



## ATTENDANCE MANAGEMENT POLICY

Document Author	Authorised
<b>Written By:</b> Senior HR Manager	<b>Authorised By:</b> Chief Executive
<b>Date:</b> 12 December 2018	<b>Date:</b> 23 <sup>rd</sup> April 2019
<b>Lead Director:</b> Director of HR and OD	
<b>Effective Date:</b> 23 <sup>rd</sup> April 2019	<b>Review Date:</b> 22 <sup>nd</sup> April 2022
<b>Approval at:</b> Policy Management Sub-Committee	<b>Date Approved:</b> 23 <sup>rd</sup> April 2019

## DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
29 Mar 12	4.0			Logo and wording updated for new organisation	
25 Apr.12	5.0		Director of HR and OD	Consultation opened	
23 May 12	5.0		Director of HR and OD	Executive Board	Ratified
16 Jun 15	5.0		Interim Workforce Director	Policy Management Group extension for 3 months	Approved
28 Jul 15	5.1		Interim Workforce Director	Partnership Forum and Chair of LNC	
25 Aug 15	5.1		Interim Workforce Director	Partnership Forum	Ratified
07 Sep 15	5.1		Interim Workforce Director	Published on draft policy site and e-bulletin insert	
22 Sep 15	5.2		Executive Director for Financial and Human Resources	Chair of LNC	
20 Oct 15	6.0	22 Oct 15	Executive Director for Financial and Human Resources	For Approval	Policy Management Group
24 Nov 15	6.1		Executive Director for Financial and Human Resources	Paragraph inserted regarding secondary employment	Consultation opened at Partnership Forum including LNC representative
15 Dec 15	6.1		Executive Director for Financial and Human Resources		Consultation closed at Partnership Forum
19 Jan 16	7	19 Jan 16	Executive Director for Financial and Human Resources	For Approval	Policy Management Group
9 January 2019	7.1		Director of HR and OD	Endorsed at	Partnership Forum
23 April 2019	8.0	23 April 2019	Director of HR and OD	For Approval	Policy Management Sub-Committee

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.

## Contents

1	Executive Summary .....	4
2	Introduction .....	4
3	Definitions .....	5
4	Scope.....	5
5	Purpose .....	5
6	Roles and Responsibilities .....	5
7	Policy detail/Course of Action.....	7
8	Consultation.....	15
9	Training.....	15
10	Monitoring Compliance and Effectiveness.....	15
11	Links to other Organisational Documents.....	16
12	References.....	16
13	Appendices .....	16
	A. Financial and Resourcing Impact Assessment on Policy Implementation .....	17
	B. Equality Impact Assessment (EIA) Screening Tool .....	19

## 1 Executive Summary

The Isle of Wight NHS Trust is committed to demonstrating that it cares for the health, safety and welfare of all its employees. The Trust recognises and values the contribution of all of its employees as its greatest resource in providing health care services and fully accepts that there are times when absence from work is unavoidable. The Trust aims to promote and encourage the regular attendance at work of employees who are fit and well to maintain a safe and healthy working environment. In addition it will ensure mechanisms are in place to address inconsistent attendance levels.

All employees have a responsibility to the Trust, colleagues and themselves to attend work and fulfil their contract of employment. Maximising attendance will enhance service delivery and patient care.

The policy and procedure therefore clearly defines the responsibilities of individual staff members, line managers, occupational health and human resources. The policy outlines the process for reporting and recording sickness absence, entitlements to Occupational Sick Pay, confirms the triggers for management action, the role of occupational health in managing the non-attendance of staff and it outlines the process for dealing with short and long term sickness including dismissal, redeployment on medical grounds, ill health retirement and injury allowance.

This policy is supported by the managing non-attendance guidance.

## 2 Introduction

The Trust commits itself to providing a comprehensive range of high quality services to its patients. It believes that employees are an invaluable resource in achieving this primary aim. It is therefore essential that a high level of employee health and attendance is attained to ensure this is achieved. The management of attendance is considered an integral component of the on-going performance management of the Trusts resources.

The Trust recognises that employees do have reasonable and legitimate reasons for needing to be away from work. In the majority of cases these will be of a short-term nature and non-recurring.

The Trust recognises that it is for the benefit of all to monitor and manage attendance fairly, proactively and consistently.

