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ATTENDANCE POLICY

1. INTRODUCTION

South West Yorkshire Partnership NHS Foundation Trust (the Trust) is committed to supporting health and wellbeing (attendance) consistently and fairly across the organisation.

In implementing this policy, the Trust and its Managers will ensure they do not discriminate directly or indirectly on the grounds of age, disability, race, nationality, ethnic or national origin, gender, religious or other beliefs, sexual orientation, domestic circumstances, social state, HIV status, gender reassignment, or political affiliation or trade union status.

The policy sets out how attendance will be supported and how sickness absence will be reported, monitored, and managed. It also outlines our joint responsibilities and accountabilities.

The Trust wants to ensure it is managing absences in a timely and supportive manner to enable colleagues to either remain in work with effective support or return to work at the earliest opportunity following a period of absence and continue to make a valuable contribution to their team.

Alongside our vision to make SWYPFT a great place to work, we value every member of staff in the organisation and the aim is to support the wellbeing of all colleagues and as a result reduce the levels of sickness absence by identifying any staff health issues and any related work environment concerns at an early stage.

The Trust is committed to ensure that colleagues benefit from a healthy, positive working environment where mutual respect and support is the priority.

This policy is based around legislation including the Equality Act 2010 and should be read in conjunction with other related policies, procedures, and documents highlighted throughout, including the supporting wellbeing (sickness and attendance) procedure, the disability leave policy, special leave policy, annual leave policy and capability policy.

2. SCOPE OF THIS POLICY AND PROCEDURE

2.1 This policy and procedure applies to all colleagues of the Trust and relates to wellbeing and attendance. It aims to:

- Improve overall attendance at work by supporting and promoting colleagues Health and Wellbeing.
- Wherever possible, enable colleagues 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.

- Recognise that it is inevitable that some colleagues will experience periods of ill health from time to time and each individual will be treated in a fair and reasonable manner with due consideration being given as to what has happened and what the individual may need.

3. DEFINITIONS

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

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

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

Unauthorised Absence –when a colleague 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.

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 colleagues regarding individual health and wellbeing concerns in the context of their work, with the intention of keeping the colleague safely in work or facilitating their return to work.

SC2 - self certification form is completed by the colleague 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.

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 colleague is fit to undertake. This is issued for Statutory sick pay (SSP) purposes but is also a requirement for Occupational sick pay (OSP) to be paid.

Welcome back meeting - a discussion/conversation between a colleague 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.

Temporary injury allowance - Temporary injury allowance (TIA) is payable to a colleague covered by the Scheme who is 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.

Medical exclusion – When someone is not fit to be at work but chooses to still attend and is not covered by a medical fit note, a manager can ask the colleague to

stay away from work. This could be for the individual's own wellbeing and to allow time to seek medical support or to prevent the spread of an infectious disease.

4 ROLES AND RESPONSIBILITIES

- The Trust Board is responsible for agreeing this policy and procedure.
- The Chief People Officer is responsible for ensuring that appropriate guidance on the application of this policy and procedure is available.
- Managers and staff are responsible for ensuring that they are aware of the policy and procedure and follow it appropriately reporting information in a timely manner to the relevant teams.
- Where there is uncertainty, they should seek advice and support from The People Directorate or as outlined below under Rights of Representation.
- Staff should ensure that they are familiar with their responsibilities and expectations in relation to health and wellbeing, attendance and timely reporting of absence.

5 PRINCIPLES OF THE POLICY AND PROCEDURE

5.1 Creating a health and wellbeing led culture.

- Whilst the formal part of the Trust's procedure is based upon the Equality Act 2010, the aim of this policy and procedure is to encourage a culture which values the wellbeing of staff and supports wellbeing initiatives, encouraging colleagues to raise concerns with regards to their own health and wellbeing.
- The aim is to promote the health and well-being of the workforce and the provision of a safe, healthy working environment to enable and motivate colleagues to attend work regularly.
- It is to support conversations with colleagues to identify posts within the Trust. Where colleagues who are unable to perform their usual role due to ill health, can still attend work in a useful capacity and contribute meaningful work.
- It is to provide a framework for Managers and colleagues to ensure that timely and purposeful contact is maintained throughout a period of ill health and that explanations of the process to be followed is discussed. Managers should ensure they refer to other relevant policies and undertake all meetings in a timely manner ensuring that rehabilitation requirements and reasonable adjustments are implemented and managed, with colleagues being re-inducted safely into the workplace.

