



**South West
Yorkshire Partnership**
NHS Foundation Trust

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ATTENDANCE POLICY

1. INTRODUCTION

- 1.1 In order to provide high quality care to service users and their carers the organisation must also ensure that staff regularly attend work to provide the appropriate numbers, skill mix and experienced staff in work. High levels of absence can disrupt the provision of services, impact negatively on staff morale and have financial implications, causing stress in those workers covering for absent colleagues. The Trust aims to improve the wellbeing of staff and as a result reduce the levels of sickness absence by identifying any staff health issues and any associated work environment aspect at an early stage.
- 1.2 This policy is a key element of the Trust's Human Resources Strategy and it should be set in the context of a range of initiatives such as 'Wellbeing at Work', 'Investors in People' and flexible working that aim to improve the working environment for all Trust staff. The Trust is committed to ensure that staff benefit from a healthy, positive working environment where mutual respect and support is the norm.

2. PURPOSE AND SCOPE OF THIS POLICY

- 2.1 This policy and procedure applies to all employees and it aims to:
- Improve overall attendance at work by supporting and promoting employees Health and Wellbeing.
 - Wherever possible, enable employees to continue or return to work during times of ill health, rather than take time off work.
 - Control the likelihood of work related injury and ill health through the use of proactive risk management policies and procedures.
 - Ensure that where an employee's sickness absence gives cause for concern, the situation is dealt with in a fair, reasonable and timely manner with each case given due consideration to personal circumstances.
 - The Trust has also produced a document Sickness and Attendance procedure which provides more detailed advice regarding the procedure to be followed.

3. LEGISLATION

Numerous pieces of legislation have an impact on absence management.

The Equality Act 2010 aims to ensure people with protected characteristics, (this includes disabled employees) are protected from discrimination.

Trust Managers must ensure that disability related issues are carefully considered when applying this policy and seek advice as appropriate.

4. DEFINITIONS

In the context of this policy the following definitions are of relevance:

Short Term/Intermittent Sickness Absence - an absence of up to and including 20 days (under 3 weeks).

Unauthorised Absence – this occurs when an employee fails to provide an explanation of their absence, does not inform the manager of their absence, follow the set procedure in a timely manner or fails to provide Fit notes in a timely manner.

Long Term Sickness Absence - an absence of 3 weeks or more (21 days or more) usually due to a single health problem.

Lateness – arriving after the expected start time.

Occupational Health - a service provided by the Trust that gives independent and impartial advice to the Trust and employees regarding individual health problems in the context of their work, with the intention of keeping the employee safely in work, or facilitating their return to work.

The Equality Act 2010 - legislation which aims to prevent discrimination including for reasons related to disability.

Fit Notes – (A ‘Statement of Fitness for Work’) is issued by a GP or other health professional giving a diagnosis and may outline what work the employee is fit to undertake. This is issued for SSP purposes but is also a requirement for Occupational sick pay to be paid.

SC2 - self certification form is completed by the employee to cover for any period of sickness that lasts at least 4 days. The SC2 covers from the 1st day of sickness up to and including the 7th day of sickness.

(A Monthly Sickness Return is completed and sent by the manager to notify Payroll for payment where staff are not on e-rostering).

Welcome back meeting - a discussion/conversation between an employee and their Manager following their return from sickness absence.

Rehabilitation - can be described as the return to normal life following illness or injury. Occupational rehabilitation is the process of assisting a person to remain in or return to the workplace following injury or illness whether this is work related or not before they are fully fit.

5. RESPONSIBILITIES

5.1 Responsibility of the Executive Management Team

- Approve this policy and ensure it has been developed according to agreed Trust procedures.
- Support wellbeing and other initiatives which promote and encourage a healthy workforce taking appropriate action where factors contributing to ill health occur.
- Ensure that a safe and healthy working environment is maintained, which motivates and encourages employees to attend work regularly.
- Ensure fairness in application of the policy.

5.2 Chief People Officer

- Act as the lead Director with responsibility for this policy.
- Monitor levels of sickness absence and report to the Trust Board and Executive Management Team as part of the People Directorate Performance Report.
- Encourage and instigate appropriate wellbeing initiatives which contribute to the reduction of staff absence and improve staff health.
- Ensure targets for reducing absence have been agreed by the Board.
- Ensure that Service Managers are aware of their responsibility in relation to the policy.

5.3 Responsibility of the Line Manager

Maintain a safe and healthy working environment which motivates and encourages employees to attend work regularly.

- Encourage a culture which values the wellbeing of staff and supports wellbeing initiatives, encouraging staff to raise concerns with themselves.
- Identify posts within their area/other areas or through a creative approach where employees who are unable to perform their usual role due to ill health, can still attend work in a useful capacity and contribute meaningful work to the Trust.
- Follow the policy and the attendance procedure for all employees in a timely manner including.

- Undertaking all parts of the procedure including welcome back meetings, undertaking and referring to informal/Formal meetings, monitoring attendance and identifying when employees hit trigger points, seek advice from HR and Occupational Health.
- Record all sickness absence and report absence in line with Trust procedures detailing reason for sickness.
- Ensure that rehabilitation requirements and reasonable adjustments agreed formally with the employee are implemented and managed, notify payroll of any pay implications.
- Ensure that an employee who is returning to work following a long period of sickness absence is re-inducted safely into the workplace.
- Provide clear advice and support to staff with regard to any improvement expected in attendance.

5.4 Responsibility of People Directorate

- Provide advice and support to Trust Managers and staff to ensure the consistent application of Trust policy and compliance with relevant employment legislation.
- Provide regular training, coaching and support to Trust Managers as required.
- Produce regular workforce information reports for Trust Managers on levels of absence within the workplace.
- Update Trust policy and guidance in accordance with national policy, best practice and employment legislation.
- Encourage Wellbeing initiatives to improve the health of employees and their attendance at work.
- Work with Occupational Health, the Line Manager and the individual to facilitate how a return to work can be achieved.

5.5 Responsibility of Occupational Health

- Provide Occupational Health advice and support to Trust Managers and staff on individual cases of sickness absence.
- Gain medical advice from 3rd party care providers where clinically indicated.
- Work with managers in enabling staff to remain in work or to return to work after long term absence as soon as they are able.

5.6 Responsibility of Employees

- Contribute to the maintenance of a safe and healthy working environment for themselves and others, alerting their Manager where potential problems arise.
- Raise concerns with their Manager, an HR Representative, Staff Counsellor, Trade Union Representative or Occupational Health Service as appropriate with a view to resolving any potential problems and avoiding any unnecessary sickness absence.
- Engage with the Trust's Wellbeing initiatives.
- It is the individual's responsibility to maintain and manage their health to ensure they achieve an acceptable level of attendance.
- Attend work in a fit state to perform the role i.e. not under the influence of alcohol or non-prescribed drugs.
- Comply with the attendance policy and the attendance procedure in particular notifying their manager if they are unable to attend work, Keeping in Touch and Work with their Manager to returning to work in a different temporary capacity where possible.
- Provide the appropriate Fit notes on time.
- Co-operate with their Manager to manage their ill health by attending sickness meetings, Occupational Health appointments or any other medical examinations (internal or external) as requested.
- To follow medical advice, participate in rehabilitation programmes etc. and manage their own health at all times and return to work as soon as possible.

6. PRINCIPLES

The principles of this policy are intended to ensure the health and wellbeing of all employees is a priority for the Trust.

The Trust will endeavour to safely retain an employee in work, despite illness, by the use of short term adjustments and adaptations, wherever possible.

The Trust will focus on what an employee is fit to do during a period of illness rather than what they are unable to do. This will be achieved through risk assessments, GP Fit Notes and Occupational Health functional assessments/consultations and advice and discussions with the employee.

Employees who are unfit to undertake any duties whilst sick, should be available during working hours to attend Occupational Health reviews, sickness absence meetings and any other appointments requested by the Trust unless there are

exceptional reasons why they cannot attend. e.g. in hospital. Should they wish not to be available they should request annual leave in line with the annual leave policy.

