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1 Introduction and Purpose

- 1.1.1 Salisbury NHS Foundation Trust (SFT) recognises the considerable contribution to patient care that staff demonstrate on a daily basis and we wish to support all employees to be able to deliver services which align with the Trusts values and beliefs i.e. providing an outstanding experience every time.
- 1.2 The Trust believes in the importance of promoting and supporting the health and wellbeing of its staff and in achieving excellence in terms of attendance at work.
- 1.3 The Trust is also aware of its responsibility to ensure that we provide employees with all of the necessary information and support to enable them to improve their own health and wellbeing.
- 1.4 As well as impacting on the care that we can provide, high levels of sickness absence also affect service efficiency, staff morale and the financial standing of the organization. We will therefore take all reasonable steps to ensure that staff health issues are identified and addressed at an early stage.
- 1.5 It is the Trusts intention that all staff health issues will be treated sensitively and on an individual basis within the parameters set out in this policy. To help facilitate this a managers training programme is to be developed.
- 1.6 The Trust expects all staff to uphold the organisational values and behaviours when applying and following this policy. Staff who are unwell will always be treated with dignity and respect and managers will show empathy when managing any absence.

2 Principles and Values

- 2.1 SFT is seeking to create and maintain a working culture where the expectation is for employees to achieve high levels of attendance at work. This is based on the following principles;
- 2.2 If you do not have an underlying medical condition, you are expected to maintain as close to full attendance as possible.
- 2.3 If you have an underlying medical condition, you are expected to maintain as close to full attendance as possible, however reasonable adjustments will be considered in line with advice from Occupational Health and Human Resources.
- 2.4 Each case will be judged on its individual circumstances and the procedure may be varied as appropriate.
- 2.5 Throughout both the informal and formal stages of the policy, opportunities to demonstrate an improvement in attendance will be agreed with the employee.
- 2.6 All sickness absence must be reported and recorded onto the Electronic Staff Record system.

3 Using This Procedure

- 3.1 This policy defines the process to support regular attendance at work and minimise sickness absence in a fair and consistent manner.
- 3.2 The policy focusses on staff wellbeing and hopes to support a successful return to work whenever possible.

- 3.3 The policy applies to all substantive staff employed by the Trust (including Medical staff) and must be adhered to. The policy does not apply to agency workers or self-employed contractors.
- 3.4 We will use this policy to manage employees who reach any of the following 'trigger' points;
- 3 episodes of sickness absence in any rolling 12 month period
 - More than 14 calendar days of sickness absence in any rolling 12 month period
 - Where it can be shown that the staff members absence follows a pattern i.e.
 - Sickness before or after a holiday period.
 - Sickness before or after a weekend.
 - Sickness at a particular time of year.
 - Repeated sickness following removal from the Attendance Management Policy.

(Please note this list is intended to provide examples of possible patterns and is by no means exhaustive).

- 3.5 This policy does not form part of any employee's contract of employment and we may amend it at any time. We may also vary the process, including any time limits, as appropriate in any case.

4 Duties/Responsibilities

4.1 Manager Duties/Responsibilities

- To understand the contributing factors in relation to sickness absence and have a consistent approach to managing all absence events.
- Understand how to support employees in order to facilitate a timely return to work.
- To identify or address health issues impacting on work, or being impacted by work, at an early stage.
- To ensure they conduct early interventions, as mentioned in section 8.
- To ensure all employees are aware of their local absence reporting procedures.
- To ensure they have up to date contact information for all employees who they oversee in case they need to contact them at home during a period of absence.
- To deal promptly with situations of unauthorised or unplanned absence by contacting the employee to establish why they are absent, the circumstances, and their concerns.
- To utilise support from Human Resources (HR) and Occupational Health (OH)

when managing sickness absence and planning a return to work.

- When appropriate and with the support of HR, use the disciplinary policy in an effective and consistent way.
- To keep accurate documentation in relation to absence and the monitoring of attendance levels.
- To ensure there is an agreed communication plan in place with an absent employee. To undertake a return to work discussion with all employees returning from sickness absence, regardless of the length of the absence period.
- To ensure they are aware of the trigger points for entering the formal sickness stages as detailed in this document, and ensuring that employees are consistently managed in relation to this.
- To ensure employees with a disability who are absent as a result of rehabilitation, treatment, or assessment of that disability are recorded as being on disability leave rather than sick leave.

4.2 Employees Duties/Responsibilities

- To inform their manager of health issues that may affect their ability to perform their role or where work may be affecting their health and wellbeing.
- To ensure they follow the local sickness absence reporting procedure.
- To ensure they remain in contact with their manager during a period of sickness absence.
- To attend all Occupational Health consultations at the request of their manager.
- To promptly provide a medical "Fit Note" on the 8th day of continuous absence to their manager.
- Not to undertake activities that may hinder their recovery while absent due to ill health.
- To remain off work for 48 hours after symptoms have cleared if they have suffered from diarrhoea or vomiting, unless there are known reasons for the symptoms.

4.3 Human Resources Duties/Responsibilities

- To provide professional HR advice and support to managers on the use of this policy and associated procedures to reduce levels of sickness absence and support employees to remain at work.

4.4 Occupational Health Duties/Responsibilities

- To provide impartial professional advice to employees and managers about the interaction of health, work and wellbeing.

5 Sickness Absence Notification Procedure

- 5.1 Employees should refer to the local reporting guidelines provided at the start of their employment if they are going to be absent from work due to sickness. This may vary across departments and as such should be checked every time they move to a new area.
- 5.2 Managers should ensure that;
- Any sickness absence that is notified to them is recorded promptly and reported to payroll.
 - Arrangements are made, where necessary, to cover work and to inform colleagues and where appropriate, patients and clients that a sickness event has occurred (while maintaining confidentiality).
 - They stay in contact with the absent employee, to understand the reason for the absence, to ensure that they are receiving the appropriate treatment, and to obtain some idea as to a return to work date.
 - A referral to Occupational Health is considered.
- 5.3 Injuries in the workplace that lead to absence and all treatments and convalescence associated with such injuries will be recorded and reviewed separately to other forms of absence and won't be used to trigger absence management procedures.
- 5.4 Individuals who have direct patient contact as part of their role should avoid work if they have infectious symptoms. Managers should seek advice from Occupational Health – it may be possible to temporarily re-deploy someone to a non-clinical area, depending on symptoms and situation.

