will be considered under Long Term Absence Management and managed appropriately.
- 13.5 Patterns of absence either short term or long term i.e. significant absences over many years may also be reviewed under this policy and considered collectively to conclude appropriate outcomes.
- 13.6 Where a member of staff reaches a trigger point, an informal absence review meeting will be held with the individual known as Stage A. The purpose of the meeting is to provide support and assistance to overcome any short-term issues, patterns or problems which are identified. At this stage possible supportive measures will be discussed and agreed and an attendance target and review period will be agreed and documented. Guidance should be gained from HR to determine next steps, and support provided where practical.
- 13.7 Where an individual fails to maintain the required attendance deemed acceptable for the organisation and outlined following the Stage A meeting, a further absence review meeting will be held, known as Stage B. At this stage a further plan of improvement will be set and an attendance target and review period will be agreed, again with guidance from HR. Stage B constitutes a formal

meeting.

- 13.8 Failure to maintain the regular attendance deemed acceptable for the organisation and outlined in the Stage B meeting, may lead to a Stage C meeting. This meeting is an opportunity to further review continued persistent short term absence and ascertain potential areas of improvement and continued areas of concern.
- 13.9 Failure to maintain significant improvement in line with Stage C discussions will result in a Stage D meeting which will be a final formal review meeting. At this point the continued employment of the member of staff will be considered, and one option may be dismissal on the basis of unacceptable attendance levels. A HR representative will be present at this meeting but may also be present at any stage of the formal process.
- 13.10 At any stage during this process, it may be appropriate to seek advice from Occupational Health or HR. Occupational Health advice must be sought before a Stage D meeting.
- 13.11 Employees are entitled to have a trade union representative or NHSCFA work colleague to accompany them to any of the formal meetings held under this procedure if they so wish.

Long Term Absence

- 14.1 If an employee indicates they are likely to be absent for 4 weeks or more, or where an absence extends beyond 4 weeks, it will be treated as a long term absence.
- 14.2 BSA HR and Occupational Health advice should be sought in all cases of long term absence.
- 14.3 This referral should be made as soon as the line manager is aware that the absence is likely to extend beyond 4 weeks and should not wait until there has been 4 weeks of absence.
- Line managers will arrange to conduct regular formal absence review meetings, with the member of staff every 4 - 6 weeks during the absence. Reasonableness of this timescale will be assessed on an individual case basis and can be influenced by occupational health or other medical appointments.
 - The purpose of these meetings is to discuss the current absence, employee welfare, treatment plans and possible courses of action should the absence continue. These may include rehabilitation and return to work requirements, redeployment, ill-health retirement, or movement to a final review meeting.
- 14.4 At a formal absence review meeting, staff are entitled to be accompanied by a

trade union representative or a NHSCFA work colleague. It is recommended that line managers should seek support and guidance from HR prior to the meeting and a member of the HR team may also be in attendance.

- 14.5 Notes will be made of the meeting and shared with the member of staff usually within five working days, along with any agreed actions or outcomes from the meeting. Notes of the meeting and any agreed outcomes should be stored by BSA HR within their case files.
- 14.6 These meetings would normally be held at the employee's base of work. If an employee is home based it would generally be expected that they would travel to their nearest base or agree a mutually convenient location with their line manager. If an employee is too ill to travel, the line manager may arrange to conduct a home visit at a mutually convenient time, if the employee agrees. However it should be noted that, as part of the return to work process, it may be more relevant to hold the meetings at a business location, or a suitable alternative venue.
- 14.7 Informal welfare checks and telephone conversations fall outside of the above mentioned procedure and would typically exclude union representation.

Employees with on-going Medical Conditions

- 15.1 In some situations a member of staff may have on-going health related problems which impact upon their ability to perform the duties of their role. The employee may still be in work, or have periods of long-term and / or short-term absence.
- 15.2 This will be managed using the following three steps:
- **Medical Advice:** support and guidance to help determine the best course of action for the individual.
 - **Reasonable Adjustments:** consider what adjustments can be made to the role including hours or lighter duties. Identify if there is any suitable alternative role the individual could undertake either on a permanent basis or interim basis.

