Policies, Procedures, Guidelines and Protocols

Document Details	
Title	Managing Attendance at Work Policy
Trust Ref No	1344-34315
Local Ref (optional)	Version 6
Main points the document covers	This policy details the overarching approach and context for supporting amd managing staff who are on on sickness absence, including manager and employee responsibilities.
Who is the document aimed at?	This policy is aimed at all staff.
Owner	Human Resources
Approval process	
Who has been consulted in the development of this policy?	HR team, Occupational Health, Managers (senior and line managers), JNP
Approved by (Committee/Director)	People Committee
Approval Date	March 2024
Initial Equality Impact Screening	Yes
Full Equality Impact Assessment	No
Lead Director	Director of Nursing, Clinical Delivery and Workforce
Category	Workforce
Sub Category	Human Resources
Review date	March 2027
Distribution	
Who the policy will be distributed to?	To senior staff for cascading
Method	Dissemination via Datix alerts to managers and available to all staff via the Trust website on Staff Zone
Keywords	Attendance, sickness
Document Links	
Required by CQC	No
Other	None

Amendments History		
No	Date	Amendment
1	April 2015 (V3.1)	- Long term attendance management flowchart incorporated into policy and toolkit - Short term attendance management flowchart incorporated into policy - Change of name from 'welfare meeting' to 'long term sickness attendance management'.
2	August to November 2016	2.2 Manager responsibility to refer directly to OH for stress related illnesses 6.2 requirement for recording of secondary reasons added 8.0 New information on work related injury and medical suspension 12.2 Additional trigger for a review added (15 days in 12 months)

		• 13.16 New section on special circumstances • 13.21 Removed requirement for HR to attend stage 1 meetings • 18.4 Redeployment Period – 12 weeks but may start at any time during the attendance management process by mutual agreement
3	27 June 2022 Review	• Contents item 14 format to show others and content number 5.6 (page 9) deleted in order to show correct numerical sequence.
4	January 2024 Review	• Detail on processes and supporting information removed and added to new attachments or the Managing Attendance at Work Toolkit • New 'Approach to Managing Attendance' framework included (no longer 2 separate processes for short-term, long-term sickness). • Management of sickness triggers expanded to reflect new 3-stage approach. • Reference to attachments for further information on process and guidance. • Updated wording relating to 'working elsewhere while off sick' • Updated formatting, and numbering throughout
5	April 2025	12 month review of policy – no amendments

Contents

Attachments

Attachment 1   What to do When Sickness Absence Occurs

Attachment 2   Management of Staff Attendance at Work Procedure

Attachment 3   Additional Supporting Information (information around annual leave during sickness, redeployment, disengagement, suspension pending medical assessment)

Attachment 4   Managaing Attendance at Work Toolkit ('How to' guides, forms, documents, template letters)

1   Policy Statement

1.1   We recognise the commitment that our staff demonstre on a day-to-day basis, and we wish to support staff to deliver high quality care for our patients. It is acknowledged that a level of absence due to sickness is inevitable and we take seriously our role in supporting employees that are unable to attend work due to ill-health, injury or disability.

1.2   This policy and supporting toolkit provides guidance on how to manage sickness absence where an employee is unfit for work due to ill health. The emphasis is early intervention, knowing your staff and the use of appropriate support for employees Health and Wellbeing. Managers should adopt a culture of open and honest conversation to understand individual needs, whilst also taking into consideration the needs of the service.

2   Responsibilities

2.1   The Chief Operating Officer, Directors, Deputy Chief Operating Officer, Deputy Directors and Divisional Clinical Managers, Divisional Managers, Service Leads will be responsible for ensuring that this policy is fairly and consistently applied within their area of responsibility in the Trust and that Divisional Clinical Managers / Divisional Managers / Service Leads attend the training required as a result of this policy.

2.2   Operational Leads, Locality Service Leads, Department Managers will be responsible for ensuring that this policy is fairly and consitently applied within their area of responsibility, and that managers attend the training required as a result of this policy.