5.2 Provision of Occupational Health and Wellbeing Service

- A range of services are available from the Occupational Health and Wellbeing service and colleagues are encouraged to engage in all support offered through them to minimise their absence and support their wellbeing and attendance at work.

- At all times managers should endeavour to work with Occupational Health to manage colleagues' health and wellbeing to enable them to remain in work or to return to work after long term absence as soon as they are able.
- Occupational health will support a colleague's ability to continue in their role, by gaining medical advice from 3rd party care providers where clinically indicated.

5.3 Support initiatives for colleagues

- To support colleagues, 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.
- The Trust will continue to ensure that healthy food choices are available wherever possible for colleagues at our premises.
- Flexible working options to help colleagues have a healthy work life balance.
- Supervision is encouraged to enable colleagues to discuss any concerns they have on a regular basis and have the ability to seek support when needed from their supervisor/manager.

6 SICK PAY ENTITLEMENTS

Reference should be made to section 14 of the NHS Terms and Conditions of Service Handbook.

The amount of paid occupational sick leave is dependent on the length of the individuals NHS service and the number of days of sickness absence they have had in the previous 12 months.

Entitlements are as follows.

- During the first year of service – 1 months full and 2 months half pay
- During the second year of service – 2 months full and 2 months half pay.
- During the third year of service – 4 months full and 4 months half pay
- During the fourth and fifth years of service – 5 months full and 5 months half pay.
- After completing 5 years' service – 6 months full and 6 months half pay.

If a colleague is absent from work due to an accident and receives payment for damages from a third party, they will receive usual sick pay entitlements but, will be expected to repay any sick pay received to the Trust once damages are received from the third party.

If, after 12 months of continuous sickness absence, a colleague has not had their final review meeting and their pay has been exhausted, their sick pay should be reinstated at half pay. This will only apply where the failure to undertake the final review meeting is due to a delay by the employer. It will not apply where a review is delayed due to reasons other than those caused by the employer such as the

colleague being unavailable or being unable to get representation. Please seek advice from People Directorate.

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.

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.

Sick pay will not usually be payable for any Surgery for non-medical reasons. Colleagues should request unpaid or annual leave with the approval of their Line Manager. If there are unforeseen complications following the surgery and a fit note is provided, then this will be classed as sick leave and usual sick pay entitlements will apply.

If a colleague is too unwell to work in any capacity for the Trust, the expectation is that they are not fit to undertake work and should not be working anywhere else (either paid or unpaid) in their usual occupation whilst receiving sick pay. If they do, then this will be dealt with through the Trust Disciplinary Procedure and may lead to a referral to the Local Counter Fraud Service.

If they have a secondary employment in a different occupation, they must declare this to their manager, and advise them if they will continue to work in this role whilst on sick leave from the Trust. Any hours worked in the secondary employment cannot be during hours normally worked for the Trust. If they are, this could be deemed as fraud and lead to action in line with disciplinary procedure.

Voluntary work may be considered to be therapeutic during absence from work and can be undertaken if it is not in the same occupation as they undertake for the Trust. They must however discuss this with their manager prior to undertaking any voluntary work.

Where suitable alternative work or adjustments can be offered to a colleague to help them to return to work in some capacity rather than remain on sickness absence and they refuse, providing medical evidence from Occupational Health supports the return to the alternative work, occupational sick pay will be stopped.

If a colleague does not attend appointments i.e., Occupational Health appointments, other medical appointments, or management reviews without good reason on 2 occasions occupational sick pay will stop until engagement occurs. Occupational sick pay will then be reinstated with effect from the date engagement occurs and not back dated. Failing to attend any appointments on more than three occasions without good reason could lead to action in line with the disciplinary procedure.