Employees will not be classed as sick to cover sudden domestic or personal emergency situations or carer requirements. The Trust has a range of Family Friendly Policies such as Carers Leave, Emergency Leave which may be appropriate dependant on the circumstances.

7. INJURIES SUSTAINED AT WORK

7.1 Sick pay for injuries sustained at work

Managers must inform Payroll if an employee is on sick leave as a result of an injury sustained at work by completing the appropriate documentation (see procedure) which must be authorised by the general Manager or equivalent and HR Business Partner before it is accepted as an industrial injury.

Once the sickness is accepted as injury the employee will receive their pay including enhancements.

Where they are rostered on shift they will receive payment as if they were at work, if they are not rostered to work they will receive an average of their earnings for the previous 12 weeks.

7.2 Qualifying for Temporary injury allowance

To qualify for Temporary injury allowance (TIA), an employee covered by the Scheme must be on leave of absence and be suffering a reduction in their NHS pensionable pay as a result of an injury or disease that is wholly or mainly attributable to their NHS duties or employment. It makes their pay up to 85% of their full pay.

The Trust is responsible for determining entitlement for TIA. The manager must complete a datix and ensure the form has been completed by the individual and approved by the general manager and HRBP if not already done so as part of 7.1.

8. PROMOTING EMPLOYEE WELLBEING

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

8.1 Provision of Occupational Health and Wellbeing Service

A range of services are available from the Employee Occupational Health and Wellbeing service. These services will be adjusted according to the changing needs of the organisation.

Examples of the types of services which employees can access via the Health and wellbeing practitioners are listed below:

- Work Health Assessment at recruitment stage.
- Referrals - Management/Self-Referral.
- Early Interventions– Early intervention initiative – referrals for absence at 2 weeks, and within 1 week for work related stress, mental health and muscular-skeletal issues.
- Workplace Immunisations.
- Specialist Mental Health role via OH RMN.
- Access to Occupational Therapy.
- MOT Health Checks – assessments include: body mass index (BMI) measurements, waist/hip ratio, cholesterol, blood sugar, blood pressure and healthy lifestyle advice.
- Staff Counselling and therapy Service - a confidential service that operates on a self-referral basis. Other services available via staff counselling such as stress management sessions and mediation. This is a short term counselling model.
- Work Related Stress Management Advice from The Health and Wellbeing Practitioners based on the HSE Stress Management standards and i-resilience. The stress management pathway is available on the Trust Intranet.
- Flu Immunisations.
- Access to the Expert Patient Programme for Employees with Long Term Health Conditions.

8.2 Accidents and Incidents

The Trust is committed to minimising and learning from the harm/damage from incidents. Even if an incident appears to be minor or trivial it should still be reported, as this will help to build up an accurate picture of events within the Trust.

Incident reporting provides an early warning system, whereby action can be identified and taken at an early stage to eliminate/reduce risk.

8.3 Increasing Physical Activity

The NICE Guidance on Promoting Physical Activity in the workplace states that increasing physical activity can help in the prevention and management of over 20 conditions and diseases including cancer, coronary heart disease, diabetes and obesity. It can also help to promote mental wellbeing. Physically active employees

are less likely to suffer from major health problems, take sick leave or have an accident at work (source: PH13, NICE Guidance, May 2008).

To support employees increase their physical activity, the Trust participates in a number of initiatives from time to time including NHS Sports and Physical Activity Challenge and the cycle-to-work scheme.

8.4 Weight Management

The links between being overweight and developing serious health conditions e.g. heart disease and diabetes is well documented. A poor diet can also impact on your wellbeing in other ways such as poor sleep patterns, which may result in reduced productivity at work.

The Trust will continue to ensure that healthy food choices are available wherever possible for employees at our premises.

Further information is available on change4life website which can be accessed via the intranet.

8.5 Mental Wellbeing

Mental wellbeing at work is determined by the interaction between the working environment, the nature of the work and the individual. The Trust will support the management of mental wellbeing through the following:

- Procedure for the management of work-related stress
Use of HSE Risk Management Standards for work-related stress and the Stress Management Pathway tool.
- Provision of Staff counselling and Therapy Services.
- Flexible Working Procedures to support employees in managing their work/life balance.
- Support for employees who have long term mental health problems through the use of relapse plans where appropriate via Occupational Health.
- Provision of appraisal and compulsory training.

Employees can contribute to promoting their own wellbeing at work by ensuring that they participate in supervision arrangements relevant to their role, seek support and advice when needed, complete all compulsory training and work with their Line Manager to maintain and improve their working environment.

9. MEDICAL EXCLUSION

Medical exclusion is rare and only normally considered in the following circumstances:

- To prevent the spread of infection.
- Where there is genuine concern regarding an employee's fitness to work and the employee is not covered by a fit note or willing to go on sickness absence leave while occupational health appointments can be made.
- Where a GP has signed an employee as fit to return but the trust requires input from occupational health prior to a return to their role.

The medical exclusion should be for a time limited period and for no longer than 4 weeks at which point the employee should provide a fit note or be placed in to a temporary alternative role if it is deemed safe to do so.

All reasonable adjustments including temporary redeployment and adjustment to hours and tasks should be exhausted and advice sought from HR and Occupational Health where appropriate before taking the decision to exclude.

The authority to exclude on medical grounds rests with the General Managers of the service and an Occupational Health Referral has to be made immediately which the employee must attend.

Annual leave will not be transferred from one leave year to the next as a result of leave outstanding at the leave year end due to Medical suspension. The employee should be advised to go to their GP for support and a fit note. Should a fit note be received stating the employee is unfit for duty, they will revert to sick pay.

A member of staff who is medically excluded will receive their full pay.

The exclusion should be reviewed at 7 days by the General Manager in conjunction with Occupational Health and HR.

10. SICK PAY ENTITLEMENTS

The length of time sick pay is received will depend on the individual's service and any sickness absence taken within the last 12 months. It is important to note that there is no entitlement to exhaust occupational sick pay before termination of contract can occur.

Sick pay will not be payable for an absence caused by an accident due to active participation in sport as a profession.

Surgery for non-medical reasons will not normally be classified as sickness absence and sick pay will not be payable. Employees should request unpaid or annual leave with the approval of their Line Manager. Should there be complications or infections

following surgery which are certificated by the GP then this will be classed as sick leave and usual sick pay entitlements will apply.

In accordance with Section 14 of the NHS Terms and Conditions of Service Handbook an employee who is absent from work as a result of an accident is not entitled to sick pay if damages are received from a third party. The employee will receive usual sick pay entitlements but will be expected to repay any sick pay received to the Trust once damages are received.

In accordance with section 14 of Agenda for Change employees 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 taken place;
- Staff with less than 5 years reckonable service: - sick pay will be reinstated if sick pay entitlement is exhausted and a final review does not take place within 12 months of the start of their sickness absence.
- Reinstatement of sick pay should continue until the final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.

These arrangements will only apply where the failure to undertake the final review meeting is due to delay by the employer. This provision will not apply where a review is delayed due to reasons other than those caused by the employer. Please seek advice from People Directorate.

If an employee is on sickness absence, the expectation is that they are not fit to undertake work in their usual occupation. In this circumstance an individual should not be working elsewhere (either paid or unpaid) in their usual occupation whilst receiving sick pay. Any instance of this will be dealt with through the Trust Disciplinary Procedure and may lead to a referral to the Local Counter Fraud Service.

If the employee has secondary employment in a different occupation, it must be declared to the manager, if the employee will continue to work in this role whilst on sick leave from the Trust. This is to satisfy the Trust that the employee is entitled to receive statutory sick pay and occupational sick pay.

The employee cannot undertake any secondary employment at the time they would normally work for the Trust. This would be deemed as fraud and will lead to action in line with disciplinary procedure.

Voluntary work may be considered to be therapeutic during absence from work and an employee will not be precluded from undertaking this as long as it is not in the same occupation for which they are currently receiving sick pay entitlements and are considered to be unfit for work. They must however discuss this with their manager prior to undertaking any voluntary work.

Where suitable alternative work or adjustments can be offered to an employee to enable them to return to work rather than be on sickness absence and they refuse, providing medical evidence from Occupational Health supports the return to the alternative work, occupational sick pay will be withdrawn.