2.3   **Managers** will be responsible for ensuring that they apply this policy fairly and consistently They must work with their staff to identify required support to facilitate acceptable attendance levels, undertaking appropriate learning in order to fulfil this policy, and should retain accurate records/documentation in line with this policy. Managers must also ensure robust reporting arrangements are in place for their individual departments, wards and clinical areas to ensure their staff are aware of such processes. Managers must ensure that employees health is not placed at an unacceptable level of risk due to inappropriate management of health and safety matters.

2.4   **Employees** will be responsible for complying with this policy and associated documents, including attending work on a regular and consistent basis, and engaging and working collaboratively with their managers to maximise their health, wellbeing, and attendance. All staff must ensure they are familiar with, and follow, any local departmental rules regarding the reporting of absence.

2.5   **Human Resources** will be responsible for supporting the implementation of these processes, including providing advice to staff and advice, guidance and relevant training and support for managers.

2.6   **Occupational Health** will be responsible for promoting the physical and mental wellbeing of staff, including providing support and guidance to staff and managers in the form of medical advice, guidance, support and health promotion.

2.7   **Trade Union and Professional Organisation colleagues** will be responsible for supporting and representating employees, and ensuring that they are available to support their members at meetings in a timely manner.

3   Policy Overview

3.1   This policy and supporting documents provides a clear approach to promoting wellbeing at work with the overall aim of reducing absence rates and to manage staff who are absent from work due to ill-health in a fair and consistent way. The following key principles outline our approach to managing staff absence:

- We will adopt an individual, person centred approach
- All staff will be treated fairly and consistently.
- All staff have a respoisibility for their own health and wellbeing but will be supported by us in doing so, recognising that the health and wellbeing of staff can directly contribute to effective patient care and to facilitate regular attendance at work.

3.2   This policy and the toolkit are intended to provide a balanced approach to managingattendance, for both individuals and the Trust. We will engage and proactively seek to improve the health and wellbeing of our employees, and where possible, make reasonable workplace adjustments to retain employees in work. Similarly we aim to retain employees in employment who become disabled. We will strive to maintain sustainable adjustments in line with the health and wellbeing agenda, whilst being focused on delivering a high quality service to our patients.

3.3   We will provide a safe and healthy environment and safe systems of work subject to the particular features of services provided. Individual employees have a responsibility to take care of their own health, safety and welfare and by virtue of their contract of employment, to attend work when fit for duty.

3.4   It is important to note that whilst each case will be different and must be considered on an individual basis; the principles inherent in this policy must be followed. In applying this policy care must be taken to ensure that no employee is discriminated against, directly or indirectly.

3.5   This policy is supported by the following attachments:

- Attachment 1   What to do when sickness occurs
- Attachment 2   Management of Staff Attendance at Work Procedure
- Attachment 3   Additional Supporting Information (annual leave, redeployment, disengagement, suspension pending medical assessment)
- Attachment 4   Managing Attendance at Work Toolkit ('How to' guides, forms, Documents, template letters)

Additional resources are available on the Staff Zone to support both staff and managers including Reasonable Adjustments guidance.

4   Approach to Managing Attendance

4.1   We have implemented a three-stage framework to managing staff attendance at work where specific triggers are met. This approach will support managers to ensure the principles of a fair, consistent approach are adopted with the aim of supporting the wellbeing of those staff experiencing ill-health, and provide a transparent process where attendance levels are unsustainable.

- Support triggers initiate   Stage 1 Health and Wellbeing Meeting
- Escalation triggers initiate   Stage 2 Meeting
- Escalation triggers initiate   Stage 3 Final Review Hearing

5   Framework Triggers

5.1   Support triggers – initiates a **Stage 1 Health and Wellbeing Meeting**

- 4 individual episodes of sickness absence in a rolling 12 month period
- A total of 15 days sickness absence in a rolling 12 month period
- Any recognisable pattern / trend of sickness absence
- Any period of sickness absence identified to last 4 weeks or more
- Failure to maintain improvement following previous management under sickness absence management within the previous 3 months.