6 Evidence of Incapacity

- 6.1 For sickness absence of up to seven calendar days employees will be required to complete a self-certification form as part of your return to work discussion.
- 6.2 For absence of more than seven calendar days, employees must obtain a certificate from their doctor or specialist (a "Statement of Fitness for Work") stating that they are not fit for work and the reason(s) why. This must be forwarded to their line manager as soon as possible.
- 6.3 If the absence continues, further medical certificates must be provided to cover the whole period of absence. Absence which is beyond the self-certification period that is not covered by a medical certificate will be unpaid.
- 6.4 If the doctor provides a certificate stating that the person "may be fit for work" with suggested adjustments, the employee should inform their line manager immediately. Discussion between the manager, employee and OH/HR (if needed) should then take place to understand if the suggested adjustments can be accommodated. Such discussion may take place at the return to work interview (see section 22). If it is not possible to implement the adjustments at that point, the employee will remain on sick leave and a further date will be agreed to review the situation.
- 6.5 Where there are concerns about the reason for absence, or there is frequent short-term absence, a medical certificate may be required for each absence

regardless of duration. In such circumstances, the Trust will cover any reasonable costs incurred in obtaining such medical certificates, for absences of a week or less, on production of a doctor's invoice.

7 Early Interventions

- 7.1 Early interventions have been proven to be an essential element in getting employees back to work as soon as possible and preventing short term absences from becoming longer term periods of sickness. The manager's actions in the first 4 weeks of an employee's sickness are critical. They should contact the employee as early as possible to establish;
- The reason for absence & likely return to work date. They should also consider any perceived barriers to returning to work and how these could be addressed through reasonable adjustments.
 - For conditions such as stress, anxiety, depression and musculo-skeletal conditions, the manager must refer the individual immediately to Occupational Health. This is to ensure the individual has adequate assessment & support.
 - A 'return to work' plan with the employee, with support from OH and HR if required.

8 Unauthorised Absence

- 8.1 Absence that has not been notified according to the sickness absence notification procedure will be treated as unpaid, unauthorised absence. Cases of repeated unauthorised absence will be dealt with using the Trust's Disciplinary Procedure.
- 8.2 If an employee does not report for work and has not telephoned their line manager to explain the reason for their absence, their line manager will be expected to contact the employee by telephone and in writing if necessary. This measure should not be treated as a substitute for reporting sickness absence.

9 Disabilities

- 9.1.1 We are aware that sickness absence may result from a disability. At each stage of the sickness absence meetings procedure (described in sections 19 and 20), particular consideration will be given to whether there are reasonable adjustments that could be made to the requirements of a job or other aspects of working arrangements that will provide support at work and/or assist a return to work.
- 9.1.2 If you consider that you are affected by a disability or any medical condition which affects your ability to undertake your work, you should inform your line manager.
- 9.1.3 In some instances it may be more appropriate to class certain types of absence as disability leave rather than sickness absence. If a disabled member of staff (as defined by the Equality Act 2010) needs time off for rehabilitation, assessment, or treatment related to their disability but is otherwise fit to come to work, this shall be classed as disability leave. When an employee needs time off because they are unfit for work due to their disability this should be classed as sickness absence.
- 9.1.4 Disability leave should not contribute to the absence triggers identified in this document.

10 Industrial Injury

- 10.1 All Managers are to ensure that employees undertake relevant Health and Safety training in order to avoid accidents and injuries in the workplace. On commencing employment with the Trust staff have a responsibility to take care of their own Health and Safety (please refer to the current Health and Safety policy). All incidents that cause an injury to occur in the workplace must be recorded on the DATIX reporting system as soon as possible.
- 10.2 It is recognised that an accident at work may result in an employee being absent from work, and therefore the Trust should take a sensitive and supportive approach. A RIDDOR report must be raised if the injury is classed as 'major' or results in sickness of more than 7 consecutive days. While this activity is coordinated by the Health and Safety team, managers must ensure that the payroll return reflects the fact that time has been lost as a result of an accident at work in order to satisfy statutory reporting requirements.
- 10.3 A member of staff may be eligible to receive an Injury Allowance, subject to conditions set out in Section 22 of the NHS Staff Terms and Conditions of Service handbook, if they have sustained an injury, contracted a disease or developed another health condition due to NHS employment on or after 31 March 2013.
- 10.4 The attribution of injury, illness or other health condition will be determined by seeking appropriate medical advice from the Occupational Health Physician.
- 10.5 If a dispute should arise over whether an alleged incident caused a particular period of sickness, the Trust will formally investigate the incident under the relevant policy.

11 Pregnancy Related Sickness

- 11.1 Pregnancy related sickness absence, although recorded as sickness, should not contribute to the absence triggers identified in this document.

12 Time off for Routine GP/Dental/Hospital Appointments

- 12.1 Wherever possible, non-urgent hospital, doctors and dentists appointments should be booked outside of normal working hours. Where this is not possible appointments should be made as close to the beginning or end of the working day as possible in order to minimise disruption to services.
- 12.2 If such appointments need to be booked during normal working hours, employees would be expected to use annual leave, unpaid leave or agree arrangements to work additional hours on a different day with their line manager. These arrangements must be made in advance of the appointment.
- 12.3 Where staff need to attend hospital for minor procedures (e.g. day cases) these should be recorded as sickness absence.
- 12.4 Employees should notify their line manager as soon as reasonably practical if they require urgent/emergency treatment during paid working hours. This should be in accordance with local reporting procedures.
- 12.5 It is anticipated that employees will not require more than two routine dental

appointments per year. However, there may be occasions where there is a requirement for a course of dental treatment, hospital appointments or to undergo a series of test. In such instances, a full discussion should take place with their line manager to agree the most appropriate way for this time to be granted (paid, unpaid, annual leave, time off in lieu). The Trust will endeavour to provide as much flexibility to the employee as is possible in relation to service needs.

