



# Management of Sickness Absence

<b>POLICY NUMBER &amp; CATEGORY</b>	HR03	Human Resources
<b>VERSION NO &amp; DATE</b>	5.1	1 <sup>st</sup> June 2017
<b>RATIFYING COMMITTEE</b>	Workforce Committee	
<b>DATE RATIFIED</b>	May 2017	
<b>ANTICIPATED REVIEW DATE:</b>	June 2021	
<b>EXECUTIVE DIRECTOR</b>	Associate Director of Human Resources, Workforce and Inclusion	
<b>POLICY LEAD</b>	Head of HR Operations	
<b>POLICY AUTHOR</b> (if different from above)	Head of HR Operations / Trade Unions	
<b>FORMULATED VIA</b>	Trade Unions, Workforce Committee, Connect, LiA Events	

## *POLICY CONTEXT*

- Sickness absence matters will be managed fairly, effectively and consistently for all employees. The policy will provide a transparent management process for all employees including identified support and intervention.
- Work related ill health is a concern for all organisations producing both direct and indirect financial costs. Employee absence can also adversely affect service delivery and patient care. This policy is intended to demonstrate the Trust's commitment to high quality patient care, support for employees and sound financial management.

## *POLICY REQUIREMENT (see Section 2)*

- To provide a clear and robust framework and guidance for consistent absence management across all employees of the Trust that is in line with all legal requirements and best practice approaches (this includes specific guidance on absence types i.e. terminal illness, stress, recurring absence, medical redeployment, infection control etc.)
- To ensure adherence to the policy and that supportive interventions and activity is provided, fairly, consistently and in line with our duty of care
- To provide timely and appropriate support and interventions to improve employee health and wellbeing



## CONTENTS

---

<b>1</b>	<b>INTRODUCTION .....</b>	<b>3</b>
	1.1 Rationale (Why).....	3
	1.2 Scope (Where, When, Who) .....	3
	1.3 Principles (Beliefs) .....	3
<b>2</b>	<b>POLICY (What) .....</b>	<b>3</b>
<b>3</b>	<b>PROCEDURE .....</b>	<b>3</b>
<b>4</b>	<b>RESPONSIBILITIES .....</b>	<b>10</b>
<b>5</b>	<b>DEVELOPMENT AND CONSULTATION PROCESS .....</b>	<b>12</b>
<b>6</b>	<b>REFERENCE DOCUMENTS .....</b>	<b>12</b>
<b>7</b>	<b>BIBLIOGRAPHY .....</b>	<b>12</b>
<b>8</b>	<b>GLOSSARY .....</b>	<b>12</b>
		Error! Bookmark not defined.
<b>9</b>	<b>AUDIT AND ASSURANCE .....</b>	<b>13</b>
<b>10</b>	<b>APPENDICES .....</b>	<b>15</b>

### INTRODUCTION

#### **1.1 Rationale (Why)**

The purpose of the current review is to change the emphasise of the policy towards supporting the physical and mental health and wellbeing of our employees/workforce in staying healthy and maintaining regular attendance to support the optimum physical and mental health and wellbeing of our service users.

#### **1.2 Scope (Where, When, Who)**

This **policy** applies to all employees employed by the Trust on permanent or fixed term contracts.



### **1.3 Principles (Beliefs)**

All employees have a responsibility to familiarise themselves with the requirements of this policy. The Trust attaches great importance to the health, safety, and wellbeing of its employees. It is acknowledged that there are occasions when employees are unwell and therefore unable to attend work. The Trust does not advocate that employees attend work when they are not fit to do so and is committed to supporting employees in their recovery and a successful return to work.

The Trust will endeavour to support employees by raising awareness of the benefits of optimum health and wellbeing, including the prevention, and management of sickness absence.

## **2. POLICY (What)**

All officers of the Trust have a responsibility to support employees who experience absence due to sickness in a sympathetic and supportive manner. The Trust is committed to being both fair and consistent in its management of sickness absence whilst at the same time considering all the circumstances of the case.

## **3. PROCEDURE**

### **3.1 Procedure**

The employee must report the absence to their Line Manager or a nominated deputy at their earliest opportunity and no later than 2 hours prior to the start of the shift. If the individual can't speak directly to the either of the manager or deputy they must leave a contact number for their Manager to get in touch at the most appropriate time.

In exceptional circumstances e.g. if the employee is hospitalised, then a friend or family member may notify on their behalf

If the absence is likely to continue for 4 weeks or more the Line Manager must discuss with the employee.

Managers are reminded that;

- Continued contact arrangements for contact which must be mutually agreed.
- How contact will be made (e.g. are they happy to receive written updates by e-mail or in a letter, are they able to come in to the Trust or have a separate meeting with their Manager, or telephone conversations)
- Make a referral to Occupational Health
- Make arrangements for sickness absence management meetings to include any reasonable adjustments as required



Employees are reminded that:

- They are required to be pro-active in assisting their own recovery by seeking support that is made available to them from their GP, Manager, Occupational Health or any other source.
- Failure to provide appropriate certification to cover a sickness absence period and/or to respond to reasonable requests for contact may result in pay being withheld and consideration for further action in line with Trust policy.

### **3.2 Monitoring processes**

- Managers must follow the procedure outlined in the Absence Flowcharts (Appendix 1) provided by the Trust.
- Once the procedure has been applied and a monitoring period set this must be reviewed within the timeframes agreed, in line with the policy.
- Each meeting must be documented and employees must be made aware of the possible outcomes of the procedure at each stage. If the employee's attendance does not improve then progression through the stages should occur where appropriate and this should be clearly documented in writing to the employee.
- When employees are approaching any of the trigger points, or patterns of absences are identified, Managers must highlight this to the employee at the Return to Work meeting and discuss any support required which may then avoid the implementation of the procedure if the employee's absences do not continue.
- In applying the procedure it should be normal practice to progress through the stages. However, dependent upon the nature of the absence(s), Managers have the discretion to consider not escalating to the formal stages of the policy e.g. this may occur if someone has a life limiting condition or the employee has had an excellent attendance record for a significant period of time and is currently experiencing extreme health difficulties that is not likely to continue.
- Reasonable adjustments should be considered either as a temporary or permanent measure following advice from Occupational Health/GP. Managers can consider the introduction of local short term temporary 'reasonable adjustments' for up to a period of four weeks in the absence of any definitive Occupational Health advice. HR can provide and support to managers on this.
- The employee must be given the right to be accompanied by a trade union representative or work colleague at all formal meetings and must be provided with at least five working days' notice of the meeting.
- In exceptional circumstances an employee may request to be accompanied at an informal meeting and full consideration must be given to this request.
- The employee has a right to request an independent review into being issued a NOC and FNOC by a different manager if they believe it was not appropriately applied in the first instance, employees have 10 working days from the date of issue to request a review.
- If there are any concerns over employee or patient safety as a result of an illness a Risk Assessment should be discussed and arranged with the Health and Safety Team and/or Occupational Health.