5.1.1   Under the Equality Act 2010 it may be appropriate for managers to use discretion and make reasonable adjustments to the above escalation triggers. Examples of such cases include staff with chronic conditions, disability related sickness, or sickness due to work related injury. Advice should be sought from the Human Resources Team.

5.1.2   Episodes of sickness due to pregnancy related reasons will continue to recorded as a period of sickness absence, however, the episode is disounted from the support or escalation triggers.

5.1.3   During the Health and Wellbeing meeting, the line manager and staff member will work together to identify ways in which regular attendance at work will be achieved. This will be documented to provide a plan of action(s) and expectations moving forward. A 6 month period of monitoring will commence at the meeting with a review at 3 months. Managers must ensure that the Health and Wellbeing Meeting takes place within the first month of the individual reaching a support trigger and, in the case of an episode of short-term sickness, the individual returning to work.

5.1.4   HR is not required to attend every Health and Wellbeing meeting, but where the meeting has been initiated due to long term sickness, the line manager should request HR attend to support the discussions.

5.1.5   If at the end of the monitoring period no further episodes have met escalation then the manager will close the stage 1 process.

5.1.6 If at any point during the 6 month review period the staff member meets the escalation triggers, the Health and Wellbeing meeting stage will be halted and the manager will instead initiage a stage 2 meeting.

5.2 Escalation triggers – initiates a **Stage 2 meeting**

- A further 2 epsiodes of sickness absence during the review period (long-term or short-term episodes).
- Any recognisable pattern/trend of sickness absence
- <u>Where the staff member remains on long term sickness</u>: at week 10 where there is no confirmed return to work date in the near/immediate future, or if there is a date and the return to work is postponed.
- <u>Where the staff member has a new episode of long term sickness</u>: At week 8 where there is no confirmed return to work date within the near/immediate future.

5.2.1 The line manager should request HR attend the stage 2 meeting to support the discussions.

5.2.2 Under the Equality Act 2010 it may be appropropriate for managers to use discretion and make reasonable adjustments to the above escalation triggers. Examples of such cases include staff with chronic conditions, disability related sickness, or episodes due to work related injury. Advice should be sought from the Human Resources Team.

5.2.3 During the stage 2 meeting, the line manager and staff member will work together to explore the circumstances of the sickness absence, and similar to the Health and Wellbeing meeting, it is an important opportunity for the staff member to raise any matters which they feel may be causing or exacerbating their sickness. During this meeting the line manager will review the plan of action, and update and add to this as appropriate, and confirm they will now commence a 6 months monitoring period with regular reviews. Managers must ensure that the stage 2 meeting takes place within the first month of reaching an escalation trigger, and, in the case of a short-term sickness episode, the individual returning to work.

5.2.4 If at the end of the monitoring period no further episodes have met escalation then the manager can de-escalate to a stage 1 Health and Wellbeing meeting.

5.2.5 If at any point during the 6 month review period the staff member meets the escalation triggers, the stage 2 meeting will be halted and the manager will instead initiage a Stage 3 Final Review Hearing.

5.3 Escalation triggers – initiates a **Stage 3 Final Review Hearing**

- A further 2 epsiodes of sickness absence during the review period (long-term or short-term episodes)
- Any recognisable pattern/trend of sickness absence
- <u>Where the staff member remains on long term sickness</u>: at week 20 where there is no confirmed return to work date in the near/immediate future, or if there is a date and the return to work is postponed.
- <u>Where the staff member has a new episode of long term sickness</u>: At week 8 where there is no identified return to work date in the near/immediate future.

5.3.1 Under the Equality Act 2010 it may be appropropriate for managers to use discretion and make reasonable adjustments to the above escalation triggers. Examples of such cases include staff with chronic conditions, disability related sickness, or episodes due to work related injury. Advice should be sought from the Human Resources Team.

