MANAGEMENT OF SICKNESS ABSENCE POLICY AND PROCEDURE

If being read as a paper copy, please refer to Lewinet to ensure this is the current version

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<tr>
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<tr>
<td>Author:</td>
<td>Wendy Gay, Director of Workforce and Education</td>
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<td>Responsible for review:</td>
<td>Director of Workforce and Education</td>
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## Document Version Control

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1 Policy Statement

Lewisham and Greenwich NHS Trust aims to support all employees to maximise their attendance at work. It is in the interests of patients and of the services that we provide that work is undertaken by substantive staff who can ensure continuity and quality of care. The Trust expects staff to attend work to the fullest extent possible. However, the Trust recognises that sometimes staff will become unwell or suffer from a disability that affects their attendance at work. Under these circumstances it is the Trust’s intention to ensure that staff are provided with the support, consultation and appropriate adjustments to enable them to return to work or to be supported to leave work in the best possible circumstances.

The Trust will monitor sickness absence through Divisional Performance Management meetings and provide regular reports to the Board on levels of absence within the Trust and steps taken to address these. It is the duty of all managers to manage sickness absence in accordance with the policy and procedure and it is the responsibility of staff to take care of their health.

Sickness absence will be managed so decisions are made at an early stage so that employees will not exhaust their sickness absence entitlements.

2 Scope

This policy and procedure applies to all substantively employed staff including medical staff. There are separate notification and pay arrangements for bank staff. The policy and procedure does not apply to honorary staff or to agency staff.

3 Sickness absence can fall into four broad categories;

1. Absence, which is short term (i.e. generally for ten working days or less in any one period) or irregular and is not connected to an underlying medical condition or the reasons for the absences appear to be unrelated will be managed under the short-term sickness absence procedure.

2. Absence, which is longer term (i.e. generally for more than ten working days in any one period), the cause of which is known and complete recovery from which is anticipated (e.g. a broken limb, an absence for elective surgery). This form of absence will be managed under the long-term sickness absence procedure.

3. Absence, which is longer term (i.e. generally for more than ten working days in any one period) and from which the employee may not recover or may not return to work. This form of absence will be managed under the long-term sickness absence procedure.

4. Absence, which may be long term or which may be short term and frequent, the cause of which may be known and full recovery from which is not necessarily anticipated (e.g. cancer, sickle cell disease, and diabetes). This form of absence will be managed under the long-term sickness absence procedure.

There may be occasions where absences appear to fall into more than one definition. In these instances, a common sense approach should be applied based on the nature of the absence. Sickness absence caused by stress will be managed in accordance with the policy and according to the circumstances of each case.

Where an employee’s pattern of absence gives cause for concern, for example regular days of sickness following a period of authorised annual leave. In such circumstances it may be appropriate for managers to refer staff to the Occupational Health Department and seek first day medical certification (see 4.2)
1.

4 Reporting, notification processes and occupational sick pay

4.1 Reporting of sickness absence

Sickness absence must be reported via the Trust electronic reporting system as early in advance of the working shift as possible. Trust will be advised of the telephone number for the reporting system at induction.

Any arrangements for local reporting procedures will be communicated to staff as part of their local induction.

Members of staff absent due to sickness are normally expected to be at home caring for themselves unless certified otherwise by a doctor. Members of staff that work elsewhere whilst they are off sick may be subject to a disciplinary investigation for allegation(s) of fraud. Such investigations could ultimately lead to summary dismissal.

Failure to follow Trust or local procedures will result in disqualification for sickness absence payment, and may lead to action in line with the Trust’s Disciplinary Policy.

Staff working term-time only, who are sick during the school holidays, must follow the procedure above. Employees pay is calculated on 365 days per year, therefore any sickness during school holidays should be reported and counted as sick days for pay purposes.

4.2 Certification

The normal certificates to be produced are detailed below. Unless otherwise advised the employee will be expected to produce these within the given time scales.

   a) First day GP certification

Where an employee’s absence is being managed, employees may be requested to provide first day certification. Examples include, but are not necessarily restricted to sickness absence which occurs:

   • Prior to/after weekends / annual leave / bank holidays
   • Where sickness occurs on a day/days where a request for annual leave or off duty days has been refused

First day certification will be requested in all cases, regardless of whether an employee’s absence is being managed, where sickness absence occurs proceeding or following a Bank or Statutory holiday or if sickness occurs whilst an employee is on annual leave.

