

## Sickness Absence Policy

Issue Date	Review Date	Version
July 2017	July 2022	10

### Purpose

The purpose of this policy is to provide a supportive, fair and consistent method of managing both persistent and long-term sickness absence.

### Who should read this document?

This policy is applicable to all employees within the Trust including Medical and Dental employees. For Medical and Dental employees this policy should be applied subject to the Trust's agreed policy for Maintaining High Professional Standards of Medical Staff. In matters of concern about a medical practitioner's health, section 5 of that policy must also be followed.

### Key Messages

This policy intends to provide a fair and consistent process for the management of sickness absence for all staff groups.

This policy will assist managers in effectively identifying concerns relating to attendance and provide a framework for advice and support in ensuring high attendance in the workplace.

The policy will ensure that every attempt is made to explore the nature of the staff member's illness and ability to perform in their post via Occupational Health and Wellbeing Services and to provide to the employee support, training, assistance, work adjustments and advice where appropriate to facilitate a return to work.

### Core accountabilities

<b>Owner</b>	HR Business Partner
<b>Review</b>	JSNC
<b>Ratification</b>	Director of People
<b>Dissemination</b>	Deputy Director of HR & OD
<b>Compliance</b>	Director of People

### Links to other policies and procedures

[Equality Scheme](#)

[Performance and Conduct Policy](#)

[Redeployment Policy](#)

[Maintaining High Professional Standards \(Medical & Dental Staff\)](#)

[Secondary Employment](#)

[Supporting Staff Policy](#)

[Paternity Leave Policy](#) [Maternity Policy](#) [Carers Policy](#)

[Leave Policy](#)

[Infection Prevention & Control Framework](#)

[Appraisal Form & Guidance](#)

**Sickness Absence Guidance :** [Return to Work Interview Form](#) [Sickness FAQ's](#) [Reasonable Adjustments Assessment Grid](#) [Reasonable Adjustments Factsheet](#) [Process Overview](#) [Persistent Absence Process](#) [Long Term Absence](#) [Ill Health Retirement](#) [Managing Staff Suffering From Work Related Stress](#) [Stage 1 – informal meeting form](#) [OH&WB Management Referral Form](#) [Sick Pay Enhancement](#)

Version History		
10	July 2017	Amended to incorporate change to Section 15 under monitoring and escalation
9	June 2017	Amended to incorporate additional section on working outside the organisation during a period of sickness absence
8	October 2016	Removal of 12-18 months review period; absences that have been subject to a previous warning will not be counted; new terminal illness section added
7	February 2014	Amended to incorporate clarification on working additional hours when individuals at Stage 2 or above; and on maintaining contact during long term absence (Appendix 3)
6	January 2013	New draft of policy
5.3	March 2012	Review date extended
5.2	June 2011	Review date extended
5.1	November 2010	Amended in line with Equality Act 2010
4.1	April 2010	Policy update
3.2	July 2009	Reviewed to incorporate procedure for issuing warnings and dismissals
3.1	September 2007	Incorporated changes in AFC, EIA

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents on StaffNET. Larger text, Braille and Audio versions can be made available upon request.**

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## 1 Introduction

The Trust recognises the considerable contribution and commitment that employees demonstrate on a day to day basis, and wishes to support staff to deliver the best quality service, every day. It is essential that we have the appropriate numbers and skill mix of staff at work in order to deliver effective, quality care and staff are able to fulfil their contractual obligations.

The Trust is committed to supporting its employees to improve and maintain their health and wellbeing in order that they attend work regularly and are productive in delivering a quality service whilst at work. Employees also have a personal responsibility to ensure that they maintain their own health and wellbeing and utilise support that is offered to them by the Trust.

This policy ensures that arrangements are in place for handling absence from work in a sensitive, fair and consistent manner.

This policy has been produced and agreed in partnership between management and Trade Union representatives of the Trust to ensure all employees are treated equitably when their attendance fails to meet the expected standards set within the Trust.

## 2 Purpose

This policy is designed to:

- provide a supportive, fair and consistent method of managing both persistent and long-term sickness absence, and information on sickness absence “triggers” for informal and formal action;
- outline roles, responsibilities and procedures;
- assist managers in effectively identifying concerns relating to attendance and provide a framework for advice and support in ensuring high attendance in the workplace;
- ensure that every attempt is made to support and facilitate a return to work;
- enhance the employee’s health and personal resilience at both a physical and psychological level;
- give staff the opportunity to seek support in order to improve their attendance and to be formally advised of the effects and possible contractual consequence of continued absence.

Where an individual suffers from a disability, as defined below, the Equality Act 2010 may apply. Additional guidance on disability and employment is available from HR.

In line with the Act, the Trust has a duty not to discriminate against those with a disability and to consider ‘reasonable adjustments’ which, subject to the needs of the service, will help employees overcome any disadvantage resulting from a disability (e.g. by providing assistive technologies to help visually impaired staff use computers effectively). This may include reasonable adjustments to the procedures described in this policy.

### 3 Definitions

**Disability** – a physical or mental impairment which has a substantial and long-term adverse effect on normal day-to-day activities

**Reasonable adjustments** - a reasonable step taken to prevent a disabled person. suffering a substantial disadvantage compared with people who are not disabled.