Where an employee fails to engage in the process i.e. attend Occupational Health appointments, other medical appointments, or management reviews without good reason on 2 occasions occupational sick pay will cease until engagement occurs. Occupational sick pay will then be reinstated with effect from the date engagement occurs and not back dated. The individual will also be subject to disciplinary proceedings should they fail to attend any appointments on more than three occasions without good reason.

11. SICKNESS ABSENCE AND ANNUAL LEAVE

If an employee is unable to take their statutory (working time directive) annual leave (20 days pro rata) due to sickness the following will apply:

- Entitlement to annual leave continues to accrue during a period of long term sick. (Bank holidays are not accrued during periods of sickness and entitlements should be adjusted accordingly).
- Where an employee returns to work before the end of the leave year, they must book and take their outstanding annual leave before the end of the current leave year. They should discuss with their manager options for annual leave to be taken. Where dates cannot be mutually agreed the manager can assign annual leave at a specific time. Only where the service cannot accommodate the leave to be taken due to service need will the employee be allowed to carry any outstanding contractual leave days not taken in to the next leave year.
- In all other circumstances, untaken annual leave should be dealt with in accordance with the Trust annual leave policy and any leave above the working time directive can only be carried over in line with the annual leave policy.

The first 20 days annual leave (pro rata for PT staff) taken in any leave year will be regarded as the statutory (working time directive) leave.

- Any statutory (working time directive) annual leave should be taken in the next leave year where possible but can only be carried forward for a maximum period of 18 months. Where leave is not taken within this period the leave will be lost.

Sick while on Annual Leave

Should an employee fall sick while on annual leave, wherever possible, they must contact their manager on their first day of their sickness in line with the sickness absence reporting procedure, to notify them that they are now reporting sick and

wish for any annual leave from this day to be credited back and recorded as sickness. If this not possible, the employee must make every effort to report their sickness to their manager as soon as possible

In order to be paid contractual sick pay/SSP for this period, the employee must provide any self-certification and fit notes in line with the Trust sickness absence policy and SSP regulations. (See section 20) Where abroad and unable to obtain a fit note from the eighth day of sickness, to comply with statutory requirement the Trust would require evidence from a medical practitioner/ Dr/ Hospital. Failure to provide the relevant certificates will not prevent the annual being credited back however the period may be classed as unpaid sick leave

Pre-Planned Annual Leave while Sick

Should an employee have annual leave pre-booked and is sick in a period leading up to and during their annual leave period, the annual leave will be credited to the employee's entitlement and recorded as sick leave. It should be noted, there is no requirement for the employee to stay at home during their period of sickness absence and therefore they are not restricted from going on holiday.

In order to be paid contractual sick pay/SSP for this period the employee must provide any self-certification and fit notes in line with the Trust sickness absence policy and SSP regulations. (See section 20) Failure to provide the relevant certificates will not prevent the annual being credited back however the period should be classed as unpaid sick leave

Long Term Sick requesting Annual Leave

If an employee is on long term sickness and wishes to go away on holiday provide they are unfit for work, there is no requirement for them to book annual leave. The Trust would expect them to notify their line manager that they will not be contactable during this period. To continue to receive occupational sick pay and SSP during this period they must continue to provide a fit note for this period

Should an employee request to take annual leave at any point during a long term sickness period they will not be prevented from doing so

When annual leave is taken during a period of sickness the sickness payments are suspended for the period of annual leave. The sickness payments then recommence at the end of the leave but the length of sickness payments are not recalculated but extended by the number of days taken as leave only.

Sickness on a Bank Holiday

An employee sick on a bank holiday will not be entitled to a day off in lieu of that bank holiday and the entitlement is lost.

Sickness Whilst on Duty

If an employee becomes ill whilst on duty it is the employee's decision if they are unfit to remain in work. Where there is a risk to other staff or service users i.e. D&V or concerns re mental health presentation the manager or supervisor may insist the

employee goes home sick. It may be necessary to liaise with Occupational Health to determine appropriate advice if an infection risk is identified.

The employee's sickness should be reported for the hours they do not work via e-rostering or other reporting systems. Only hours lost should be counted as lost time. But will not be counted as a trigger unless there is a pattern of part days being taken or the employee remains sick the following day. Should a part day sickness fall before a day off the employee must inform the manager if they are fit the following day.

12. BANK/ADDITIONAL HOURS, OVERTIME AND AGENCY WORKING RESTRICTIONS

Any employee who has been absent from work as a result of sickness will be unable to do any overtime, extra hours, bank work or agency work for the Trust or outside organisations for a period of time. This is to ensure that staff that have been ill or injured are protected from the stress and pressure of working more than their contracted hours. When an employee has been off sick long term (21 days or more) the manager and employee should discuss the length of time they should refrain from working any additional hours. It may be appropriate to get Occupational Health guidance on this.

Where a phased return or any relevant temporary adjustments are in place no additional hours of any type can be worked in any area.

Where there is a pattern of sickness that appears to be linked to the number of additional hours worked it may be appropriate to restrict this work for a longer period.

The employee must not accept or request any additional work within or outside the Trust during the period of restriction.

13 PREGNANCY RELATED ABSENCE

The Trust has a duty of care towards the health and well-being of pregnant employees and any absence relating to pregnancy must be dealt with sensitively.

If a pregnant employee is off work or becomes ill, with a pregnancy-related illness from the 4th week before the expected week of childbirth (EWC), maternity leave will start on the day after the first complete day of absence.

If a pregnant employee has a pregnancy-related illness prior to the last four weeks before the EWC, which is certified (either by medical or self-certification), this absence would be reported and recorded as sickness-absence, but should not be counted when assessing whether the employee has triggered the policy.

Managers should ensure that employee's receive appropriate support in relation to any absence related to a pregnancy. Return to Work Meetings should take place, and managers should maintain contact with employee's who are off work for a long period. Appropriate risk assessments should be undertaken and consideration should be given to what reasonable adjustments can be made to support employees to return to work. Occupational Health Advice should be sought as necessary.

14 ABSENCE RELATED TO FERTILITY TREATMENT

Line managers should take reasonable steps to accommodate appointments for employees to seek such treatment but reserves the right to review the amount of paid time off being granted in accordance with the provisions outlined in the Special Leave Policy. Managers should also discuss and consider flexible working arrangements to facilitate the time off required.

Employees undergoing fertility treatment who become unfit for work should report their absence in the usual way. Any absence will count towards sick pay entitlement and the policy trigger points until the retrieval of the ova.

A woman is regarded as pregnant and is legally entitled to paid time off for antenatal appointments as outlined within the Trust's maternity provisions at the advanced stage of IVF treatment which is between the retrieval of the ova followed by the immediate transfer of the fertilised ova. From this point any related absence should be managed as per maternity sickness.

Following implantation a pregnancy may or may not occur, but the woman is regarded as being pregnant from the point of the implantation, and is protected from dismissal or adverse treatment under the Equality Act 2010 pregnancy legislation. Employees should notify their employer once they have reached this stage.

If the treatment is successful and the woman remains pregnant she will be protected against discrimination on the grounds of pregnancy until the end of her maternity leave.

If the treatment is unsuccessful, the protection will end two weeks after the end of the pregnancy. A pregnancy test is taken 2 weeks after implantation and, if the test is negative, the protected period extends for a further 2 weeks.

15 INTERMITTENT ABSENCE RELATED TO TREATMENT FOR A CRITICAL ILLNESS

The Trust recognises that there are circumstances where an employee is managing treatment for a critical illness but is able to attend work in between treatment cycles. An example of this may be an employee with cancer who is unwell and unable to attend work whilst receiving chemotherapy, but is able to attend work during breaks from treatment. In these and similar scenarios the Trust would wish to support an employee to attend work when they are well. Line managers will be asked to give careful thought to what reasonable adjustments can be put in place to support an employee in this situation (advise from a Specialist and Occupational Health may be required to ensure the wellbeing of the employee). Whilst absence related to treatment will be recorded for sick pay purposes it will not be counted as separate episodes against the trigger points described in this policy. When the episodes are for a limited period of 6 months they will be counted as one spell of sickness. Any periods of absence discounted should still be within the range of what can

reasonably be accommodated and a GP fit note and Occupational Health support must confirm fitness to work and the sickness is a result of critical illness and for a time limited period. Line managers need to ensure that local absence records clearly show where absence has been discounted for management purposes.

