

British Transport Police Authority

Sickness Absence Policy

Author	L. Barrick
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1 AIM

- 1.1 British Transport Police Authority (BTPA) is committed to maintaining a high level of attendance from all employees since this is essential to the maintenance of an efficient and effective service.
- 1.2 BTPA is responsible for managing sickness absence to ensure that support is provided for individuals suffering illness or injury, and to minimise disruption through effective staff planning.
- 1.3 The Sickness Absence Policy covers three main principles:
- The development of an integrated and positive approach, which actively seeks to promote the overall health and wellbeing of British Transport Police Authority employees.
 - A positive and proactive approach to sickness management that combines consistent, supportive and equitable procedures with clear expectations of good attendance.
 - Robust procedures for authorising and recording sickness absences, ensuring consistency, fairness and the early identification of welfare needs.
- 1.4 This policy will show how this commitment will be turned into action, combining a caring attitude to the health and wellbeing of all employees whilst providing for firm action in cases of abuse.
- 1.5 This policy is designed to maximise attendance at work by staff and supporting those who are genuinely absent through illness or injury.

2 SCOPE AND DEFINITIONS

2.1 Scope

- 2.1.1 This policy applies to all staff employed by BTPA. This includes those who are part time, job share or on a fixed term contract.

2.2 Glossary of Terms

- 2.2.1 Disability - as defined by the Disability Discrimination Act 1995: 'a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities'.
- 2.2.2 Full Pay - Calculated on the basis of 37 hours for salary purposes. All allowances are paid at full rate.
- 2.2.3 Half Pay - 37 hours → 18.5 hours for salary purposes. All allowances are paid at half the rate.
- 2.2.4 Long Term Sickness - any period of continuous sickness absence of 28 calendar days or more.
- 2.2.5 Statement of Fitness for Work - stating dates of sickness, diagnosis of disorder, and any temporary adjustment enabling a return to work, the doctor's/general practitioner's signature and the employee's details for social security and statutory sick pay purposes.
- 2.2.6 Short Term Sickness - any period of sickness absence up to and including 27 calendar days.

2.2.7 Sickness - as defined by the Home Office: 'sickness extends to any medical conditions, including physical injury and psychological conditions reported by the employee or medical practitioner'.

2.2.8 Unsatisfactory Attendance Threshold - the unsatisfactory threshold is defined as:

- A Bradford score of 50 or over in a 26 week rolling period; or
- A Bradford score of 100 or over in a rolling 52 week period.

This score is calculated using the Bradford formula $S \times S \times D$ (where S is the number of periods of absence and D is the total number of days absent). This formula reveals the impact of repeated episodes of short term sickness versus a single long term absence.

For example 7 days absence over a single 52 week period could result in a range of Bradford scores depending on the number of sickness periods.

$$1 \text{ period of sickness} = 1 \times 1 \times 7 = 7$$

$$3 \text{ periods of sickness} = 3 \times 3 \times 7 = 63$$

$$7 \text{ periods of sickness} = 7 \times 7 \times 7 = 343$$

Sickness related to maternity or disability will not be included in Bradford Score calculations.

2.2.9 Reference Salary - this is the basic wages/salary before any adjustment for PensionPlus, or any other salary sacrifice arrangements. Reference Salary is used as the basis for Full Pay and Half Pay for the purposes of this policy.

2.3 Equal Opportunities Statement

2.3.1 All employees have a responsibility to ensure that no unlawful discrimination occurs on the grounds of age, colour, disability, ethnic origin, family commitments, gender, gender dysphoria, marital status - marriage or civil partnership, nationality, national origins, political beliefs, race, religion or belief, sexual orientation, trade union activity or any other unacceptable grounds when operating this policy.

3 CONFIDENTIALITY AND LEGAL REQUIREMENTS

3.1 Principles of Confidentiality

3.1.1 All individuals involved in the process of sickness management have a responsibility to maintain the confidentiality of the information, both medical and personal, in their possession.

3.1.2 Individuals do not have to divulge the nature of their illness to their manager, if they consider it confidential. However, they must disclose it to a member of SMT or Occupational Health to ensure that the correct level of support is provided. The employee should make every effort to be honest about their medical condition or whatever matter is causing concern.

3.1.3 To contribute to a healthy workplace and workforce, OH Advisors need to work collaboratively with managers and employees.

3.1.4 Clear understanding and effective communication, to both the manager and employee, of the legal and professional obligations of the OH Advisor and the external medical and health care services providers¹, in respect of confidential information will ensure the effective use of the occupational health service by all concerned. The following principles will be applied:

- Employees have a right to expect that the OH Advisor will not disclose confidential medical information without their informed consent.
- Where an employee agrees to such information being disclosed then there will be no breach of confidence. Although oral consent is valid in law, it is prudent to obtain it in writing or to document the employee's verbal consent along with a date and signature.
- Medical Information concerning employees will be protectively marked to the 'RESTRICTED - MEDICAL' level, in accordance with the Government Protective Marking Scheme as set out in the Document Protective Marking Policy
- Line managers and OH Advisors will ensure that medical information concerning employees is safely and securely stored in accordance with the Records Retention and Disposal Policy.
- When line managers or OH Advisors disclose confidential medical information about an employee, they must ensure that the individual understands what will be disclosed, who the information is being disclosed to, the reasons for disclosure and the likely consequences.
- When disclosing information the line manager or OH Advisor should only release information necessary for a specific purpose.
- Disclosure of confidential information without the employee's consent can only be given in exceptional circumstances i.e. statutory requirement, court order, public interest.
- When the line manager or OH Advisor discloses confidential information they must be able to evidence that it is for legitimate and justifiable reasons. Personal matters relating to health and/or medical conditions must be safeguarded and made available only to those who need the information.

3.1.5 The principles which apply to the OH Advisor apply equally to the external medical and health care services providers. Human Resources staff are bound by the occupational standards governing their profession.

3.2 Protection of Sickness Data

3.2.1 It is recognised practice for managers to have access to the sickness absence record for staff under their supervision. The manager's use of this data is limited to the management of the particular individual and must not be shared with others without the individual's consent.

3.2.2 Group sickness absence data may be collected and analysed by the SMT in order to ensure effective management of occupational risks.

¹ Details of the external medical and health care service providers are available from the OH Advisor.

3.2.3 Where group sickness data is used it is essential that it be used in an anonymous way so as to protect the rights of the individuals concerned. It is therefore important to ensure that data is not broken down to such a level at which individuals can be identified.

3.2.4 The storage, handling, use, processing, transmission or transportation of sensitive information must be guided by the Document Protective Marking Policy. All information should be protected to the 'Restricted' level.

3.3 Legal Requirements

3.3.1 The law regulating the disclosure of confidential health information can be found in our common law, Data Protection Act (1998), Human Rights Act (1998), Access to Medical Reports Act (1988) and Access to Health Records Act (1990).

3.4 Exceptional Circumstances

3.4.1 If there is a foreseeable risk of serious harm or death, then it will be necessary for the line manager or OH Advisor to breach confidentiality. Every effort will be made to gain support of the individual to disclose information.

4 ROLES AND RESPONSIBILITIES

4.1 Individuals

4.1.1 Each individual employee has a responsibility to attend work. If they are unable to attend owing to illness or injury they are required to inform BTPA without delay. If the employee is unable to make contact personally in the first instance this should be done through a friend or relative.

4.1.2 Whilst sick, they must keep in regular personal contact with their first line manager, giving updates as to their progress towards recovery and the anticipated return to work date. The first contact should be within 48 hours of the initial period of absence in order to give an update. The level of subsequent contact will be agreed between the individual and their first line manager.

4.1.3 Once sickness absence exceeds seven calendar days, the individual is responsible for obtaining a Statement of Fitness for Work (Fit Note) from their General Practitioner (GP) and forwarding it to their first line manager. This must be done as each Statement is obtained; they must not be collected and forwarded at the end of the absence. BTPA reserves the right to withhold sick pay if a Statement of Fitness for Work is not produced².

4.1.4 On the Statement of Fitness for Work the GP has the option to state that an employee is either 'not fit to work' or 'may be fit' for work if temporary adjustments can be made. They will indicate the recommended adjustments to enable an employee to return to work.

4.1.5 It is important that employees, as far as possible, pursue a healthy lifestyle, (advice on this can be obtained from doctor's surgeries, health centres and BTPA Occupational Health). It is especially important whilst unable to attend work that they do not do anything likely to hinder their recovery.

² Sick pay will only be withheld following contact with the individual requesting the required documentation.

4.1.6 Once the individual is fit to return to work, the employee must inform BTPA even if resuming to annual leave. This will allow their manager to prepare for their return and also enable their sickness record to reflect their actual absence, ensuring accuracy for recording and sick pay.

4.1.7 On resuming work, for sickness absence periods of seven days or fewer, Appendix C - Self Certificate of Sickness Absence Form must be submitted and forwarded to the first line manager.