13 Time off for Other Appointments/Treatments

13.1 IVF Treatment

Absences related to IVF treatment will be treated as either hospital appointments or sick leave. However, the following absences will be treated in the same way as pregnancy-related sick leave;

- Absences immediately prior to and/or directly as a result of the egg implantation procedure.
- Any absences in a 2 week window following notification that an IVF cycle has been unsuccessful.
- If the procedure is successful, any absences during the pregnancy which are directly connected to the IVF procedure.

13.2 Cosmetic / Complementary Therapies

Staff attending for cosmetic appointments or complementary therapies will be expected to arrange these in their own time, or make arrangements to make up time should these procedures need to be carried out during normal working hours.

13.3 Gender Reassignment Surgery

It is important that all cases are considered on an individual basis with advice been sought from both Occupational Health and Human Resources where appropriate.

14 Sick Pay

14.1 Absent employees may be entitled to Statutory Sick Pay (SSP) if they satisfy the relevant statutory requirements. Qualifying days for SSP are Monday to Friday, or as set out in their employment contract. The rate of SSP is set by the government in April each year. No SSP is payable for the first three consecutive days of absence. It starts on the fourth day of absence and may be payable for up to 28 weeks. If an employee is not eligible for SSP or if their SSP entitlement is coming to an end, they will be given a form "SSP1" explaining the reasons.

14.2 Employees will be entitled to receive occupational sick pay under the NHS sick pay scheme, in accordance with the provisions of Section 14 of Agenda for Change, as amended from time to time, provided they have complied with this procedure in all respects. Occupational sick pay is inclusive of any SSP that may be due for the same period and is paid on the following basis;

| | |
|-------------------------------|---|
| Less than one year's service: | 1 months' full pay and 2 months' half pay in any 12 month period. |
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| One to two years' service: | 2 months' full pay and 2 months' half pay in any 12 month period. |
| Two to three years' service: | 4 months' full pay and 4 months' half pay in any 12-month period. |
| Three to five years' service: | 5 months' full pay and 5 months' half pay in any 12-month period. |
| Over five years' service: | 6 months' full pay and 6 months' half pay in any 12-month period. |

- 14.3 Any employer and employee pension contributions will continue subject to the relevant scheme rules during any period of Occupational sick pay or SSP.
- 14.4 Sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 months of continuous sickness absence, in the following circumstances;
- Staff with more than 5 years reckonable service: sick pay will be reinstated if sick pay entitlement is exhausted before a final review meeting for long term absence has not taken place due to our delay; and
 - Staff with less than 5 years reckonable service: sick pay will be reinstated if sick pay entitlement is exhausted and a final review meeting for long term absence does not take place, due to our delay, within 12 months of the start of their sickness absence.
- 14.5 Reinstatement of sick pay should continue until a final review meeting for long term absence has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.
- 14.6 After investigation, consultation and consideration of other alternative posts, and where there is no reasonable prospect of an absent employee returning to work, the Trust may consider convening a panel to consider the case for terminating employment on grounds of capability due to ill-health.
- 14.7 Absences related to injuries sustained at work will result in injury allowance being paid, subject to the terms and conditions set out in Section 22 of the NHS staff Terms and Conditions of service handbook.

15 Multiple Employments

- 15.1 If an employee holds more than one contract with the Trust or undertakes paid work with an agency/other employer or self-employed work, any periods of sickness will affect all work and they must not undertake work of any kind without the express written permission from the Trust obtained prior to engaging in such work. Occupational sick pay and SSP will cease if they report sick on one contract but work on another contract for the Trust or any third party during this period of reported sickness.
- 15.2 If an employee reports sick on one contract but undertakes work of any kind without the express written permission of the Trust during this period of reported

sickness the matter may be referred to the Trust's Counter Fraud Manager to investigate and further action could be taken under the Trust's Disciplinary Procedure in addition to possible prosecution.

- 15.3 The only exception to paragraphs 15.1 and 15.2 would be when a medical practitioner determines that specific work would be therapeutic for the employee. In these circumstances confirmation from the medical practitioner would be required in advance of the work being undertaken. This would not prevent the line manager, or the Trust, requesting a second opinion from our Occupational Health Service if appropriate. If the employee is unable to provide evidence that the work is therapeutic, and does not seek the specific consent of their line manager to undertake the work before undertaking it, then the matter will be dealt with under the Trust's Disciplinary Procedure.

16 Becoming Sick While on Annual Leave

- 16.1 If an employee becomes sick or injured while on annual leave such that they would be unfit for work, a request can be made to treat the period of incapacity as sick leave and for the annual leave to be reclaimed.
- 16.2 To be able to claim occupational sick pay an employee must notify their manager of their incapacity immediately. A 'Statement of Fitness for Work' will be required in all cases where an employee wants to transfer annual leave to sick leave.
- 16.3 If an employee is on sick leave they may choose to cancel any pre-arranged annual leave that would otherwise coincide with their sick leave. The line manager should be notified as soon as possible.
- 16.4 Should an employee wish to go on holiday during a period of long term sickness absence, then they must request annual leave for the relevant period in the normal way. This will normally be agreed unless the Trust concludes that taking the leave could have a detrimental effect on the employee's condition and/or delay recovery. Occupational Health advice may be sought before making any decision to grant annual leave.
- 16.5 If the employee returns to work before the end of the current holiday year then they must take their outstanding leave where it is practical to do so.
- 16.6 If the period of sick leave extends into the next holiday year, or if there is not enough time left in the current holiday year to make it practicable to take any remaining holiday entitlement, any unused holiday entitlement can be carried over to the following leave year. For full-time staff, a maximum of 5.6 weeks (28 days) can be carried over. This will be pro-rata for part time staff.