16 CAPABILITY RELATING TO DISABILITY OR ILL HEALTH

Where an employee is unable to perform their duties as a result of a disability or illness they should be managed in line with the long term sickness policy even if they remain at work.

17. GENERAL SICKNESS ABSENCE INFORMATION

It is important that managers are alert to the historical sickness/behaviours of their staff in order that they may identify any uncharacteristic trends that may indicate an underlying health issue and which may need support to maintain the individuals health & wellbeing

The employee must be available to attend work where adjustments can be made to prevent sickness absence leave. Where they are not able to attend work, the employee must be available to engage in Sickness Absence Meetings and Occupational Health Reviews at the reasonable request of their Manager. Should an employee be deemed fit to undertake work by Occupational Health they will discuss and agree a return to work programme with their line manager. In such circumstances, if the employee does not agree to a phased return to work, occupational sick pay may not be payable.

If deemed necessary, the Trust has the right to request the individual to attend Occupational Health and any specialist medical appointment in order to gain factual information on their health status.

An employee who intends to undertake (non-medically recommended) cosmetic surgery should seek advice from their Senior Manager to determine whether or not sick leave under this policy and procedure would be appropriate. The Manager may seek the advice of the Occupational Health Service before reaching a decision. Time off for non-medically recommended procedures should be taken as Annual leave or unpaid leave.

Where an employee is too ill to undertake their duties but fit enough to attend training courses, particularly mandatory training, this should be arranged by the Manager, this can include e-learning. The employee will be classed as attending for work on the training days in the same way as when taking annual leave.

The Trust will ensure that the key stages of the procedure are followed to give the employee an opportunity to improve their attendance. These are:

1. Welcome back Meeting.

2. Four stages of the Sickness Procedure.
 - Informal Attendance Meeting – Stage 1.
 - Formal Attendance Meeting – Stage 2 (which may lead to a first formal attendance warning which remains on file for 12 months).
 - Second Formal Attendance Meeting – Stage 3 (which may lead to a final formal attendance warning which remains on file for 12 months).
 - Final Formal Attendance Meeting – Stage 4 (which could lead to the dismissal of an employee).
3. Provision for Occupational Health or other specialist advice.
4. Provision for temporary short term and permanent adjustments to keep an employee at work where service need allows.

At all formal stages of the procedure, from Stage 2 onwards, the employee is able to be accompanied to meetings by their trade union representative or a work colleague. As stage 1 is informal there is no right for the individual to be accompanied by a trade union representative, however if staff request support from their trade union representative, in the spirit of partnership working this will not unreasonably be refused. Please note the trade union representative will only be present as a support to the individual and the date of the meeting should not be delayed to accommodate this.

In certain exceptional circumstances in formal stages of the process, the employee may request the attendance of a friend, relative or colleague to act as an advocate, when one is clearly needed. Consideration will be given by the Stage Panel and will not be unreasonably refused.

HR will normally only be present to support the manager at a Stage 3 or Stage 4 Attendance Meeting. Where HR is not present at stage 2 attendance meetings the manager can be accompanied by another manager to support them.

18. TRIGGER POINTS

The Manager should regularly review every employee's sickness absence record for the staff they manage using the Trust systems particularly at the time of a return to work meeting. Should any of the staff have reached the trigger point as detailed below they must be invited to the appropriate stage in the process.

The trigger points are:

<ul style="list-style-type: none"> • Three occasions of sickness absence of any length in a rolling 12 month period. • 14 calendar days sickness in a 12 month period (including any long term sickness period). • A pattern of absence that causes concern e.g. but not limited to school holidays, regular Fridays, before/after annual leave, or regular patterns of long-term sickness i.e. every 2 years 	<p>When the trigger points are reached, employees must be invited to a Stage 1 informal Attendance Meeting.</p>
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On Stage 1, 2 or 3 the trigger points are:

<ul style="list-style-type: none"> • Two episodes of sickness absence of any length in a 12 month period. (Commencing on the first day of return to work from the episode that caused the trigger). • Continued pattern of sickness. • A further 14 calendar days sickness in a 12 month period (including a long term sickness period). 	<p>When reached the trigger points the employee must be invited to the next stage in the process: Stage 2, 3 or 4 attendance meeting.</p>
<p>Stage 4.</p>	<p>Stage 3 extended and new trigger points given (this is discretionary and on a case by case basis based on justified mitigation).</p> <p>If significant improvement is not evident, Stage 4 could result in dismissal on the grounds of capability (ill health).</p>

Please note: where an employee has a long term condition or disability the manager must consider if any adjustments can be made to improve attendance at work to an acceptable level. One of the adjustments could be an additional trigger point for absence related to the disability. This will only apply where there is an absence period relating to the long-term condition/ disability. Any other absence that falls within any part the 12 month monitoring period will count as a trigger point in that period.(See Staff Disability Policy and Reasonable Adjustments Policy for further information and guidance on reasonable adjustments)

Only absence that results in triggering an informal/formal meeting will be reviewed at the attendance meeting. The monitoring period for the next stage will commence the day after the last episode considered at the meeting. Any further episodes of sickness that occur between the trigger and the meeting will count in the subsequent monitoring period and count as a trigger towards the next stage. The procedure can commence at any stage in the process dependent upon the circumstances when triggers are hit within 12 months of formal monitoring ending.

In such circumstances the manager has the discretion (with advice from HR) to place the employee on;

- the same stage they had previously reached.
- Move back a stage.
- Be removed from formal management under this process.
- Fast track for employees with less than 18 months service.

If an employee meets the stage 1 trigger points within 18 months of commencement of employment, they will be fast tracked to stage 2 unless a disability adjustment is required and has been discussed with the manager and occupational health within the first 6 months of employment.

19. APPEAL AGAINST FORMAL ATTENDANCE MEETING OUTCOME

The employee will have a right to appeal against any formal warning issued in line with this policy. The appeal will be to the next level of manager in line with Section 11 of the Attendance Procedure.

An appeal against dismissal will be heard by a subcommittee of the Trust Board in line with Section 11 of the Attendance Procedure

20. CERTIFICATION

- For periods of sickness that last for 4 days or more, a self-certification must be completed to cover the employee from the first day of sickness up to and including the seventh calendar day. These must be sent immediately to their manager, who retains the self-certificate and notifies Payroll.
- For periods of sickness lasting eight days or more, a statement of fitness for work (a fit note) from a GP/Medical Practitioner must be obtained. This is required from day eight onwards (for the sick period) until the date of return to work and must be received by the manager within five working days of the date it was issued.
- If an employee fails to submit the appropriate medical certificate in the required timescales, the manager will stop pay and inform Payroll immediately. The manager will write to the employee to inform them that they are now unauthorised absent and pay has been withdrawn and the individual will be recorded as unauthorised absent.
- When a note is received statutory sick pay will be reinstated for any period covered by the note but occupational sick pay will only be reinstated from the date the sick note is received by the manager unless there is a good reason for its delay which is accepted by the manager.

21. UNAUTHORISED ABSENCE

When an employee fails to attend work without any notice or failure to submit fit notes, this will be classed as unauthorised absence. This also includes where an employee is on sick leave, has a fit note but fails to maintain contact with the manager, attend Occupational Health appointments or leaves work early without permission etc.

If an employee fails to attend work and has not contacted the service within a reasonable timeframe, the Manager will take reasonable steps to contact the employee to ascertain their safety and welfare.

Payroll should be informed of the length of unauthorised absence and pay deducted appropriately. Any period of unauthorised absence without good reason may lead to disciplinary action being taken which could include dismissal.

22. LATENESS

An employee is considered late for work if they fail to attend and be ready to start work for their shift or start time. Should there be a pattern of lateness they may be referred to the appropriate stage of disciplinary procedures.