4.2 First Line Managers

4.2.1 First line managers have the primary responsibility for managing sickness absence.

4.2.2 They must ensure that they are fully conversant with this Sickness Absence Policy.

4.2.3 When an employee reports sick, the first line manager is responsible for maintaining contact. The manager must make initial contact within 48 hours

4.2.4 Managers should consider making referrals to Occupational Health in all reported cases of mental health issues, muscular skeletal problems, injury at work, serious illness or pre-planned operation where absence is expected to reach 16 days for possible 'fast-track' suitable intervention by submitting the Occupational Health Referral Form (this is available in the Occupational Health Service SOP). In addition managers should consider referring all employees who reach or are expected to reach 16 days absence within a rolling 52 week period to Occupational Health.

4.2.5 For absences of seven days or more the first line manager is responsible for ensuring the employee forwards them a Statement of Fitness to Work from their GP covering the period of absence to them. The first line manager should then forward this to Occupational Health within two days of receipt if they have been involved. This must be done as each Statement is obtained; they must not be collected and forwarded at the end of the absence.

4.2.6 The first line manager should inform the OSM that they have received a fit note and of any adjustments made.

4.2.7 As well as regular telephone contact, the first line manager must organise a home visit for an employee who is on long term sick absence prior to 28 days absence³.

4.2.8 All contact made with the individual during the period of absence should be recorded on Appendix D - Absence Contact Sheet and forwarded to the OSM after every period of contact and not retained until the end of the absence.

4.2.9 The first line manager must be fully aware of patterns of attendance together with any underlying trends. They will then be in a position to take action where necessary especially when there is a pattern of unsatisfactory attendance. This information will be provided by the OSM.

4.2.10 When an employee resumes work following sickness, the first line manager must satisfy themselves that the individual is fit enough to carry out their duties safely. Any employee who is obviously not well enough to perform any

³ Refer to Section 8 – Contact with Staff.

duties must be sent off duty for the rest of the working day⁴, the OSM must be informed. If the illness or injury causes the employee to be unable to attend work for their next duty, the individual must report their sickness absence in the normal way.

- 4.2.11 Where Occupational Health are not already involved in managing the return to work, when an employee informs the first line manager that they intend to return to work from long-term absence, the manager must assess the need for a formal return to work health assessment with either Occupational Health or the external medical services provider. If a formal review is required, the return to work should not be delayed. However, the manager will need to carefully consider, in consultation with the OH Advisor, how the employee is to be deployed prior to the review taking place.
- 4.2.12 A return to work interview⁵ will be held by the first line manager, with the employee, on the first day of the resumption to duty. The interview will be recorded on Appendix E - Return to Work Interview Form and emailed to the SMT under 'Restricted-Staff' cover. The return to work interview is an integral part of managing the sickness process. Any failure to hold the interview on the first day of return must be documented on the form and the interview must be held as soon as possible thereafter.
- 4.2.13 Management of sickness absence forms part of a manager's Performance and Development Review⁶.

4.3 Office Support Manager and HR Business Partners

- 4.3.1 The role of the OSM is to co-ordinate the activities of managers, ensuring compliance with BTPA procedures, providing support to managers and also monitoring the implementation of the Sickness Absence SOP.
- 4.3.2 The OSM must ensure that all sickness absence and resumption from absence is correctly recorded, to ensure the accuracy of the performance data.
- 4.3.3 As all contact records and return to work interviews will be passed to the OSM, it will be their responsibility to audit them for content and quality.
- 4.3.4 When auditing the monthly sickness absence returns, the OSM will ensure that employees in breach of the unsatisfactory attendance threshold (pro-rata accordingly for part-time employees) are identified. Liaison will then be maintained with both the first line manager and the OH Advisor to ensure that an effective intervention is made.
- 4.3.5 The Chief Executive is responsible for ensuring that all existing managers, and those that are either newly appointed or performing higher grade or acting duties, are aware of their responsibilities under this policy.
- 4.3.6 The OSM will set up a case on the case management system for all cases where sickness reaches or exceeds 16 days.
- 4.3.7 The OSM must set up case conferences for individuals who are long term sick in accordance with their local needs in order to fully discuss individual cases.

⁴ Refer to Section 7 - Part Day Sickness Absence.

⁵ Refer to Section 17.1 Return to Work Interviews.

⁶ Refer to the PDR SOP.

The frequency should be no less than one per month. Case conferences must include minutes and actions with timescales to be recorded on Appendix F - Case Management Form.

- 4.3.8 The SMT will be actively involved in all non-standard sickness absence cases or sickness absence related issues, including occupational health referrals, extensions of sick pay, annual leave issues, returning to work on restricted duties/reduced hours. Involvement may include report writing, authorising and/or facilitating meeting between managers and OH Advisors/H&S Advisors.
- 4.3.9 The OSM will provide a monthly report to the Business Manager of all Temporary Restricted Duty cases that have exceeded 12 weeks.
- 4.3.10 Responsibility for monitoring third party claims and recovering any monies an employee is paid as a result of a successful claim lies with the SMT.
- 4.3.11 When a case is recommended for medical retirement the SMT is responsible for managing the procedure with Pensions Management.

4.4 Occupational Health (OH) Advisors

- 4.4.1 The role of the OH Advisor is to provide advice and assistance to the SMT when requested when dealing with sickness absence issues.
- 4.4.2 The OH Advisor may participate in discussing any temporary adjustments requested, and whether these can be accommodated.
- 4.4.3 The OH Advisor may attend case conferences to provide advice and guidance on long term sickness absences (refer to Section 16 - Long Term Absence).
- 4.4.4 They may assist in the management of sickness issues by analysing information on identified sickness trends and factors.
- 4.4.5 Following a return to work health assessment for employees returning to work from long-term sickness absence, OH Advisors may be asked for advice on implementing and managing restricted duties/reduced hours programmes in conjunction with relevant line managers.
- 4.4.6 The OH Advisors are responsible for the provision of proactive healthy lifestyle information to employees, ensuring that up-to-date health information is available⁷. This will be supported by trend analysis, to identify the most frequently given reasons for sickness absence and the consequent targeting of the advice.
- 4.4.7 There will be no self-referrals to OH directly. Managers must make the OH referral.

4.5 Wellbeing Manager

- 4.5.1 The Wellbeing Manager supervises the OH Advisors, and should provide them with guidance and advice as well as providing input and advice where necessary to SMT handling long-term absences, medical input, reasonable adjustments and return to work programmes.

⁷ Care First is a free and confidential service available 24 hours a day. Advice and counselling can be provided on a number of issues including debt, credit, legal and housing problems. Employees and their family members may self-refer by telephoning the service directly on 0800 174319.

4.5.2 In cases where a breach of confidentiality is deemed necessary the Wellbeing Manager should be consulted to ensure that there is legal justification for disclosure. The Wellbeing Manager must document all reasons for the disclosure.

4.5.3 Managing contracts with the external medical services provider, the external counselling services provider and the external physiotherapy services provider is the responsibility of the Wellbeing Manager.

4.6 Health and Safety Advisors

4.6.1 Health and Safety (H&S) Advisors are to provide guidance and advice on return to work health and risk assessments, reasonable adjustments and restricted duties/reduced hours programmes; refer to Section 17 - Returning to Work.

4.7 Care First

4.7.1 Care First is a free and confidential service available 24 hours a day. Advice and counselling can be provided on a number of issues including debt, credit, legal and housing problems. Employees and their family members may self-refer by telephoning the service directly on 0800 174319.

4.8 The Chief Executive

4.8.1 Chief Executive must create an environment that promotes the health and wellbeing of all employees.

4.8.2 They should ensure that they are aware of the levels of sickness incurred and also the management activity for dealing with these absences.

4.8.3 The Chief Executive will be involved in processes concerning extensions of occupational sick pay, taking annual leave whilst on sick leave, payment of excessive annual leave, private medical treatments and other exceptional sickness related circumstances.

4.8.4 The Chief Executive holds authority for granting occupational sick pay extensions following reports from the SMT, OH Advisor, and, if appropriate, staff association member. This responsibility may be delegated.

4.8.5 In some circumstances, the Chief Executive may delegate authority for dealing with occupational sick pay extensions.

4.8.6 The Chief Executive is responsible for appeals in cases where employees are not selected for career development owing to their sickness record. This process can be delegated as the Chief Executive sees fit.

Business Manager

The Business Manager has overall responsibility for ensuring that the Sickness Absence Policy is effectively implemented by BTPA. This will include monitoring and auditing the systems and procedures directed by this policy.

4.8.7 The Business Manager has responsibility for managing performance across BTPA against this Policy.

5 MEDICAL APPOINTMENTS

- 5.1 Employees should make every effort to ensure that personal medical appointments are attended outside normal or scheduled working hours. BTPA is aware that this is not always possible; therefore appointments should be made at a time where minimal disruption will occur.
- 5.2 Approval will only be granted by managers, when a request for leave is requested in advance, except in the case of an emergency. Duty hours may be modified by the manager to accommodate the appointment.
- 5.3 Employees must be able to produce an appointment card or other record of appointment upon request by the manager.
- 5.4 Where appointments (medical or counselling) are arranged for an employee to see the external medical services providers, the employee must attend the appointment. The employee should inform their manager of the appointment time and obtain authorisation to attend. If the employee is unable to attend the appointment owing to exceptional circumstances, where possible these circumstances must be discussed prior to the appointment.