17 Keeping in Contact During Sickness Absence

- 17.1 Employees who are on sick leave will be contacted from time to time by their line manager to discuss their current state of health and expected date of return. Such contact is intended to provide reassurance and will be kept to a reasonable minimum. The means and frequency of contact between manager and employee should be agreed between manager and employee. Employees should be aware that this contact is a requirement during their sickness absence.
- 17.2 If employees have any concerns which they feel unable to discuss with their line

manager, they may contact either their Human Resources representative or the Occupational Health Department.

18 Occupational Health Assessment

- 18.1 The Trust may, at any time and in all cases where sickness absence has continued for four weeks or more, require an employee to have a consultation with our Occupational Health service.
- 18.2 Employees are reminded that it is a contractual obligation to attend Occupational Health appointments. However, on rare occasions it may be the case that an employee is unable to attend, and in this instance the appointment may be rearranged with good reason.
- 18.3 Failure to attend Occupational Health appointments without notifying the Occupational Health service, and/or without good reason and/or repeated failure to attend, will be considered under the Trust's disciplinary procedure.
- 18.4 At the end of the Occupational Health consultation, the employee will be asked to provide consent for the release of the occupational health report to the referring manager, the relevant HR advisor, with a copy being sent to the employee.
- 18.5 It should be noted that the occupational health report will only contain an opinion on health capability in relation to the employee's job role. Any clinical information would only be included with the employee's consent.

19 Sickness Absence Meetings Procedure

- 19.1 The Trust will apply this procedure whenever, it is considered necessary, including, for example, where there are;
 - 3 episodes of sickness absence in any rolling 12 month period.
 - More than 14 calendar days of sickness absence in any rolling 12 month period.
 - Where it can be shown that the staff members absence follows a pattern.
- 19.2 Unless it is impractical to do so, an employee will be given seven calendar days' written notice of the date, time and place of a sickness absence meeting. Any concerns about an individual's sickness absence and the basis for those concerns will be put in writing prior to the meeting. A list of all of the absences and their reasons will also be provided. This should provide a reasonable opportunity for the employee to consider this information prior to the meeting.
- 19.3 Meetings will usually be conducted by the line manager and for formal stages will normally be attended by a member of the Human Resources Department. For formal stages the employee may choose to be supported by a trade union representative or colleague (see section 21).
- 19.4 The Trust requires staff to make every effort to attend Absence Counselling Meetings and Absence Reviews and failure to do so without good reason may be treated as misconduct. Where either a member of staff or their representative are unable to meet at the time specified an alternative meeting date and time should be agreed within the following week (i.e. within 5 working days). Where an alternative meeting cannot be re-arranged within a reasonable time frame, the Trust would look to the member of staff to make alternative arrangements for

representation.

- 19.5 A meeting may be adjourned if the line manager is awaiting receipt of information, needs to gather any further information or give consideration to matters discussed at a previous meeting. The employee will be given a reasonable opportunity to consider any new information obtained before the meeting is reconvened.
- 19.6 Confirmation of any decision made at a meeting, the reasons for it, and of the right of appeal will be given to the employee in writing within seven days of a sickness absence meeting (unless this time scale is not practicable, in which case it will be provided as soon as is possible).

20 Monitoring Periods

- 20.1 As part of any sickness absence meeting, there would be an expectation that a monitoring period would be set.
- 20.2 Such periods, which will be agreed during the meeting between you and your line manager, will provide you with the opportunity to improve your sickness record over a clearly defined time period. The objective of the monitoring period will be to provide evidence that you are able to sustain a level of attendance below the Trusts trigger points.
- 20.3 Failure to meet with the requirements of the monitoring period may result in an extension of the existing monitoring period or escalation to the next stage of the Attendance Management Policy. An escalation to the next stage of the policy could occur before the end of an existing monitoring period if agreed improvements in attendance have not been achieved.

21 Rights to be Accompanied at Meetings

- 21.1 Employees can bring a representative to any formal meeting or appeal meeting under this procedure. Representation is not normally required during the informal stage of the process although this can be agreed if thought necessary/supportive.
- 21.2 The representative may be either a trade union representative or a colleague. Their details must be given to the manager conducting the meeting, in good time before it takes place.
- 21.3 Employees are allowed reasonable time off from duties without loss of pay to act as a representative. However, they are not obliged to act as a representative and may decline a request if they so wish.
- 21.4 The Trust may at their discretion permit other representatives (for example, a family member) where this may help overcome particular difficulties such as those caused by a disability, or where language barriers exist.
- 21.5 A representative may ask questions and sum up a position but will not be allowed to answer questions on the employee's behalf. The employee may confer privately with their representative at any time during a meeting.

22 Return to Work Interviews

- 22.1 If an employee has been absent on sick leave, regardless of the length of the absence, the line manager will undertake a return to work interview.
- 22.2 A return-to-work interview enables the line manager to confirm the details of the

absence, and to see if any ongoing support is needed. It also gives the individual an opportunity to raise any concerns or questions they may have, and to bring any relevant matters to the line manager's attention.

- 22.3 Where your doctor has provided a certificate stating that you "may be fit for work" this will also be taken into account as part of the return-to-work interview especially in relation to any adjustments recommended by your doctor.

23 Managing Frequent Short Term Sickness

There are usually 4 stages in the management of short term sickness absence

- Stage 1 – Initial Absence Counselling Meeting (Informal stage)
- Stage 2 - First Formal Meeting
- Stage 3 – Second Formal Meeting
- Stage 4 – Final Formal Meeting

A brief description of each can be seen below;

23.1 Stage 1 – Initial Absence Counselling Meeting (Informal Stage)

If the staff members level of attendance means that they have triggered one of the criteria for managing sickness absence then an informal meeting must be arranged. Such discussion could either take place as part of a return to work interview or at a separate session.