23. MANAGEMENT OF LONG-TERM SICK

Where an employee is already on a stage 1 or above and goes on long term sick they will be invited to the appropriate stage attendance meeting in relation to the trigger points and attendance meeting stages as per section 14. The manager can call the employee to the appropriate attendance meeting during the sickness period or upon their return. The trigger period for long term sickness will be measured from the first day of sickness.

24. MANAGEMENT OF ON-GOING LONG-TERM SICKNESS

This section only applies while the employee is on continued long term sick.

The manager must keep in touch with the employee and invite them to regular meetings as below. The meeting may be face to face , on MS Teams or a telephone call as appropriate

24.1 Informal Long Term Sickness Meeting

Informal long term sickness meeting must take place at a point between 2 and 5 weeks from commencement of sickness. The meeting will be to:-

- To ascertain any facts relating to the sickness i.e. underlying health condition.
- Discuss work than can be undertaken by employee with adjustments.

- Discuss how a planned return to work can be achieved and attendance sustained.
- Make referral to occupational health.
- Inform if hit trigger for attendance meeting and stage. If hit stage 4 inform that they will be invited to stage 4 meeting in next few weeks (do not wait for a return to work date).
- Agree date of first formal meeting between 6 and 12 weeks from commencement of sickness.

This informal meeting may be undertaken with the manager only however a trade union representative may accompany the staff member in a supportive role.

24.2 First Formal Long Term Sickness Meeting

A First Formal long term sickness meetings will take place between 6 and 12 weeks if the employee has been unable to return to work.

The meeting will be to:-

- To ascertain any facts relating to the sickness that have changed or been updated.
- Discuss work that can be undertaken by employee with adjustments.
- Discuss how a planned return to work can be achieved and attendance sustained.
- Discuss temporary or permanent adjustments or potential for placing on 'at risk register'.
- Discuss Occupational Health report /make referral to occupational health if not already done so or require further clarity.
- Agree date of second formal meeting between 10 and 17 weeks from commencement of sickness.

The First Formal long term sickness meeting will be undertaken by the manager who may be supported by an HR representative or a second manager. The employee may be accompanied by a trade union representative or work colleague not acting in a legal capacity.

24.3 Second Formal Long-Term Sickness Meeting

The second formal long-term sickness meeting must occur between 10 and 17 weeks where an employee has not returned to work. This will be undertaken by the manager and HR representatives. The employee can be represented by a Trade union representative or work colleague not acting in a legal capacity.

The meeting will be to:-

- To ascertain any facts relating to the sickness that have changed or been updated.
- Discuss work that can be undertaken by employee with adjustments.
- Discuss how a planned return to work can be achieved and attendance sustained.
- Discuss temporary or permanent adjustments or potential for placing on At risk register.
- Discuss Occupational Health report /make referral to occupational health if not already done so or require further clarity.
- Agree date of final formal meeting between 16 and 26 weeks from commencement of sickness.
- Inform that the referral to a final formal meeting could result in the decision to dismiss the employee from their employment

24.4 Final Long-Term Sickness Meeting

A final long-term sickness meeting must take place between 16 and 26 weeks and must be undertaken by a dismissing manager (8b and above) supported by an HR representative. The employee can be represented by a Trade Union representative or work colleague not acting in a legal capacity.

The meeting will be to:

- Go through the facts of the case and options that have been considered including.
- Any facts relating to the sickness that have changed or been updated.
- Discuss work that can be undertaken by employee with adjustments.
- Discuss how a planned return to work can be achieved and attendance sustained.
- Discuss temporary or permanent adjustments or potential for placing on At risk register.
- Discuss Occupational health report.

The outcome of the meeting could be:

- Dismissal with notice and placed on 'at risk register' to look for suitable alternative work if applicable.

or

- Defer Dismissal and agree date to reconvene final Long-term sickness meeting at which Dismissal may take place if not returned to work and placed on at risk register to look for suitable alternative employment if applicable.
- Outcome – Dismissal from post and paid lieu of notice as ill health application already completed.

In exceptional circumstances where the employee is in hospital or undergoing serious treatment and unfit to be seen the time scales for the long term meetings may be extended.

Should Occupational Health or other medical report confirm that a return to the employee's own role is not possible at any point or not possible for the foreseeable future; the employee will be placed on the At Risk Register and be invited to a Final formal long-term attendance Meeting. There is no requirement to progress through the formal long term sickness process in such circumstances.

Should the employee be a member of the NHS pension scheme and be deemed unfit to return to work in any capacity they may apply for an ill health pension. The employee should discuss with occupational health the likely outcome of an application and complete the appropriate forms immediately.

The Trust does not have to wait for an employee to submit an ill health application or receive an outcome from an ill health application before terminating an employee's contact on the grounds of ill health (capability).

25. TEMPORARY ADJUSTMENTS

Temporary adjustments to the employee's role or temporary redeployment will be considered until a decision can be made on whether these adjustments can be accommodated on a permanent basis. Where this is not possible, a referral to a final formal sickness meeting will be made and the individual will be placed immediately on Tier 1 of the at risk register.

26. PERMANENT ADJUSTMENTS / REDEPLOYMENT

Where an employee is unable to continue in their current role with reasonable permanent adjustments, permanent redeployment to a vacant alternative role must be sought to allow an employee to remain in work; this will be facilitated by the At Risk process.

Where adjustments to the role are made that significantly alter the role, a new job description may be required which should be matched and banded in line with Agenda for Change.

Where a vacant post is available, the employee will be paid at the rate for the post and will not be eligible for pay protection.

An Access to Work grant may be available to pay for practical support to help an employee stay in work for example

- aid and equipment in the workplace
- adapting equipment to make it easier for them to use
- travel to work
- travel in work
- communication support at interviews
- a wide variety of support workers, and
- the Mental Health Support Service
- other practical help at work, such as a job coach or a sign-language interpreter

To apply for Access to Work the employee must apply directly. The quickest and easiest way to apply is online at www.gov.uk/access-to-work

Or they can also apply by phoning Jobcentre Plus

27. TRAVEL

Where temporary or permanent adjustments are made and particularly in cases where temporary work is offered instead of the employee being sick, the ability to travel to work is the responsibility of the employee. Protection of pay does not apply.

28. ARRANGEMENTS FOR THE ORGANISATIONAL OVERVIEW OF SICKNESS ABSENCE DATA

All those responsible for action within this policy must ensure that data on sickness absence is collected and stored in accordance with the Trust's policies on information governance including confidentiality, data protection etc.

The Trust will seek to review the causes of sickness absence to ensure that appropriate strategies are developed including those that are work related have been determined and those that are work related identified, the organisational can then develop a system by which action plans are devised. These action plans may be produced on a departmental/service level, or an organisational level, depending on what is more appropriate.

29. DISSEMINATION AND IMPLEMENTATION

This document is on the intranet and website in the document store. Given the geographical spread of the Trust the most effective way to ensure staff access the current version is that it is only available on the intranet/website.

The weekly bulletin and Brief informs staff when new policies are developed and approved.

30. EQUALITY IMPACT ASSESSMENT

The Trust aims to ensure that its policies promote equality. This policy has been subject to an Equality Impact Assessment. The expectation is that overall the policy will be beneficial in establishing and ensuring equality within the Trust (see Appendix 4). This will be by enabling the Trust to manage its responsibilities under the equality legislation.

31. MONITORING COMPLIANCE WITH THE DOCUMENT

Monitoring will ensure that the Trust effectively manages sickness absence in the workplace and that staff experiencing ill health are properly supported.

The Chief People Officer will report to the Trust Board and Executive Management Team levels of sickness absence as part of the HR Performance Report. The Trust will use available benchmarking data of sickness absence rates within the NHS. The Chief People Officer will ensure that People Directorate and Occupational Health action their duties within this policy. Trust Directors will ensure service Managers are aware of and implement their duties within this policy.

In addition, HR representatives will work with Trust Managers to review absence rates within their own service areas and ensure that the action is being taken in accordance with this policy e.g. staff on long term absence are contacted regularly, return to work plans are agreed, reasonable adjustments and controls are actions, sickness absence levels are reviewed.