6 PART DAY SICKNESS ABSENCE

- 6.1 If an employee attends work and then departs owing to sickness, provided they attended work for more than two hours this will not be counted as a sick day. If an employee attends work for less than two hours, a full day sickness will be recorded. Sickness absences will not be recorded in half days.
- 6.2 If there are two such occurrences of an employee attending work for more than two hours and then departing owing to sickness in a 12 month rolling period then each subsequent occasion will be counted as a full day sickness absence.
- 6.3 For recording purposes managers are requested to use Appendix D - Absence Contact Sheet to record instances of an employee attending work for more than two hours and then departing owing to sickness. Absence Contact Sheets are to be emailed to the OSM.

7 CONTACT WITH EMPLOYEES

- 7.1 It is important that contact is maintained with employees who are absent through sickness or compassionate leave. This ensures that appropriate welfare support is provided.
- 7.2 The circumstances of the illness must be taken into account when keeping in touch with the employee. If an individual is in hospital, for example, it may be difficult to maintain telephone contact. Alternatives should therefore be considered; contact with a nominated (by the individual) third party may be appropriate.
- 7.3 Regular telephone contact will be the minimum expected of a manager. They must also ensure that the employee on sick leave is kept up to date by sending them payslips, and staff magazines, etc.
- 7.4 A home visit must be made by the line manager, or other suitable nominated manager, prior to 28 days absence. This is an opportunity to ensure that all

support that is required is being provided and any concerns that the individual may have are addressed promptly.

- 7.5 The visit is not intended to put the individual who is sick under pressure and must be timed and conducted in a sensitive manner i.e. visits should be timed to avoid recognised meal times and recognised religious observance times⁸, and should not be made very early in the morning or late at night, particularly if an employee has carer responsibilities.
- 7.6 A home visit to address attendance issues should not be made without the individual's agreement. In exceptional circumstances i.e. if the individual is absent from work and there are serious concerns about their welfare and all other attempts to make contact have failed, then advice must be sought from the SMT.
- 7.7 Prior to the visit, the manager must ensure that they are in possession of all relevant details for the particular circumstances. This may involve liaising with the OH Advisor.
- 7.8 The employee, for a variety of reasons may not welcome a home visit. When a person expresses concern, the manager must be sensitive and be able to suggest alternative arrangements. This may include a manager other than their line manager undertaking the visit or meeting in a mutually convenient location.
- 7.9 If at any point during a home visit an employee indicates they wish to terminate the visit, this should be accepted with a view to rescheduling the visit at a mutually convenient date and time.
- 7.10 The provisions of Article 8 of the Human Rights Act 1998 – the right to respect privacy for private and family life; should be taken into account when considering a employee's wishes in respect of a home visit.
- 7.11 No employee has the right to refuse contact with BTPA whilst absent owing to sickness or on compassionate leave. Any difficulties experienced by managers in this area must be immediately referred to the SMT.
- 7.12 Home visits can be made by colleagues, staff association representatives or support group members. When this occurs the SMT must be informed, to allow sensitive management and timing of home visits.
- 7.13 A record of any contact with an employee who is absent, through sickness, must be made on Appendix D - Absence Contact Sheet and emailed to the OSM.

8 ADMISSION TO HOSPITAL

- 8.1 When an employee is admitted to hospital, other than for a pre-planned admission, a person nominated by the Chief Executive will arrange appropriate contact with the employee immediately, this may be through a friend or relative, and arrange a hospital visit if this is the employee's wish. The SMT and the potentially the OH Advisor should be made aware of the situation.
- 8.2 The contact with the employee is to ensure that any support available within BTPA is provided and to ease the return to work process.

⁸ Seek advice on religious observance times from Engagement and Diversity, FHQ.

8.3 The visit should be recorded on Appendix D - Absence Contact Sheet and emailed to the OSM.

9. REPORTING OF INJURIES, ASSAULTS AND NEAR MISSES

9.1 Accident Reporting Procedure

9.1.1 When any BTPA employee is involved in any accident, near-miss, incident or dangerous occurrence while at work resulting in injury or ill health, no matter how minor or trivial it may appear at the time, the following reporting action must be taken:

- An Accident/Incident Report Form must be completed, provided the employee is not incapacitated or unable to attend work owing to the accident or incident and submitted to the OSM.
- It is important not to delay submission of the form.
- The incident will then be brought to the attention of that employee's manager, who will carry out an initial investigation of the event.
- The manager will then arrange for the form to be processed in the following way.
- The report will be forwarded to the Force Insurance and Claims Manager within 48 hours.
- Where the injured person is incapacitated by the accident, the line manager will complete the form in full.
- This arrangement will also apply when an accident involves a member of the public or a contractor present on BTPA premises.
- Where the accident occurs on the property of a non-domestic third party (e.g. a station manager's office), it is wise to ensure that the owner or person in control of that property records the incident in their accident reporting system as well.

10 DISABILITY DISCRIMINATION 1995 AND 2005

10.1 The Disability Discrimination Act (as amended) defines disability as:

“A physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities”.

10.2 A long-term effect is one that has lasted 12 months, is likely to last 12 months or the rest of an individual's life.

10.3 The term 'normal day-to-day activities' is intended to include activities which are normal for most people, rather than activities which are normal for a particular group of people. The DDA covers the impairment of day-to-day activities only if one of the following is affected: mobility, manual dexterity, physical co-ordination, continence, ability to lift, carry or move everyday objects, speech, hearing or eyesight, memory or ability to understand, concentrate or learn and perception of the risk of physical danger.

10.4 The Act places a legal duty on employers to make reasonable adjustments where a provision, criterion or practice applied by or on behalf of the

employer, or any physical feature of premises occupied by the employer, places a disabled officer at a substantial disadvantage compared with non-disabled colleagues, in order to remove the disadvantage; refer to Section 17.4 Reasonable Adjustments.

11 OTHER ABSENCES

11.1 Sickness Reporting

11.1.1 Employees must not report sick to meet personal or domestic needs unrelated to sickness. Such use is inappropriate, and could amount to abuse and may constitute a disciplinary offence⁹.

11.2 Annual Leave

11.2.1 Annual leave must not be used instead of sick leave as this produces a false representation of the sickness levels. False reporting may also prevent an individual from being monitored for unsatisfactory attendance and does not allow for the individuals medical needs to be addressed, for example assistance from the OH Advisor. Managers could also receive claims of discrimination or unfair treatment, as the granting of annual leave instead of sick leave is not permitted within this Sickness Absence Policy.

11.2.2 Where an employee is ill whilst on annual leave, they may apply to have their leave reinstated, by applying to the Chief Executive. This will depend on the correct reporting procedures having been complied with and will only apply where the sickness is supported by a Statement of Fitness for Work.

11.2.3 Where an employee is absent through sickness and wishes to take annual leave (either individual days or for travel within the UK or abroad), this may be agreed by the line manager if it is supported by a letter from the medical practitioner or OH Advisor, stating that it will not hinder the recovery process. Any annual leave taken will be deducted from the employee's annual leave entitlement and recorded as annual leave and not sick leave.

11.2.4 An employee who is unable to take annual leave within the normal leave year because of long term sickness will be entitled to accrue outstanding annual leave for that year. Accrued leave must be cleared by the 31 March of the following year, subject to exigencies of the service and with their manager's approval. Only in exceptional circumstances will accrual of any annual leave be extended beyond this, subject to agreement by the Chief Executive.

11.2.5 Payment for an excessive accumulation of annual leave that has arisen as a result of a lengthy period of sickness absence will only be made in exceptional circumstances and only with the decision being made by their manager in conjunction with the Chief Executive. In such cases, payments will not normally exceed more than five days. Any additional outstanding leave would be carried over into the following year on the understanding that it needs to be taken by the 31 March or be surrendered; only in exceptional circumstances will the annual leave be extended beyond this, subject to agreement by the Chief Executive.

⁹ Cases of alleged abuse will be dealt with through the relevant Regulations/Policies.

11.3 Sickness on a Bank Holiday

- 11.3.1 An employee certified as unfit for work through a Statement of Fitness for Work issued by their GP over a bank holiday will be entitled to accrue a day's leave. Leave accrued in this way must be taken as soon as possible, subject to exigencies of services and with management approval.
- 11.3.2 The Statement must be one that has been issued at the time of the sickness absence and Statements issued in retrospect will not be accepted for accruing leave.

11.4 Maternity Related Sickness Absence

- 11.4.1 Sickness absence in the period prior to the intended start of maternity leave or the period after the intended date of return to work owing to pregnancy should be reported and recorded in the normal way and paid in accordance to the occupational sick pay scheme. Absences such as these will not count towards the unsatisfactory attendance procedure provided that medical evidence is produced to support the assertion that the illness is pregnancy related.
- 11.4.2 Sickness absence that is not pregnancy related should be reported and recorded in the normal way. Occupational sick pay will be paid as usual, provided that the employee meets the requirements of the sick pay scheme. Maternity leave will commence on the date previously notified or the day following childbirth, whichever is earlier.
- 11.4.3 If sickness absence from work during the last four weeks before the Expected Week of Confinement (EWC) is wholly or partly pregnancy related, the employee should notify their manager and the OSM as soon as reasonably practical. Their maternity leave period will then commence the day following their first day of sickness absence. The OSM will contact the employee confirming the situation and the day the employee expects to return to work¹⁰.
- 11.4.4 An employee who is ill during maternity leave is not entitled to sick leave or sick pay until the intended date of return to work.