The following points will be considered at this meeting;

- The dates, frequency and pattern of absence to ensure that the employee is aware of their level of sickness absence.
- Discussion linked to the reasons for absence to include whether these have been caused by an underlying medical condition, and ways in which these reasons might be resolved.
- What support could be put in place to help improve the employee's attendance, including whether a referral to Occupational Health may be required.
- Advise the employee that a continuing level of absence may be reviewed under the formal stages of the policy.
- Agree an action plan with a clear time frame to help support the employee to demonstrate an improvement to their attendance record.

A record of the meeting with agreed action points should be summarised by the line manager and confirmed in writing to the employee within seven days of the meeting (unless this time scale is not practicable, in which case it will be provided as soon as is possible).

If informal action does not bring about an improved attendance at work and further sickness not related to an underlying medical condition is recorded, then the employee will enter the formal stage of the process.

This formal process could commence at any stage dependent upon the circumstances. For example, if an employee has an absence history whereby they

have not maintained a satisfactory level of attendance within 12 months of a monitoring period ending, then the manager may restart the process from where it was left i.e. if the last review meeting was at stage 2 then a further stage 2 meeting would take place.

23.2 **Stage 2 – First Formal Meeting**

At this review meeting an assessment will be made as to why the member of staff has not met the required level of attendance as previously agreed during stage 1 of this process (informal meeting).

The following points will be considered at this meeting;

- Again verify the dates, frequency and patterns of absence to ensure that the employee is aware of their level of sickness absence.
- Again seek to identify the reasons for absence and discuss ways to resolve them.
- Discuss expectations and strategies to improve regular attendance at work.
- Implement recommendations from Occupational Health if applicable.

Once the manager is satisfied that any further sickness absences have not been caused by an underlying medical condition and are not covered by any other provision set out in this policy they will;

- Set a monitoring period where a significant improvement in attendance would be expected.
- Inform the employees that a review meeting will be arranged at the end of the monitoring period or sooner if the expected improvement in attendance is not achieved.
- Outline the potential consequences of failing to achieve the set targets.
- Detail their right to further extend the monitoring period if applicable to ensure that any improvement in attendance at work is sustained.

A record of the meeting with agreed action points should be summarised by the line manager and confirmed in writing to the employee within seven days of the meeting (unless this time scale is not practicable, in which case it will be provided as soon as is possible).

23.3 **Stage 3 – Second Formal Meeting**

If there is little or no recognisable improvement in attendance during stage 2 of this process, a second formal meeting will be held. This meeting will reconsider previously agreed actions to try to understand why an improvement in attendance has not been seen. Further support mechanisms, if applicable, will be discussed.

Once the manager is satisfied that any further sickness absences have not been caused by an underlying medical condition and are not covered by any other provision set out in this policy they will;

- Set a further monitoring period where a significant improvement in attendance would be expected.

- Ensure that the employee is aware that should attendance not improve that a stage 4 final formal meeting will be arranged at which dismissal on the grounds of capability due to ill health will be considered.

A record of the meeting with agreed action points should be summarised by the line manager and confirmed in writing to the employee within seven days of the meeting (unless this time scale is not practicable, in which case it will be provided as soon as is possible).

23.4 **Stage 4 – Final Formal Meeting**

When insufficient improvement in attendance has been identified during stage 3 of this process a final formal meeting will be held. For this a management report will be presented to a panel who have not previously been involved in the case and a hearing will be undertaken in line with the Trust's Disciplinary Procedure. The manager chairing the meeting must have authority or delegated authority to dismiss.

Before any decision to dismiss is taken, the employing manager must obtain up to date medical advice from Occupational Health to ensure that all factors have been considered.

During the hearing the panel will consider whether;

- It is reasonable to conclude that the current level of absence will not improve in the foreseeable future.
- The level of absence has serious adverse effects on service provision.
- All reasonable steps to reduce the level of absence have been exhausted.
- Other alternatives such as redeployment are either not available or not appropriate.

The outcome of this meeting will normally be confirmed to the employee in writing within 7 calendar days. The letter should show how a reasonable and logical conclusion has been reached, and if dismissal has been agreed detail;

- The effective termination date.
- Any entitlement to pay in lieu of notice.
- Confirm any accrued or owed annual leave.
- Confirm any deductions or repayments to be made from the employee's final salary.
- The employees right of appeal.

24 **Managing Long Term Sickness**

- 24.1 Long term sickness absence must be reviewed by the manager on a regular basis in order to ensure that all appropriate support mechanisms are made available to the employee.

The following actions will take place to support this process;

- After a maximum of 4 weeks sickness (or as soon as the manager is aware that sickness is likely to last longer than this) the employee will be asked to attend an informal meeting to discuss the continued absence.
- This meeting will consider the employees' health and wellbeing, determine when a return to work can be expected and where appropriate agree a referral to the Occupational Health Department.
- Should the absence continue past 6 weeks the manager should contact Human Resources to discuss moving into a formal review process.
- If this is agreed the employee will be invited to a formal review meeting/case conference where they have the right to be accompanied by a trade union representative or colleague. The employee will be given 7 days written notice of the meeting date.

This formal meeting will consider the following points;

- The current condition of the employee.
- A potential timescale for a return to work.
- Any advice provided by Occupational Health or other Healthcare Practitioner.
- Any further support mechanisms that could be offered / initiated.
- Whether reasonable adjustments can be accommodated.
- Possible redeployment options if applicable.
- Subsequent formal review meetings/case conferences should be arranged in accordance with the employee's medical condition.

24.2 **Final Review Meeting – Long Term Sickness**

If following subsequent formal review meetings, medical evidence still suggests that the employee may not be able to return to their substantive post in the foreseeable future then the manager should call a final long term sickness review meeting.

As above the employee will be given prior written notice of this meeting and will have the right to be accompanied by a trade union representative or colleague.