Before any decision is taken to progress to a final review meeting, the following must have been meaningfully considered:

- Rehabilitation
- A phased return
- A return to work with or without adjustments
- Redeployment with or without adjustments
- Ill health retirement
- Ill health dismissal

Final Review Meeting

- 16.1 Before dismissal is considered, all other options outlined in this policy must have been discussed with the employee during the regular Absence Review Meetings that have taken place. Managers must be satisfied that all relevant information has been obtained and all relevant facts investigated.
- 16.2 In cases of recurring short term absence. . Managers should also take into consideration any recommendations or provisions in the light of reasonable adjustments under the Equality Act 2010 which may also include the relaxation of targets as an adjustment in its own right.
- 16.3 Should the dismissal of an employee be identified at any stage in the process as the only appropriate option (i.e. all other options as outlined above have been fully investigated and found to be inappropriate) a Final Review Meeting will be convened. Employees must be given an appropriate amount of notice that the meeting is taking place (at least 5 working days), notified in writing of the intention to hold the meeting and be informed of their right to be accompanied at that meeting.
- 16.4 This meeting will be chaired by an appropriately authorised manager and will be attended by the employee in question, their line manager and an HR representative. Preferably this should be at work, although other locations will be reasonably considered e.g. a Trade Union office.
- 16.5 Employees have the right to be accompanied at this meeting by a trade union representative or a NHSCFA work colleague.
- 16.6 Prior to this meeting a report will be prepared detailing the case history to date and considerations taken into account (e.g. Equality Act 2010, implications, suitable alternative employment, any recommendations made to date by medical experts/OH reports, ill health retirement) together with all other relevant documents. This will be provided to the chair of the meeting and the member of staff at least five days before the meeting.
- 16.7 At the final review meeting the employee will have the opportunity to present their case and submit supporting evidence. The chair will consider the report, the evidence from the member of staff and will adjourn to consider their decision. Where possible the decision will be communicated verbally to the member of staff by the chair of the meeting on the same day.
- 16.8 The outcome of a final review meeting could be any of the following;
- No further action
 - Further action plan, attendance target and review period
 - Redeployment to an alternative role if available
 - Dismissal with contractual or statutory notice, whichever is greater

- 16.9 Should redeployment be deemed a viable option, pay protection would not apply in these circumstances of a lower banded role. However reasonable consideration will be given on a case by case basis and in line with the Equality Act 2010.
- 16.10 Following the meeting the outcome will be confirmed in writing within five working days including the reason for dismissal, the date of dismissal, the right to appeal, details of any payment in lieu of contractual or statutory notice and any other outstanding payments to which the member of staff is entitled such as annual leave.

Appeals

- 17.1 Any outcome of a formal absence review meeting, or final review meeting can be appealed by the member of staff, by doing so in writing and submitted to the relevant party detailed in the outcome letter received.
- 17.2 This appeal will be heard by a manager not previous involved in the initial decision making process and their decision is final.
- 17.3 Appeals will be heard under the appeals procedure and must be received within 10 working days of the date of the outcome letter.

Sickness during Annual Leave

- 18.1 If an employee falls sick during a period of annual leave either in this country or overseas, and the period of illness seriously interrupts the period of leave, then the absence may be amended to sick leave provided the employee:

- Notifies their line manager either in writing or by telephone at the earliest opportunity, in line with organisation/departmental procedures and no later than the fourth continuous day of illness; and
- Provides a statement by a qualified medical practitioner; the statement should cover the period of the illness and the nature of the illness.

A serious interruption of annual leave would be deemed as four or more days of continuous illness. However any sickness of less than 4 days continues to be taken as annual leave.

Taking Annual Leave during Sickness Absence

- 18.2 If an employee is absent on sick leave and has pre-booked annual leave then they must notify their manager as soon as possible of the nature of the leave, otherwise it will be assumed that the annual leave is being taken.
- 18.3 In circumstances of long term certified sickness whereby a pre-booked holiday away from home has already been made, the employee is permitted to attend this holiday however, normal sick leave provisions will apply and the holiday entitlement will be reinstated.
- 18.4 Where the request to continue with a pre-booked holiday is not supported by a medical practitioner, then annual leave should not be taken.
- 18.5 Employees will not be entitled to an additional day off if they are sick on a statutory public holiday.
- 18.6 When an employee has been absent due to long term sickness absence and has not been able to take annual leave provided under the statutory Working

Time Regulations, the employee is allowed to carry this forward. The maximum leave that can be carried forward is 20 days (pro rata for part time employees) minus any leave that has already been taken. This carried over leave must be taken within 18 months of the end of the leave year during which the holiday was accrued.

