



National Offender Management Service

CHANGES TO NOMS ILL HEALTH RETIREMENT REFERRALS		
This instruction applies to:- <i>(delete those not applicable)</i>	Reference:- <i>(delete those not applicable)</i>	
<ul style="list-style-type: none"> Prisons NOMS Headquarters 	PSI 10/2014 AI 07/2014	
Issue Date	Effective Date	Expiry Date
28 March 2014	01 March 2014	27 February 2018
Issued on the authority of	NOMS Agency Board	
For action by (Who is this Instruction for)	All staff responsible for the development and publication of policy and instructions <i>(Double click in box, as appropriate)</i> <input checked="" type="checkbox"/> NOMS HQ <input checked="" type="checkbox"/> All prisons <input checked="" type="checkbox"/> Governors <input checked="" type="checkbox"/> Heads of Groups	
Instruction type	<i>HR function</i>	
For information	All staff	
Provide a summary of the policy aim and the reason for its development / revision	This Instruction outlines the new procedure for consideration of Ill Health Retirement (IHR) benefits from the Civil Service Pension Scheme if a member of staff has to leave their job early because they are ill. This is a change to the procedure underpinning the NOMS Management of Attendance policy set out in PSO 8404.	
Contact	Shared Services HR Contact Centre ☎ 0845 010 3504 (VPN 7190 3504)	
Associated documents	PSO 8404 Management of Attendance	
Replaces the following documents which are hereby cancelled :		
Audit/monitoring: Deputy Directors will monitor compliance with the mandatory actions set out in this Instruction.		
Introduces amendments to the following documents: PSO 8404 Management of Attendance This is a policy revision and an alteration to Para. 2.38 and 2.43.		

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Executive summary

Purpose

- 1.1 Reducing levels of sickness in a sustainable way is a high priority for NOMS, locally and at a national level. We are committed to supporting our staff and improving health in the workplace. This is part of good management practices and our new way of managing. The changes outlined in this document support these principles by simplifying the process for ill health retirement consideration for managers and employees.

Main changes

- 1.2 In the previous version of PSO8404, all long term sick cases were referred to the Scheme Medical Advisor to the Principal Civil Service Pension Scheme for consideration of ill health retirement before any final decisions about continuing employment were made.
- 1.3 Under the new system, **only** those cases where an employee is considered by a NOMS Occupational Health Physician to be *likely* to meet the qualifying criteria for ill health retirement will be referred to the Scheme Medical Advisor.

Desired outcomes

- 1.4 Improving the way we manage attendance and support staff with health problems by implementing a simpler process for consideration of ill health retirement.

Application

- 1.5 *All managers and employees are required to be aware of and follow the new procedure for consideration of ill health retirement in NOMS, when required.*
- 1.6 *Independent case-specific advice is provided by HR professionals from Shared Services.*

Mandatory actions

- 1.7 *Managers are responsible for ensuring this new process is applied in their areas, as needed.*

Resource Impact

- 1.8 There will be no additional resource impact on staff in NOMS headquarters or in prison establishments resulting from this Instruction as there has been no fundamental change to existing policy.

(signed)

Carol Carpenter
Director of Human Resources, NOMS

CHANGES TO NOMS ILL HEALTH RETIREMENT REFERRALS

- 2.1 Staff must be a member of the Principal Civil Service Pension Scheme (PCSPS) to be eligible for consideration of ill health retirement and below their pension scheme normal retirement age.

New Arrangements

- 2.2 This new process comes into effect on 1 March 2014.
- 2.3 This new process amends paragraphs 2.38 and 2.43 of PSO 8404 Management of Attendance as follows:

What are the outcomes of the referral?

2.38.1 There are five possible outcomes to a referral:

1. Return to work within a clearly defined timescale;
2. Return to work on the basis of altered working arrangements. These alterations may be time bound phased return or limited duties, or may be more permanent adjustments under the Equality Act if the Act applies;
3. Prognosis remains unclear and further reports/examinations will be needed by the Occupational Health Medical Practitioner.
4. There is no prospect of a return to work within an acceptable timescale and the employee is *likely to be permanently incapacitated for the normal duties of their employment in their substantive role*. In this scenario, the case will be referred to the Scheme Medical Advisor for consideration of ill health retirement (IHR). 'Permanently incapacitated' means to normal pension age. If ill health retirement is not approved, it may now be appropriate to convene a capability hearing. If the Scheme Medical Advisor approves ill health retirements, managers should follow the procedure for that set out in paragraph 2.41.
5. There is no prospect of a return to work within an acceptable timescale and the employee is *unlikely to be permanently incapacitated for the normal duties of their employment in their substantive role*, the case will not be referred on to the Scheme Medical Advisor for consideration of ill health retirement (IHR). 'Permanently incapacitated' means to normal pension age. In this scenario, it may now be appropriate to convene a capability hearing.

These outcomes may also apply in circumstances where staff are not absent on long term sick but are failing in providing regular and effective service at work over a prolonged period for medical reasons.

Medical Inefficiency Termination

- 2.43 If following a referral to a NOMS Occupational Health Physician or the Scheme Medical Advisor (formerly Level 5), there is no prospect of a return to work within an acceptable timescale and medical retirement has been ruled out, dismissal on grounds of capability should be considered. *In doing so the member of staff concerned must first be invited to attend a Capability Hearing heard by the Governor. Where the Governor is absent for a prolonged period of time this authority may be*

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delegated to the acting Governor. For staff in Headquarters, or other central groups, the authority to conduct a Capability Hearing must not be delegated below Senior Manager. The aim of the Hearing is to ensure that the views of the affected member of staff are properly considered before any final decision is made as to whether dismissal is the appropriate course of action.

Medical Retirement (also known as ill health retirement)

- 2.58 *Ill-health retirement must be considered when there is a possibility that a member of staff on long term sickness absence, or with an ongoing serious underlying medical condition, may have their employment terminated due to ongoing inability to provide regular and effective service.*
- 2.59 Eligibility for medical retirement is determined by the Civil Service Pension Scheme Medical Advisor. Only where a NOMS Occupational Health Physician has determined that the employee is likely to be permanent incapacitated for the normal duties of their substantive role will a case be forwarded to the Scheme Medical Advisor. 'Permanently incapacitated' means to normal pension age. If the criteria for medical retirement are met a Medical Retirement Certificate will be issued, and a formal meeting held. If the criteria have not been met a Refusal Certificate will be issued with a report explaining the reasons for the refusal and setting out the appeals procedure. *The criteria depend on the member of staff's pension scheme. In cases where medical retirement is ruled out and Medical Inefficiency Termination is being considered line management must proceed with a Capability Hearing.*

Existing Cases

2.5 These changes will only affect cases that are referred to the NOMS occupational health provider (OHP) from 1 March 2014:

- Cases that were referred to the Scheme Medical Advisor before 1 March 2014 will continue to be considered under the extant procedures.
- Cases that were referred to a NOMS OHP before 1 March 2014 will continue to follow the process in operation at the time the referral was initiated.
- Cases that were referred to an on-site occupational health advisor (OHA) before 1 March 2014 and which have not been referred subsequently to OHP or the Scheme Medical Advisor can be considered under new arrangements.

Contacts

- 2.5 Shared Services HR Contact Centre
0845 010 3504 (VPN 7190 3504)