In addition to the above this final review meeting will consider the following points;

- What, if any, further reasonable adjustments could be made to support the employee returning to their substantive post within the next 2 months.
- Whether Occupational Health consider redeployment to be an option.

If it were agreed at this meeting that the above options were not feasible, the following possibilities would be considered.

- An application for Ill health retirement (see section 22).

- Dismissal on the grounds of ill health (this would follow the process outlined in section 19.4).

24.3 Returning to Work following Long Term Sickness

The Trust is committed to helping members of staff return to work from long-term sickness absence.

As part of our long term sickness absence meetings procedure, we will, where appropriate support returns to work by;

- Obtaining occupational health advice – this may also include obtaining further specialist medical advice.
- Making reasonable adjustments to the workplace, working practices and working hours.
- Considering redeployment; and/or
- Agreeing a return-to-work programme.

Employees on phased returns to work will receive full pay and any period of rehabilitated return will not be treated as sickness absence.

On returning to work from a period of long term sickness all employees will automatically enter a 3 month monitoring period. The aim of this period is to provide the employee with any support that they may need to be able to integrate fully back into the workplace. The 'stage' of this monitoring period will be decided upon in relation to where the employee may have been in the attendance management policy when they commenced long term sickness i.e. if the employee were being managed at stage 2 for frequent short term absence at the time they went long term sick, then the manager would return them to this stage on their return to work.

25 Redeployment

- 25.1 This will be considered at any stage if Occupational Health advice confirms that you may not be able to return to your normal duties - either on a temporary or permanent basis.
- 25.2 Redeployment will only be considered if the individual is willing to explore it. If this is the case, there will be an assessment of the individual's skills and experience, and the areas of our organisation in which they might be able to work. Exploring possible redeployments does not necessarily mean an agreement to abandon the current substantive post. If a decision is made not to explore redeployment opportunities, dismissal may be the only alternative.
- 25.3 For a period of up to eight weeks, or during the notice period if by the time a Stage 4 Final Formal Meeting has taken place there are no immediate suitable alternative redeployment opportunities available, the Trust will aim to ring fence relevant vacant posts across the Trust at the same band as the individual's current role. If requested by the employee, posts at a lower band may also be ring-fenced, although earnings would reduce because the Trust's Protection of Earnings Policy would not be applicable in these circumstances.
- 25.4 If the employee identifies a potentially suitable redeployment opportunity then the

job description and person specification will be sent to them and they must indicate within five days whether they are interested in accepting the post.

- 25.5 If the employee is interested in accepting the post, the Trust will seek Occupational Health advice as to its suitability and a risk assessment will be conducted. Provided the requirements of the role are met (or could do with a reasonable period of training) a trial period working in the new role will be organised. This will normally last for four weeks but may be longer subject to health status.
- 25.6 If the trial period is successful, both in terms of attendance and performance, the employee will be formally redeployed into the new post.
- 25.7 If the trial period is unsuccessful; has to be terminated early due to either attendance or performance reasons; the employee unreasonably rejects the redeployment opportunity identified or no suitable redeployment opportunity can be identified, then the Trust will manage the case in accordance with the stage in this procedure reached before attempting redeployment.

26 Ill Health Retirement

- 26.1 Retirement on grounds of ill health may be applied for where, due to a medical condition, an individual is unable to continue working in their current role, or in an alternative role, or if a suitable alternative role cannot be identified in an appropriate timescale.
- 26.2 Ill health retirement may be available if an employee has made at least two years' continuous contributions to the NHS Pension Scheme.
- 26.3 In order to apply for ill health retirement Form AW33 must be completed and submitted –this form can be obtained from the Trust's Pensions Manager. Our Occupational Health Physician must also complete the form.
- 26.4 Generally, the Trust will support any employee who wishes to make an application to retire on grounds of ill health. However, if such an application is chosen, the individual is accepting that they are no longer able to work for the Trust.
- 26.5 Once an application to retire through ill health has been submitted, then employment will be terminated at a Stage 3 Formal Sickness Absence Meeting. The assessment of the application to take a retirement pension early on grounds of ill health is entirely the responsibility of the NHS Business Services Agency.

27 Suspension on Medical Grounds

- 27.1 Although it is not envisaged that this will happen frequently, there may be occasions when it is necessary to suspend a member of staff on medical grounds for their own safety, or the safety of patients, clients or colleagues. In all cases advice from Occupational Health and a HR Manager must be obtained before taking this course of action. Suspensions of this nature will not be connected to disciplinary action.
- 27.2 The manager may exclude an individual on these grounds, if;
- The manager has doubts about an individual's ability to perform the full range of duties in a safe way.

- The employee is obviously unwell or is suffering from a condition which causes the manager a concern, and might present a risk to themselves, or others.
- The employee has been in contact with or is suffering from an infectious disease/condition.
- There is no other suitable alternative work that they can undertake safely.

Please note - This list is not an exhaustive list

- 27.3 This form of absence will be paid on full pay for an initial period of 2 weeks, and subsequently reviewed weekly by the Line Manager to consider whether the suspension should be maintained.
- 27.4 Suspension on medical grounds should only be chosen in order to seek initial or further medical opinion including advice from the Occupational Health Service.
- 27.5 In cases involving medical and dental staff, the advice of the Medical Director must be sought at the earliest opportunity.