The aims of this policy are;

- to create an attendance culture, which supports the efficient operation of our services and in turn contributes to achieving high morale amongst employees
- to ensure that all employees are supported so they can return to work as soon as possible
- to identify the changes necessary in working practices or environment to encourage and maintain full attendance
- to promote the health, safety and welfare of all employees
- to ensure that the Trust complies with the Equality Act 2010

### **3 Definitions**

MAPS Healthroster- Electronic rostering tool used within the organisation for planning of workforce resources.

Self certification – An employee can self certificate for a period of up to, and including, 7 calendar days. On the 8<sup>th</sup> day of absence a Fit Note is required.

Fit Note – Issued by a General Practitioner in circumstances when an individual is unfit for work, it must cover the employee's absence from the 8<sup>th</sup> day onwards.

Bradford Score – A simple mathematical formula used to identify and measure frequent periods of sickness absence.

### **4 Scope**

This policy covers both short-term and long-term sickness absence and applies to all directly employed staff working within the Trust. All employees will be treated equally regardless of whether they are full-time or part-time employees, on permanent, fixed term or temporary contracts.

This policy does not apply to individuals that provide services through the Agreement for the Provision of Bank Workers. The Bank workers Code of Conduct should be referred to for Bank Workers.

The Trust has a Special Leave Policy which should be used when time off work for personal reasons, caring for dependents, special or compassionate leave is required.

### **5 Purpose**

The purpose of this policy is to ensure that sickness absence is managed consistently and fairly to ensure that our staff are fit, well and present to deliver a high quality service.

### **6 Roles and Responsibilities**

#### **6.1 Line Manager Responsibilities**

All managers within the Trust are required to undertake knowledge, understanding and skills development training on the practice and procedures that underpin this policy and on-going developments in good practice. Specifically managers are expected:

- to comply with this policy and take responsibility for managing their staff's attendance and absence
- to develop an ethos of attendance where employees feel valued and motivated to work encompassing the importance and value of health and wellbeing for all team members
- To ensure that there is a sickness absence reporting procedure in place which sets out the local sickness absence reporting arrangements for their department. This must be regularly reviewed (at least annually) and communicated to all staff members at induction and periodically thereafter.

- To monitor sickness absence levels in their department in accordance with the Trigger for Management Action section of this policy. If an individual's sickness absence rate exceeds this target, managers must manage this non-attendance in accordance with this policy. Help and advice with this process can be obtained from Human Resources, Occupational Health or Health and Safety as appropriate.
- to maintain the confidentiality and security of sickness absence records
- to maintain a proper record of each employee's sickness absences, completing the necessary paperwork and notifying Payroll
- to conduct return to work interviews consistently for every absence episode and speak to the employee about their absence and the reason for it in a fair and factual way
- to support the process for phased returns to work and / or redeployment including temporary or permanent contractual adjustments to role, work base or hours
- to agree method and frequency of communication with employees during periods of sickness absence
- to ensure employees are fully engaged and informed with Trust activity during periods of absence
- to be sensitive when absences are caused by personal or family problems
- to develop skills and knowledge to effectively support the management of attendance as an integral part of performance management arrangements
- to share and adopt initiatives for consistency, fairness and best practice in all areas with the ultimate aim of improving employee attendance

This is not an exhaustive list.

## **6.2 Employee responsibilities**

All employees within the Trust are required to have practical knowledge of the practice and procedures that underpin the promotion of full attendance and on-going developments in good practice. Specifically employees are expected:

- to comply with this policy
- to attend work regularly as contracted to do so
- to only take time off work as sickness absence when genuinely unwell
- to protect their own and others Health & Safety and sense of wellbeing in the workplace and outside
- to report their sickness absence in line with their departmental sickness absence reporting procedure, providing a clear reason as to the nature of their illness/injury, why they cannot attend work, and estimate how long they think the absence will last
- continue to notify and keep in touch (as agreed) with their manager while unable to attend work
- to complete a self-certification form for sickness of seven calendar days or less and provide a Fit Note for sickness of more than seven days
- to ensure that they are available to attend occupational health appointments, case conferences and any other meetings as required by their line manager during their normal working pattern whilst off sick. To attend a return to work interview with their manager following a return to work after a period of sickness.
- to follow the instructions and advice given by their General Practitioner, Manager and Occupational Health Advisor / Consultant / Specialist to enable a safe and effective return to work
- to support the Occupational Health Department by attending any appointments promptly and as agreed

- to support the process for any phased return to work and / or redeployment including any temporary or permanent contractual adjustments to role, work base or hours

This is not an exhaustive list.