7. INJURIES SUSTAINED AT WORK

Work related injuries cover any illness or injury that occurs through a colleague carrying out their normal duties. This includes physical injuries sustained and also certain infectious diseases caught through work such as Norovirus.

Managers must complete and have authorised all relevant documentation regarding the illness/injury and inform Payroll to ensure appropriate pay is made. For those colleagues who 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.

The Trust is also responsible for determining entitlement for Temporary Injury Allowance (TIA). The manager must complete a datix and ensure the form has been completed by the individual and approved by the general manager and The People Directorate representative. The manager will then inform Payroll to ensure appropriate payment is made. To qualify for TIA a colleague must be absent and experiencing a reduction in their NHS pensionable pay as a result of an injury or disease that is wholly attributable to their NHS employment. TIA makes there pay up to 85% of their full pay.

8. MEDICAL EXCLUSION

Medical exclusion on full pay is when a colleague is asked to stay away from work on health grounds, authorised by their General Manager and is only normally considered in the following circumstances:

- To prevent the spread of infection.
- Where there is genuine concern regarding a colleague's fitness to work and the colleague 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 a colleague as fit to return but the trust requires input from occupational health prior to a return to their role.

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

The medical exclusion can only be authorised by the General Manager and should only be for a short time while other options are explored. It will be reviewed after 7 days by the General Manger along with Occupational Health and HR. Medical exclusion should not last any longer than 4 weeks, by which time, either a fit note will have been given, or adjusted duties/alternative work/home working will have been agreed. An Occupational Health Referral must be made immediately for any medical exclusion which the colleague must attend. Once a fit note has been received medical exclusion will end and the absence will revert to sickness absence.

9 PREGNANCY RELATED ABSENCE

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

If a colleague who is pregnant has a pregnancy-related illness prior to being 36 weeks pregnant and which is certified (either by medical or self-certification), this would be recorded as sickness-absence, but would not be counted towards any triggers within the policy.

If a colleague who is pregnant is off work or becomes ill, with a pregnancy-related illness any time from 36 weeks pregnant, maternity leave will start on the day after the first complete day of absence.

Managers should ensure that colleagues who are pregnant receive appropriate support in relation to any absence related to their pregnancy. Contact should be maintained throughout any long period of absence and appropriate risk assessments should be undertaken with consideration being given to what reasonable adjustments can be made to support colleagues to return to work. Occupational Health Advice should be sought as necessary.

10 ABSENCE RELATED TO FERTILITY TREATMENT

Colleagues undergoing fertility treatment who become unfit for work should report their absence in the usual way. Any absence, up to the time when the embryo has been implanted, will count towards sick pay entitlement and any triggers.

11 INTERMITTENT ABSENCE RELATED TO TREATMENT FOR A CRITICAL ILLNESS

Colleagues undergoing treatment for a critical illness may be able to attend work in between cycles of treatment. In order to support colleagues in these circumstances managers will consider reasonable adjustments to roles. Absence will be recorded for sick pay purposes but will not count as individual episodes for trigger purposes. When absences are for a limited time period of 6 months they will be counted as one spell of sickness.

12 STAGES OF THE PROCESS

The key principles for managing attendance are triggers points which lead to the following stages of review to manage absence and help improve overall wellbeing and attendance.

1. Welcome back Meeting.
2. Informal Attendance Meeting – Stage 1.
3. Formal Attendance Meeting – Stage 2 (which may lead to a first formal attendance warning which remains on file for 12 months).

4. Second Formal Attendance Meeting – Stage 3 (which may lead to a final formal attendance warning which remains on file for 12 months).
5. Final Formal Attendance Meeting – Stage 4 (which could lead to the dismissal of a colleague).

Support at all stages will be given through the provision for Occupational Health or other specialist advice and the provision for temporary short term and permanent adjustments to keep a colleague at work where service need allows.