### 4 Duties

Employees have a duty to:

- attend work regularly in accordance with their employment contract;
- comply with statutory requirements and the Trust's guidance, policies and procedures to ensure a healthy and safe environment;
- co-operate fully in the successful application of this policy and procedure;
- contact their manager or designated person at the onset of their absence in line with the local reporting procedures and keep their manager informed and updated with regards to their absence including periods of annual leave during the absence;
- discuss any change in their health, which may affect their ability to undertake their duties effectively to enable the Trust to make "reasonable adjustments" where appropriate. If in any doubt seek advice from the Occupational Health and Wellbeing Advice (OHWB) Line.
- not undertake any unreasonable activity that could compromise their ability to work or return to work;
- for periods of absence relating to diarrhoea and vomiting, comply with Infection Control policies where applicable;
- attend Occupational Health and Wellbeing appointments at the earliest opportunity, failure to attend may result in individuals forfeiting their right to sick pay and decisions made about continued employment being based on available information;
- declare any secondary employment and not to work for another employer or continue with secondary employment when absent from the Trust;
- participate in a return to work meeting after every episode of absence and any formal meetings or hearings as required.

Managers have a duty to:

- develop effective working relationships with employees through good communication, open and supportive discussion and flexibility where appropriate;
- foster a supportive, healthy and safe working environment;
- carry out their management responsibilities effectively in accordance with this and the Maintaining High Professional Standards Policy for medical staff (see "who should read this document" section above);
- maintain, monitor and review individual sickness absence records, and take action as appropriate;
- ensure that all employees are aware of the sickness absence policy and procedure including local and Trust-wide reporting guidelines;

- keep in contact with employees, while they are absent due to illness (the amount of contact is to be agreed at the start of the absence);
- arrange an informal return-to-work meeting with employees on their return from each period of sick leave, irrespective of the duration of absence;
- encourage staff and direct reports to make full and effective use of Occupational Health and Wellbeing services, e.g. the dedicated Advice Line, or by making a timely referral via the management or self referral route as appropriate;
- seek advice from HR and refer employees to Occupational Health and Wellbeing if levels of sickness absence cause concern or they are concerned about an employee's health, (multiple referrals may be required);
- implement medical recommendations where it is practicable to do so, to aid an employee's return to work. Where it is not practicable to do so to have a discussion with Occupational Health and Wellbeing as to alternative options;
- ensure compliance with legislation and best practice;
- ensure individuals comply with Infection Control policies;
- ensure MAPS is updated weekly as a minimum and information is accurate in relation to absences and reasons. Information should be forwarded to Payroll where appropriate;
- hold formal meetings as required in accordance with this policy.

The role of Occupational Health and Wellbeing is to:

- give impartial, professional advice to managers and staff about the effects of illness, disability or treatment on an employee's fitness for work, adjustments to their work, work patterns or work environment, which will help the employee return to or remain in work safely. This includes rehabilitation, return to work programmes, redeployment, and ill-health retirement;
- provide confidential advice to employees who have concerns about their health in relation to their work or working environment;
- provide advice to employees and/or managers where there is concern that an individual's work is adversely affecting their health or wellbeing;
- provide psychological interventions to support staff wellbeing at work or return to work following illness;
- support the reduction of sickness absence by providing preventative and proactive interventions to individuals or groups to improve wellbeing at work;
- monitor and review reasons for absence across the Trust to ensure appropriate support is provided to management teams at all levels.

OHWB provides telephone advice on all occupational health matters during office hours and will also see individuals either at their own request or following referral by their line manager or supervisor.

If necessary, OHWB will obtain further information from an employee's Specialist Medical Adviser or General Practitioner. Where there is a conflict of medical advice, it is the Trust's policy firstly to engage with the specialists/GP but ultimately to defer to the opinion of the OHWB department.

The OHWB service is advisory only. OHWB staff will always be happy to discuss their advice with individuals and their managers within the constraints of clinical confidentiality;

where it will help with more complex cases OHWB is happy to support case management review meetings. Nonetheless, authority for decisions on the management of individuals always remains with the management team, subject to the needs of the service.

The role of the HR & OD Directorate is to:

- provide specialist information, training, support and advice to managers on managing individual cases of sickness absence, to ensure consistency and fairness throughout the organisation;
- advise members of staff on issues relating to this policy such as procedures and sick pay entitlements;
- attend formal meetings in complex cases as appropriate;
- attend any formal Hearings held in accordance with this policy;
- provide regular sickness absence reports for managers, Directors and the Board, identifying trends and problem areas that will inform Trust and departmental strategy.

## **5 Rights of Representation**

Employees have the right to be represented by a trade union representative or work colleague (not acting in a legal capacity), at all formal meetings where a formal warning may result.

Employee representatives are there to support and advise the employee and to accompany them if requested by the employee. The Trust positively encourages the involvement of the representative in the application of this policy.

## **6 Confidentiality**

Information shared during the process to manage a sickness absence case will be provided on a need-to-know basis. All parties involved are responsible for maintaining confidentiality of information associated with the case. Any breach of confidentiality may be investigated under the Trust's Performance and Conduct Policy.

## **7 Notification and Certification**

Should an employee be too ill to come to work, they should telephone their immediate manager or designated person. The timescale for reporting their absence should be in line with the local procedure in their department and a minimum of an hour before the start of a shift or, for office based staff, when the office is manned. Nursing staff will be required to inform their ward and their Matron or the Senior Nurse, out of hours.

The employee should provide the following information:-

- the reason for absence, commencement date of illness (including weekend or bank holiday) and indicate anticipated length of absence;
- what actions they are taking to mitigate the illness, e.g. GP visit;

- if appropriate, what elements of work need to be addressed by colleagues during sickness absence;
- indicate whether or not it is the result of an accident at work or work related.