11.5 Cosmetic Surgery

- 11.5.1 All non-medical surgery i.e. cosmetic surgery should be taken as annual leave and not sickness absence unless the cosmetic procedure has been recommended by a medical practitioner/optician.

11.6 Suspension and Sickness

- 11.6.1 Conditions of service in respect of sickness are unaffected by the fact that an employee is suspended from duty. An individual who becomes ill during such a period must comply with the absence reporting procedures. Any periods of sickness absence must be supported by a relevant Statement of Fitness for Work.

¹⁰ For further information refer to the Maternity and Family Friendly SOP HR1:18.

11.7 Disability Related Sickness

- 11.7.1 Instances of disability related sickness – that is sickness which is a direct result of an impairment or the treatment being given to manage an impairment – are not classified as contributing to a breach of the sickness absence standards, nor does it result in implementation of the unsatisfactory attendance procedure.
- 11.7.2 For sickness to be recorded as disability related, it must be declared to the line manager and indicated on Appendix E - Return To Work Form. Sickness is recorded as disability related when:
- no reasonable adjustments are in place; or
 - reasonable adjustments that are in place are not effective and are under review; or
 - additional sickness allowances are allocated as part of a reasonable adjustment
- All other sickness should be recorded as normal.
- 11.7.3 Employees who have taken disability related sickness leave should have a return to work interview. During this interview it is important that the line manager discusses the disability with the employee and outlines the BTPA's commitment to ensuring that reasonable adjustments are in place for employees who need them. The line manager must confirm on the RTW form whether the sickness absence is disability related¹¹.

12 RECORD KEEPING & MONITORING

- 12.1 Line managers will ensure that Appendix C - Self Certificate for Sickness Absence Form, Appendix E - Return to Work Interview Form and a copy of the employee's sickness record are emailed, marked 'Restricted Staff', to the OSM on the day the individual resumes duty.
- 12.2 All sickness absence will be recorded by category, including the 12+ "Dorset Model" categorisations¹². The Dorset 12 categories are:
Headache/Migraine; Ear/Eye; Respiratory; Cardiac/Circulatory or Metabolic; Digestive Disorder; Genito-Urinary/Gynaecological; Musculo-Skeletal; Skin Infectious Diseases; Nervous System Disorders; Psychological Disorders; Miscellaneous.
- 12.3 The 'miscellaneous' code should be avoided where possible to allow more accurate reporting.
- 12.4 To ensure that management information is correct and to enable an informed assessment of the varying situations, it is important that statistical information is sufficiently robust. Therefore, the completed paperwork from the relevant manager will be expected to reach the OSM within five working days of the employee resuming work.

¹¹ More information and guidance relating to disability related sickness can be found in the Disability (draft) SOP

¹² The 'Dorset Model' is the Home Office recommended model for recording sickness absence.

13 SICK PAY

13.1 Occupational Sick Pay

13.1.1 BTPA operates the following occupational sick pay scheme¹³. For definitions of 'Reference Salary', full pay' and 'half pay', refer to Section 2.3 Glossary of Terms.

Police Staff

<u>Length of Service</u>	<u>Maximum Period of Payment</u>
0 - 6 months	Nil
6 months - 1 year	6 weeks full pay & 6 weeks half pay
1 - 5 years	16 weeks full pay & 16 weeks half pay
5+ years	26 weeks full pay & 26 weeks half pay

13.1.2 Sick pay entitlements, and any adjustments to pay, will be managed by the OSM.

13.1.3 Occupational Sick Pay Extensions

13.1.3.1 Employees may apply for an extension to their occupational sick pay. They must complete Appendix G - Extension of Sick Pay Application Form and submit it to the SMT.

13.1.3.2 The granting of sick pay extensions is at the discretion of the Chief Executive, or delegated authority who must consider each case on its merits¹⁴.

13.1.3.3 Whilst each case will be assessed individually, half/full pay extensions will generally be appropriate for discretion to be exercised favourably where:

- The employee's ill health is directly attributable to an injury or illness that was sustained or contracted in the execution of their duty; or
- The employee is suffering from an illness which may prove to be terminal or the case is being considered by the external medical services provider and medical evidence /appointments/reports are expected soon after the half pay/no pay date; or
- An employee is on long term sickness absence relating to a disability and adjustments that BTPA considers to be reasonable (in accordance with the DDA) are unable to be made in a timely fashion (for example an agreed specially-adapted chair takes longer than expected to be delivered).

13.1.3.4 Extensions of sick pay will only be granted by the Chief Executive. Appendix G - Extension of Sick Pay Application Form should be completed. The employee will have an opportunity to make representations of their case in writing prior to a decision being made.

13.1.3.5 The Chief Executive may decide not to exercise the discretion where:

¹³ The occupational sick pay scheme is detailed in the contract of employment.

¹⁴ This is in accordance with PNB Agreement of 9 May 2002 (PNB Circular 03/2). Although PNB applies only to police officers, the same principles for sick pay extensions will apply to police staff.

- There is evidence of default or neglect on the employee's part.
- The employee's actions may be delaying the process of recovery.
- The employee is unreasonably failing to co-operate with a rehabilitation programme or comply with requests to attend medical examinations or supply medical information.

13.1.3.6 Where extensions of full pay or half pay have been granted, the decision should be documented and reviewed on a monthly basis.

13.2 Statutory Sick Pay

13.2.1 Employees who are ineligible for BTPA occupational sick pay scheme may be entitled to Statutory Sick Pay (SSP) subject to meeting several qualifying criteria.

13.2.2 To be eligible for SSP an employee must:

- Be aged between 16 and 65.
- Sick for at least four days in a row (including weekends and bank holidays). This is the period of incapacity for work.
- Earn a minimum weekly salary¹⁵ which is reviewed annually.

13.2.3 The Statutory Sick Pay Rate¹⁶ is a fixed amount and is reviewed annually. Fractions of a week are calculated on a pro-rata basis. SSP is paid for up to a maximum of 28 weeks. (update figures)

13.2.4 SSP is a daily payment and is paid for the days that an employee would normally work; these are known as the Qualifying Days (QDs). SSP is not paid for the first three QDs in any period of sickness unless it falls within a Linking Period. A Linking Period is when an employee is sick for two or more occurrences of at least four consecutive days with a period of eight weeks or less in between them. Such cases are deemed to be one period of incapacity for work and consequently the three day waiting period need not be served for the second occurrence.

13.2.5 If eligible, an employee must report sick in accordance with this policy. BTPA reserve the right to require an employee to produce evidence of their sickness in the form of a Statement of Fitness for Work¹⁷. Failure to comply with these requirements may result in SSP not being paid.

13.2.6 The total amounts of Sick Pay you are paid will be unaffected by your participation in PensionPlus. This is because employees who participate in a salary sacrifice arrangement are not able to sacrifice from Statutory Payments. Therefore, when in receipt of SSP, BTPA will pay a non-statutory top up to ensure pension payments are not affected overall.

¹⁵ For the minimum weekly salary you must earn to qualify for statutory sick pack see www.Directgov.uk. For reference purposes the required weekly salary for year commencing 5th April 2011 was £102 per week.

¹⁶ For the current rate see www.Directgov.uk. For reference purposes the rate for year commencing 5th April 2009 was £81.60.

¹⁷ The individual will be reimbursed the cost of obtaining a Statement of Fitness for Work.

13.3 Incapacity Benefit

13.3.1 Employees who are ineligible for BTPA occupational sick pay scheme and who do not meet the criteria for SSP or whose entitlement to SSP has ended may be eligible to claim an Incapacity Benefit from the Department of Work and Pensions (DWP). To claim for an Incapacity Benefit the employee must obtain and complete a SSP1 Form from DWP (for contact details refer to Section 24 – Further Information) and submit this to their local Jobcentre Plus. The Employer Section of the SSP1 Form is to be completed by the Business Manager.

13.4 Third Party Claims

13.4.1 Occupational sick pay paid during a period of absence owing to an accident or injury caused by a third party¹⁸ will be treated as a loan¹⁹. In the event that the employee is able to recover damages from a third party or the Criminal Injuries Compensation Authority (or any other body set up for a similar purpose) that part relating to loss of earnings will be repaid to BTPA up to the amount of sick pay received.

13.4.2 Appendix C - Self Certificate for Sickness Absence Form completed by all employees when absent from work through illness or Statement of Fitness for Work issued by their GP, reports whether absence is owing to an incident involving a third party. This identifies potential cases.

13.4.3 Should an enquiry be received from a solicitor (or equivalent advocate) acting on behalf of the employee requesting an earnings statement, this will not be disclosed without the consent of the employee concerned²⁰. In seeking the employee's consent to disclose, it should be made clear that BTPA retains the right to retrieve any element of a successful claim relating to loss of earnings already paid as sick pay.

13.4.4 The SMT will monitor these cases and is responsible for recovering sick pay for which employees have been paid as a result of successful claims against third parties²¹.