### **Core Principles of Managing Long Term Illness**



Each situation will be different in nature and circumstances, managers should be aware of their responsibility to act reasonably, consistently and fairly, with the emphasis being on providing support for the employee.

During a period of long-term absence, the line manager, supported as necessary by a representative from Human Resources will conduct regular reviews. During such reviews employees may be accompanied.

It is also important to communicate relevant work developments and changes to continue to view the employee as part of the work team

Be sensitive around timing, For example, it would not be appropriate to contact an employee recovering post-operatively from recent major surgery in hospital with details about service changes

Occupational Health advice should be sought at regular intervals during a period of long-term absence or regular short term absences.

It is important to maintain regular contact with the employee in order to ascertain the nature of the illness, likely length of absence and any assistance or help required

Managers where possible establish a mutually agreed method for maintaining communication with the employee which meets the needs of any particular circumstances relevant to the employees health which should be considered e.g. the effects of medication which may have an impact on the time of day that staff are able to establish contact and/or have a meaningful dialogue concerning this.

### 3.3. Return to Work Interview

- Managers (or the **nominated deputy**) will conduct a return to work interview **no later than 4 days** after the employee's return to work following each period of sickness absence.
- The purpose of the interview will be to establish fitness for work and to address any issues arising from the period of absence to update them of any changes at work. A return to work form should be completed which captures the main points arising during the discussion and any agreed actions (i.e. a referral to Occupational Health)
- This must then be held on the employee's personal file and a copy provided to the employee.
- It is essential that once the return to work interview has been conducted that **line managers** record this information immediately on to ESR to ensure that accurate data and records are maintained.

### 3.4. Formal monitoring

Employees incurring levels of absence in excess of the Trust's recognised minimum required standards of attendance potentially progress to be considered for:

- Notification of Concern,
- Final Notification of Concern
- Final Review Hearing as the final stage of the short term absence process.

If the required improvement is achieved whilst an employee is on the Notification of Concern stage of the process then they are removed completely from the process. They are then subject to the normal monitoring of absence within the requisite rolling 12 Month period.



If the required improvement is achieved whilst on formal monitoring process then they are reverted back to the previous stage of monitoring and reviewed against the criteria of that particular stage.

Employees have the right to request a review into the application of a NOC/FNOC. This review will be carried out by an independent manager who will review the documentation to ensure the policy has been correctly followed. The employee has 10 working days from the date of issue to request the review.

### **3.5 Appeal against dismissal**

Employees need to be aware that in circumstances where the policy has been applied fairly and consistently but there is a capability issue due to ill health and they are unable to sustain regular attendance at work consideration may need to be given to making a decision to continue the individuals contract and could result in termination of their employment

An employee dismissed under the provisions of this Policy is entitled to appeal to a Trust Appeals Panel under the Trust Appeals Procedure.

In order to register an Appeal the employee must put their reasons in writing to the relevant Associate Director of the service area within 10 working days of the date of the letter confirming their dismissal on the grounds of capability due to ill health or failure to sustain acceptable levels of attendance. Further information can be found from the Trust Appeals Policy on Connect.

### **3.5. Disability Related Absence**

Please refer in the first instance to the disability leave information (Appendix 2). Provisions for life limiting conditions is also covered in appendix 2,

### **3.6. Equality Act**

Managers have an obligation to consider the recommendations for staff that may have an underlying health condition which is covered by the provisions contained within the Equality Act 2010. Please refer to additional important information which managers should consider contained within Appendix 2.

### **3.7. Reasonable Adjustments**

Reasonable adjustments will always be considered to support an employee's return to work and sustain their long term health and employment. Adjustments can be made on a temporary or permanent basis and Occupational Health will provide advice and recommendations on potential adjustments upon referral to them. Managers can consider the introduction of local short term temporary 'reasonable adjustments' for up to a period of four weeks in the absence of any definitive Occupational Health advice. Further information can be found in the Guidance Notes



### **3.8. Disability Leave**

Disability leave is a reasonable adjustment under the Equality Act 2010. It is paid time away from work for disabled employees who need treatment, rehabilitation or assessment related to their disability.

It may be for a long or short period of time, can usually be planned in advance and is for a fixed period of time. The policy allows for an element of flexibility so that it can be extended to cover unforeseen but clearly appropriate circumstances (some of this may be unpaid).

A period of up to 7 days may be granted in a 12 month period, for further information please refer to appendix 2.

### **3.8. Medical Suspension**

Managers have a duty of care to consider the application of Medical Suspension if they have concerns that an employee who is not medically certified as being unfit for work is experiencing significant health issues with the implication of placing either themselves, service users, colleagues or visitors at risk. Only an Associate Director or equivalent level manager has the authority to make this decision based on advice from the Human Resources Department with any further professional input as necessary.

## **3.9. Important Considerations**

### **3.9.1 Hospital Appointments**

All employees are given reasonable time off to attend appointments and this should be facilitated where possible. For further information please refer to the guidance notes available on Connect.

The Trust actively supports staff that are pro-active in taking part in screening programmes that aid the management of their health and wellbeing. Reasonable time off should be discussed and agreed with the employee to attend appointments.

### **3.9.2 Infection Control**

Any employee who may be suffering from a contagious illness must declare this to their line manager. A decision will then be made regarding the use of authorised leave in order to manage the risks to staff and service users.

Managers are also required to contact the HR and Infection Control team for further advice and guidance.

### **3.9.3 Absence due to Diarrhoea and Vomiting**

Any employee who is off work due to D&V must be excluded from coming to work for a period of 48 hours after they are symptom free. This infection control rule will apply if an employee is off with one of the symptoms i.e. D and/or V.



Managers and employees should explore alternative options, however if alternative options have been explored but are not feasible. The 48 hour symptom free period should be categorised as authorised paid leave.

For the purposes of recording sickness absence due to D&V the following rules must be followed;

- The days when an employee is absent from work because of D&V symptoms should be recorded on the ESR as normal sick leave with the appropriate reason and code. This **will be** counted towards triggers for monitoring purposes.
- The 48 hour (2 day) period when an employee is symptom free, should be recorded as 'symptom free D&V' period. This **will not** be counted towards triggers for monitoring purposes.

It is the employee's responsibility to report when they are symptom free to their line manager, as a failure to do so may result in these days being counted for monitoring purposes

Employees that suffer from diarrhoea and vomiting for more than 5 days or 2 occasions in any rolling 12 month period must be referred to Occupational Health for further advice and support.