At all formal stages of the procedure, from Stage 2 onwards, the colleague is able to be accompanied to meetings by their trade union representative or a work colleague.

Whilst stage 1 is informal and there is no right for the individual to be accompanied by a trade union representative, in the spirit of partnership working this will not unreasonably be refused if requested. 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 colleague 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.

13. TRIGGER POINTS

The Manager should regularly review every colleague's sickness absence record, 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 meeting as per the process. All periods of sickness absence count towards triggers.

If the triggers for stage 1 are hit within 12 months of a previous warning expiring the manager, in conjunction with HR, can consider placing the colleague at any point of the process equal to or less than they were previously on.

If a colleague 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.

If a colleague meets the stage triggers whilst on long term sick the manager can call the colleague to the appropriate attendance meeting during the sickness period or upon their return.

The trigger points are:

<ul style="list-style-type: none"> • Three occasions of sickness absence of any length in a rolling 12-month period. OR • 14 calendar days sickness in a 12-month period (including any long-term sickness period). OR • 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, colleagues must be invited to a Stage 1 informal Attendance Meeting.</p> <p>Options Stage 1 warning for 12 months</p> <p>Mitigation accepted and additional trigger point given.</p>
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On Stage 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). OR • Continued pattern of sickness. OR • A further 14 calendar days sickness in a 12-month period (including a long-term sickness period). 	<p>When reached the trigger points the colleague must be invited to the next stage in the process: Stage 2 or 3 attendance meeting.</p> <p>Options Stage 2/3 warning for 12 months</p> <p>Mitigation accepted and additional trigger point given.</p> <p>Extension to current warning</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>

Additional trigger points can be given at the discretion of the manager where there is an underlying long term health condition or disability supported by Occupational Health.

Mitigation within stages can be given to allow an additional episode. Examples could be.

- where one of the current episodes is related to an underlying health condition or
- where an outbreak in the workplace of an illness prevents a colleague from attending work or
- a colleague returned too soon and went back off with the same illness.

Only absence that results in triggering an informal/formal meeting will be reviewed at the attendance meeting. Any further episodes of sickness that occur between the trigger and the meeting will be taken into account for the next stage dependant on the outcome of the meeting. Any formal attendance warning and the monitoring

period for the next stage will commence from the return-to-work date of the last episode considered at the meeting.

14. APPEAL AGAINST FORMAL ATTENDANCE MEETING OUTCOME

Colleagues 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.

15. CERTIFICATION

Colleagues who report sick for longer than 3 days must be covered by either a self-certification SC2(covers first 7 days) or a fit note (from day 8).

16. MANAGEMENT OF ON-GOING LONG-TERM SICKNESS

This section only applies while a colleague is on continued long-term sick.

The manager must keep in touch with the colleague and invite them to regular meetings as below. The meeting may be face to face, on MS Teams or a telephone call as appropriate. If they are already on any stage of the process, they can be invited to the appropriate attendance meeting during their absence period or on their return to work.

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

The meeting will be to: -

- To ascertain any facts relating to the sickness i.e., underlying health condition.
- Discuss work that can be undertaken by colleague with adjustments.
- Discuss how a planned return to work can be achieved and attendance sustained.
- Make referral to occupational health.
- Inform them if they have triggered an attendance meeting and stage. If they have reached 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.

16.2 First Formal Long Term Sickness Meeting

A First Formal long term sickness meetings will take place between 6 and 12 weeks if the colleague 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 the colleague 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 colleague may be accompanied by a trade union representative or work colleague not acting in a legal capacity.

16.3 Second Formal Long-Term Sickness Meeting

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

The meeting will be to: -

- Ascertain any facts relating to the sickness that have changed or been updated.
- Discuss work that can be undertaken by the colleague 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 the 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 them from their employment

16.4 Final Long-Term Sickness Meeting

Depending on an individual's absence and the likelihood of their return within the foreseeable future, a final long-term sickness meeting may take place between 16 and 26 weeks and must be undertaken by a dismissing manager (8b and above) supported by an HR representative. Consideration to be given to final formal meeting dependant on individual circumstances and the appropriate time. The colleague 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.
- Establish if any facts relating to the sickness that have changed or been updated.
- Discuss work than can be undertaken by the colleague 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 the at risk register.
- Discuss Occupational health report.
- Agree contact following this meeting and reviews on an on going basis.