¹⁸ Third party refers to a person or organisation other than the injured individual or BTPA (its employees, BTPA members, volunteers or agents) if the injury is sustained during the course of their employment.

¹⁹ Reference details for the Loans, Advances and Overpayments SOP HR7:2.

²⁰ There are disclosures that BTPA are obliged to make without employee consent in other circumstances e.g. to meet CSA requests.

²¹ This applies to all employees but the extent to which this procedure is already incorporated into the employee's contract varies. For example, it is specifically described for 'old contract' police staff but the Handbook for post 1 January 2003 police staff does not include such a clause. See *BRB and Railway Companies Salaried Staff – Rates of Pay and Conditions of Service – Sick Pay* (Section 9, Paragraph 10, Handbook page 177).

14 SHORT TERM ABSENCE

14.1 Definition: Short term absence is any period of sick leave up to and including 27 calendar days.

15 LONG TERM ABSENCE

15.1 Defining Long Term Absence

15.1.1 Definition: Long term absence is any period of continuous sickness absence of 28 calendar days or more.

15.2 OH Referrals

15.2.1 All long term absences will be referred to OH.

15.3 Support during Long Term Absence

15.3.1 Employees who are absent from the workplace for long periods of time may need extra support to ensure that their return to work is as smooth as possible. This will include the manager ensuring that the individual is kept up to date with what is happening both in the workplace and BTPA in general.

15.3.2 BTPA may refer employees who are absent for an assessment with the external medical services provider. In the relevant referral letter managers should ask the medical professional:

- To provide their view on whether or not the Disability Discrimination Act 1995 applies to the employee.
- What the prospects of the individual's return to work are, what the likely timing of sufficient recovery for a return to work will be.
- Whether there are any reasonable adjustments to the employee's post which the medical professional can recommend for BTPA to consider (if the DDA is deemed to apply).

15.3.3 The employee and line manager along with any relevant OH Advisor should then meet to discuss the report received and the prospects for a return to work within a reasonable time, as well as any recommended adjustments, their feasibility and reasonableness. If further specialist advice or input from the employee's GP is required this should be sought as soon as possible (having reference to the confidentiality obligations set out above). All medical advice should be considered together when reaching a decision on recommended or potential adjustments (if the DDA is deemed to apply). The employee should seek to engage as closely as possible with BTPA in discussing and agreeing a pathway for an effective return to work.

15.4 Case Conferences

15.4.1 Employees falling into this category will be the subject of local case conferences, involving the Chief Executive, the OH Advisor and the relevant manager. Attendance by a staff association representative will only apply if it is relevant to the situation in question. At all times confidentiality will be respected. Full notes, including action points should be taken and retained on the individual's personal file. Appendix F - Case Management Form should be used for recording purposes.

- 15.4.2 The timing of such case conferences need to be cognisant of any unsatisfactory performance or attendance meetings which may be held. This is to prevent an unnecessary meeting and to inform the manager whether a meeting under the Unsatisfactory Performance Procedure should be held.
- 15.4.3 Individuals whose illness or injury is such that they can be reasonably expected to suffer long term sickness can be included in the case conference prior to exceeding 28 days absence. This allows for early intervention and pro-active medical action to be taken.

16 RETURNING TO WORK

16.1 Return to Work Interviews

- 16.1.1 An effective manager is one who takes an interest in the well being of their staff. As part of this process it is important to make employees understand that every absence is noted and that there is a genuine concern for their welfare. This is most effectively done at a return to work interview, which is to be documented on Appendix E - Return to Work Interview Form.
- 16.1.2 The interview must be completed on the first day that the employee resumes duty whenever this is possible. It is likely that if left to a later date, the interview could lose its impact. Any failure to comply with this must be documented on Appendix E - Return to Work Interview Form.
- 16.1.3 The line manager may nominate another manager to undertake the interview on their behalf if this would be more appropriate. If either of these options applies, the circumstances must be recorded.
- 16.1.4 Once the interview has taken place, the completed Appendix E - Return to Work Interview Form must be emailed to the OSM marked 'Restricted-Staff'.

16.2 Return to Work Health Assessment

- 16.2.1 Following a period of long term sickness absence, BTPA must ensure that an employee is returning to work safely.
- 16.2.2 The individual's general practitioner (GP), whilst certifying that a return to work is acceptable, will not usually be in possession of the full requirements of the role to be carried out.
- 16.2.3 To ensure that BTPA fulfils its legal obligations under its duty of care to all staff, the following will apply:
The SMT will ensure:
- Liaison between the employee, manager and the OH Advisor on the anticipated return date.
 - Consideration of a personal review by the OH Advisor or the external medical services provider.
 - Consideration of a rehabilitation programme or a temporary reduced hours.
- 16.2.4 The assessment process should not delay the return to work.

16.3 Reduced Hours

- 16.3.1 Following all necessary medical assessments and receipt of relevant reports working hours will be considered. Where a temporary reduction in hours is considered appropriate, there will be no reduction in pay. The aim is for the employee to return to full duties and full hours as soon as possible.
- 16.3.2 If an individual is working temporary reduced hours, annual leave should be calculated based on the full time allowance. For example, an employee working four hours per day should deduct the full time allowance e.g. eight hours from their annual leave entitlement.
- 16.3.3 All reduced hours programmes will be monitored by the line manager and SMT and will be reviewed on fortnightly basis.

16.4 Reasonable Adjustments

- 16.4.1 In accordance with the Disability Discrimination Act 1995 & 2005²² reasonable adjustments are changes to the working environment which prevent an individual with a disability from being substantially disadvantaged.
- 16.4.2 All reasonable adjustments should be explored with the intention first and foremost of retaining the employee in their existing role. Only where this is not possible, should other roles/posts be explored.
- 16.4.3 Decisions will involve consultation with the individual, and advice from an OH Advisor, other medical experts, line manager, H&S Advisor and any other appropriately qualified expert. These decisions will usually take place at a fully documented case conference.
- 16.4.4 Factors to consider in making reasonable adjustments include:
- Whether the adjustment is likely to be effective i.e. the extent to which the steps taken would overcome the disadvantage.
 - The extent to which it is practicable to make the adjustment.
 - The extent to which both parties co-operate to reach agreement on an adjustment.
 - The impact on colleagues/the team in terms of operational effectiveness.
 - The financial and other costs²³ of the adjustment and extent of any disruption caused²⁴. This should be balanced against the value of the individual's experience and expertise to BTPA.
 - Arrangements and adjustments already made for other disabled employees.
- 16.4.5 The test of reasonableness will depend on the individual circumstances in each case. The following are examples of where adjustments might be considered, however, these might not be reasonable in all cases:

²² Refer to Section 11 – Disability Discrimination Act (1995 & 2005).

²³ Financial or other help may be available from the Government 'Access to Work' programme or other agencies.

²⁴ A Tribunal will take account of the whole force budget and not an individual department's budget when considering the financial constraints in undertaking an adjustment.

- Allocating a small part of the role to other staff if there are one or two activities which the individual cannot perform.
- Altering working hours to enable, for instance, travel to and from work to be adjusted for ease of travel.

17 UNSATISFACTORY ATTENDANCE PROCEDURE

17.1 General Guidance

- 17.1.1 In the first instance, it is the duty of BTPA to respond in a caring, supportive way to employees who are ill or injured. All staff must be treated fairly and the specific circumstances of their case given full and fair consideration. However, where possible abuse of the system is identified, firm action will be taken.
- 17.1.2 An assumption is made that where an individual says that they are unable to come to work, their illness is genuine. If the illness is not genuine, the person absent may be committing a disciplinary offence²⁵.
- 17.1.3 BTPA reserves the right to:
- Require an employee to produce a Statement of Fitness for Work in respect of sickness absence of any length. The individual may be reimbursed the cost of obtaining the Statement.
 - Withhold sick pay if the Statement is not produced. The individual will be given notification in writing and seven working days in which to produce the Statement before any action is taken to withhold their pay.
 - Require an employee to see the external medical services provider for the purposes of a medical examination. The employee will be required to sign the Consent for a Report from a Medical Practitioner /Specialist Form HR3:1.2²⁶.
- 17.1.4 At each stage of the unsatisfactory attendance procedure, it must be stressed to the employee that there is support available from BTPA in terms of occupational health, welfare and Care First (for further information refer to Section 4 - Roles and Responsibilities).
- 17.1.5 Any action taken under the formal unsatisfactory attendance procedures may have an effect on Performance Related Pay.
- 17.1.6 Instances of disability related sickness absence and maternity related sickness absence will not be counted as triggers as part of the unsatisfactory attendance procedure. Line managers will confirm whether a period of sickness is disability or maternity related by ticking the appropriate box on the Return to Work Interview Form.

²⁵ All cases of alleged abuse will be dealt with under the terms of the Code of Conduct.

²⁶ The Consent for a Report from a Medical Practitioner /Specialist Form HR3:1.2 can be found in Appendix B of the Occupational Health Services SOP - HR3:1; reference details for which are in Section 24 - Further Information.

17.2 Unsatisfactory Attendance Threshold

17.2.1 This will occur when the number of absences reaches:

- A Bradford score of 50 or over in a 26 week rolling period; or
- A Bradford score of 100 or over in a rolling 52 week period.