### **6.3 Occupational Health Responsibilities**

The Occupational Health Department provides independent and confidential services to management and employees with the purpose of promoting and maintaining the highest degree of mental and physical health and wellbeing for all employees.

The Occupational Health Department will:

- provide an Occupational Health Triage Service to employees and managers in offering advice and support for the effective management of sickness absence. Provide a professional, caring and high quality OH service that aims to be proactive rather than reactive in approach.
- be available for advice about making a referral to OH and advise management, employees and their representatives on any issue relating to the effects of health on work or work on health. This will include guidance on current prognosis and likely return to work timescales, possible reasonable adjustments to be considered and implications of the Equality Act 2010.
- explain the nature and purpose of an occupational health assessment to the employee and that their consent is required for release of the OH report to the manager and HR representative (GMC Confidentiality: good practice in handling patient information, 2009.) This is to confirm the employee understands the purpose of the assessment, that recommendations will be made and they agree to an OH report being supplied to the Trust. The employee will be given the option and opportunity to see the report before it is released. If the employee does not contact Occupational Health within 2 days of the report being sent to them for review, the report will be released to the Trust.
- promote a positive culture of health, wellbeing and safety of staff that benefits the Trust in operational as well as economic terms.

To make a management referral to Occupational Health, please contact (01983) 822099 Ext 4209 or email [occupationalhealth@iow.nhs.uk](mailto:occupationalhealth@iow.nhs.uk)

## **7 Policy detail/Course of Action**

### **7.1 Reporting sickness absence**

Employees are required to provide as much notice as possible when reporting their non-attendance for the reason of sickness absence. Each department is required to have a sickness absence reporting procedure which is communicated to existing and new members of the team during local induction and periodically thereafter.

The principles of these local procedures must include:

- The employee must take all reasonable steps to personally contact their line manager or their deputy at the earliest opportunity prior to the commencement of their next working day or shift.

- The notice that should be given is the maximum available and at least one hour before the employee's expected start time for departments operating a 24 hour service.
- that it is the responsibility of the absent employee to ensure that if they are unable to speak to their manager or senior member of employees on duty that they leave a message with someone who is in a position to act on that information. Should an employee fail to notify their manager or senior staff on duty of their inability to attend work, this may be treated as unauthorised absence.
- that text messaging and/or email are not an acceptable form of communication when reporting non-attendance
- that failure to report sickness absence or return to work when expected may result in occupational and/or statutory sick pay being withheld

An employee who fails to follow the sickness absence procedures set out in this document in reporting and certifying sickness absence may be subject to action under the relevant Trust conduct policy.

In circumstances when a line manager is concerned regarding the wellbeing and/or attendance record of an individual, the line manager may seek further advice and guidance from either Human Resources and/or Occupational Health. Please note that it is not a requirement to make contact with Occupational Health on every episode of sickness absence.

There may be some circumstances where Management/Occupational Health will ask a member of staff to stay off work to prevent potential infection risk to patients and other employees. In these cases the absence should still be documented on the employee's sickness record however consideration should be given to adjusting the absence trigger point in cases where the employee has reached or exceed a trigger as a result.

If an employee is absent from work and does not contact their line manager by the required time, their line manager will attempt to contact them.

## **7.2 Recording of sickness absence**

It is the line manager's responsibility to record the non-attendance in the MAPS Healthroster system as soon as the non-attendance has been reported. This information is essential to help the Trust accurately record sickness absence data and ensure employees are paid according to their entitlement to any occupational/statutory sick pay.

Further guidance can be accessed via the Rostering Policy and the How to guide.

If the sickness absence period extends beyond the self certificated period of 7 consecutive days including any days, weekends or days not normally scheduled to work. A Fit Note will be required from the 8<sup>th</sup> day of sickness absence onwards.