Were New Managers commence in post the Line Manager should brief them on the policy and procedure and arrange an induction with their HR representative to training them in the application of the policy and Procedure.

32. DOCUMENT CONTROL AND ARCHIVING

The current version of this policy will be available on the intranet and subject to the Trust's control and archiving procedures.

A central electronic version will be kept by the Integrated Governance Manager in a designated shared folder to which all Executive Management Team members and their administrative staff have access.

This policy will be retained in accordance with requirements for retention of non-clinical records.

Historic Policies and Procedures:

- A central electronic read only version will be kept in a designated shared folder to which all Executive Management Team members and their administrative staff have access.

- A central paper copy will be retained in the corporate library, clearly marked with the version number and date on which it was approved and date and title of the policy by which it was replaced.

33. REFERENCES

Listed below are some useful sources of reference material:

Employment Rights Act 1996 as amended, London: The Stationery Office. Available at www.opsi.gov.uk

Data Protection Act 2018, London: London: available
<https://www.gov.uk/government/collections/data-protection-act-2018>

Employment Rights Dispute Resolution Act 1998, London: The Stationery Office. Available at www.opsi.gov.uk

Employment Relations Act 2004, London: The Stationery Office. Available at www.opsi.gov.uk

The Employment Act 2002 and the Employment Act 2002 (Dispute Resolution) Regulations 2004, London: The Stationery Office. Available at www.opsi.gov.uk

Equality Act 2010: http://www.equalities.gov.uk/equality_act_2010.aspx

The Chartered Institute of Personnel and Development (CIPD), (2018). Absence Management 2: How do you develop an absence strategy? London: CIPD. Available from www.cipd.co.uk

Health and Safety Executive (HSE), (2004). Steps to manage sickness absence and return to work. Available from www.hse.gov.uk

Health and Safety Executive (HSE), (2008). Steps to manage sickness absence and return to work. Available from www.hse.gov.uk/sicknessabsence/index.htm

NHS Employers Partnership review of ill health retirement, injury benefit and sickness absence in the NHS, . available from <http://www.nhsemployers.org>

NHS Employers, (2005), Agenda for Change: NHS Terms and Conditions of Service Handbook. Available from www.dh.gov.uk

34. ASSOCIATED DOCUMENTATION

This document has been developed in line with guidance issued by the NHS Litigation Authority and with reference to model documents used in other Trusts. It should be read in conjunction with:

- Sickness and Attendance Procedure

SOUTH WEST YORKSHIRE PARTNERSHIP NHS FOUNDATION TRUST
AUTHORITY TO TAKE ACTION IN SICKNESS ABSENCE MANAGEMENT

SHORT TERM SICKNESS ABSENCE					LONG TERM SICKNESS ABSENCE
Category of Staff subject to action	Stage 1 Informal Review	Stage 2 Formal Absence Review (First Formal Attendance Warning)	Stage 3 Formal Absence Review (Final Formal Attendance Warning)	Stage 4 Attendance Hearing (Possible Dismissal)	Dismissal on Health Grounds
Director	Chief Executive	Chief Executive	Chief Executive	Chief Executive	Chief Executive
Senior Personnel (8B and above or equivalent)	Director/ Deputy Director or equivalent	Director/ Deputy Director or equivalent	Director/ Deputy Director or equivalent	Director/ Deputy Director or equivalent	Director/ Deputy Director or equivalent
Other Staff	Manager (Immediate Line Manager) or Nominated deputy	Manager (Immediate Line Manager)	Manager at the next higher level	Manager (8B and above or equivalent)	General/Senior Manager or above

PROCEDURE FOR A FORMAL ATTENDANCE/ DISMISSAL APPEAL HEARING

The following procedure will be followed at all formal attendance dismissal appeal hearings.

During the procedure either party may request a short adjournment at any stage and this will not be unreasonably refused.

1. All parties including panel members will be introduced to each other and a brief outline of the proceedings given by the Chairperson of the panel.
2. The Manager supported by the Human Resources Advisor will present their case.
3. The employee and/or representative and the panel will have the opportunity to ask any questions of the Manager.
4. The employee and/or their representative will present the case for the employee.
5. The Manager supported by Human Resources and the panel will have the opportunity to ask any questions of the employee.
6. Nothing in the foregoing procedure will prevent the panel from inviting either party or representative to describe or clarify any statement they have made.
7. Should the panel believe that further investigation or evidence is required; an adjournment may be called to enable this to take place. The hearing will be reconvened as soon as practicably possible.
8. All parties will withdraw from the room while the panel will deliberate in private only recalling both parties to clear points of uncertainty on evidence already given. If recall is necessary, both parties will be requested to return notwithstanding that only one is concerned with the point giving rise to doubt.
9. The panel will reconvene to announce their decision to both parties verbally where possible. In any event the individual will be notified of the decision in writing within seven working days of the hearing.

Appendix 3

Sickness absence policy and procedure frequently asked questions

1. Am I sick if I have to take time to attend a medical appointment

Time for medical appointments is covered in section 8 of the policy for granting special leave. The section states:

It is expected that employees will arrange such appointments outside of working hours, so as to give minimum disruption to the working day. Where this is not possible, appointments should usually be covered by time owing, flexible working, annual or unpaid leave as appropriate and the manager may request sight of documentation confirming the appointment. For any hospital investigative procedure (requiring a full day off due to the employee being unfit for duty) this will be classified as paid sickness absence and count towards sickness absence triggers. Documentation will need to be provided to the Manager. Where the employee attends an outpatients appointment and intends to return to work but becomes unfit for duty as a result of a procedure they must contact their manager to notify them that they are sick.

Appointments relating to surgery or dentistry for cosmetic purposes should be arranged outside working hours and taken as annual leave.

Normally up to 6 appointments may be provided by the Trust's Occupational Health service (which could include Physiotherapy, OT, Counselling etc. or for treatment following an injury at work). These and any self-referred appointments may be accessed in working time, providing this has previously been agreed with the individual's manager to ensure appropriate service cover.

Where Occupational Health advise that more than 6 appointments would support the individual in remaining in work, this must be discussed and agreed with the individual's manager and cannot exceed 12 sessions in work time.

2. What sick time is recorded if I am part time

The number of sick days is based upon calendar day's sickness. For this reason it is important to report fit for duty even if it is your rostered days off or bank holiday etc.

3. Can I take sick time that is not counted towards my sickness triggers for fertility treatment

Fertility treatment is covered by section 14 of the sickness and attendance policy and section 8 of the policy for granting special leave. Anyone undergoing fertility treatment should discuss the days they are required to attend appointments and negotiate a working pattern to facilitate the treatment on days off etc. wherever possible.

4. Am I sick for elective surgery (not cosmetic) and does it count towards my sickness record

If you require time off for elective surgery and recovery this will be sickness absence and require you to be covered by a sick note if necessary. This sick time will be counted towards the trigger points in the same way as any illness would.

5. Can I receive sick pay for cosmetic surgery that is undertaken for non-medical reasons (personal choice)

Surgery for non-medical reasons will not normally be classified as sickness absence and sick pay will not be payable. Employees should request unpaid or annual leave with the approval of their Line Manager. Should there be complications or infections following surgery which are certificated by the GP then this will be classed as sick leave and usual sick pay entitlements will apply.

6. Does any sick time taken due to an infectious disease count towards sickness triggers

Infectious disease does count as sickness absence and towards the trigger points. A manager should invite any employee that hits the trigger point to the appropriate attendance meeting. If the infectious disease is a result of an outbreak on a ward area leading to the closure of the ward the manager may deem this a mitigating factor and discount this episode. This is extremely unusual and in most cases where bugs are circulating generally it will count towards the individual's triggers.

7. Can I undertake a second job while I am on sick from the Trust

The restrictions on undertaking a second employment when on sickness absence leave from the Trust is covered in section 10 of the sickness absence policy (top of page 14). It states:

If an employee is on sickness absence, the expectation is that they are not fit to undertake work in their usual occupation. In this circumstance an individual should not be working elsewhere (either paid or unpaid) in their usual occupation whilst receiving sick pay. Any instance of this will be dealt with through the Trust Disciplinary Procedure and may lead to a referral to the Local Counter Fraud Service.