17.3 Initial Meeting

17.3.1 There must be an unsatisfactory attendance initial meeting (informal) held between the employee and their first line manager. This will be a separate process from the return to work interview and will look at the situation in more depth.

17.3.2 The purpose of the initial meeting stage is to make a full assessment of the sickness record, to consider any extenuating circumstances and to make a decision on whether formal action is required.

17.3.3 When a manager first identifies that an employee's attendance is falling below standard i.e. has reached the unsatisfactory threshold as highlighted in 17.2.1, appropriate facts and information should be clarified to ensure that it is clear what the problem actually is.

17.3.4 The employee must be asked if there are any mitigating circumstances that have accounted for unsatisfactory attendance. In these instances the manager may consider a referral to Occupational Health²⁷. Appropriate counselling and support should be offered to the employee.

17.3.5 During the initial meeting the manager should complete a file note of the initial meeting and include the following:

- The reason for conducting the initial meeting.
- The consequences of failure to improve - i.e. that the situation will be managed through the formal Unsatisfactory Attendance Procedure.
- A summary of the initial meeting.
- A decision whether or not to move to Stage One (formal) Meeting.

17.3.6 All file notes should be forwarded to the OSM to consider as part of the case management process.

17.3.7 File notes, Return to Work Interview Forms²⁷ and other sickness related documentation should be retained on the individual's personal file. Please refer to the Management Action on File Note Policy (134/08) for further guidance.

17.3.8 In certain cases it may not be appropriate for an employee to move to a Stage One Meeting (formal). Examples of these include (but may not be limited to) the following points 17.3.9 - 17.3.12.

17.3.9 Injuries at work

17.3.9.1 Whilst injuries at work are not automatically left out, the seriousness and circumstances surrounding the incident will determine whether it should be

²⁷ Care First is a free and confidential service available 24 hours a day. Advice and counselling can be provided on a number of issues including debt, credit, legal and housing problems. Employees and their family members may self-refer by telephoning the service directly on 0800 174319.

excluded, this will be at the manager's discretion. Whilst each case will be assessed individually, discretion can be exercised favourably where the employee's ill health is directly attributed to an injury or illness that was sustained or contracted in the execution of the employee's duty.

17.3.10 Terminal Illness

17.3.10.1 Where the employee is suffering from an illness which may prove terminal and is not likely to return to work in the near future it may not be appropriate to utilise the Unsatisfactory Performance/Attendance Procedure.

17.3.11 Long Term Incapacity

17.3.11.1 Where the employee is suffering from long term incapacity, where there is concern as to the employee's ability (bearing in mind all periods of absence to date) to return to work and/or attend work on a regular basis within a reasonable period following appropriate referral to Occupational Health, it is possible that an employee is unlikely to be medically capable of fulfilling the role. In this case the ill health dismissal process will apply. Consideration should be given to implementation of BTPA's ill health dismissal process (further details of which can be found at Section 18) and/or ill health retirement²⁸.

17.3.12 Any Other Extenuating Circumstance.

17.3.12.1 The above is not an exhaustive list. Each case should be considered on its merits.

17.4 Following the Procedure in an Employees Absence

17.4.1 Stages of unsatisfactory performance can be dealt with in the absence of the employee, if there is a continuing incapability of the employee to attend any relevant meetings.

17.5 Entering the Formal Stages of the Procedure

17.5.1 If during the initial meeting, the manager feels the attendance is unsatisfactory and none of the above exclusions and extenuating circumstances apply, the employee should be referred to the formal process²⁹.

17.6 Stage One Meeting

17.6.1 Meeting Procedure

17.6.1.1 If the manager ascertains that the attendance of the employee is unsatisfactory after taking into consideration all factors at the initial meeting (as detailed in Section 17.3 - Initial Meeting), the manager should proceed to the formal procedure - Stage One.

17.6.1.2 The manager should write to the employee informing them that the unsatisfactory attendance procedure will move to a formal Stage One Meeting. This should detail a time and location for the Stage One Meeting to take place and should occur no later than 14 days after the review period has lapsed.

²⁸ Please refer to Section 19 - Ill Health Dismissal Process for further information.

²⁹ Forms and letters to be used for the Unsatisfactory Attendance Procedure are the same as for the Unsatisfactory Performance Procedure; these can be found in the Unsatisfactory Performance (Police Staff) SOP - HR1.16.

- 17.6.1.3 The employee has the right to be accompanied at the formal stage or to consult with a trade union or staff association representative, a support group member or work colleague. External legal representatives are not permitted. The employee must take all reasonable steps to attend the meeting. Where a representative/fellow employee is not available on the date allocated, the meeting will be arranged within five working days, wherever possible, following the original date.
- 17.6.1.4 In some cases it may be necessary to go to the formal stages of the Unsatisfactory Attendance Procedure without going through the informal procedure. This should be very rare and should be considered very carefully.
- 17.6.1.5 During the Stage One Meeting the employee must be made aware of the standards of attendance required and their shortcomings in this regard. Confirmation should also be sought from the employee that they were aware of the standards required of them.
- 17.6.1.6 An Action Plan should be produced with the employee to track the progress and for the manager to support them. A reasonable and appropriate period for the employee to reach the standard and agree a monitoring system must be established. The actions and timescales set must be reasonable and in accordance with the individual attendance issues using the SMART³⁰ principles, although generally this should not exceed three months. It must be made clear as to what improvements are required and how their attendance will be monitored during this period. It should be noted that although an Action Plan may only remain live for three months, an Improvement Notice remains live for a period twelve months to ensure that an employee's attendance does not fall below the required standard.
- 17.6.1.7 The employee must be informed as to what will happen if the standard is not met and no other suitable alternatives remain. The unsatisfactory attendance procedure could lead to serious consequences including a termination of contract.
- 17.6.1.8 Following the meeting an Improvement Notice which is valid for twelve months is issued along with an Action Plan. An Improvement Notice sets out the standards of attendance that BTPA employees should adhere to and an Action Plan highlights the steps to be taken to ensure the employee achieves the standards in the Improvement Notice within the specified period. A copy of the Improvement Notice must be sent to the OSM. The timescales for review will be set out in the Action Plan along with the employee's right of appeal to the second line manager. The Improvement Notice will remain valid for 12 months from the issue date.
- 17.6.1.9 The employee will have the opportunity to review the proposed Action Plan prior to it being made a matter of record and normally seek agreement of the content of the meeting and its outcomes. Any reasonable request for change should be agreed by the manager.
- 17.6.1.10 The manager will review progress against the Action Plan on a monthly basis after the Improvement Notice has been served.

³⁰ SMART objectives: Specific, Measurable, Achievable, Realistic, Time-bound – Refer to the Performance Development Review (PDR) SOP HR5:4, Section 6.7.

- 17.6.1.11 As soon as it is practicable after the specified period, an employee's attendance will be assessed by the manager. If the employee's attendance has improved to the level required; they should be informed in writing and encouraged to maintain the improvement. During the validity period of the Improvement Notice, employees should be reminded of the consequences of failing to maintain their attendance.
- 17.6.1.12 Thereafter, providing the employee is achieving the standards required, their attendance should be monitored in the same way as all other employees for whom it has not been necessary to pursue the unsatisfactory attendance procedure.
- 17.7.1.13 If an employee does not display any improvement to the required level in their attendance the employee must be informed that they are being referred to a Stage Two Meeting. The manager will then put forward the evidence relating to the unsatisfactory attendance to the second line manager.

17.7 Stage One - Meeting Appeal

- 17.7.1 If an employee wishes to appeal they should, within seven days of receiving the Improvement Notice, submit their written grounds for the appeal to the second line manager. Stage One appeals will be usually heard by the second line manager.
- 17.7.2 The appeal should normally be heard within seven working days but if this is not possible then the employee will be informed of the reason for the delay and an alternative date set as soon as possible.

17.8 Stage Two - Meeting

- 17.8.1 If the line manager believes there is enough evidence of a lack of improvement or continuing unsatisfactory attendance they will convene a Stage Two Meeting.
- 17.8.2 The Stage Two Meeting will be chaired by the line manager.
- 17.8.3 As with the Stage One Meeting the employee has the right to be accompanied by a work colleague of their choice or a representative or official of a trade union or association that is recognised by BTPA for negotiating or support purposes. The colleague/representative may seek to clarify points of detail and/or procedure, but will not act in lieu of the employee. Employees are not entitled to be represented by a Solicitor or other formal legal representative under this procedure.
- 17.8.4 Where a representative/work colleague/trade union official is not available on the date allocated, the meeting will be arranged within five working days, wherever possible, following the original date.
- 17.8.5 An Action Plan should be produced with the employee to track the progress and for the manager to support them. A reasonable and appropriate period for the employee to reach a required attendance standard and agree a monitoring system must be established. The actions and timescales set must be reasonable and in accordance with the individual attendance issues using the SMART principles, although this generally should not exceed three months. It must be made clear as to what improvements are required and how their attendance will be monitored during this period.