The Fit Note must be provided by the employee and sent to their line manager immediately. The manager should review the Fit Note including the reason and duration of the absence. In some circumstances, the Fit Note will confirm an individual may be fit to work following consideration of one or more of the following; phased return to work, amended duties, altered hours or workplace adaptations. Further advice and guidance can be sought from Occupational Health.

If the Fit Note identifies a workplace connection (e.g. industrial injury / incident or work-related stress) the manager must carry out the appropriate assessment at the earliest opportunity and contact Occupational Health and/or Risk Management for advice.

The line manager must retain the Fit Note on the employee's file.

### **7.3 Returning to work**

**Return to work interview:** When an employee returns to work, the Line Manager must conduct a return to work interview with the employee. The return to work discussion should take place on the first day back to work following the period of absence. In the absence of the line manager a return to work discussion should be carried out by an appropriate deputy. The return-to-work interview should take place in a private place.

The Line Manager should review the employee's absence record over a rolling 12-month period. This is to check whether the employee has reached a trigger point, and consider whether action will need to be taken.

Employees are responsible for attending and participating in the discussion. The purpose of the return to work discussion is to ensure that the employee is fit to return to work, to explore any underlying medical condition that may require a management referral to Occupational Health and/or to address any issues relating to reporting/communication during the period of sickness absence. It is also an opportunity to review workload and update the employee on work matters. If the employee is close to or has exceeded a trigger point, this must also be discussed along with any next steps.

A return to work discussion template is available in the toolkit.

### **Updating MAPS and Payroll**

The Line Manager is responsible for updating the MAPS Healthroster and where an employee has been absent for more than 28 days, the Line Manager must notify Payroll ([sbs-s.iow@nhs.net](mailto:sbs-s.iow@nhs.net)) immediately on the first day the employee returns to work.

### **7.4 Entitlements to Occupational Sick Pay**

Occupational Sick Pay is paid in line with the NHS Occupational Sick Pay arrangements as outlined in the relevant terms and conditions of employment.

#### **7.4.1 Working for other organisations when off sick**

An employee must inform their line manager if they have secondary employment. There may be circumstances where the individual is unable to fulfil their contractual obligations for the Trust because of sickness but may still be fit to work for their secondary employer.

Employees must ensure that they are not working whilst off sick during their normal working hours which attracts occupational sick pay. Employees should discuss any secondary employment with their line manager. Employees should be aware that formal action in line with the relevant conduct policy may be taken if they are inappropriately working elsewhere whilst off sick.

## **7.6 Triggers for Management Action**

Line managers are responsible for monitoring and managing sickness absence of their teams. Line managers are required to regularly review their teams non-attendance. Line managers must use the MAPS Healthroster reporting tool to generate sickness absence reports for their department/team on a regular basis (once a month is recommended).

Line managers are expected to manage the non-attendance of individual staff members when an employee's attendance record falls into one or more of the following categories;

- The trigger point under the Bradford scoring system of 128 points is reached over a period of 12 rolling months.
- 3 or more separate episodes of non-attendance within the previous 3 months.
- 14 or more calendar days non-attendance recorded in the previous 6 months.
- Unacceptable patterns, e.g. regular Friday, Monday or following holiday/Bank holiday or particular shifts.
- Any individual period of anticipated absence extending beyond 28 calendar days.
- Receipt of a Fit Note indicating a total period of absence of 28 continuous calendar days or more.

It is very important that a Management review is undertaken to ensure the raw Bradford Score is not used in isolation to trigger action without further investigation of individual circumstances. Managers should review the sickness absences record to ensure that absences have been recorded correctly.

The Bradford Score does not replace the continuous management review of absence and is not the only means for having concerns about sickness absence. The risk is that action may be taken against an employee for their Bradford Score alone without trying to find out if there are any underlying issues. That said, as long as Bradford Scores are used only as a trigger to investigate each situation and line managers are consistent in looking for any underlying cause, it is a good way of identifying those whose unsatisfactory absence record need to be addressed.

Pregnancy-related absence should not be included when checking to see if the need for formal action has been triggered. If you are unsure, please contact Occupational Health/HR for advice.

Consideration will be given to staff with a disability at any stage of the informal or formal procedure to make a request for a reasonable adjustment, including making an adjustment to the absence triggers.