Only in exceptional circumstances should a family member or friend telephone the manager. It is not acceptable to text, e-mail or to pass information relating to sickness absence by a message from a fellow work colleague.

Employees are contractually obliged to promptly provide appropriate certification:-

1-7 days	Trust's Self Certification Sickness Form
8+ days	Statement of Fitness for Work – 'Fit Note'

When there is concern over the level of persistent short-term absenteeism, employees may be asked to provide a medical certificate confirming incapacity to cover every day of absence.

### **Working Outside The Trust During A Period of Sickness Absence**

An employee on sick leave has a duty to facilitate his/her own recovery. An employee should not engage in any activity, which may delay or impede their return to work and to do so may be considered a disciplinary matter. Employees should check with their manager if in any doubt and OHWB advice may be sought.

An employee absence because of sickness is regarded as unfit to work and must not undertake any employment outside their organisation, unless it has first been agreed with their line manager, who may seek advice from HR and OHWB as to whether such employment is likely to be therapeutically beneficial to their recovery.

The manager will consider whether equivalent benefit may be gained from returning to work in an appropriately modified NHS post for a temporary period.

In any event, written consent must be given by the line manager in advance in all such cases.

An employee who does undertake other work during sickness absence, without the prior written consent of the manager, may be considered in breach of contract and will be subject to disciplinary action which may result in the involvement of the Counter Fraud Service and/or dismissal. Such action will only be taken following advice from HR.

If an employee fails to comply with the Trust's certification or notification procedures, this may result in the absence being regarded as unauthorised and therefore unpaid. Such breaches of procedure may be dealt with under the Trust's Performance and Conduct Policy.

## **8 Maintaining Contact**

When an employee is unsure how long they will be absent they must contact their manager or designated person each day, or if, at the onset of absence, it is known that the

individual will be absent for a longer period, the manager will confirm the frequency of contact. If the employee does not return at the anticipated time they must contact their manager. If absent for more than one week an employee must contact their manager twice a week (unless an alternative frequency is agreed by the manager) to advise of their situation. In periods of long term absence this may be extended in agreement with their manager.

If an employee fails to comply with the Trust's notification procedures, this may result in the absence being regarded as unauthorised and therefore unpaid. Breaches of the procedures for the notification of sickness absence may result in disciplinary action.

## **9 Illness During Working Hours**

Employees who have reported for work but then need to leave work due to becoming unwell must speak to their immediate manager, or if not present, the most suitable manager in that department, prior to leaving the workplace.

The absence will be recorded on the individual's sickness record and MAPs and managed as a period of absence.

## **10 Sick Pay**

Individuals are entitled to Statutory Sick Pay and, depending on length of service, Occupational Sick Pay in line with their contract of employment, provided that they comply with the Trust's notification and certification requirements.

## **11 Work Related Ill Health**

If there is a possibility that ill health may have been caused or exacerbated by work or working arrangements, advice should be sought from Occupational Health and Wellbeing, either via the dedicated Advice Line or referral route.

Where a disease or injury has occurred at work, which is not due to an individual's own negligence, they may also be entitled to Injury Allowance in accordance with the NHS Injury Benefit Scheme regulations.

## **12 Employees With Alcohol And/Or Drug Abuse**

In cases where drugs or alcohol problems are a primary or contributory factor to the sickness absence, the provisions and recommendations of the Trust's Substance Misuse Standing Operating Procedure will apply and should be followed prior to instigating any formal action in relation to sickness absence management.

## 13 Return to Work Interviews

Employees returning to work after any period of sickness absence will have a return to work interview with their immediate line manager or designated person. The meeting should take place as soon as possible, preferably on the day of return to work, and should take place privately and confidentially.

Return to work interview forms and guidelines are available from the Trust Intranet and Human Resources.

## 14 Monitoring Triggers

In order to effectively manage sickness absence, absence data should be regularly reviewed by Line Managers, and appropriate action taken, using judgement and management discretion, taking into account the merits and circumstances of each individual case, when the following 'triggers' occur, irrespective of whether the periods of absence are covered by medical certificates.

### ***Persistent Sickness Absence***

- a) three spells of un-certificated, self certificated or certified absence in a rolling 6 month period;
- b) 15 days absence in a rolling 12 month period;
- c) where a combination of odd days, longer periods and patterns of absences exist, including in previous years, which cause concern, but may not meet other triggers, advice should be taken from HR.

### ***Long Term Sickness Absence***

Long-term sickness absence can be defined as a continuous absence which exceeds or is expected to exceed 28 days or recurrent periods of absence due to serious health problems. It is not necessary to wait 28 days before taking action.

## 15 Procedure For Managing Persistent Sickness Absence

In consideration of the individuals circumstances Managers may apply discretion at every stage of this procedure, specifically in cases where the Equality Act 2010 may apply.

### **Stage: 1 – Informal Counselling**

Where an employee's absence record matches any of the triggers shown at section 14 above, the manager will hold an informal meeting with the employee to discuss the level of absence and its impact. The employee will be advised that their level of absence is a cause for concern, and that it will be monitored for a period of 12 months (please refer to Monitoring and Escalation section below). Discussion should also cover what steps could be taken to improve attendance, including temporary adjustments where appropriate, redeployment or ill-health retirement as described below. Where there is any evidence of an underlying medical problem contributing to absence a referral should be made to OHWB.