If the employee has secondary employment in a different occupation, it must be declared to the manager, and if the employee will continue to work in this role whilst on sick leave from the Trust. This is to satisfy the Trust that the employee is entitled to receive statutory sick pay and occupational sick pay. The employee cannot undertake any secondary employment at the time they would normally work for the Trust. This would be deemed as fraud and will lead to action in line with disciplinary procedure.

8. Does pregnancy related sickness count towards my triggers

Women are protected by equality legislation from being treated unfavourably because of their pregnancy or illnesses related to their pregnancy.

You would therefore not count any sickness towards the trigger points that is attributed to the pregnancy for a period that is known as the protected period. The 'protected period' commences from the beginning of the pregnancy and stops at the end of maternity leave, or when they have returned to work.

For women without the right to maternity leave, the protected period stops 'at the end of the period of two weeks which starts from the birth of the baby or the end of the pregnancy'.

9. What happens to sickness absence monitoring when I go on maternity leave

If your sickness absence is being monitored at any stage of the procedure when you commence maternity leave, the monitoring will be suspended when you begin maternity leave and will recommence on your return to work for the remainder of the monitoring period.

Equality Impact Assessment Sickness Absence Policy

Date of EIA: 9 September 2022

Review Date: September 2022

Completed By: John Lemm, Interim People Business Partner

	QUESTIONS	ANSWERS AND ACTIONS
1	What is being assessed?	<p>Sickness Absence Policy</p> <p>This is a scheduled review of the Trust's Sickness Absence Policy</p> <p>This short review (12 Months) precedes a full consultative review of Policy and Procedure to include members from the Management Team, Staff-side and the People Directorate.</p>
2	Description of the document	<p>To improve overall attendance at work by supporting and promoting employees Health and Wellbeing.</p> <p>Wherever possible, enable employees to continue or return to work during times of ill health, rather than take time off work.</p> <p>Control the likelihood of work related injury and ill health through the use of proactive risk management policies and procedures.</p> <p>Ensure that where an employee's sickness absence gives cause for concern, the situation is dealt with in a fair, reasonable and timely manner with each case given due consideration to personal circumstances.</p> <p>The Trust has also produced a document Sickness and Attendance procedure which provides more detailed advice regarding the procedure to be followed.</p>
3	Lead contact person for the Equality Impact Assessment	John Lemm, Interim People Business Partner
4	Who else is involved in undertaking this Equality Impact Assessment	<p>Members of the Employment Policy Sub Group consisting of management and staff side representatives.</p> <p>HR Colleagues, Trust Equality Representative</p>
5	<p>Sources of information used to identify barriers etc</p> <p>Prompts: service delivery equality data – refer to equality dashboards (BI Reporting - Home (sharepoint.com)) satisfaction surveys, complaints, local demographics, national or local research & statistics, anecdotal. Contact InvolvingPeople@swyt.nhs.uk for insight</p>	<p>The Policy gives consideration to and ensures the Trust complies with Equality Act 2010 (Disability Discrimination).</p> <p>This is further supplemented by the new (for 2022) Disability and Reasonable Adjustment Policy</p>
5a	Disability Groups:	<p><u>Staff in post</u> Disabled – 8.4% Not/Unknown – 91.6%</p> <p>If required, the scheme allows for the use of a paper based submission or electronically submission by email.</p> <p><u>Community</u></p>

Disability groups

	Day to day activities limited by disability		
	Not at all	A little	A lot
England % av.	47.2	13.2	4.2
Kirklees			
% average	45.5	12.5	13.7
Barnsley			
% average	76.1	11.3	12.6
Calderdale			
% average	56.5	12.2	13.8
Wakefield			
% average	77.93	9.33	8.31

The census data from 2011 indicates that our places have a higher than national average proportion of people whose day-to-day activities are limited 'a lot' by their disability.

The Trust accept that those who have a disability may have more absence from work than those who do not. This is addressed in this policy and the Disability and Reasonable Adjustment policy to ensure they do not suffer any associated detriment.

QUESTIONS

ANSWERS AND ACTIONS

5b Gender:

Staff in post
79.1% - Female
20.9% - Male

Community

	Male	Female
England % av.	49.2	50.8
Kirklees		
% average	49.4	50.6
Barnsley		
% average	49.1	50.9
Calderdale		
% average	48.9	51.1
Wakefield		
% average	49	51

The census data from 2011 indicates that these places represent the gender demographics of England as a whole. The Trust employ a greater proportion of females than those who reside in each place. The subsequent review will be able to judge the impact of Gender on this policy.

5c Age:

Staff in Post
Under 19 – 0.2%
20-29 – 13.4%
30-39 – 23.4%
40-49 – 24.1%

50-59 – 28.6%
 60-69 – 9.8%
 70+ - 0.5%

There are no barriers anticipated for an application from this category

Community

	0-15	16-29	30-44	45-64	65+
England % av.	18.9	18.6	20.3	22.4	16.9
Kirklees					
% average	15.8	18.5	20.3	22.2	15.8
Barnsley (2011 data)		16-24	25-44	45-59	60+
% average	18.5	10.8	26	20.9	23.8
Calderdale					
% average	19.6	16.4	20.1	24.2	16.6
Wakefield					
% average	18.4	17.2	19.6	24.2	17.6

The census data from 2011 indicates that these places broadly represent the age demographics of England as a whole. Strategies to increase or reduce these proportions in the workforce are managed under the Equality & Inclusion Agenda and Recruitment Strategies

Although we do not have the statistics in this review, it is understood that staff who are older may have a higher level of sickness absence. If as a result of long-term condition, this would be considered under the Disability and Reasonable Adjustment Policy. The subsequent review will be able to judge the impact of Age on this policy.

5d Sexual Orientation:
Staff in Post
 Heterosexual – 82.8%
 Gay or Lesbian – 2.4%
 Bisexual – 1.2%
 Unknown – 13.6%

5e Religion & Belief:
Staff in post
 Atheism – 19.6%
 Christianity – 46.9%
 Do not wish to disclose – 18%
 Other – 11.9%
 Islam – 3.7%