If first day GP certification has been requested, the employee will be expected to produce a medical / GP certificate (FIT note) for each individual period of absence. The cost will be fully reimbursed by the Trust on production of an official receipt.

   b) From 8th day of absence

A medical /GP certificate (FIT note) should be obtained from the employee’s GP to cover the entire period of absence, and is to be returned to their manager without delay and as soon as practically possible. From this point onwards all sickness absence should be medically certificated and certificates should run consecutively.

Failure to follow Trust or local procedures will result in disqualification for sickness absence payment.
4.3 Unauthorised Absence

Unauthorised absence occurs when an employee is absent from their place of work for one or more days without fulfilling the criteria laid down in paragraph 4 of this policy. Unauthorised absence may also occur when specific certification arrangements have not been carried out.

The line manager should make every effort to contact the employee by phone, letter or email where an employee has failed to follow the correct reporting procedure.

Any period of unauthorised absence should be investigated and, depending on the circumstances, may result in disciplinary action against an employee, including dismissal.

When unauthorised absence occurs, pay to the employee’s bank account should be suspended pending receipt of an explanation for the absence. The manager should seek advice from the Workforce Development Department in making a decision on the acceptability of any reason for unauthorised absence.

Annual leave is not accrued during periods of unauthorised absence and unpaid leave.

All periods of unauthorised absence will defer an employee's incremental date. Managers must therefore ensure that SBS are informed of all days of unauthorised absence.

4.4 Sick Pay entitlements

4.4.1 Statutory Sick Pay (SSP)

Employees are generally entitled to Statutory Sick pay for the first 28 weeks in any one tax calendar year subject to meeting the eligibility requirements.

4.4.2 Occupational Sick Pay (OSP)

The NHS sick pay scheme also provides for the payment of Occupational Sick Pay. Payment of SSP is included in the payment of OSP where appropriate.

Staff who are absent from work owing to incapacity due to sickness will receive the following OSP within any 12 calendar month.

<table>
<thead>
<tr>
<th>Length of Continuous NHS Service*</th>
<th>Occupational Sick Pay Entitlement</th>
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<tbody>
<tr>
<td></td>
<td>FULL PAY</td>
</tr>
<tr>
<td>Less than 4 months</td>
<td>one month</td>
</tr>
<tr>
<td>After 4 months and up to 12 months</td>
<td>1 month</td>
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<tr>
<td>Over 1 year and up to 2 years</td>
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<td>2 months</td>
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<tr>
<td>Over 3 years and up to 5 years</td>
<td>4 months</td>
</tr>
<tr>
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<table>
<thead>
<tr>
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<td>Less than 4 months</td>
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<td>Over 3 years and up to 5 years</td>
<td>6 months</td>
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<tr>
<td>Over 5 years</td>
<td>6 months</td>
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</table>

In exceptional circumstances, entitlement to sick pay may be extended beyond that outlined above. Cases will be reviewed on an individual basis and decided by the Workforce Development Managers and Head of Workforce Development.

Where there is no reasonable prospect of the employee returning to work, employers will have the option to terminate employment after consideration, before the employee has reached the end of the contractual paid sick absence period.
Service with other NHS Trusts, Health Authorities and Northern Ireland Health Service is recognised for the purpose of continuous employment.

Failure to follow Trust or local procedures will result in disqualification for sickness absence payment.

4.5 Bank work

On their return to work staff who have been absent through sick leave will meet with their line manager and review whether they may work on the bank for the first four weeks following their return to work. Staff who are under formal warning will not be allowed to work bank during the course of the formal warning subject to review at three-monthly intervals.

4.6 Annual leave

Entitlement to annual leave accrues during paid periods of sickness absence. However, a maximum of five days annual leave pro rata as appropriate may be carried forward from one leave year to the next. Employees on sick leave are entitled to request to take annual leave through the normal approvals process.

Should an employee not be able to return to work following sickness absence and have been unable to take annual leave, accrued annual leave will be paid in lieu upon termination of their contract, to a maximum of the statutory entitlement.

4.61 Sickness during a Holiday including Holidays Abroad

If a member of staff falls sick during a period of annual leave including leave outside of the UK and they wish to apply for those days of sickness to be re-credited they must:

a) Follow the normal procedure for reporting sick including, namely reporting the absence to The Trust reporting system. Wherever possible, employees must also personally notify their line manager or head of department on their first day of sickness. For holidays abroad, notification by telephone, e-mail, fax or letter may be the most appropriate form of communication;

b) Provide supporting evidence such as a medical certificate to their line manager for the whole period of sickness, from day one. Days not covered by a certificate will not be re-credited. Medical certification must be translated in English and should include:

- The name of the Doctor/Hospital/Clinic
- The telephone number and address of the Doctor/Hospital/Clinic
- The reasons for the incapacity
- The duration of the incapacity

c) Provide an address, and where possible a telephone number where the employee can be contacted.