Where absence levels exceed the triggers, the employee may commence at the formal stage immediately.

Individuals at Stage 2 or above of the policy should not work additional hours over and above their normal working hours if this may have a detrimental impact on their attendance. Normal working hours may include working regular weekly NHSP shifts.

### **Stage: 2 – First Formal Warning**

Where the employee exceeds the level of absence stipulated they will be met with formally and escalated to a First Formal Warning with an active 6 month monitoring period.

### **Stage 3 - Second Formal Warning**

If the employee exceeds the level of absence stipulated during the First Formal Warning monitoring period they will be met with formally and escalated to a Second Formal Warning with an active 6 month monitoring period. The employee will be advised that the next stage of the process may result in their dismissal.

### **Monitoring and Escalation**

From the date of the Stage 1, 2 or 3 meeting, the employee's absence will be monitored for 12 months, and any absences occurring during this period will be taken into account for monitoring and escalation purposes.

During the first 6 months 'active' monitoring period, there is a set target of no more than 2 occasions/8 days of absence. If the employee exceeds this level during this time, they will progress to the next stage of the policy. If no absences occur, no further action will be taken, apart from continued monitoring.

During the next 6 months (ie 6-12 months period) if the employee meets the Trust triggers during this monitoring period, the policy will be invoked at the next stage.

Where an employee meets one of the defined triggers, it is not necessary to wait until the end of the 6 month review period before taking action. Action may be taken from the time the trigger is met.

In exceptional cases managers will have the ability to issue a Stage 3 warning as an alternative to a Stage 4 Final Review Hearing in consultation with a senior HR representative. This may occur on only one occasion.

### **Stage: 4 – Final Review (potential dismissal)**

Where the employee fails to meet the required levels at Stage 3 of the process, a formal hearing should take place. The hearing will be chaired by a senior manager with authority to dismiss, supported by an HR Business Partner. Appendix 1 sets out details of managers with authority to dismiss.

The employee should be allowed to explain their absence record and make representations.

Depending on the discussions of the Hearing, the manager may:

- make the decision to terminate the contractual relationship; or

- make recommendations as an alternative appropriate sanction e.g. remain in warning or extension of warning duration.

In cases of dismissal, a letter informing the employee of the decision to dismiss should be sent to the employee within five working days. The letter should include a factual summary of the case, grounds for dismissal and reasons for the termination of employment with the right of appeal (template letters are available from HR).

Any disciplinary action or action to dismiss a medical practitioner must also be in accordance with the Trust's agreed policy for Maintaining High Professional Standards of Medical Staff.

## **16 Procedure For Managing Long Term Sickness Absence**

It is important when dealing with long-term sickness that there is ongoing, regular communication between the manager and employee throughout the individual's absence. The frequency of communication will be determined by the manager and may be weekly or less depending on the nature of the absence.

After 28 days, or sooner if the reasons for absence indicate a long term absence or may impact on the employee's ability to undertake the duties of their role, the manager should refer the employee to Occupational Health and Wellbeing. Advice will be sought in relation to the potential duration of absence and ability for the employee to return to their role. A formal meeting between the line manager and employee will be arranged with the employee following 4 weeks of absence to discuss the situation.

Depending on the circumstances of the case, further formal meetings should take place every 4-6 weeks to ensure the employee is supported appropriately and the case is proactively managed. In some cases e.g. recovery from surgery, it may not be necessary to refer an employee to Occupational Health and Wellbeing as there is a planned approach to their return. In the event that the employee is too ill to attend this meeting, the manager could write to obtain the information or offer to visit the home of the employee, with the support of HR. As this is a formal meeting the employee has the right to representation (see 5 above).

### **Return to Work Adjustments**

In order to facilitate a return to work, the following options should be considered by those involved, subject to the needs of the service: adjustments to the work, work patterns or work environment, extra supervision or a mentor, training, temporary redeployment, rehabilitation and phased return. When support has been identified, a return-to-work plan should be agreed, reflecting any medical and safety advice that has been received and the reasonableness of making the necessary arrangements. There is no automatic right to a phased return to work following a long term absence and this would be dependent on the circumstances.

### **Ill Health Redeployment**

After assessment, Occupational Health and Wellbeing may recommend that the staff member seek alternative employment. Advice must be sought from HR in all such cases and reference made to the Trust's Redeployment Policy.

### **Ill Health Retirement**

Where there is an Occupational Health and Wellbeing recommendation or the individual wishes to pursue ill health retirement, an application will be made to the NHS Pensions Agency. The employee will be advised that in most cases employment will be terminated when ill health retirement is pursued. The process will be managed by the NHS Pensions Agency and the decision as to whether ill health retirement is appropriate rests with the NHS Pensions Agency.

### **Terminal Illness**

The Trust will ensure that an employee who is diagnosed as suffering with a terminal illness is given both practical and compassionate assistance with their circumstances and every effort is made to ensure that the individual and their family members are fully supported appropriate to the circumstances. In recognition of these circumstances, a meeting to mutually end their employment contract can be arranged, if appropriate.

### **Final Review Hearing for Long Term Absence**

Where it has been identified that an employee on long term sickness absence will be unable to return to their substantive role; or when they have had 3 months of absence from work with no planned return date; or where it becomes evident that there is no reasonable prospect of a return to work within a reasonable timescale, the manager must arrange a Final Review Hearing, after seeking HR advice. The employee must be informed of the Final Review Hearing date in writing, confirming the right to representation, the purpose of the meeting, which is to make a decision on the most appropriate way forward, and that termination of their contract on the grounds of capability due to ill health may occur.