28 Appeals

- 28.1 An employee may appeal against the outcome of any of the formal stages of this procedure and may bring a trade union representative or colleague to an appeal meeting as per section 18.
- 28.2 An appeal should be made in writing, stating the full grounds of appeal, to the line manager within fourteen calendar days of the date on which the decision was sent to you.
- 28.3 Unless it is not practicable, the employee will be given written notice of an appeal meeting at least seven calendar days before the meeting. In cases of dismissal the appeal will be held as soon as possible. Any new matters raised in an appeal may delay an appeal meeting if further investigation is required.
- 28.4 The employee will be provided with written details of any new information which comes to light before an appeal meeting. They will also be given a reasonable opportunity to consider this information before the meeting.
- 28.5 Where practicable, an appeal meeting will be conducted by a manager senior to the individual who conducted the sickness absence meeting who has not previously been involved in the case. The manager conducting the appeal meeting will be supported by a member of Human Resources. The manager who conducted the Sickness Absence Meeting which is the subject of the appeal will also usually be present. A representative or colleague may be brought to the appeal hearing as per section 18.
- 28.6 The final appeal decision will be confirmed in writing, if possible within seven calendar days of the appeal meeting. There will be no further right of appeal.
- 28.7 The date that any dismissal takes effect will not be delayed pending the outcome of an appeal. However, if the appeal is successful, the decision to dismiss will be revoked with no loss of continuity of service or pay.
- 28.8 Please see the Appeal Policy for more information.

29 Equality Impact Assessment

- 29.1 The completed Equality Impact Assessment for this policy has been included as appendix A.

30 Communication and Implementation Plan


- 30.1 This plan has been included as appendix B

31 Privacy Impact Assessment

- 31.1 In compliance with Data Protection and Information Governance Regulations, any information linked to an employee's absence from work will only be shared with relevant individuals on a need to know basis (i.e. individuals who are imperative to decision making processes). In light of this, agreement has been reached with the IG Manager that a Privacy Impact Assessment is not needed for this policy.

32 Monitoring and Compliance

- 32.1 In order to remain valid, this policy will be reviewed whenever there are changes in employment law
- 32.2 Departmental managers for all areas of the Trust will be responsible for ensuring policy implementation and adherence to policy requirements. This will be monitored through sickness reporting at monthly directorate performance reviews
- 32.3 This policy will be available on the Trusts Intranet



GUIDANCE & TEMPLATE FOR CARRYING OUT EQUALITY ANALYSIS (EA)

EQUALITY ANALYSIS (EA)

In order to meet the requirements of this duty the Trust will use the equality analysis which has been developed to be compliant with the Equality Act 2010. An equality analysis is most effective when used at the primary stages of planning and is expected to be used for a range of activities:



EQUALITY ANALYSIS (EA)

1. Equality Act 2010

The Government has stated its intention to make sure that equality and fairness are at the centre of its overall approach and the Equality Act is a key means of achieving this.

Equality legislation has developed over several decades in response to the lack of equity experienced by individuals and groups in society. The Equality Act has strengthened and harmonised the law which now covers a range of 9 protected characteristics:

1. Disability
2. Sex (man or woman)
3. Race
4. Age
5. Gender Reassignment
6. Sexual Orientation
7. Religion and/or belief
8. Marriage
9. Pregnancy and maternity

Everyone identifies with one or more of these characteristics so it is important to think across the spectrum of potential positive advantage and negative disadvantage when assessing the impact on the decision-making process when using the equality analysis.

We must make sure that all our policies, strategies, functions and activities give due regard to Section 149 of the Equality Act 2010. The Public Sector Equality Duties (PSED) has 3 aims and we must have due regard to:

1. Eliminate discrimination, harassment and victimisation
2. Advance equality of opportunity
3. Foster good relations

2. Legal Requirements of the Equality Analysis

Under the Equality Act the Trust has an obligation to:

- Evidence the analysis that has been undertaken to establish whether our policies and practices have (or would) further the aims of the general equality duty.
- Provide details of information that we have considered when carrying out an analysis.
- Provide details of engagement (consultation/involvement) that we have undertaken with people whom we consider would have an interest in furthering the aims of the general equality duty.

In order to meet the requirements of this duty the Trust should use the equality analysis template to evidence its considerations.

An equality analysis is most effective when used at the primary stages of planning and is expected to be used for the following activities:

- Organisational change
- Considering any new or changing activity
- Developing or changing service delivery
- Procuring services
- Developing projects
- Developing a policy / procedure / guidance or changing or updating existing ones

It is used to assess whether there may be any barriers or difficulties, harassment or exclusion, or in fact any positive impact such as promotion of equality of opportunity, developing good community relationships, encouraging participation and involvement by patients, carers, relatives, staff, the general public and key stakeholders.

3. Our Trusts Values & Behaviours

When completing an equality analysis also consider whether the Trusts values & behaviours are addressed. Our values & behaviours are as follows:

Patient Centred and Safe: This centres on patient safety, team work and continuous improvement.

Professional: This focuses on being open and honest, efficient and acting as a good role model.

Responsive: The expectation here is that staff will be action orientated, with a "can do" attitude and that they innovate, take personal responsibility and listen and learn.

Friendly: We would expect staff to be welcoming, treat people with respect and dignity and value others as individuals.

4. Process for Approving Equality Analysis

All equality analysis should be sent to the line manager as soon as they have been completed for sign off, with a copy sent to the Equality and Diversity Department.

Some equality analysis will be available on the trust intranet and website, and some maybe subject to audit by external organisations such as the Equality and Human Rights Commission and it is therefore important that the documents are of a high quality and accurately reflect the time and effort which staff devote to ensuring that trust services, activities and policies or procedures are progressive, seek to remove barriers and promote equality and diversity.

Please note that due to data protection and in accordance to guidance issued by the EHRC, the Trust operates an exclusion on disclosure of numbers below 9. This protects anonymity for the protected groups involved in data collection.

5. Who Should Complete an Equality Analysis?

The equality analysis should be completed by staff who have undertaken the MLE online equality analysis training which will equip staff with the tools needed to complete the equality analysis template.

6. Further Advice and Support

If you would like further advice or support to complete the equality analysis template please contact the Head of Equality and Diversity, Pamela Permalloo-Bass email: pamela.permalloo-bass@salisbury.nhs.uk

Equality Analysis (EA's) Template

1. Title of policy, programme, framework or organisational change being analysed.

Attendance Management Policy and Procedure

2. Please state the aims and objectives of this work and the intended equality outcomes. How does this proposal link to the organisation's business plan or trust values?