## **7.7 Short term sickness absence**

Frequent short-term sickness absence can result in some of the most difficult cases for managers to deal with, due primarily to, its unpredictable nature. Intermittent episodes of non-attendance can cause significant problems in terms of service delivery and the effect on the morale and motivation of other team members.

It is therefore important that high and/or frequent absence is addressed consistently and effectively. Managers are required to set and clarify appropriate expectations and/or targets for improvement with the employee in line with the appropriate stage of the capability policy.

Line managers must manage every episode of sickness absence in accordance with the triggers outlined in this policy.

Frequent Short-term sickness absence will normally be managed, in the first instance, under the informal stages of the Trust's Capability Policy and Procedure unless there are grounds to commence at the formal stages of the policy.

Where attendance does not improve a decision will be taken by the manager, with advice being sought from a Human Resources representative, as to what action is required. If an employee has further absence during the rolling 12 months then the line manager must consider moving to a formal stage of the Trust's Capability Procedure or Disciplinary and Dismissal Policy for non-medical staff or the Conduct, Capability, Ill health and Appeals policy and procedure for Medical and Dental Practitioners.

Where an employee has been referred to Occupational Health, an Occupational Health Advisor may make telephone contact with the employee during their period of sickness absence to discuss the reasons for their absence and to provide advice and guidance to both the individual and their line manager to support their recovery and return to work.

Frequent referrals to Occupational Health for persistent short term absence are likely to be of limited benefit in the majority of cases.

Further guidance on managing short term frequent absence can be accessed in the line manager toolkit.

## **7.8 Long term sickness absence**

The Trust considers any single period of non-attendance of 28 continuous calendar days within the definition of 'long term'.

As soon as a line manager is aware that a staff member will be absent for the reason of sickness absence for a period of 28 days or more the line manager must seek advice from Occupational Health as to the appropriate time for an Occupational Health assessment.

Depending on the circumstances of each case, the timing of Occupational Health advice will be different. In certain situations, such as being aware the reason for absence is because of stress, a referral to Occupational Health for advice will be required immediately to support rehabilitation and facilitate the earliest possible return to work. In other circumstances (e.g. planned surgery) a referral at a later date may be more beneficial to support a return to work at the earliest time.

The line manager toolkit provides guidance on the management of long term sickness absence and the Occupational Health referral process and provides examples of the types of questions to ask in referrals to get the most effective advice. More advice can be obtained by phoning the Occupational Health department if required.

### **7.8.1 Case conferences with employees who are on long term sick**

Line managers should ensure that they meet with individuals who are on long term sick at appropriate times during the period of sickness absence. The timing of this will be dependent upon the circumstances of each case.

As a minimum, a case conference after a continuous period of absence of six weeks should take place, unless the circumstances of the case or the advice of Occupational Health deem that a case conference would not be appropriate at this time.

The purpose of the case conference is to discuss the period of sickness absence, to review the Occupational Health Advice and to discuss any adjustments that may be needed to support the earliest possible return to work.

Depending on the circumstances of the case, a return to work may not always be possible and the case conference will enable all options to be explored with the employee. Case conferences will be arranged and led by the line manager. Human Resources and Occupational Health's attendance at case conferences will be on a case by case basis depending on the circumstances of the case. Line managers should seek guidance from Human Resources prior to any case conferences taking place.

Employees may choose to be supported at case conference by their Trade Union Representative or workplace colleague/friend acting in a non-professional capacity although there is no statutory right to be accompanied at a case conference. The availability of the representative/friend must not unreasonably delay the case conference from taking place. If an employee fails to attend a case conference a decision may be taken in their absence based on the information available to the line manager at that time.

#### **7.9 Any episode of sickness absence for the reason of stress, anxiety and/or depression**

If a member of staff is off sick because of stress, anxiety and/or depression regardless of the duration of absence, advice must be sought from Occupational Health.

#### **7.10 Seeking further medical advice**

Occasionally, it may be appropriate, to gain additional information or further medical advice to fully assess an employee's prognosis. This could be from another healthcare practitioner such as a GP, Consultant, or specialist and can only occur with the employee's full written consent. If consent is not given, the employee must be advised by their line manager or HR that this will result in employment decisions being made solely on the information available to them.