The meeting will consist of an independent manager with the authority to dismiss, HR Business Partner, line manager (with HR support where previously involved), employee and their representative.

A decision to dismiss an employee on the grounds of ill-health should not be made until all other courses of action have been considered.

Any disciplinary action or action to dismiss a medical practitioner must also be in accordance with the Trust's agreed policy for Maintaining High Professional Standards of Medical Staff.

## **17 Right Of Appeal**

Employees have the right of appeal against formal warnings issued and dismissal. The employee must state compelling reasons why they wish to appeal. Please refer to the Trust's Appeals Procedure for details of the process to be followed. An appeal is not a re-hearing but an opportunity to review the decision made.

## **18 Overall Responsibility For The Document**

The Director of People is responsible for ratifying this document. The Deputy Director of HR & OD has overall responsibility for the dissemination, implementation and review of this policy.

## **19 Consultation and Ratification**

The design and process of review and revision of this policy will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Joint Staff Negotiating Committee (JSNC) and ratified by the HR&OD Committee.

Non-significant amendments to this document may be made, under delegated authority from the Director of People, by the nominated owner. These must be ratified by the Director of People and should be reported, retrospectively, to the JSNC.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **20 Dissemination and Implementation**

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document owner will be responsible for agreeing the training requirements associated with the newly ratified document with the named Director of People and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **21 Monitoring Compliance and Effectiveness**

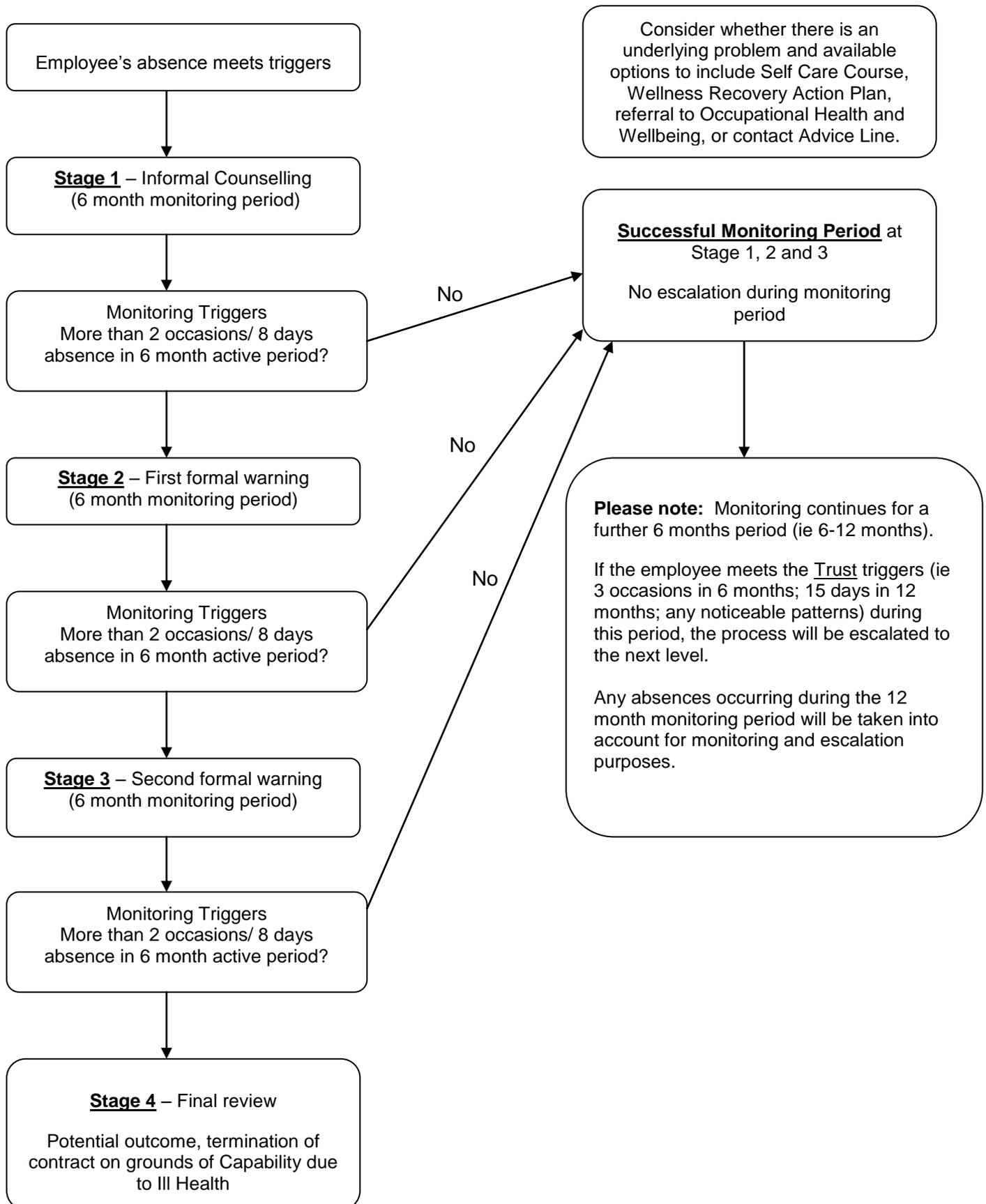
The HR&OD Directorate, through the Sickness Absence Manager and Internal Audit reviews, will undertake a range of reviews and audits of practice in relation to this policy. This will include as a minimum, an annual audit of action taken by line managers in relation to the published trigger points. Results will be reported to the HR&OD Committee. Any deviations from the policy will be escalated to the HR Business Partner for appropriate action and learning to take place. It should be noted that the responsibilities in this policy are enforceable and that managers (and employees where applicable) failing to uphold their responsibilities may find themselves in breach of internal disciplinary policies.