#### **3.9.4. Records relating to an absence concerning an injury sustained at work**

Any absence caused by accident or injury at work should immediately be recorded in line with the Trust Incident Reporting and Management Policy, details of which are available via the Risk Management Pages on Connect. Please see attached link for further advice and guidance

<http://connect/corporate/governance/risk-management/Pages/Incident-reporting.aspx>

Injury at work should not be considered as a reason for escalation in line with triggers and will normally be classed as an exemption.

Consideration should be given to the legal requirement to report any injury sustained at work. Further information can be found within the Guidance Notes or from the Risk Management Team.

#### **3.9.5. Sick Pay**

All employees qualify for Occupational Sick Pay as per their Terms and Conditions of employment and level of service providing that they follow all aspects of this policy including notification and provision of associated documentation i.e. self-certification forms or Fit Notes.

Occupational Sick Pay is inclusive of Statutory Sick Pay entitlements and is based upon a rolling 12 month period from the date of the absence and not based upon a calendar or





financial year. For further information please refer to section 14a in the Agenda for Change staff handbook.

If there are any staff members who think they have not received the correct sick pay entitlement they must bring this to the attention of their line manager at the earliest opportunity.

Failure to adhere to this policy and procedure may result in the loss of payment and potentially disciplinary action being taken.

### **3.9.6. Bank Work**

Employees **will not** be allowed to undertake any bank work for the Trust until they have worked at least 1 substantive shift following any episode of sickness or in the first two weeks of their phased return after a period of sickness.

If there are any concerns about the impact of undertaking regular bank work on the employees' health, further advice will be sought from Occupational Health to support the employees' welfare.

Whilst off sick, employees must not engage in any other paid or unpaid work. To do so without prior notification may be considered as fraud and result in possible disciplinary/criminal sanctions.

### **3.9.7. Maintaining and Monitoring Absence Records**

Managers will be responsible for maintaining records of attendance for each member of staff using the ESR System.

It is imperative that accurate absence records are kept. Records should include:

- Dates of absence and the reason(s) for absence including any known medical diagnosis
- Copies of return to work forms, Fit Notes and self-cert forms are retained for the personal file.
- Occupational Health Reports.
- Any other information associated with the management of an employee's absence from work, inclusive of telephone contact records, review meetings relating to long term sickness absence and any paperwork relating to the consideration or issue of a Notification of Concern and Final Notification of Concern.

### **3.9.8. Recording Absence of Part Days If**

an employee;

- Returns from sickness absence and then subsequently goes home unwell again on the same day then this may be counted as a continuation of their previous absence.
- Attends work and becomes unwell during the course of the day then they should report this to their line manager. If they need to go home, the remainder of the day is not counted as sick leave. Should they report as being unfit for work the following day, this will be counted as their first day of absence.
- The Manager should keep a record of part day absences and monitor them for any patterns and seek advice from the Human Resources Team if an employee repeatedly presents as unfit for work or becomes unfit during the course of the day.





## **4. RESPONSIBILITIES**

### **4.1 Employees**

The employee is responsible for ensuring that they:

- Attend work regularly and consistently and to ensure they comply with this Policy
- Contact their manager or a nominated deputy to advise of sickness absence at the earliest opportunity no later than 2 hours prior to the shift to support service cover. If the individual is unable to speak to their manager or deputy, they should leave contact details for their manager to get in touch with them at the appropriate point. Where there are sensitivities around the detail of an employee's absence, a general description can be given at the time of reporting and further explanation can be given when more appropriate.
- Attend occupational health appointments when requested to do so.
- Provide appropriate certification for example self-certification or a GP fit note to cover the sickness absence after the first 7 days. (subject to change in line with government policy)
- Attend all meetings relevant to the management of their sickness for example return to work and absence review meetings etc.
- Whilst off sick, employees must not engage in any other paid or unpaid work (unless it is part of an agreed therapeutic programme). To do so without prior notification may be considered as fraud and result in the disciplinary process being invoked
- They are required to be pro-active in assisting their own recovery by seeking support that is made available to them from their GP, Manager, Occupational Health or any other source.

### **4.2 Managers**

- Exercise their duty of care towards their employees.
- Maintaining the health, safety and welfare of the employees whilst at work.
- Setting achievable standards, monitoring attendance and managing absenteeism.
- Conduct risk assessments relating to health, safety and welfare (including Stress) where appropriate and when trained to do so or to make alternative arrangements for this to be conducted.
- Support the completion of injury allowance paperwork where an incident has occurred in the workplace/within working hours.
- Regular contact is maintained with employees that are unable to attend work.
- A referral is sent to Occupational Health as appropriate/required.
- OH reports to be given to the employee.
- A return to work interview (RTW) is conducted with the employee within 4 days of the return following each period of sickness absence.
- Ensure each period of absence is correctly recorded on ESR and all records are inputted in an accurate and timely manner.



- The e-rostering system (where applicable) is kept up to date of absences to ensure the employee does not work for Temporary Staffing until 1 substantive shift has been completed in the employees substantive post after the absence unless explicit advice has been received from OH regarding any variance to this. Remain linked to TSS system.
- All employees are notified of their responsibilities under the absence policy for reporting sickness absence, and provide them with a copy of the policy or confirmation of where it can be located.
- Organise and prepare review meetings in accordance with the policy for those employees whose absence is being monitored, and if improvements are not made to escalate to the next appropriate stage..
- Organise and arrange Final Review Meetings for all short and long term cases meeting the relevant criteria as appropriate, inclusive of completion of the relevant paperwork and report.
- To ensure that where an employee has been injured at work, that they receive all of the relevant paperwork and that this is processed accordingly.
- Where an employee is experiencing other difficulties, for example caring responsibilities, it is a manager’s responsibility to signpost them to the appropriate policy for support, such as Special and Carers Leave Policy.

**4.3 HR Team**

- Providing advice and support to managers and employees on the provisions of the policy and its implementation.
- Ensuring Managers are trained in the use of the policy, and for promoting best practice in the management of sickness absence.
- Providing managers with timely/accurate data to support the management of sickness absence in their area. Monitoring the application of this policy to ensure best practice and to achieve a consistent and fair approach.
- Reviewing and recommending changes to the policy to reflect outcomes from partnership discussions to ensure the policy remains live and fit for purpose, taking account of the impact of trend analysis.

<b>Post(s)</b>	<b>Responsibilities</b>	<b>Ref</b>
All Employees	To understand and comply with the policy in relation to sickness absence from work	
Associate Director’s	Ensure the policy is cascaded and implemented throughout the Trust. To monitor absence levels within their respective areas, to ensure compliance at a local level	
Policy Lead	To deliver a framework, that supports both the employee and the manager in managing absence. To undertake regular review and provision of guidance as necessary.	