High attendance rates are essential to the delivery of high quality services. The attendance management policy will therefore be used as a tool to focus energies on understanding the Trusts current sickness trends. Such information will help support the ongoing refresh of a Health and Wellbeing strategy that will be designed to both support and value the current workforce. Such a pro-active approach to absence management is needed if the Trust is to deliver its main objective of providing an 'outstanding experience every time'

3. Who is likely to be affected? Eg: staff, patients, service users.

Staff

4. Using the 'Equality Definitions' template - What evidence do you have of the potential impact (positive or negative)? Include any supporting evidence eg: research, data or feedback from engagement activities.

4.1 Disability

Positive Impact – the policy does not discriminate and applies to all protected characteristics under the Equality Act 2010

4.2 Sex (male or female)

Positive Impact – the policy does not discriminate and applies to all protected characteristics under the Equality Act 2010

4.3 Race

Positive Impact – the policy does not discriminate and applies to all protected characteristics under the Equality Act 2010

4.4 Age

Positive Impact – the policy does not discriminate and applies to all protected characteristics under the Equality Act 2010

4.5 Gender Reassignment

Positive Impact – the policy does not discriminate and applies to all protected characteristics under the Equality Act 2010

4.6 Sexual Orientation (this will include lesbian, gay and bisexual as well as heterosexual people)

Positive Impact – the policy does not discriminate and applies to all protected characteristics under the Equality Act 2010

4.7 Religion and/or Belief (includes religion, belief and/or no religion or belief)

Positive Impact – the policy does not discriminate and applies to all protected characteristics under the Equality Act 2010

4.8 Marriage

Positive Impact – the policy does not discriminate and applies to all protected characteristics under the Equality Act 2010

4.9 Pregnancy and Maternity

Positive Impact – the policy does not discriminate and applies to all protected characteristics under the Equality Act 2010

5.0 This table should be completed with all actions identified to mitigate any negative effects

Action Plan

Person Responsible

Target Date

Review Date

None applicable

6.0 Sign off

Name and signature of person who carried out this analysis: Gary Dawson

| |
|--|
| Date analysis completed: 25/05/18 |
| Name and signature of line manager: Glennis Toms |
| Date analysis approved by line manager: |
| Copy forwarded to Equality and Diversity Department: Yes |

Additional Guidance - Equality Definitions

The Equality Act 2010 identifies a number of groups or 'characteristics' protected against discrimination.

| Protected Characteristic | Who to consider | Issues to consider |
|---------------------------------|---|---|
| 1. Disability | A person has a disability if they have a physical or mental impairment which has a substantial and long term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer. | Accessibility Communication formats (visual & auditory) Reasonable adjustments. Vulnerable to harassment and hate crime. |
| 2. Sex | A man or woman | Caring responsibilities Domestic Violence Equal pay Under (over) representation |
| 3. Race | Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. | Communication Language Cultural traditions Customs Harassment and hate crime "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' |

| | | |
|-----------------------------------|---|--|
| | | protected characteristic |
| 4. Age | Refers to a person belonging to a particular age range of ages (eg, 18-30 year olds) Equality Act legislation defines age as 18 years and above. | Assumptions based on the age range Capabilities & experience Access to services including technology skills/knowledge |
| 5. Gender Reassignment | " The expression of gender characteristics that are not stereotypically associated with ones sex at birth" World Professional Association Transgender Health 2011 | Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. |
| 6. Sexual Orientation | Whether a person's attraction is towards their own sex, the opposite sex or both sexes. | Lifestyle Family Partners Vulnerable to harassment and hate crime |
| 7. Religion and/or belief | Religion has the meaning usually given to it but belief includes religious and philosophical beliefs, including lack of belief (e.g Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs) | Disrespect and lack of awareness Religious significance dates/events Space for worship or reflection |
| 8. Marriage | Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law. | Pensions Childcare Flexible working Adoption leave |
| 9. Pregnancy and Maternity | Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth. | Employment rights during pregnancy and post pregnancy Treating a woman unfavourably because she is breastfeeding Childcare responsibilities Flexibility |

ATTENDANCE MANAGEMENT POLICY AND PROCEDURE

COMMUNICATION & IMPLEMENTATION PLAN

INTRODUCTION

Fundamentals:

The Attendance Management Policy requires that the below activities are undertaken in order to ensure that the policy is understood and becomes embedded into the standard operating function of Salisbury NHS Foundation Trust.

- An endorsement of the Policy
- Dissemination of the Policy to all staff levels
- The definition of roles and responsibilities within the Trust
- A framework for supporting appropriate standards, procedures and guidelines
- Monitoring mechanism to ensure compliance with Data Protection, Employment Law and appropriate standards, guidelines and performance measures
- Regular review of the Policy

Frequency of Review

The Attendance Management Policy has been reviewed in line with changes and amendments to Trust Procedures and NHS national standards. The frequency of review will be a maximum of 3 year intervals.

| Task | Activity | Responsible | Start | End | Status |
|-------------|---------------------------|---|--------------------------------------|---------------|---------------|
| 1 | Policy Comments | Joint Consultancy Committee (JCC) | October 2017 | November 2017 | |
| | Policy Comments | Joint Consultancy Committee (JCC) | March 2018 | April 2018 | |
| 2 | Policy Comments | Operational Management Board (OMB) | April 2018 | April 2018 | |
| 3 | Policy Approval | Joint Consultancy Committee (JCC) | April 2018 | | |
| 4 | Policy Ratification | Operational Management Board (OMB) | May 2018 | | |
| 5 | Uploaded to Internet | Information Governance Department | June 2018 | | |
| 6 | Article for Cascade Brief | Human Resources Department | May 2018 and July 2018 | | |
| 8 | Audit Compliance | Review of policy due in May 2021 | Ongoing | Ongoing | |
| 9 | Legal Compliance | Policy will be reviewed and subsequently updated in line with any Employment Law changes prior to review date of May 2021 | At the time at which any law changes | Ongoing | |