The outcome of the meeting could be:

- Dismissal with notice and placed on 'at risk register' to look for suitable alternative work if applicable.
- Dismissal from post and paid lieu of notice as ill health application already completed.
- Dismissal deferred and date agreed to reconvene final Long-term sickness meeting where dismissal may take place if not returned to work and placed on at risk register to look for suitable alternative employment if applicable.

In exceptional circumstances where the colleague is in hospital or undergoing serious treatment and is 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 colleagues' own role is not possible at any point or not possible for the foreseeable future, the individual 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 individual 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 with support of Occupational Health and the Trusts Pensions team.

The Trust does not have to wait for a colleague to submit an ill health application or receive an outcome from an ill health application before terminating them on the grounds of ill health (capability).

17. TEMPORARY ADJUSTMENTS

Temporary adjustments to the colleague'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.

The ability to travel to work in the new role is the responsibility of the colleague. Protection of pay does not apply.

18 PERMANENT ADJUSTMENTS

In some cases, it may be appropriate to consider making reasonable permanent adjustments to the colleagues' duties or work arrangements.

Where permanent adjustments are made to a colleagues role as a result of a disability, as defined under the Equality Act 2010, careful consideration needs to be given to what reasonable adjustments are possible to accommodate the colleagues needs but also to fit with service need. Please refer to Disability Policy.

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

Eligible Colleagues who have to change jobs permanently to a position on lower pay due to a work-related injury, illness and/or other health condition, will receive a period of protected pay that is the same as for pay protection during organisational change. This reflects AFC section 22.14.

The ability to travel to work in the new role is the responsibility of the colleague. Protection of pay does not apply.

19. 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.

20. 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.

21. 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.

22. 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.

Where 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.

23. 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.

24. 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 at

<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

25. 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 and Toolkit

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

Equality Impact Assessment

SUPPORTING WELLBEING (SICKNESS AND ATTENDANCE POLICY)

Date of EIA 21 August 2023

Review Date: August 2025

Completed By: Susan Glass, Senior HR Advisor

	QUESTIONS	ANSWERS AND ACTIONS
1	What is being assessed?	Supporting Wellbeing (sickness and attendance policy)
2	Description of the document	<p>This policy is intended to support staff who are absent from work and help them to return to work as soon as possible.</p> <p>The Policy also outlines procedures to use formal measures to monitor absence and where appropriate give warnings of the requirements to improve attendance.</p>
3	Lead contact person for the Equality Impact Assessment	Diane Taylor Associate Director of People Operations
4	Who else is involved in undertaking this Equality Impact Assessment	Members of the Employment Policy Subgroup consisting of Management and Staff Side Representatives. People Directorate Colleagues, Trust Equality Representative
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 below data includes information from the Equality Workforce Monitoring Annual Report 2023. The number of disciplinary cases is low which may skew percentages and therefore comparisons should be viewed with caution.</p> <p>This policy aims to specifically reduce inequality by laying down the Trust's aims to minimise the instances of formal absence measures being taken against individuals. It is not anticipated that this policy will have any negative impact on any protected characteristic groups going forward</p>