Executive Director	Ensure the policy is cascaded and implemented throughout the Trust.	
HR Managers	Provide support and advice to managers on effective management of attendance. Provision of training, and regular management information	

## **5. DEVELOPMENT AND CONSULTATION PROCESS**

<b>Consultation summary</b>		
Date policy issued for consultation	October 2016	
Number of versions produced for consultation	1	
<b>Committees or meetings where this policy was formally discussed</b>		
Workforce Committee	May 2017	
Trade Unions JOSC	November 2016 – May 2017	
<b>Where else presented</b>	<b>Summary of feedback</b>	<b>Actions / Response</b>
Listening into action forums		

## **6. REFERENCE DOCUMENTS**

BSMHFT – Management of Attendance Policy  
 Equality Act 2010

## **7. BIBLIOGRAPHY**

As above

## **8. GLOSSARY**

**Short Term Absence** – A relatively short period (or periods) of absence ranging from 1 day to under 4 weeks



**Long Term Absence** – (including recurring long-term sickness absence) is defined as absences from work lasting 4 or more weeks.

**Equality Act 2010** –Employment legislation aimed at reducing unfair treatment and achieves equality of opportunities in the workplace and in wider society. It incorporates all 9 of the ‘protected characteristics’ of protective discrimination legislation, with disability being one of the key aspects, so relevant to this policy.

**Disability** - The Equality Act defines a person as having a disability if they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities.. Please refer to appendix 2 for further information

**Fit Note** – A replacement to the original GP “Sick Note” It will advise whether the employee is fit for work, fit for work with some adjustments or unfit for work. They will outline a timeframe for absence and any potential adjustments that may aid the employee recovery.

At times more than one note may be required; all absences over 7 days must be supported by this and if more than one note is provided there should be no gaps between the notes.

**Self Cert** – Employees can self-certify themselves for the first 7 days of their absence.

**Serious or Critical Illness** –A diagnosed, life threatening illness, where full recovery is not expected.

**Industrial Injury** – an injury that is sustained in the workplace.

**Unauthorised Absence** – This applies to non-attendance for work that is not authorised or covered by a Statement of Fitness to Work or other official cause where an employee fails to attend for work without reporting in.

**Trigger Points for Initial Action (NOC)** – The situation where action should begin in order to manage the absence levels of an employee, these are;

8 days or more in total of sickness absence in any rolling twelve-month period, or  
3 occasions or more of sickness absence in any rolling twelve month period, or  
Continuous 4 week’s sickness absence (‘long term absence’) A pattern of absence i.e. absence following holidays, school holiday times, every Friday.

**Review Periods and Trigger Points for Further Action**– An employee who is issued a concern should be monitored and reviewed for 12 weeks. During the monitoring period if employees have more than 1 episode or greater than 7 days they will be escalated to the next stage of the process i.e. NOC to FNOC or FNOC to FRM.

If an employee is continuously on monitoring (NOC or FNOC) or has been subject to monitoring on 2 or more occasions within a rolling 12 month period without being escalated this can be sufficient to arranging a final review hearing on the basis of a perceived failure to maintain regular attendance at work

If the employee’s absence is below these triggers at the end of the review period they should be de-escalated to the lower level of the process. i.e. FNOC to NOC.

## **9. AUDIT AND ASSURANCE**

The Workforce Committee will ensure the Policy is kept under review and will oversee a review of the Policy in accordance with the review timescales agreed though the Clinical



Governance Committee, ensuring any proposed amendments reflect relevant legislative changes and best practice requirements.

The Trusts Performance Management Improvement Board (PMIB) will receive data on sickness absence rates (by Division and Programme) on a monthly basis as part of the Trusts normal KPI report to allow the monitoring of performance against agreed sickness absence targets. PMIB will be responsible for seeking assurance that appropriate actions are being taken.

The Deputy Director of HR will also provide a monthly report to Associate Directors that will identify trends and patterns of absence to enable targeted actions to be taken at operational team level.

The Deputy Director of HR, will also maintain a casework management system to ensure absence is managed in accordance with the Policy and will provide programmes of training to ensure line managers have the required competence to implement Policy requirements



Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Acting on Recommendations and Lead(S)	Change in Practice and Lessons to be shared
Return To Work Interviews	HR Operations	Reports	Monthly  Annual Audit – 5% sample	Performance meetings  Performance Meetings and HR Team Meetings	Head of HR Operations/ AD's  HR Consultant/HR Advisor	Feedback to managers/HR teams on areas of concern  Lessons learnt/discussions to take place (quality assurance and monitoring compliance)
Management of sickness Absence Cases	HR Operations	Reports	Monthly	Feedback to Operational Managers for designated service area	Head of HR Operations/HR Team	Lessons learnt/discussions to take place regarding complex cases including involvement from Occupational Health Provider
Case log	HR Business Partners	Casework report	Monthly	Performance Meetings and HR Team Meetings	Head of HR Operations/ HR Business Partners	Lessons learnt/discussions to take place/Coaching /further communications if required





## **10. APPENDICES**

Appendix 1 – Equality Analysis Screening Form

Appendix 2 - Sickness Absence Flowcharts

Appendix 3 - Equality Act information and Disability leave arrangements





**Appendix 1**

**Equality Analysis Screening Form**

<b>Title of Proposal</b>	<b>Managing Allegations for People in a Position of Trust Policy</b>		
<b>Person Completing this proposal</b>	XXXX XXXX	<b>Role or title</b>	Head of HR Operations
<b>Division</b>	HR	<b>Service Area</b>	HR Operations
<b>Date Started</b>	13 June 2017	<b>Date completed</b>	13 June 2017
<b>Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.</b>			
To ensure all sickness absence is managed fairly, effectively and consistently for all employees.			
<b>Who will benefit from the proposal?</b>			
The purpose of the current review is to change the emphasise of the policy towards supporting the physical and mental health and wellbeing of our employees/workforce in staying healthy and maintaining regular attendance to support the optimum physical and mental health and wellbeing of our service users. It will apply to all employees employed by the Trust on permanent or fixed term contracts. The Trust will endeavour to support employees by raising awareness of the benefits of optimum health and wellbeing, including the prevention, and management of sickness absence. The Trust will benefit from being able to use this policy for guidance on the management of sickness absence.			
It is intended that all staff will benefit as a result of this policy irrespective of their personal protected characteristics.			
<b>Impacts on different Personal Protected Characteristics – <i>Helpful Questions:</i></b>			



<p><i>Does this proposal promote equality of opportunity? Eliminate discrimination? Eliminate harassment? Eliminate victimisation?</i></p>				<p><i>Promote good community relations? Promote positive attitudes towards disabled people? Consider more favourable treatment of disabled people? Promote involvement and consultation? Protect and promote human rights?</i></p>
<p><b>Please click in the relevant impact box or leave blank if you feel there is no particular impact.</b></p>				
<b>Personal Protected Characteristic</b>	<b>No/Minimum Impact</b>	<b>Negative Impact</b>	<b>Positive Impact</b>	<b>Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.</b>
<b>Age</b>	X			There is no evidence that staff can be disproportionately affected as a result of their age
<p>Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups</p>				
<b>Disability</b>	X			There is no evidence that staff can be disproportionately affected as a result of their disability. The policy includes reference to ddisability leave which is a reasonable adjustment under the Equality Act 2010. It is paid time away from work for disabled employees who need treatment, rehabilitation or assessment related to their disability.
<p>Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?</p>				
<b>Gender</b>	X			There is no evidence that staff can be disproportionately affected as a result of their gender.
<p>This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?</p>				
<b>Marriage or Civil Partnerships</b>	X			There is no evidence that staff can be disproportionately affected as a result of them being married or in a civil partnership.