- 17.8.6 The employee must be informed what will happen if the attendance standard is not met and no other suitable alternatives remain, and that the unsatisfactory attendance procedure could lead to serious consequences including a termination of contract.
- 17.8.7 Following the meeting a Final Improvement Notice is issued along with the Action Plan. A copy of the Final Improvement Notice must be sent to the OSM. The timescales for review will be set out in the Action Plan along with the employee's right of appeal to the second line manager. The Final Improvement Notice will remain live for 12 months from the issue date.
- 17.8.8 The employee will have the opportunity to review the proposed action plan prior to it being made a matter of record and normally seek agreement of the content of the meeting and its outcomes. Any reasonable request for change should be agreed by the manager.
- 17.8.9 The manager and the employee should review progress against the Action Plan regularly to ensure that the employee is on target to achieve expected levels of attendance.
- 17.8.10 The employee must also be informed that they will continue to be monitored to ensure that improvements continue. It should be noted any further unsatisfactory attendance that falls within the remaining validity period may result in a Stage Three meeting.
- 17.8.11 As soon as it is practicable after the specified period, an employee's attendance will be assessed by the line manager. If the employee's attendance has improved to the level required; they should be informed in writing and encouraged to maintain the improvement. During the remainder of the validity period the employee should be reminded of the consequences of failing to maintain their attendance.
- 17.8.12 Thereafter, providing the employee is achieving the standards required, their attendance should be monitored in the same way as all other employees for whom it has not been necessary to pursue the Unsatisfactory Attendance Procedure.
- 17.8.13 If an employee does not display any improvement to the required level in their attendance, the employee must be informed that they are being referred to a Stage Three Meeting.

17.9 Stage Two - Meeting Appeal

- 17.9.1 If an employee wishes to appeal they should, within seven days of receiving the Stage Two Meeting notice, submit their written grounds for the appeal. All Stage Two appeals will be heard by the second line manager at the grade above that which conducted and issued the Action Plan at the Stage Two Meeting.
- 17.9.2 The appeal should normally be heard within seven working days but if this is not possible then the employee will be informed of the reason for the delay and an alternative date will be set as soon as possible.

17.10 Stage Three Meeting

- 17.10.1 If an employee does not display the required improvement in their attendance, they must be informed that they are being referred to a Stage Three meeting.

In relation to sickness absence the employee will be required to see the external medical services provider to ascertain if there is any underlying medical reason as to why an acceptable level of attendance cannot be reached. If there is, medical retirement³¹ may be considered.

- 17.10.2 A stage three meeting will be held by a panel Chaired by Second line manager and supported by the line manager.
- 17.10.3 The employee has the right to be accompanied by a work colleague of their choice or a representative or official of a trade union or association that is recognised by BTPA for negotiating or support purposes. The colleague/representative may seek to clarify points of detail and/or procedure, but will not act in lieu of the employee. Where a representative/work colleague/trade union official is not available on the date allocated, the meeting will be arranged within five working days, wherever possible, following the original date.
- 17.10.4 The managers involved with the procedure may be called upon to explain or present evidence.
- 17.10.5 The panel have the option of:
- Extension to final written Improvement Notice.
 - Dismissal.
- 17.10.6 Any dismissal will be in accordance with notice provision contained in the employee's terms and conditions of employment.
- 17.10.7 The Chair must confirm the outcome of the interview in writing³², wherever possible within 24 hours of the meeting. The following information should be included in the letter:
- Summary of the Stage Three Meeting.
 - Details of options explored and reasons why they are not suitable.
 - Confirmation of the dismissal.
 - The employee's right to appeal.
- 17.10.8 Copies of the letter must be sent to all those present at the interview.

17.11 The Right to Appeal

- 17.11.1 An employee may exercise the right of appeal against the final outcome of an unsatisfactory attendance decision, using the following procedure:
- The appeal must be made in writing to the Chief Executive. A copy of the letter of appeal must be sent to the Chair.
 - The letter of appeal must specify the full grounds on which the appeal is made. i.e.
 - The finding was unreasonable.
 - The sanctions were unreasonable.

³¹ Refer to Section 19 - Ill Health Dismissal.

³² Refer to Appendix W - Finding and Right of Appeal (Stage Three Gross Incompetence) Letter (HR1:16.23) of the Unsatisfactory Performance (Police Staff) SOP - HR1.16.

- Critical new evidence subsequently coming to light.
 - Serious breach of procedure or unfairness
- 17.11.2 The time limit for notification of an appeal is seven working days from receipt of the final written confirmation letter containing the unsatisfactory attendance action.
- 17.11.3 The appeal will be considered by the Chief Executive. Where grounds of appeal are identified an appeal hearing will be arranged. Within seven working days the employee will either receive a written response to the appeal or notification to attend an appeal hearing.
- 17.11.4 The employee will be given at least five working days notice of the hearing.
- 17.11.5 The employee has the right to be accompanied by a work colleague of their choice or a representative or official of a trade union or association that is recognised by BTPA for negotiating or support purposes. The colleague/representative may seek to clarify points of detail and/or procedure, but will not act in lieu of the employee.
- 17.11.6 The Appeal Manager has the authority to revoke or reduce an unsatisfactory attendance penalty.
- 17.11.7 The appeal procedure is not intended to repeat the detailed investigation of the original hearing, but to focus on particular factors that the employee feels should receive further consideration.
- 17.11.8 Where an appeal is not successful, the effective date of the warning/dismissal shall be the date on which the employee was originally warned or dismissed.
- 17.11.9 The outcome of the appeal will be recorded, along with a record of any disagreement, which will be attached to the main report, and the employee will be given a copy of this.

18 ILL HEALTH DISMISSAL PROCESS

- 18.1 Where an individual is unable to perform their normal duties then suitability and reasonableness will be the prime factors in identifying appropriate alternative duties that BTPA might expect the individual to undertake. When assessing suitability and reasonableness, the factors that could be taken into consideration include:
 - Job content
 - Skill & aptitude
 - Current pay and future earnings opportunity
 - Hours of work, location and travel arrangements
 - Personal commitments and circumstances
- 18.2 Due consideration will also be given to the degree of training required to enable the individual to undertake alternative work. Full support will be made available to those individuals able to demonstrate the necessary aptitude for acquiring those new skills. This will enable BTPA to effectively discharge its obligations under legislation including the Disability Discrimination Act.

18.3 Access to the Ill Health Dismissal Process

- 18.3.1 Whenever an employee commences a period of sick absence then they should be managed in a positive and proactive way by their first line manager with appropriate support from the Business Manager and an OH Advisor if required. The aim throughout any employee's period of sick absence should be to enable their return to work as soon as possible, with appropriate work place adjustments where necessary.
- 18.3.2 However, it is recognised that the nature of an employee's illness or injury may mean that the consideration of ill health severance and/or retirement might be appropriate at any step. Furthermore, if an employee has been sick for a continuous period of 12 months or more, then the consideration of ill health severance and/or retirement will usually be appropriate. In either circumstance, the procedure set out below should be adopted.

18.4 Step One - Meeting with Individual

- 18.4.1 The line manager should meet with the individual to discuss the process. It should be made clear to the individual that the decision to continue their employment with BTPA is entirely separate to any decision that the pensions board may make as to eligibility for an ill health pension. Should BTPA be left with no alternative but to terminate the individual's services by reason of ill health BTPA will process such an application on their behalf but any decision as to eligibility lies with the pension management committee, rather than BTPA.

18.5 Step Two - Referral

- 18.5.1 Employees will be referred to OH. The purpose of the referral is firstly to establish whether there is underlying ill health adversely affecting the individual's ability to undertake normal/adjusted duties efficiently and regularly, secondly to form a prognosis for recovery to enable resumption to the same or alternative work.
- 18.5.2 Adequate notice (which will normally be two weeks) of the consultation appointment will be given and the individual will be encouraged to gather together all supporting medical evidence, including any sealed evidence provided by medical advisors or any other information that may be of assistance at the referral.
- 18.5.3 It is the aim that the referral discussion between BTPA's external medical provider and the individual will lead to general agreement on the advice being prepared, based primarily on medical evidence. Where this has not been possible and it becomes apparent that additional medical evidence is needed, the consultation will be adjourned to be reconvened upon receipt of the evidence requested.
- 18.5.4 The practical steps of referral are:
- Consultation with the individual to establish the individual's personal circumstances. This may involve a medical examination.
 - Evaluation of information provided by a line manager regarding attendance and work performance, which is relevant to the referral.

- Evaluation of all other relevant information provided by specialist functions, e.g. Human Resources.
- Evaluation of any medical evidence supplied by the General Practitioner (GP) or Consultant, following disclosure authority from the individual concerned.

18.6 Step Three - Post-Report Meeting with the Individual

18.6.1 Once the report is received from OH, the Business Manager with the support of the BTP HR Business Partner should then convene a second meeting with the individual to discuss the outcomes. The report should provide guidance as to which of the following categories the individual falls under, namely that the individual should be able to:

- Undertake their normal duty or be able to work normally with modifications to their current duty. In this case the OH Advisor would advise the line manager that there are no underlying ill health reasons affecting the individual and the process would not continue.
- Undertake suitable alternative work following any necessary reasonable adjustments and/or training. In this case the OH Advisor will also provide advice on:
 - The type of work that would be suitable, e.g. sedentary or active, and any special requirements, e.g. non-driving.
 - Aptitude, capability, skill requirements and any other qualifying conditions.
 - The hours of attendance required and whether these are limited to certain times of the day or week.
 - The location of the work and the limitations on daily travel for either attendance or discharging of duties involved.
 - Guidance on disability and implications in relation to the Disability Discrimination Act.
- If the individual is unable to work again for the foreseeable future but should recover and be able to be employed in some capacity at a later date, the OH Advisor may conclude that whilst the individual may be able to resume some duties in the future, the time frame involved may be unacceptable to BTPA. Or that the appropriate adjustments necessary are such that suitable alternative duties of this type may not exist or be achievable. The recommendation would therefore be ill health dismissal.
- If the individual is unable to work again, the recommendation would be ill health dismissal.