6 Consequences of working elsewhere while off sick from NHS Trust duties

6.1 It is possible for employees, who have distinct contracts with the Trust or with a different employer/self-employed, or working as a sub-contractor to be incapable of working under one contract but capable of working under the other, dependant on the type of work and nature of sickness. However, it is not acceptable for staff to work elsewhere, during their contracted hours, in the same work type, whilst absent from work due to sickness from the Trust. e.g. working on an as and when required bank or for a locum agency while claiming sick pay from the NHS Trust.

6.2 If the employees other contract is with this NHS Trust (e.g. they have two part time posts or work an additional post as and when required) they will only receive Statutory Sick Pay (SSP) in relation to one of the jobs, but they will be entitled to occupational sick pay in accordance with their entitlement in both posts and should remain absent from both posts while sick unless they have written agreement to work one post while remaining sick from the other post. However, if one of the jobs is with an external employer or is classified as external self-employment or an external sub-contractor they must not work for another employer or in self-employment or as a sub-contractor while sick from the NHS Trust, without the written agreement of the NHS Trust.

6.3 If the employee wishes to work in one of their additional work posts, (whether internal or external) while off sick from NHS duty they must ensure they are acting with transparency and probity. Staff are reminded that working for a secondary employer or in self-employment/ sub-contracting, for pay or no pay, whilst absent from work due to being medically certified unfit is not permitted, unless under the direction of medical advice and with agreement from both the NHS Trust Occupational Health Department and the line manager. Where an employee is suspected of secondary employment or self-employment or subcontractor working whilst absent due to sickness these matters will be investigated in accordance with both the organisation's Anti-Fraud, Bribery and Corruption Policy and Strategy and the Trust's Disciplinary Policy - both are available on staff zone.

7 Fraud

7.1 In the normal course of events, any actions taken or outcome letters issued in accordance with this policy are not of a disciplinary nature; this implies that the employee could, of their own volition, improve their health and attendance record. There is one important exception; Where a line manager obtains direct evidence of fraud this is admissible on the grounds of gross misconduct or evidence of malingering on the grounds of serious misconduct. Both will be treated according to Trust Disciplinary Procedure and the Trust Anti-Fraud, Bribery & Corruption Response Policy.

8   Links to Other Policies and Supporting Information

- Managing Attendance Toolkit
- Stress and Staff Support at Work Policy
- Annual Leave Policy
- Working Flexibly (for Work Life Balance) Policy
- Anti-Fraud, Bribery and Corruption Response Policy and Strategy
- Disciplinary Policy

9   Communication and Training

9.1   Training is provided by the Human Resources team, supported by Occupational Health, in relation to the effective management of sickness absence on a regular basis throughout the year.

9.2   The Human Resources Department will provide advice on the policy to staff, and advice and support to managers in the fair and equitable application of this policy as appropriate.

9.3   All Directors, Group Managers, Human Resources Staff are responsible for the communication of this Policy to their staff.

10   Monitoring, Review and Consultation

10.1   We will establish key performance standards for sickness absence and closely monitor performance through the use of workforce reports and statistics. These will be reported to the Executive Team on a monthly basis, and shared with People Committee as appropriate.

10.2   HR or internal audit will undertake personal file checks (on a random sample of files) to ensure that procedures are being followed and correct paperwork is being completed and filed appropriately.

10.3   This policy has been drawn up with reference to current UK employment legislation and relevant national terms and conditions of employment.

10.4   In writing this policy the following people have been consulted: Directors, HR, Occupational Health, Senior Managers and their direct reports, Corporate Services Managers, Community Hospital Ward Managers, Community Services Managers, JNP.

10.5   The operation of this policy will be periodically reviewed (at least every 3 years) in light of any developments in employment legislation or employee relations' practice and, if necessary, revised in order to ensure their continuing relevance and effectiveness. Any amendments will be introduced only after consultation with staff-side representatives.

10.6   During the first year of operation this policy will be reviewed after 12 months with a 6 month 'touch base' with JNP colleagues to check for queries or concerns regarding its operation.