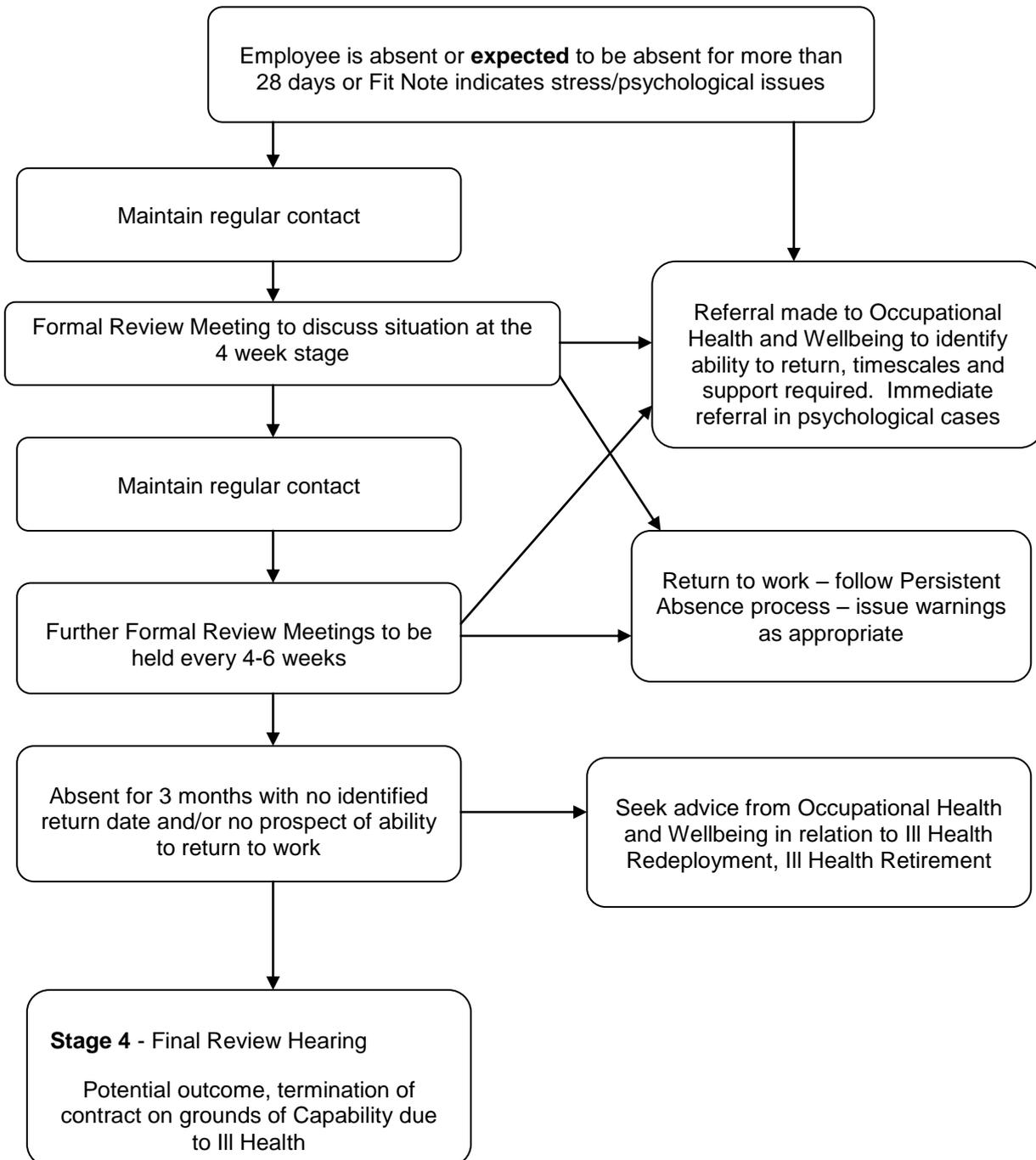
Equality Act 2010

Employment Rights Act 1996

<b>Category of Staff subject to action</b>	<b>Person authorised to dismiss</b>
Chief Executive	Trust Chairperson Non Executive Director
Executive Directors	Trust Chairperson Chief Executive Non Executive Director
All medical staff	Executive Director Medical/Clinical Director Assistant/Associate Medical Director Deputy /Associate Directors Directorate Managers
Directorate Managers	Executive Directors Directors Clinical Director
All other grades of staff	Directorate Managers Heads of Service

Line Managers may issue warnings up to Stage 3 of the process





Dissemination Plan			
<b>Document Title</b>	Sickness Absence Policy		
<b>Date Finalised</b>	February 2013		
Previous Documents			
<b>Action to retrieve old copies</b>	Martin Bamber, Deputy Director of HR & OD		
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

Review Checklist		
<b>Title</b>	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
<b>Rationale</b>	Are reasons for development of the document stated?	Yes
<b>Development Process</b>	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
<b>Content</b>	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
<b>Evidence Base</b>	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
<b>Approval</b>	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
<b>Dissemination &amp; Implementation</b>	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
<b>Document Control</b>	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
<b>Monitoring Compliance &amp; Effectiveness</b>	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
<b>Review Date</b>	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes

<b>Overall Responsibility</b>	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes
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**Core Information**

<b>Date</b>	Martin Bamber
<b>Title</b>	Deputy Director of HR & OD
<b>What are the aims, objectives &amp; projected outcomes?</b>	<p>This policy is designed to:</p> <ul style="list-style-type: none"> <li>• provide a supportive, fair and consistent method of managing both persistent and long-term sickness absence;</li> <li>• outline roles, responsibilities and procedures;</li> <li>• assist managers in effectively identifying concerns relating to attendance and provide a framework for advice and support in ensuring high attendance in the workplace;</li> <li>• ensure that every attempt is made to explore the nature of the staff member’s illness and ability to perform in their post via Occupational Health and Wellbeing Services and to provide to the employee support, training, assistance, work adjustments and advice where appropriate to facilitate a return to work;</li> <li>• enhance the employee’s health and personal resilience at both a physical and psychological level;</li> <li>• give staff the opportunity to seek support in order to improve their attendance and provide a means for them to be formally advised of the effects and possible contractual consequence of their continued absence;</li> <li>• ensure that the efficiency and quality of service provided by the Trust is maintained;</li> <li>• ensure that consideration of staff support is given from their line manager.</li> </ul>

**Scope of the assessment**

**Collecting data**

<b>Race</b>	<p>There is no evidence to suggest there is a disproportionate impact on race. There is information which indicates that some racial differences apply to specific conditions, however, it is not anticipated that this will significantly impact on a particular group nor is there a known trend within the organisation. Workforce data will be reviewed to identify any potential impact.</p> <table border="1"> <thead> <tr> <th><b>Ethnicity</b></th> <th>White</th> <th>BME</th> <th>Undisclosed</th> </tr> </thead> <tbody> <tr> <td><b>%</b></td> <td>88.11%</td> <td>6.29%</td> <td>5.6%</td> </tr> </tbody> </table>	<b>Ethnicity</b>	White	BME	Undisclosed	<b>%</b>	88.11%	6.29%	5.6%
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<b>Religion</b>	<p>There is no evidence to suggest there is a disproportionate impact on religion. Workforce data will be reviewed to identify any potential impact.</p> <table border="1"> <thead> <tr> <th><b>Religion</b></th> <th>Atheism</th> <th>Buddhism</th> <th>Christianity</th> <th>Hinduism</th> <th>Islam</th> <th>Jainism</th> <th>Judaism</th> <th>Sikhism</th> <th>Other</th> <th>Undeclared</th> </tr> </thead> <tbody> <tr> <td><b>%</b></td> <td>9.3</td> <td>0.6</td> <td>47.8</td> <td>0.9</td> <td>0.9</td> <td>0</td> <td>0</td> <td>0</td> <td>6.2</td> <td>34.2</td> </tr> </tbody> </table>	<b>Religion</b>	Atheism	Buddhism	Christianity	Hinduism	Islam	Jainism	Judaism	Sikhism	Other	Undeclared	<b>%</b>	9.3	0.6	47.8	0.9	0.9	0	0	0	6.2	34.2
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<b>Disability</b>	<p>There is a potential impact on staff who have a disability which impacts on their attendance levels.</p> <p>There are measures in place to support individuals who have disabilities including consideration and application of reasonable adjustments and bespoke Occupational Health and Wellbeing advice. The management process provides for flexibility in relation to the management of cases involving disability related absence.</p> <p>Where it is not possible to provide reasonable adjustments to enable the individual to perform a role effectively and with the required levels of attendance they will, as with non-disabled colleagues, be managed via the attendance processes, in some cases resulting in dismissal. As a further reasonable adjustment consideration can be given to disability related attendance in certain circumstances. Workforce data will be reviewed to identify any potential impact.</p> <table border="1" data-bbox="448 667 1422 741"> <thead> <tr> <th><b>Disability</b></th> <th>Disabled</th> <th>Not Disabled</th> <th>Undeclared</th> <th>Undefined</th> </tr> </thead> <tbody> <tr> <td><b>%</b></td> <td>3.1</td> <td>72.5</td> <td>23.5</td> <td>0.9</td> </tr> </tbody> </table>	<b>Disability</b>	Disabled	Not Disabled	Undeclared	Undefined	<b>%</b>	3.1	72.5	23.5	0.9				
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<b>Sex</b>	<p>There is some evidence to suggest that females have a higher level of absence than males. The Trust has a significantly higher number of females across the organisation, approximately 73% and therefore more absence will be attributable to females. In 2012 78% of formal sickness warnings which were issued related to women and 22% to men. This is proportionate to the gender split within the organisation. Workforce data will be reviewed to identify any potential impact.</p> <table border="1" data-bbox="448 1003 1417 1077"> <thead> <tr> <th><b>Gender</b></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td><b>%</b></td> <td>26.2</td> <td>73.8</td> </tr> </tbody> </table> <p><b>Formal Sickness warnings issued 2012 by Gender</b></p> <table border="1" data-bbox="448 1137 1417 1211"> <thead> <tr> <th><b>Gender</b></th> <th>Male</th> <th>Female</th> </tr> </thead> <tbody> <tr> <td><b>%</b></td> <td>22</td> <td>78</td> </tr> </tbody> </table>	<b>Gender</b>	Male	Female	<b>%</b>	26.2	73.8	<b>Gender</b>	Male	Female	<b>%</b>	22	78		