- 18.7 For example, if a full time employee has taken nine days' holiday and is then absent due to long term sickness returning in the next leave year, they can carry forward 11 days' annual leave (i.e., the maximum 20 days permitted to carry forward minus nine days already taken).
- 18.8 When an employee has been absent due to long term sickness absence and has already taken an amount of annual leave that exceeds 20 days, they cannot then carry forward any leave under the Working Time Regulations. However, they can still carry over up to five days under the annual leave policy.
- 18.9 For example, an employee has taken 23 days' holiday before becoming absent on long sick leave they cannot carry forward any leave under the Working Time Regulations. However, they can carry forward up to five days depending on their contractual annual leave entitlement. If entitled to 27 days leave the employee can carry forward four days. If entitled to 29 or 33 days annual leave they would carry forward five days to the next leave year.

Maternity Related Absence

- 19.1 Should an employee be absent from work due to pregnancy related sickness, these absences should still be recorded though would not be counted towards absence triggers. However, the absence should continue to be monitored.
- 19.2 Pregnancy-related sickness must be recorded by managers in ESR with a Level 1 absence reason of "S30 pregnancy related disorders".
- 19.3 If an employee is absent from work due to a pregnancy-related reason, even for one day, within 4 weeks before the expected week of childbirth, her maternity leave will start automatically.

Disability Related Absence

- 20.1 If an employee is disabled or becomes disabled during their employment, then the organisation is legally required under the Equality Act 2010 to make reasonable adjustments to enable the employee to continue working.
- 20.2 Should an employee be absent from work due to disability related sickness, these absences should still be recorded though would not be counted towards absence triggers. However, the absence should continue to be monitored and impact on organisational effectiveness considered.
- 20.3 Advice must be sought from Occupational Health or appropriate medical experts if the conditions are complex as to what they suggest are 'reasonable adjustments'. However it will be the line manager's decision as to whether those adjustments are also reasonable for the service. Any adjustments made must be discussed with the individual concerned and documented.
- 20.4 Where it is not known, or is unclear, if the absences are linked to a disability Occupational Health advice should be sought at the earliest opportunity. See also section above on On-going Medical Conditions.

Fertility Treatment

- 21.1 Wherever possible, appointments related to fertility treatment should be arranged outside of working hours. If time off is required due to the side effects of treatment, this will be treated as sickness absence. Sickness absence taken following implantation of a fertilized ovum that is related to the procedure itself will not be counted towards the triggers in this policy.

Medical Appointments

- 22.1 Routine doctor or dentist appointments for part of a working day should not be recorded as sick leave. Such appointments should be arranged out of working hours if possible, or to give minimal disruption to the working day.
- 22.2 Time off for these appointments is unpaid and staff must agree with the line manager prior to the appointment how they can make up the time needed for attendance. The use of flexi leave, time off in lieu, annual leave, unpaid authorised leave or a temporary adjustment of working hours are all options that may be agreed to cover the time away from work if the appointment is unavoidably during normal working time.

Hospital Appointments

- 22.3 The NHSCFA will grant a reasonable amount of unpaid time off to enable the employee to attend the appointment. Prior to the appointment the employee may agree with the manager how to make up the time if they wish it to be paid time.
- 22.4 Where an employee is aware that appointments and / or treatment are scheduled to take a longer period of time, a meeting between the line manager and employee should be arranged to agree how to manage the time off. If an appointment or treatment requires a whole day of absence, this may be recorded as sick leave and will have any relevant sick pay provisions attached to the day's absence. This will include time off for appointments such as cancer treatment and related appointments.
- 22.5 Reasonable time off for appointments will be granted for on-going hospital treatment and how this leave will be taken will be at the Line Managers discretion, e.g., physiotherapy following broken leg, may need a number of appointments related to a long term absence but where employee is in recovery phase. These appointments are related to a return to work and phased return to work provisions may apply.

Management of Documents and Records

- 23.1 Self-certificates, medical certification (fit notes) and return to work documentation should be kept locally and relevant information updated within Manager Self Service of ESR.
- 23.2 Copies of all documents and correspondence at the formal stages of the procedure should be sent to NHS BSA HR to be stored on the employee's personal file. In accordance with the Records Management: NHS Code of Practice personal files are kept for six years after the employee leaves the NHSCFA, after which point most of the documents will be destroyed by BSA HR and a summary of the file will be stored.