Community

		<table border="1"> <thead> <tr> <th></th> <th>Christian</th> <th>Buddhist</th> <th>Hindu</th> <th>Jewish</th> <th>Sikh</th> <th>Muslim</th> <th>Other</th> <th>No religion</th> </tr> </thead> <tbody> <tr> <td>England % av.</td> <td>71.8</td> <td>0.3</td> <td>1</td> <td>0.5</td> <td>0.7</td> <td>10.1</td> <td>0.2</td> <td>15.1</td> </tr> <tr> <td colspan="9">Kirklees</td> </tr> <tr> <td>% average</td> <td>67.2</td> <td>0.2</td> <td>0.3</td> <td>0.1</td> <td>0.7</td> <td>10.1</td> <td>0.2</td> <td>14</td> </tr> <tr> <td colspan="9">Barnsley</td> </tr> <tr> <td>% average</td> <td>59.4</td> <td>0.5</td> <td>1.5</td> <td>0.5</td> <td>0.8</td> <td>5</td> <td>0.4</td> <td>24.7</td> </tr> <tr> <td colspan="9">Calderdale</td> </tr> <tr> <td>% average</td> <td>60.6</td> <td>0.3</td> <td>0.3</td> <td>0.1</td> <td>0.2</td> <td>7.8</td> <td>0.4</td> <td>30.2</td> </tr> <tr> <td colspan="9">Wakefield</td> </tr> <tr> <td>% average</td> <td>66.4</td> <td>0.16</td> <td>0.25</td> <td>0.04</td> <td>0.12</td> <td>2.0</td> <td>0.3</td> <td>24.4</td> </tr> </tbody> </table> <p>The census data from 2011 indicates that these places broadly represent the demographics of England as a whole. Strategies to increase these proportions in the workforce are managed under the Equality & Inclusion Agenda and Recruitment Strategies</p>		Christian	Buddhist	Hindu	Jewish	Sikh	Muslim	Other	No religion	England % av.	71.8	0.3	1	0.5	0.7	10.1	0.2	15.1	Kirklees									% average	67.2	0.2	0.3	0.1	0.7	10.1	0.2	14	Barnsley									% average	59.4	0.5	1.5	0.5	0.8	5	0.4	24.7	Calderdale									% average	60.6	0.3	0.3	0.1	0.2	7.8	0.4	30.2	Wakefield									% average	66.4	0.16	0.25	0.04	0.12	2.0	0.3	24.4
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5f	Marriage and Civil Partnership	<p><u>Staff in post</u> Civil Partnership – 1.2% Divorced/Legally Separated – 9.6% Married – 50.1% Single – 37.4% Widowed – 0.9% Unknown – 0.8%</p> <p>There are no barriers anticipated for an application from this category</p> <p>Community</p> <table border="1"> <thead> <tr> <th></th> <th>Married</th> <th>Single</th> <th>In a [registered] civil partnership</th> <th>Divorced</th> <th>Widowed</th> <th>Separated</th> </tr> </thead> <tbody> <tr> <td>England % av.</td> <td>46.6</td> <td>34.6</td> <td>0.2</td> <td>9.0</td> <td>6.9</td> <td>2.7</td> </tr> <tr> <td colspan="7">Kirklees</td> </tr> <tr> <td>% average</td> <td>48.4</td> <td>32.4</td> <td>0.2</td> <td>9.3</td> <td>6.8</td> <td>2.8</td> </tr> <tr> <td colspan="7">Barnsley</td> </tr> <tr> <td>% average</td> <td>46.6</td> <td>34.6</td> <td>0.2</td> <td>9</td> <td>6.9</td> <td>2.7</td> </tr> <tr> <td colspan="7">Calderdale</td> </tr> <tr> <td>% average</td> <td>46.7</td> <td>32.1</td> <td>0.3</td> <td>10.5</td> <td>7.3</td> <td>3.0</td> </tr> <tr> <td colspan="7">Wakefield</td> </tr> <tr> <td>% average</td> <td>48.2</td> <td>30.9</td> <td>0.18</td> <td>10.5</td> <td>7.5</td> <td>2.6</td> </tr> </tbody> </table> <p>The census data from 2011 indicates that these places broadly represent the demographics of England as a whole.</p>		Married	Single	In a [registered] civil partnership	Divorced	Widowed	Separated	England % av.	46.6	34.6	0.2	9.0	6.9	2.7	Kirklees							% average	48.4	32.4	0.2	9.3	6.8	2.8	Barnsley							% average	46.6	34.6	0.2	9	6.9	2.7	Calderdale							% average	46.7	32.1	0.3	10.5	7.3	3.0	Wakefield							% average	48.2	30.9	0.18	10.5	7.5	2.6																				
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5h	<p>Gender Re-assignment</p> <p>Prompt: Transgender issues should be considered</p>	<p>No data available however it is estimated that approximately 1% of the population may identify as trans, including those who identify as non-binary (Stonewall Information).</p>																																																												
5i	<p>Carers</p> <p>Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered</p>	<p>No data available however it is estimated that 1 in 5 of the workforce may have caring responsibilities.</p> <p>There are no barriers anticipated for an application from this category</p> <p>Community</p> <p>Within the local footprint of South West Yorkshire Partnership NHS Foundation Trust, there is an estimated 160,000 unpaid carers.</p>																																																												
5j	<p>Race</p> <p>Prompt: Indigenous population and BME Groups such as Black African and Caribbean, Mixed Heritage, South Asian, Chinese, Irish, new Migrant, Asylum & Refugee, Gypsy & Travelling communities.)</p>	<p><u>Staff in post</u> Asian – 5.1% Black – 3.5% Chinese or Other – 1.2% Mixed – 1.4% White – 88.7% Unknown – 0.2%</p> <p>There are no barriers anticipated for an application from this category</p> <p>Community</p> <p>Race equality</p> <table border="1" data-bbox="722 987 1525 1507"> <thead> <tr> <th></th> <th>White</th> <th>Asian</th> <th>Black</th> <th>Mixed</th> <th>Chinese & Other</th> </tr> </thead> <tbody> <tr> <td>England % av.</td> <td>85.5</td> <td>5.1</td> <td>3.4</td> <td>2.2</td> <td>1.7</td> </tr> <tr> <td>Kirklees</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>79.1</td> <td>15.7</td> <td>1.9</td> <td>2.3</td> <td>0.7</td> </tr> <tr> <td>Barnsley</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>97.9</td> <td>0.7</td> <td>0.5</td> <td>0.7</td> <td>0.2</td> </tr> <tr> <td>Calderdale</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>89.6</td> <td>7</td> <td>0.9</td> <td>1.3</td> <td>0.6</td> </tr> <tr> <td>Wakefield</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>% average</td> <td>95.4</td> <td>2.6</td> <td>0.77</td> <td>0.9</td> <td>0.29</td> </tr> </tbody> </table> <p>The census data from 2011 indicates that these places broadly represent the demographics of England as a whole, other than Kirklees which is 3x the national % average. Strategies to increase these proportions in the workforce to representative percentages are managed under the Equality & Inclusion Agenda and Recruitment Strategies</p>		White	Asian	Black	Mixed	Chinese & Other	England % av.	85.5	5.1	3.4	2.2	1.7	Kirklees						% average	79.1	15.7	1.9	2.3	0.7	Barnsley						% average	97.9	0.7	0.5	0.7	0.2	Calderdale						% average	89.6	7	0.9	1.3	0.6	Wakefield						% average	95.4	2.6	0.77	0.9	0.29
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Action Plan

EIAs are now reviewed using a grading approach which is in line with our Equality Delivery System (EDS). This rates the quality of the EIA. This means that the team can review the EIA and make recommendations only. The rating and suggested standards are set out below:

- **Under-developed** – red – **No data. No strands** of equality
- **Developing** – amber – **Some census data plus workforce. Two strands** of equality addressed
- **Achieving** – green – **Some census data plus workforce. Five strands** of equality addressed
- **Excelling** – purple – **All the data and all the strands** addressed

Potential themes for actions: Geographical location, built environment, timing, costs of the service, make up of your workforce, stereotypes and assumptions, equality monitoring, community relations/cohesion, same sex wards and care, specific issues/barriers.

Who will benefit from this action? (tick all that apply)		Action 1: This is what we are going to do	Lead/s	By when	Update -outcome	RAG
Age	<input checked="" type="checkbox"/>	<p>To carry out a full root to branch review of the Policy, to include consultation involving staff, manager's and staff side to reflect the Just Culture and a focus on Health & Wellbeing.</p> <p>This review to involve particular considerations for categories Age, Gender and Disability.</p>	ADHR	Oct 2023		
Disability	<input checked="" type="checkbox"/>					
Gender reassignment	<input checked="" type="checkbox"/>					
Marriage and civil partnership	<input checked="" type="checkbox"/>					
Race	<input checked="" type="checkbox"/>					
Religion or belief	<input checked="" type="checkbox"/>					
Sex	<input checked="" type="checkbox"/>					
Sexual Orientation	<input checked="" type="checkbox"/>					
Pregnancy maternity	<input checked="" type="checkbox"/>					
Carers	<input checked="" type="checkbox"/>					

6. Involvement & Insight: New or Previous (please include any evidence of activity undertaken in the box below)

Consultation on periodical review via employment policy group/ staff side.

7 Methods of Monitoring progress on Actions

Absence data/national staff survey/wellbeing survey/development of further revised policy.

8 Publishing the Equality Impact Assessment

As an appendix to the policy and available on the trust intranet.

9 Signing off Equality Impact Assessment:



Chief People Officer: Greg Moores

Date: 5th October 2022

***Once approved, you must forward a copy of this
Assessment/Action Plan by email to:***

InvolvingPeople@swyt.nhs.uk

**Please note that the EIA is a public document and will be published
on the web.**

**Failing to complete an EIA could expose the Trust to future legal
challenge.**