Where an employee's incapacity prevents travel and a return to work at the end of the holiday period, any medical evidence should clearly state why travel is not possible in the circumstances. The employee will be required to show proof that they intended to return from holiday before they fell ill i.e. by keeping and producing on request, relevant travel documents including all the tickets provided for return travel.

It is at the discretion of management to pay Occupational Sick Pay where there is doubt about the acceptability of medical evidence and where the procedures outlined have not been followed. Retrospective certification by a UK Medical Practitioner for sickness outside the country will not be accepted for claims under the Occupational Sick Pay Scheme.

Where an employee falls sick whilst on leave outside the European Economic Area, they may not be able to receive Statutory Sick Pay. However they may claim state sickness benefit from
the DSS by means of form SSP 1, which will be sent to employees by SBS (payroll department). Occupational sick pay will not be affected.

4.7 Temporary injury allowance

Temporary injury allowance will only be payable where an accident form has been completed at the time of the accident or as soon as is practically possible afterwards and counter signed by the employee’s line manager. Employees who are absent through a work related injury will be managed in accordance with the requirements in section 8.

4.8 Occupational health appointments

Failure to attend for an occupational health appointment will be considered to be failure to follow notification procedures and will result in disqualification for sickness payment and potentially disciplinary action.

5 Return to work interviews and review meetings

On returning to work all employees will have a ‘return to work’ interview with their manager as soon as possible after the sickness occurs and at latest within 3 to 5 days. The content of this interview is set through a Return to Work Interview proforma and is forwarded to managers via the First Care system. Managers are expected to make a positive return to the First Care monitoring system that the return to work interview has taken place.

Prior to any formal action being taken it may be reasonable for managers to hold informal review meetings. The purpose of these meetings will be to advise the employee of the trigger points and of the action that will take place when these are reached. The meeting will verify the absence record of the employee, it will examine the pattern of absence and the possible causes of absence. If it appears that the absence may be due to an underlying medical condition advice may be sought from the Occupational Health department or from another suitably qualified medical practitioner. It will not be necessary to seek medical advice if the absence is due to a number of unrelated episodes of illness. Following the meeting the manager will write to the employee summarising the discussions that have taken place.

At the return to work meeting managers will warn employees if they are approaching referral to the formal process and what will happen next.

As a prompt the First Care system will provide details of absence for managers of employees returning to work and will request a prompt that the Return to Work Interview has been completed.

6 Procedure for the management of short-term sickness absence

Absence, which is short term (i.e. generally for 10 working days or less in any one period) or regular or the reasons for the absence appear to be unrelated will be managed under the short-term sickness absence procedure.

There will be occasions when absence is managed initially under the short-term absence procedure but, following further information becoming available, is managed under the long-term sickness absence procedure.

6.1 Trigger points

Short-term sickness absence of 15 working days in a rolling twelve-month period (see Appendix 1 for explanation of the rolling time period), or 5 periods of absence in a rolling twelve-month period will lead to formal action under the management of short-term sickness absence procedure. (These patterns of absence will be known as ‘trigger points’).
Once an employee is under formal warning two episodes or five working days in a rolling six month period will trigger the next stage of formal warning.

6.2 Formal process

Except for the dismissal stage the employee’s line manager will conduct all hearings. At all stages other than the Sickness Absence Verbal Warning stage a representative from the Workforce and Education department will advise the manager. Employees may be represented by a trade union representative, colleague or friend at all stages of the formal process. The outcome of each stage of the formal process will be provided in writing within five working days of the hearing.

Employees may appeal at all stages of the formal process. Appeals should be addressed to the next level of line manager, be in writing and be submitted within five working days of receipt of the written outcome of the hearing.

- **Stage 1. Sickness Absence Verbal warning**

This is the first stage of warning. Warnings issued will remain on the employee’s file for 12 months. Any further absence that reaches the trigger points will lead to a stage 2 hearing.

- **Stage 2. Sickness Absence Warning**

Warnings issued will remain on the employee’s file for 18 months. Any further absence that reaches the trigger points will lead to stage 3 hearing.