People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters  
Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?

<b>Pregnancy or Maternity</b>	<b>X</b>			There is no evidence that staff can be disproportionately affected as a result of pregnancy/maternity.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
<b>Race or Ethnicity</b>	<b>X</b>			There is no evidence that staff can be disproportionately affected as a result of their race or ethnicity.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
<b>Religion or Belief</b>	<b>X</b>			There is no evidence that staff can be disproportionately affected as a result of their religion or belief.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
<b>Sexual Orientation</b>	<b>X</b>			There is no evidence that staff can be disproportionately affected as a result of their sexual orientation.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
<b>Transgender or Gender Reassignment</b>	<b>X</b>			There is no evidence that staff can be disproportionately affected as a result of gender reassignment.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				



<b>Human Rights</b>	<b>X</b>				The policy aims to treat all staff equitably and in accordance with their Human Rights. Managers are encouraged and expected to implement this policy in a fair and consistent manner.
---------------------	----------	--	--	--	--

Affecting someone's right to Life, Dignity and Respect?  
 Caring for other people or protecting them from danger?  
 The detention of an individual inadvertently or placing someone in a humiliating situation or position?

**If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)**

	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				<b>X</b>

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead**.

**Action Planning:**

How could you minimise or remove any negative impact identified even if this is of low significance?

1. There will be no negative impact to staff.

How will any impact or planned actions be monitored and reviewed?



1. Monitoring of the issues which are managed under this policy through recording mechanisms and a regular multi-disciplinary coordinated review of cases.

How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.

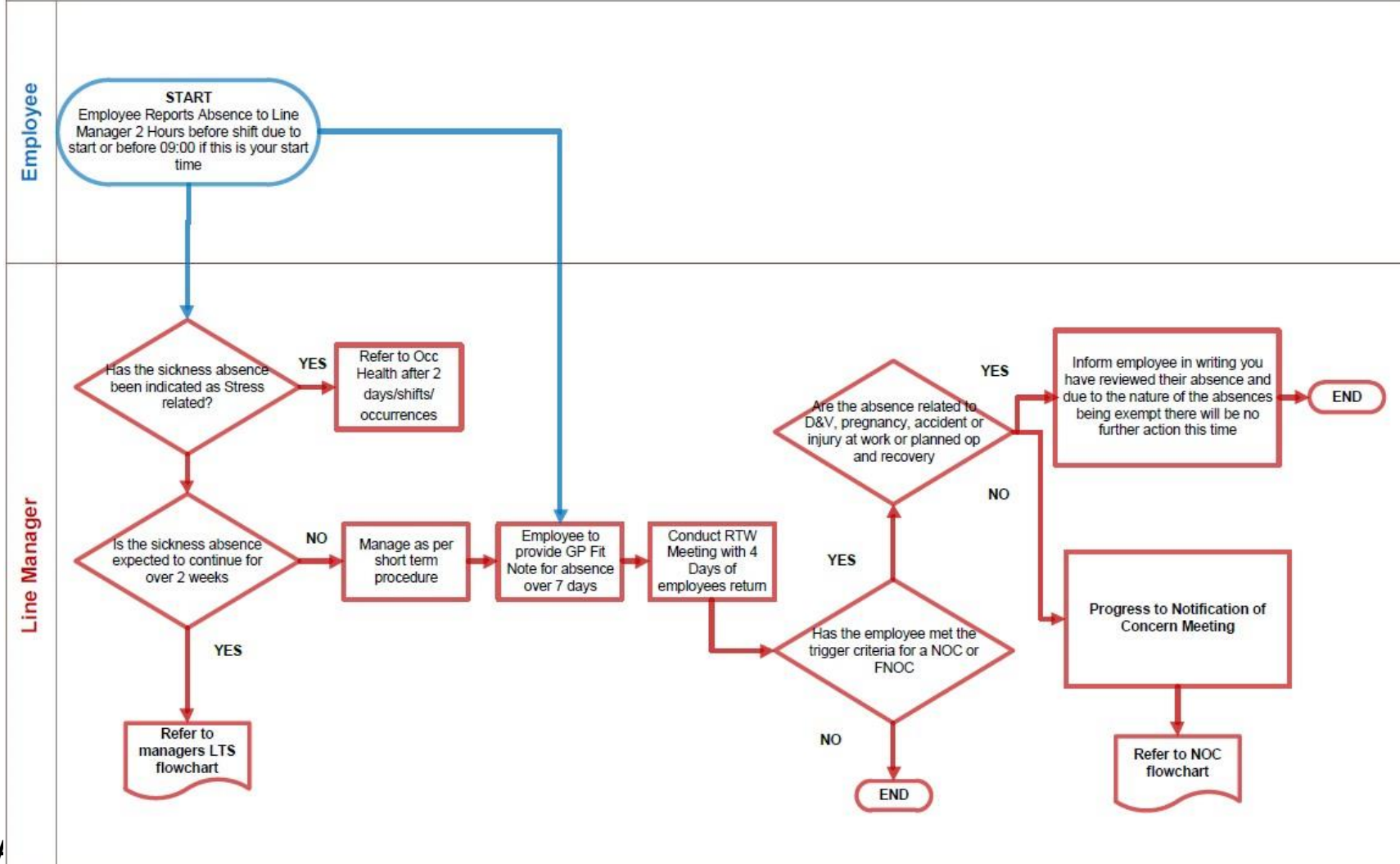
1. This policy will be implemented in a fair and consistent manner that will allow staff to be treated effectively in accordance with our statutory obligations irrespective of their personal protected characteristics.

Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at [hr.support@bsmhft.nhs.uk](mailto:hr.support@bsmhft.nhs.uk). The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.