5a	Disability Groups:	<p><u>Staff in post</u> Disabled – 8.8% Not/Unknown – 91.2%</p> <p>There is no data suggesting that a disabled member of staff was involved in a attendance process any more frequently than any other member of staff. Where a disability is identified, reasonable adjustments will be made on a case-by-case basis and this policy interact with the Reasonable Adjustments Policy</p>
QUESTIONS		ANSWERS AND ACTIONS
5b	Gender:	<p><u>Staff in post</u> 79.3% - Female 20.7% - Male</p> <p>Gender breakdown data is not available as not all involvement within the process is formally recorded for data analysis purposes</p>
5c	Age:	<p><u>Staff in Post</u> Under 19 – 0.1% 20-29 – 13.6% 30-39 – 24.2% 40-49 – 23.8% 50-59 – 27.4% 60-69 – 10.4% 70+ - 0.5%</p> <p>Age breakdown data not available as not all involvement within the process is formally recorded for data analysis purposes.</p>
5d	Sexual Orientation:	<p><u>Staff in Post</u> Heterosexual – 83.9% Gay or Lesbian – 2.7% Bisexual – 1.4% Unknown – 12%</p> <p>Sexual orientation data is not available as not all involvement within the process is formally recorded for data analysis purposes.</p>

5e	Religion & Belief:	<u>Staff in post</u> Atheism – 20.9% Christianity – 46.2 Unknown – 17.5% Other – 11.5% Islam – 3.9% Religion and Belief data is not available as not all involvement within the process is formally recorded for data analysis purpose
5f	Marriage and Civil Partnership	<u>Staff in post</u> Civil Partnership – 1.4% Divorced/Legally Separated – 9.6% Married – 49.6% Single – 37.5% Widowed – 1% Unknown – 0.8% No data available for this category as not all involvement within the process is formally recorded for data analysis purposes.
5g	Pregnancy and Maternity	There is No data for this category, but no adverse effect is anticipated from the policy as it follows employment law in relation to pregnant employees and those absence through maternity and paternity leave as per that policy.
5h	Gender Re-assignment Prompt: Transgender issues should be considered	There is No data for this category, but no adverse effect is anticipated from the policy as identified through the implementation and application.
5i	Carers Prompt: Caring responsibilities paid or unpaid, hours this is done should be considered	No data available however it is estimated that 1 in 5 of the workforce may have caring responsibilities. No adverse effect is anticipated from the policy. This policy works alongside the special leave and carers policy which supports employees to remain in work whilst caring for others.
5j	Race 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.)	<u>Staff in post</u> Asian – 5.3% Black – 4.2% Chinese or Other – 1.2% Mixed – 1.4% White – 87.7% Unknown – 0.3%

	No accurate data available for this category as not all involvement within the process is formally recorded for data analysis purposes
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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																				
<table border="1"> <tr><td>Age</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Disability</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Gender reassignment</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Marriage and civil partnership</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Race</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Religion or belief</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Sex</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Sexual Orientation</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Pregnancy maternity</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Carers</td><td><input checked="" type="checkbox"/></td></tr> </table>	Age	<input checked="" type="checkbox"/>	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"/>	Undertake an in depth review of the policy to include looking at the stages and triggers to identify if there are any alternative ways of working which minimises impact on protected characteristic groups through the identification and review of equality data. Equality data needs to be collected as part of the formal absence management process.	HR operational lead	Aug 2024		Developing
Age	<input checked="" type="checkbox"/>																								
Disability	<input checked="" type="checkbox"/>																								
Gender reassignment	<input checked="" type="checkbox"/>																								
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Carers	<input checked="" type="checkbox"/>																								

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

As part of the NHS People Plan a just culture and Trauma informed approach are identified as a way forward in NHS Organisations

A Trauma Informed approach has been established for the Supporting Wellbeing (sickness and attendance) policy, to look at someone's absence as an overall perspective to see what is happening for the individual employee and also the team they work with to see what can be done to enable a supported return to work sooner.

This is the basis of the change in the policy is to use more supportive language, to offer options for returns and to provide a toolkit so managers and staff have all the information in one easy place.

7 Methods of Monitoring progress on Actions

Review monthly absence rates to determine if they have reduced including for specific groups.

Review the number of cases that are being resolved earlier.

8 Publishing the Equality Impact Assessment

On the intranet document store as an attachment to the policy.

9 Signing off Equality Impact Assessment:

Lindsay Jensen, Deputy Chief People Officer _____



Date: 30/10/23

***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.**