- **Stage 3. Final sickness absence warning**

Warnings issued will remain on the employee’s file for 2 years. The warning will state that any further absence that reaches the trigger points may lead to dismissal.

- **Stage 4. Dismissal**

Prior to the dismissal hearing taking place advice should be sought from Occupational Health to ensure that the employee’s absence is not due to a medical condition. This information must be made available to the employee prior to the hearing.

Decisions to dismiss will be based on the nature and pattern of absence, the impact on the operational service and the employee’s length of service. The hearing will normally be chaired by a senior manager in the employee’s own division who has not previously been involved in the case. The right of appeal will normally be to the Divisional General Manager in the employee’s own division or equivalent.

7 Managing long term sickness absence

When an employee first notifies a sickness absence that fits within either of the following two definitions the long-term sickness absence procedure shall apply.

- Absence, which is longer term (i.e. generally for more than ten working days in any one period), the cause of which is known and complete recovery from which is anticipated (e.g. a broken limb, an absence for elective surgery). This form of absence will be managed under the long-term sickness absence procedure.

- Absence, which may be long term or short term and frequent, the cause of which may be known and full recovery from which is not necessarily anticipated (e.g. cancer, sickle cell disease, diabetes). This form of absence will be managed under the long-term sickness absence procedure.
There will be occasions when absence is managed initially under the short-term absence procedure but, following further information becoming available, is managed under the long-term sickness absence procedure. It is also possible that sickness absence will be managed under both procedures simultaneously.

Pregnancy related sickness absence may also be included in this category. Attendance for IVF treatment would not be classified as pregnancy related sickness absence, although time off for IVF treatment may be granted through local agreement. Advice should always be sought from a Workforce Development Manager in cases where sickness absence can be attributed to pregnancy related conditions or recent childbirth (such as annual leave, unpaid leave, toil etc).

7.1 Informal stages

At the early stages of the absence or even before the absence begins when it is planned the manager shall contact or meet with the employee to have an informal discussion. The discussion should include whether a referral to Occupational Health or for other medical advice is appropriate at this early stage, the anticipated length of the absence, what support the employee may need during the absence and how the work will be covered.

In cases of frequent short term absence caused by a disability or chronic illness this conversation should include discussion about how the employee can be helped to attend work and what adjustments might be made to the workplace to assist more regular attendance at work. If the frequent short term absence continues it will be necessary to formalise these arrangements under the formal stage of the long term sickness absence procedure.

The manager should continue to keep in touch with the employee at regular intervals. The employee is also responsible for ensuring that certification is provided that covers their absence.

For many long-term absences the employee will recover and be well enough to return to work after a period of absence (e.g. if an employee undergoes an operation or breaks a leg). In such circumstances the manager is responsible for ensuring that contact is maintained and that support is provided to the employee on their return to work. Normally such absences will be of no more than six months in length and will be shorter than exhaustion of sick pay entitlements. In such circumstances there will be no need to move to the formal stages of the procedure.

7.2 Initial formal stages

Where absence continues beyond six months and there is no anticipated return date or where absence is short term and frequent in nature as a result of a disability or chronic illness and no recovery is anticipated or where absence is more than two weeks and there is no clear diagnosis it will be appropriate to refer to the formal stages of the long term sickness absence procedure.

The manager will obtain advice from the Occupational Health department or from a suitably qualified medical practitioner. The purpose of the advice is to inform the manager of the likely return date of the employee and of any adjustments to the workplace that may need to be made to facilitate the employee’s return. This advice will be shared with the employee prior to the formal meeting.

The employee will be given five working days’ notice of a formal meeting. The employee has the right to be accompanied by a colleague or trade union representative and a representative from the Workforce and Education department will advise the manager. If appropriate and, with the employee’s agreement, the meeting may take place at the workplace or at the employee’s home or other suitable venue.

The purpose of the meeting will be to discuss the medical advice obtained, to find out from the employee how he or she feels and when he or she feels likely to be able to return to work, to discuss the impact on the work of the employee’s absence and to discuss ways of supporting the employee’s return.
An important aspect of the formal meeting will be to discuss the reasonable adjustments that might be made either on a temporary or permanent basis to support the employee’s return.

At this meeting it may be necessary to state that, if the employee is unable to return to work, then at the next formal meeting it may be necessary to dismiss the employee and, if appropriate, to apply for ill health retirement.