## Title: Sickness Absence Flowchart

Version 1.0







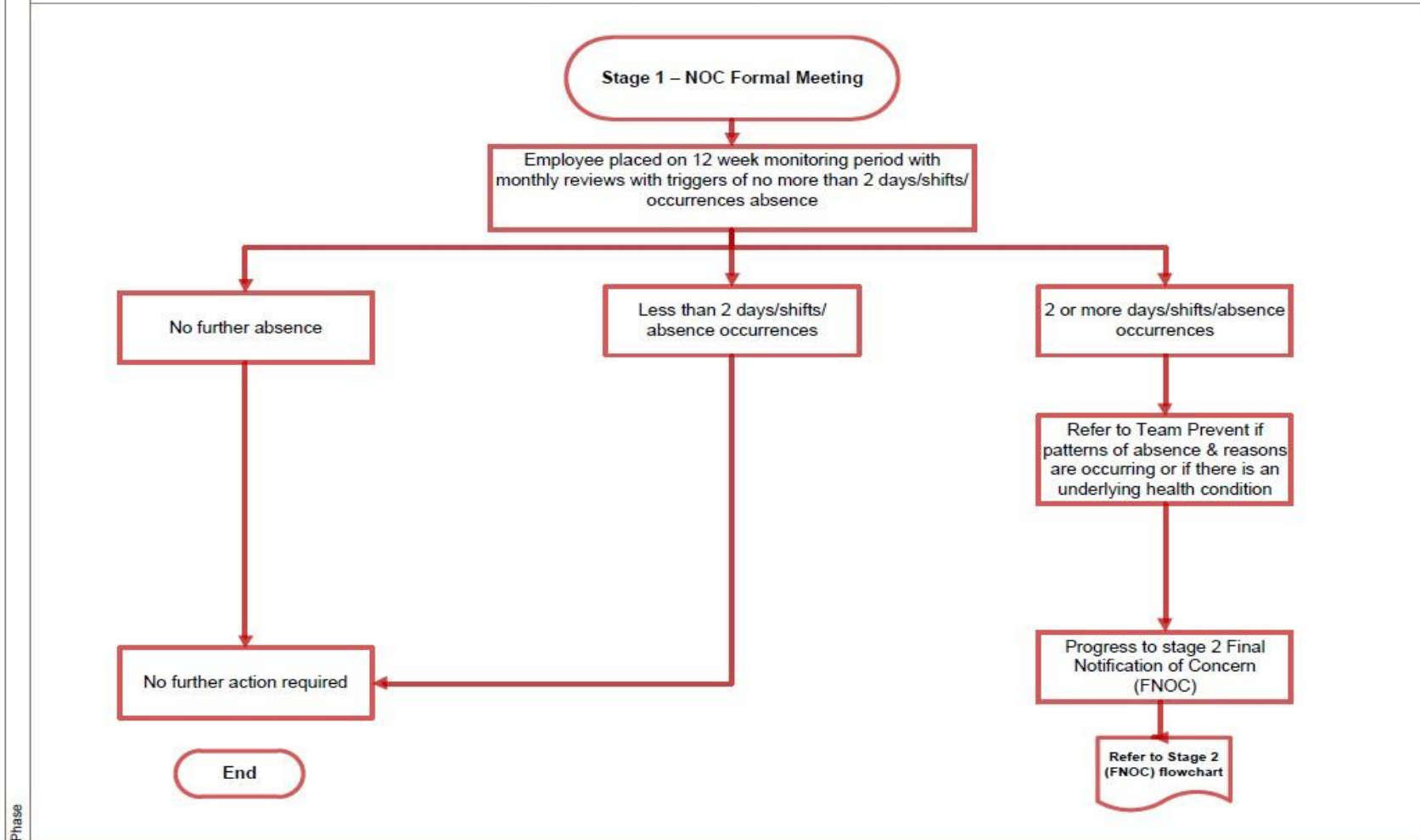
Less than 1 episode/7  
days absence occurrences