18.6.2 During this meeting if appropriate, the individual should be provided with a copy of the ill health pension application form but it should be made clear to them that this does not prejudge any decision.

18.6.3 If an individual's condition/circumstances change or new medical evidence becomes available a further referral may be requested and the process effectively restarts at the referral step.

18.7 Step Four - Decision

- 18.7.1 Once the process has been completed then the recommendation, along with copies of all correspondence and notes of the meetings, should then be sent to the OSM.
- 18.7.2 An HR Business Partner from an Area other than that conducting the Step Three process will chair a meeting on with the individual, their representative and the line manager. The purpose of the meeting is to ensure that there is a corporate approach across BTPA and also to check that all the areas have been addressed.
- 18.7.3 Following the meeting, one of three options may occur:
- The request to terminate under ill-health is agreed.
 - The request to terminate under ill-health is declined.
 - Further medical evidence/clarification is required.

18.8 Step Five - Right of Appeal

- 18.8.1 There will be a right of appeal against the decision of the Dismissing Manager. This should be made in writing within seven days of written notification of the decision to the Chief Executive.
- 18.8.2 An employee may exercise the right of appeal against the final outcome of the ill health dismissal meeting.
- 18.8.3 The letter of appeal must specify the full grounds on which the appeal is made. Examples can include:
- An inconsistent or inappropriate decision.
 - Any extenuating circumstances which were not previously considered.
 - Bias or discrimination during the process.
 - Unfairness of earlier proceedings.
 - New evidence subsequently coming to light.
- 18.8.4 The appeal is not a re-hearing of all the evidence/information considered at previous meetings.
- 18.8.5 An appeal meeting will be arranged as soon as possible and the outcome will be notified to the employee within seven days. The appeal will be heard by the Chief Executive or a delegated Appropriate Authority (AA). The employee will have the right to be accompanied by a colleague or staff representative. In the event the employee can not attend an appeal hearing, the meeting will be take place in their absence.

19 STAFF SERVING A PROBATIONARY PERIOD

- 19.1 Employees with a period of long-term sickness absence may have their probationary period extended to assess their overall performance for the full period.
- 19.2 Alternatively, consideration may be given to terminating their employment on the grounds that their health and absences are such that they have failed to reach the required standard for continued employment. Full consideration will

be given to the Disability Discrimination Act 1995 prior to any decision being reached.

19.3 In cases of short-term absences, not covered by the Disability Discrimination Act 1995, consideration will be given to terminating the employment if the individual has failed to reach the required standards for continued employment.

19.4 A fair process should be followed.

20 EMPLOYEE SUPPORT/HEALTH MONITORING

20.1 Promotion of a Healthy Lifestyle

20.1.1 Whilst BTPA's primary aim is to provide appropriate support and assistance to employees there will be certain limitations that need to apply. BTPA will need to ensure that the steps it takes are of benefit to the organisation.

20.1.2 An employee neglecting their health by failing to carry out the reasonable instructions of a medical practitioner or whilst on sick leave conducting themselves in a manner that is likely to delay a return to work, may be dealt with under the relevant disciplinary/misconduct procedures.

20.2 Attendance at a Convalescent Home

20.2.1 Employees may be eligible to attend a Convalescent Home. This may be provided either through the Railway Staff Association or through a private scheme.

20.2.2 Attendance should be agreed prior to returning on any rehabilitation programme. However, attendance is governed by the availability of spaces and consequently attendance may not be possible prior to returning to work.

20.2.3 Where attendance at a Convalescent Home falls outside the period of sickness, the absence should be counted as special leave, with pay. The individual should seek authorisation from their manager and complete the Absence Record Form.

20.3 Private Medical Treatment

20.3.1 If an individual requires medical treatment and is waiting for a specialist report in order to provide a prognosis or is waiting for an operation and is on a waiting list, BTPA will consider providing financial support for the treatment in order to speed the recovery and return to work process. Financial support may be in the form of direct support, contribution towards the cost of the treatment or the provision of a loan.

20.3.2 Each case will be treated individually and the decision on whether to provide financial support will be made by the Chief Executive on receipt of a medical case from an OH Advisor³³.

20.4 Physiotherapy Treatment for Muscular Skeletal Problems

20.4.1 Treatment is available to all employees with a muscular skeletal problem through an external provider³⁴. Requests for physiotherapy should be made

³³ Refer to the Occupational Health Service SOP HR3.1 for further information.

³⁴ Details of the external physiotherapy services provider are available from the OH Advisor.

through the line manager who will arrange for the individual to have an initial assessment with the OH Advisor. Employees may have five sessions of physiotherapy, osteopathy or chiropractor treatment upon referral³⁵.

20.5 Stress Management

- 22.5.1 Conditions such as stress, anxiety and depression, whether work related or not can, if left unidentified lead to poor performance at work and ultimately, significant long term sickness absence.
- 22.5.2 It is important for both managers and employees to be sensitive to the possibility that an individual is suffering from stress.
- 22.5.3 Inevitably an individual's domestic life can affect them at work. Staff are encouraged to make their manager aware of home related difficulties so that appropriate support can be considered. BTPA recognises that on occasion it may be necessary, for a temporary period of time, to offer additional help and support to individual employees. In such cases consideration will be given to the flexible and creative application of supportive employment policies. Whilst managers are encouraged to proactively assist staff, they must remain aware of limitations in respect of their personal authority and ability, and where necessary, seek appropriate help and assistance from specialist support.

20.6 Work Related Stress

- 20.6.1 It is recognised that in cases of work related stress the organisation has particular responsibilities.
- 20.6.2 Work related stress is defined as an adverse reaction to excessive pressures - a perception that an individual cannot cope with what is being asked of them at work. BTPA recognises that as part of its general duty to safeguard the health of its staff it is obliged to take steps to ensure employees do not suffer unreasonable levels of work related stress.
- 20.6.3 In many cases managers may be the first to identify a potential work related stress issue. Having identified a concern and considered that there may be a need to carry out a formal risk assessment, advice should be sought from the H&S Advisor.
- 20.6.4 Report of Injury/Accident/Incident Form
- 20.6.4.1 Employees are to complete a Report of Injury/Accident/ Incident Form where they believe that their stress is work related. Their manager is responsible for undertaking necessary enquiries. A report detailing the results of these enquiries including reference to any completed risk assessment for work related stress should be appended to the form.
- 20.6.5 Risk Assessments for Work Related Stress
- 20.6.5.1 In relevant cases BTPA will seek to follow a risk assessment approach to work related stress.
- 20.6.5.2 Risk assessments for work related stress are essential to find out whether existing control measures preventing harm are sufficient or whether more

³⁵ For details of the referral to an external medical services provider procedure refer to the Occupational Health Service SOP - HR3:1.

needs to be done. Although risk assessments for work related stress are more complicated than for physical hazards, they involve the same basic principles and process.

21 AUDIT AND COMPLIANCE

21.1 This SOP will be reviewed on an annual basis.

21.2 If there are high levels of non-compliance with this SOP prior to the formal review, these will be addressed through an internal audit process.

22 FURTHER INFORMATION

22.1 Related Policies/Procedures and Information

- BTPA Performance and Development Review (PDR) SOP
- BTPA Flexible Working SOP
- Maternity and Family Friendly SOP - HR1:18
- Loans, Advances and Overpayments SOP - HR7:2
- Management of Health & Safety at Work SOP - HR2:1
- Occupational Health Service SOP - HR3:1

22.1.2 Other BTPA Websites on the BTPA Intranet:

22.2 Guidance and Advice

22.2.1 Guidance and advice is available from the following BTPA and BTP staff and departments and individuals:

- BTPA Business Manager
- HRBC
- HR Business Partners
- Care First
- Engagement and Diversity, FHQ
- Occupational Health Advisors
- Health and Safety, FHQ
- Wellbeing Team, FHQ

22.3 Useful Contacts and Organisations

22.3.1 Other organisations that can offer guidance and advice or supplementary information to this SOP:

- Department of Work and Pensions; www.dwp.gov.uk - for information on SSP.
- Disability Discrimination Information - <http://www.direct.gov.uk/>

23 APPENDICES

Appendix A Sickness Absence Procedure Flowchart

Appendix B Managing Sickness Absence Flowchart

Appendix C	Self-Certificate for Sickness Absence Form
Appendix D	Absence Contact Sheet
Appendix E	Return to Work Interview Form
Appendix F	Case Management Form
Appendix G	Extension of Sick Pay Application Form
Appendix H	Long Term Sickness Case Conference Letter
Appendix I	Key Responsibilities