7.3 Reasonable adjustments

As soon as it becomes apparent that the employee will require either temporary or permanent adjustments to the workplace in order to be able to return to work the manager should discuss with the employee and consider the possible options. These may include:

- **Transfer to another job or duties** (providing the employee is in agreement and such work is available). Such a transfer should be clearly set out as permanent or temporary. If temporary, a review date must be set and a further formal meeting held at that time. (It is not reasonable for a new job or role to be created and transfer will be into work that enables the Trust to continue to meet its operational needs).

  **If permanent redeployment is offered following occupational health advice it:-**
  
  - Is offered on a four week trial basis
  - Does not give protection of earnings
  - May be refused by the employee, but if deemed “suitable redeployment” by the Trust may then lead to dismissal on grounds of ill health (capability).

- **Changes to the method of doing the job** (e.g. through the use of different equipment)
  Changes to working hours. Employees may return to work on a ‘phased return’ of reduced hours at full pay for a period of normally no more than four weeks if this means that their total sickness absence period is reduced.

- **Additional training or coaching** e.g. perhaps to enable a new role to be undertaken. (This training must be able to be completed in a period of no more than three months). Modification of premises e.g. widening a doorway or relocating a door handle.

7.4 Final formal stages

Before the employee has exhausted their sick pay entitlement the manager must have a final formal meeting with the employee to discuss their situation and likely ability to return to work. Prior to this meeting the manager should obtain further guidance from the occupational health department or other suitably qualified medical practitioner regarding the employee’s condition, his or her likely ability to return to work and the support or adjustments that he or she may need in order to return.

The possible outcomes from this meeting are:

- An agreed plan for the employee’s return including a date and agreement about what, if any adjustments are required.

- An agreed plan to redeploy the employee into another suitable post within the Trust.

- Dismissal on the grounds of ill health capability and referral for ill health retirement if available.

Dismissal will be with contractual notice and may run concurrently with the payment of occupational sick pay.
7.5 Redeployment on the grounds of ill health

If the advice from the occupational health department or other suitably qualified medical practitioner is that the employee is unable to return to work in their current role on a permanent basis but that the employee may be able to be redeployed into alternative work, then Trust will attempt to redeploy the employee on the grounds of ill health. This process will last no more than four weeks and will not continue beyond the exhaustion of sick pay entitlements. Should permanent redeployment occur, salary will not be protected (see 7.3).

8 Right of appeal

Employees have the right of appeal following each formal stage of the sickness absence policy including against dismissal. Appeals should be put in writing and addressed to the line manager of the line manager who has taken the formal action.

Appeals against dismissal should be addressed to the relevant Divisional General Manager or Divisional Nurse Manager.

All appeals should be provided in writing within five working days of receipt of the letter setting out the warning or dismissal.

9 Review of policy

The policy and procedure will be subject to review after two years of operation and thereafter a periodic review every 3 years.

10 Dissemination and Implementation

This policy will be disseminated to the following:

All staff and contractors working for the Trust. The policy is kept electronically on the following bookshelves on Lewinet: Human Resources

The Trust will make the following training provisions to ensure this policy is disseminated consistently:

New staff will be made aware of the policy during induction programmes. Existing staff will receive absence management awareness training. Training will be provided to ‘interested groups’ if the demand arises

11 Document Control including Archiving Arrangements

This document is placed on the Lewinet Bookshelves which send automatic electronic messages to the Bookshelf Owner when a document is overdue for review. It will be archived automatically when superseded by subsequent versions on the Lewinet Bookshelves. Access to archived versions is via the Bookshelf owner or the Webmaster.

12 Monitoring Compliance with the effectiveness of this policy

Compliance with this policy will be monitored in the following ways:

The Workforce and Education Directorate will provide monitoring reports on the number of absences and any action taken (e.g. disciplinary) on a quarterly basis to formal meetings of the Education and Workforce Committee.
Evidence that the policy is used effectively will be monitored by using Key Performance Indicators.

Year by year reduction in the percentage sickness rate of staff evidence by the Workforce monitoring reports and a reduction in the number of long term sickness absences with the aim to eliminate long term (6 months) sickness cases without an action plan.

13 References

The following Acts of Parliament may be connected to sickness absence:

- Employment Rights Act 1996
- Equality Act 2010
- Social Security (Medical Evidence) and Statutory Sick Pay (Medical Evidence) (Amendment) Regulations 2010 (SI 2010/137)
- Employment Act 2002
- Employment Act 2002 (Dispute Resolution) Regulations 2004
- Health and Safety at Work Act 1974

14 Associated Documentation

This document will be placed on the Lewinet Workforce and Education policies bookshelf. This sends automatic electronic messages to the bookshelf owner when a document is overdue. When a subsequent version is uploaded to the bookshelf the previous version is automatically archived. Access to achieved versions is via the webmaster.