1 episode/7 days absence  
occurrences



**Title: Stage 1 – Notice of Concern (NOC) Formal Meeting**

**Line Manager to follow process**



Phase

**Employee placed on a 12 week monitoring period with monthly reviews with triggers of no more than**

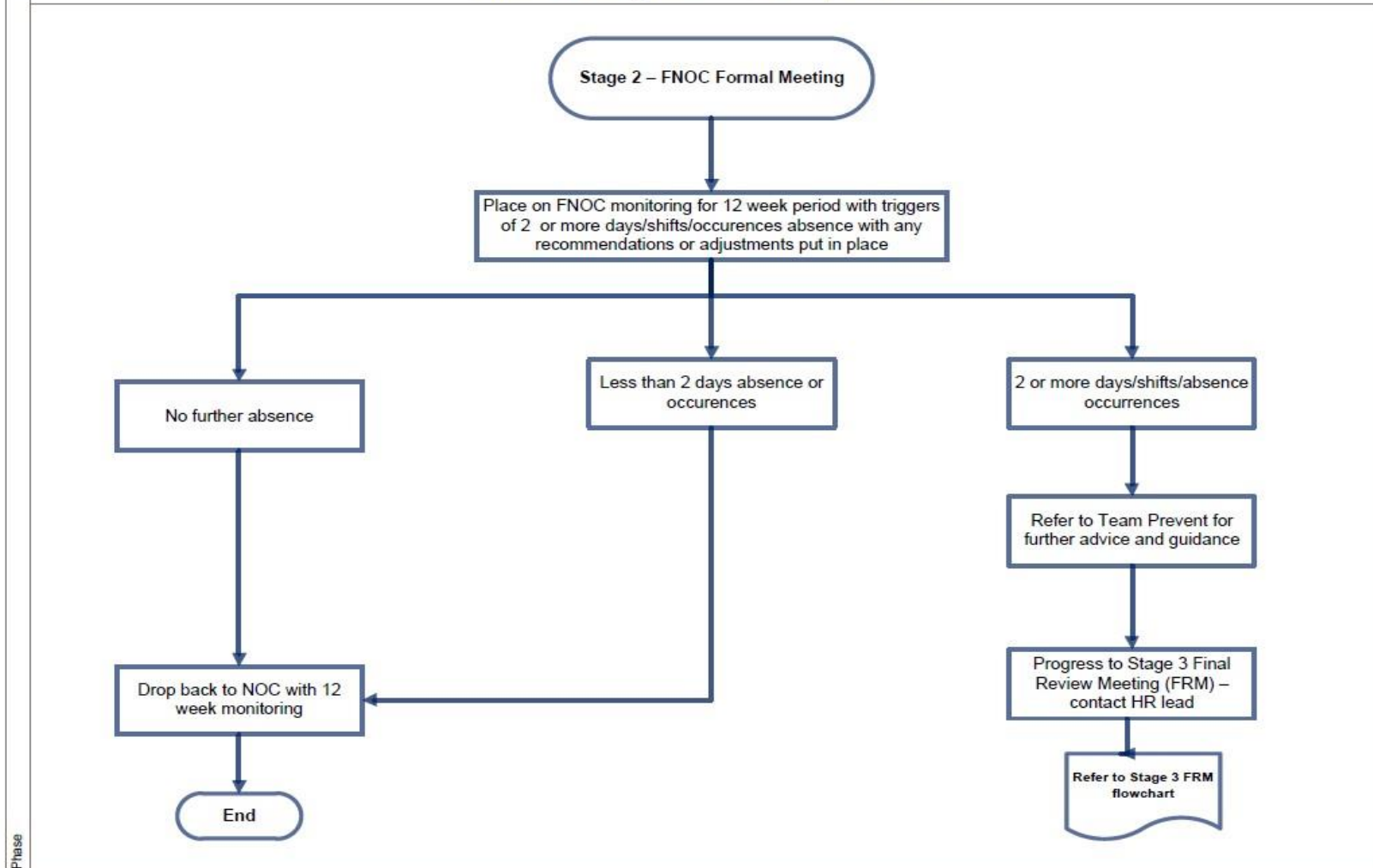


1 episode/7  
days



**Title: Stage 2 – Final Notice of Concern (FNOC) Formal Meeting**

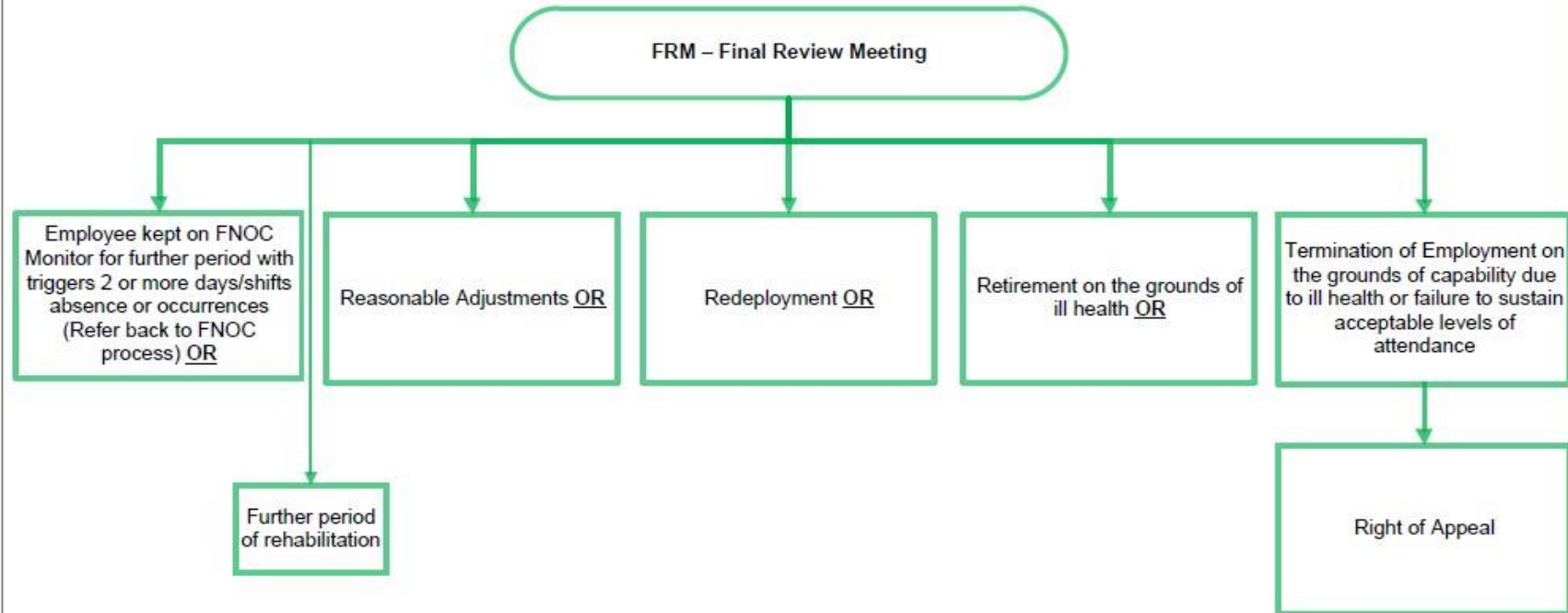
**Line Manager to follow process**





**Title: Stage 3 Final Review Hearing**

**Line Manager to follow process**



Phase

**Employee kept on a FNOC**

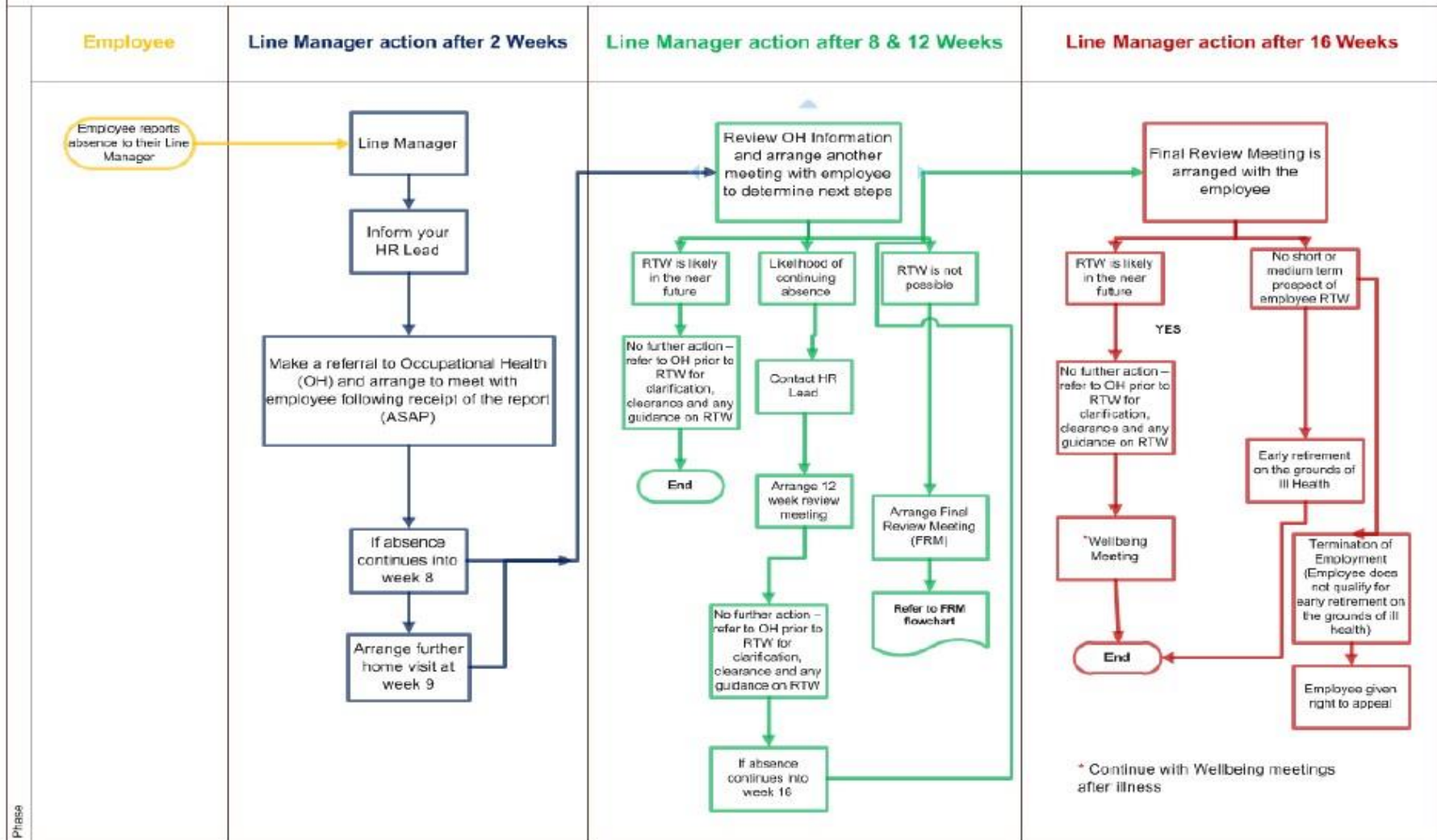


monitor for further period  
with triggers of 1 episode/7  
days absence occurrences  
(Refer back to  
FNOC process) OR





**Title: Managing Long Term Absence Flowchart**



## Appendix 3

### **Equality Act information and Disability Leave Arrangements**

#### **What does disability mean under the equality act?**

The definition in the ACAS disability discrimination guidance stipulates that - *Under the Equality Act 2010 a person is disabled if they have a physical or mental impairment which has a substantially adverse and long-term effect on their ability to carry out normal day-to-day activities. In the workplace such activities are taken to include things like using a telephone or computer, interacting with colleagues, following instructions, driving and carrying everyday objects.*

*The Equality Act 2010 provides disabled people with protection from discrimination in a range of areas, including employment.*

#### **Exceptions to the main definition of disability**

There are exceptions to the main definition of disability. Key main exceptions are:

1. When an employee has cancer, HIV infection or multiple Sclerosis. The act states that the person is disabled from the point of diagnosis the person is treated as disabled and entitled to protection without having to show their conditions has long term adverse effects on their ability to carry out day to day activities.
2. Where a consultant ophthalmologist has certified someone as blind, severely sight impaired or partially sighted the act regards them as disabled.
3. Where an employee is diagnosed with a progressive condition, initially this may not have an impact on their ability to carry out normal day to day activities; however they are treated as disabled if their condition is likely to have a substantial adverse effect on their day to day activities in the future. Examples include dementia, muscular dystrophy and motor neurone disease.
4. Some conditions are specifically excluded from the act as impairment, for example addiction to alcohol and any other substance (unless the addiction is the result of medically prescribed drugs or treatment), and another example of an excluded condition is hay-fever.

#### **Reasonable adjustments**

Managers must consider making reasonable adjustments involving employees if;

- You become aware of their disability
- They ask for adjustments to be made or are recommended by Occupational Health
- The employee is having difficulty with any part of their job
- Either the employee's sickness record, or delay in returning to work is linked to their disability.

Failure to make reasonable adjustments is one of the most common types of disability discrimination.

A reasonable adjustment is a change or adaptation to the working environment that removes or minimises the impact of an individual's impairment in the workplace so they are able to undertake their role.





The three main questions you may need to consider in assessing what reasonable adjustments might need to be made are;

- Do the adjustments change how things are done?
- Do the adjustments need to physically change the workplace?
- Do you need to provide extra equipment

Adjustments can often be simple and inexpensive, in law adjustments need not to be excessive, they just have to be 'reasonable'. You are not required to change the basic nature of a job, but where reasonable adjustments cost, as the Trust we are responsible for paying.