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<b>Gender Identity</b>	<p>There is no evidence to suggest there is a disproportionate impact on gender identity. There is flexibility within the process to discount absence related to medical procedures linked to gender identity where appropriate. Workforce data will be reviewed to identify any potential impact.</p>														
<b>Sexual Orientation</b>	<p>There is no evidence to suggest there is a disproportionate impact on individuals within this group. Workforce data will be reviewed to identify any potential impact</p> <table border="1" data-bbox="448 1496 1417 1733"> <thead> <tr> <th><b>Sexual Orientation</b></th> <th>Bisexual</th> <th>Gay</th> <th>Heterosexual</th> <th>Lesbian</th> <th>Undeclared</th> <th>Undefined</th> </tr> </thead> <tbody> <tr> <td><b>%</b></td> <td>0.3</td> <td>0.5</td> <td>68.8</td> <td>0.2</td> <td>30.2</td> <td>0.1</td> </tr> </tbody> </table>	<b>Sexual Orientation</b>	Bisexual	Gay	Heterosexual	Lesbian	Undeclared	Undefined	<b>%</b>	0.3	0.5	68.8	0.2	30.2	0.1
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<p><b>Age</b></p>	<p>There appears to be an impact on age with a higher number of formal warnings issued to individuals aged between 40 and 54 however, this is relatively proportionate to the higher number of employees within this age band.</p> <p>It is known that health is likely to deteriorate with age. The policy is designed to ensure fairness across the workforce whilst allowing the organisation to effectively manage its resources.</p> <table border="1" data-bbox="448 416 1439 600"> <thead> <tr> <th>Age Group</th> <th>Under 20</th> <th>20-24</th> <th>25-29</th> <th>30-34</th> <th>35-39</th> <th>40-44</th> <th>45-49</th> <th>50-54</th> <th>55-59</th> <th>60-64</th> <th>65-69</th> <th>70+</th> </tr> </thead> <tbody> <tr> <td>%</td> <td>0.7</td> <td>5.0</td> <td>11.5</td> <td>13.1</td> <td>11.9</td> <td>13.5</td> <td>14.3</td> <td>13.4</td> <td>10.2</td> <td>4.5</td> <td>1.3</td> <td>0.4</td> </tr> </tbody> </table> <p><b>Formal Sickness Warnings Issued 2012 by Age</b></p> <table border="1" data-bbox="448 667 1370 853"> <thead> <tr> <th>Age Group</th> <th>Under 20</th> <th>20-24</th> <th>25-29</th> <th>30-34</th> <th>35-39</th> <th>40-44</th> <th>45-49</th> <th>50-54</th> <th>55-59</th> <th>60-64</th> </tr> </thead> <tbody> <tr> <td>%</td> <td>1.0</td> <td>8.0</td> <td>11.0</td> <td>10.0</td> <td>10.0</td> <td>21.0</td> <td>17.0</td> <td>13.0</td> <td>6.0</td> <td>4.0</td> </tr> </tbody> </table>	Age Group	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	%	0.7	5.0	11.5	13.1	11.9	13.5	14.3	13.4	10.2	4.5	1.3	0.4	Age Group	Under 20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	%	1.0	8.0	11.0	10.0	10.0	21.0	17.0	13.0	6.0	4.0
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<p><b>Socio-Economic</b></p>	<p>Socio economic factors may be linked to reasons for sickness absence however there is no specific data on this topic or evidence to suggest there is a disproportionate impact. Workforce data will be reviewed to establish whether any information can be gathered.</p>																																																
<p><b>Human Rights</b></p>	<p>All staff will be dealt within in line with Human Rights regulations. No treatment throughout the management process of this policy will place individuals in a situation where their human rights may be negatively affected. The management process will facilitate open communication and enable individuals to express their views in a safe environment without repercussion.</p> <p>Consideration will be given to any staff who have special requirements such as a disability and the process aims to be fair and consistent for all staff.</p>																																																
<p><b>What are the overall trends/patterns in the above data?</b></p>	<p>There is a trend to indicate that females have higher levels of absence and are subject to a higher level of formal action although is relatively proportionate to the gender breakdown of the Trust.</p> <p>Absence appears to link to age with more warnings issued to staff aged between 40 and 54. Similarly to gender there are a higher number of individuals within this age group.</p>																																																
<p><b>Specific issues and data gaps that may need to be addressed through consultation or further research</b></p>	<p>There is currently no data to monitor the impact on socio economic factors.</p>																																																

<b>Involving and consulting stakeholders</b>				
<b>Internal involvement and consultation</b>	Joint Staff Negotiating Committee, Senior Management, Human Resources Business Partners			
<b>External involvement and consultation</b>	None			
<b>Impact Assessment</b>				
<b>Overall assessment and analysis of the evidence</b>	<p>An area to be observed relates to the management of individuals with disabilities, however, the policy provides for flexibility with the escalation process.</p> <p>The management process will be fairly applied to individuals regardless of personal characteristics and will be linked to the individual's ability to sustain an acceptable attendance level.</p>			
<b>Action Plan</b>				
<b>Action</b>	<b>Owner</b>	<b>Risks</b>	<b>Completion Date</b>	<b>Progress update</b>
Monitoring of workforce data on bi annual basis	Martin Bamber		Ongoing	Action to be taken as and when issues are identified