The associated Trust documentation may be found on bookshelf are entitled:

- Disciplinary Policy
- Grievance Policy
### Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval. Authors are required to read the full [Equality Impact Assessments for Trust-wide and Departmental Policies](http://lewnix3/bookshelf/documents/doc004069.1204211254.doc) before completing the following tabulate.

**INITIAL SCREENING**

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<thead>
<tr>
<th>1. Name of the policy being assessed</th>
<th>Management of Sickness Absence Policy and Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Names of persons responsible for carrying out the assessment</td>
<td>Director of Workforce and Education</td>
</tr>
<tr>
<td>3. Describe the main aim, objective and intended outcomes of the policy</td>
<td>Lewisham and Greenwich NHS Trust aims to support all employees to maximise their attendance at work. It is in the interests of patients and of the services that we provide that work is undertaken by substantive staff who can ensure continuity and quality of care. The Trust expects staff to attend work to the fullest extent possible. However, the Trust recognises that sometimes staff will become unwell or suffer from a disability that affects their attendance at work. Under these circumstances it is the Trust's intention to ensure that staff are provided with the support, consultation and appropriate adjustments to enable them to return to work or to be supported to leave work in the best possible circumstances.</td>
</tr>
<tr>
<td>4. Is there reason to believe that the policy could have a negative impact on a group or groups?</td>
<td>YES / NO</td>
</tr>
<tr>
<td>5. Which equality groups may be disadvantaged / experience negative impact?</td>
<td>Race / NO</td>
</tr>
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<td>Disability / NO</td>
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<tr>
<td></td>
<td>Gender / NO</td>
</tr>
<tr>
<td></td>
<td>Age / NO</td>
</tr>
<tr>
<td></td>
<td>Sexual orientation / NO</td>
</tr>
<tr>
<td></td>
<td>Religion / belief / NO</td>
</tr>
<tr>
<td></td>
<td>Other (e.g. refugees, behavioural difficulties) / NO</td>
</tr>
<tr>
<td>5. What evidence do you have and how has this been collected?</td>
<td>Attached data</td>
</tr>
<tr>
<td>6. Have you explained your policy to people who might be affected by it?</td>
<td>YES/ (If ‘YES’, please give details of those involved)</td>
</tr>
<tr>
<td>7. If the policy positively promotes equality please explain how?</td>
<td>By ensuring a positive approach to the management of sickness absence</td>
</tr>
<tr>
<td>8. From the screening process do you consider the policy will have a positive or negative impact on equality groups? Please rate the level of impact* and summarise the reason for your decision</td>
<td>Positive - medium</td>
</tr>
</tbody>
</table>

*Positive: High/Medium/Low - (High - highly likely to promote equality of opportunity and good relations; Medium - moderately likely to promote; Low - unlikely to promote)

*Negative: High/Medium/Low - (High - highly likely to have a negative impact on equality of opportunity and good relations; Medium - moderately likely to have; Low – likely to have little impact)

*Neutral: High - highly likely to have neither a positive nor a negative impact.

---

**Date Completed:**

**Signed:**

**PRINT name:**

*If the screening process has shown potential for a high negative impact you will need to carry out a full equality impact assessment - see:


Please send an electronic copy of the completed assessment, action plan (if required), any relevant monitoring reports used and a summary of replies received from people you have consulted, to Fay Blackwood - Head of Workforce Development.

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Lewisham and Greenwich NHS Trust
APPENDIX 1

ROLLING PERIODS

A rolling 6 month period is defined as a period of 6 consecutive months on a rolling basis, with a new 6 month period beginning exactly one month after the initial starting date.

The example in the diagram below shows a first rolling 6 month period beginning on 1\textsuperscript{st} January and incorporating all months up to 30\textsuperscript{th} June. A second rolling period starting on 1\textsuperscript{st} February and incorporating all months up to 31\textsuperscript{st} July, and a third rolling period covering 1\textsuperscript{st} March to 31\textsuperscript{st} August. This pattern is the same for any 6 month rolling period.

Example shown: A manager issues a member of their team with a Stage 1 verbal written sickness warning on 1\textsuperscript{st} January. The warning will remain on file for a period of 12 months and the next level of sickness warning will be triggered on the second episode of absence or on the 5\textsuperscript{th} day of absence, during a rolling 6 month period.

![Rolling 6 Months Diagram](image-url)