The government scheme, Access to Work can help with advice and depending on the circumstances some for the cost. Further details can be found at [www.gov.uk/access-to-work](http://www.gov.uk/access-to-work)

Examples of a reasonable adjustment might include;

- Changing working hours, shift patterns
- Making slight alternations to the business premises layout of the furniture or in and out of the building
- More frequent rest breaks
- Car Parking
- Temporary adjustments to role i.e. not doing escorted leave
- Agreeing a set amount of disability leave

### **Disability Leave**

Disability leave is a reasonable adjustment under the Equality Act. It is paid time away from work for disabled employees who need treatment, rehabilitation or assessment related to their disability.

It may be for a long or short period of time, can usually be planned in advance and is for a fixed period of time. The policy allows for an element of flexibility so that it can be extended to cover unforeseen but clearly appropriate circumstances (some of this may be unpaid).

Disability leave is distinct from sick leave and relates to time when an employee is taking usually planned leave from work for a disability-related reason.

Disability leave does not apply to absence through sickness, whether it is related to a disability or not, which is determined by either self or medical certification. As a separate matter, in certain cases, reasonable adjustments may be made in relation to the sickness absence of an employee with a disability and this is dealt with under the sickness absence policy

In all cases, the Clinical Nurse Manager/Clinical Services Manager should be informed by the line manager when a request for disability leave is made. Requests for this leave will be sensitively considered. In each case it is important that the advice of the HR lead is sought and followed to ensure consistency across the Trust and that we avoid acting in a discriminatory way.

As the amount of leave needs to be related to the amount of time required for treatment, rehabilitation or assessment, which may well change over time, an agreement to disability leave will be valid for a period of not more than one year at a time. Requests for a further period of disability leave may be made up to three months before it is due to expire. There will normally be a limit of 7 working days paid leave in any 12 month period.

Appropriate arrangements should be made in relation to work commitments by the employee in discussion with the line manager before the request is agreed.



### **Managing Sickness Absence**

Managing sickness absence where an employee has a recognised disability can be difficult particularly in the cases of short term absence and applying the absences triggers (as outlined in the policy).

Adapting/extending the absence triggers may be applied where an employee has high levels of sickness absence that is linked to their disability but this has to be in conjunction with your HR Lead and on a case by case basis.

Managers need to meet with employees to outline the level of attendance they are expected to meet and remove any uncertainty about taking time off.

Sickness absence examples of altering the triggers may include;

- Extending the triggers e.g. 16 days or more in a rolling 12 month period (instead of 8 days or more or 2 episodes/14 days to escalate to the next stage instead of 1 episode/7 days
- Regular review and re assess if these are still applicable

### **Life threatening Disabilities**

Some disabilities may be life threatening e.g. cancer, HIV, although the law is the same covering sickness absence for these conditions as other disabilities; however it is more likely the employee will need an adjustment. Other considerations need to be given to;

- If the employee wants to continue working, this must be in line with Medical/ Occupational Health advice and talking about what reasonable adjustments may be needed
- How you will keep in touch with the employee during periods of absence
- Referrals to the Trusts Counselling services and reasonable time off to attend appointments
- Offering additional support to colleagues

For further information or guidance please contact HR