#### **7.11 Line manager decision making on receipt of Occupational Health Medical Report**

The Occupational Health Department will give constructive advice providing a summary report to the line manager including appropriate advice on the employee's health, estimated length of time away from work and likelihood of a full return to work. The report may provide advice on the medical capability of the individual, adjustments that should be considered to enable the individual to return to work and whether these are needed on a permanent or temporary basis.

The report will help inform the line manager as to what is the most appropriate action given the individual circumstances and taking into account the service needs.

Consent is required from the employee for release of the Occupational Health report to the manager (GMC Confidentiality: good practice in handling patient information, 2009). Where an employee refuses consent for the release of the medical report, the manager may have to make employment decisions without medical advice.

Further guidance is provided in the Attendance Management guidance.

#### **7.12 Phased return to work**

On the advice of the Occupational Health Department, a phased return to work may be appropriate to support employees returning to their role. A phased return to work should not normally last more than 2 weeks. Consideration would be given to the employee's underlying medical condition in determining the work pattern during the phased return to work. Employees are entitled to receive their normal pay during their phased return to work.

### **7.13 Redeployment on Medical Grounds**

Where an employee is not able to return to their original post but is fit for other employment, the Trust will try, wherever possible, to redeploy the individual into an alternative role.

Where an employee is disabled the Trust will endeavour to make reasonable adjustments in order to accommodate the employee in their current post. Support may be sought from a Work Coach through the local Job Centre.

In the event that redeployment is to be pursued then the employee must be informed in writing that their employment is being assessed and a possible outcome could be the termination of their employment on the grounds of capability.

Please refer to the Redeployment Policy for further information on the procedure to follow.

### **7.14 Consideration of the Employee's Continued Employment / Dismissal**

The Trust reserves the right to review an employee's level of attendance throughout their employment and may take this into consideration when making decisions during case conferences.

The employee should be invited to a meeting to discuss the matter with the line manager or submit information that they wish to be considered. A HR representative will be present at this meeting. The employee is entitled to be represented at this meeting by a Trade Union Representative or workplace friend/colleague (acting in a non-professional capacity). The line manager, in conjunction with the HR Representative, will consider the following factors:

- the length of the period(s) of absence to date and the likely length of continuing non-attendance
- whether the employee is capable of maintaining reasonable attendance in the future
- the effect the illness has on the individual's ability to carry out duties
- the medical advice on the capability of the individual
- what reasonable adjustments can be made
- the effect of the continuing absence on the needs of the service
- whether the absence needs to be dealt with under the Trust's Capability Procedure

An outcome of this meeting may be a recommendation of dismissal on the grounds of capability. A hearing in line with stage 3 of the Trust Capability policy will be convened.

The employee has the right to be represented by the Trade Union representative or workplace friend/colleague (acting in a non-professional capacity) at any meeting which may result in their dismissal.

## **7.15 Ill Health Retirement**

Where the employee is in the NHS Pension Scheme, an application for retirement on health grounds may be appropriate.

Applications to retire on grounds of ill health and incapacity to be redeployed to a suitable alternative post must be supported by the Occupational Health Physician and/or GP (where appropriate). An application can take at least 12 weeks to effect and there is no guarantee that an application will be accepted.

## **7.16 Injury Allowance Applications**

In circumstances when an employee applies in writing to their line manager for either temporary or permanent injury allowance, the line manager must:

- acknowledge in writing receipt of the application
- contact the appropriate HR Representative for guidance on how to deal with the claim

The HR Representative will be able to provide advice on the procedure and next steps.

The payment of NHS temporary or permanent Injury Allowance for workplace injuries or disease will be paid in accordance with the NHS Injury Benefit Scheme.

## **7.17 Failure to maintain contact**

If an individual repeatedly fails to report their absence or does not respond to the attempts made by the line Manager to contact them, the Line Manager will write to the individual to request the individual to make contact themselves or via a family member/friend depending on the circumstances of the absence. The line manager must inform the Payroll Department that pay is to be withheld until further notice.

If no contact is made, the employee will be treated as being absent without leave and the issue will be dealt with as a conduct issue and managed in line with the Trust's Disciplinary and Dismissal Policy.

Where an employee is absent without leave, pay will be stopped until contact is re-established and a Fit Note has been provided (as appropriate). Even if contact is re-established, there may be grounds to manage the lack of contact through the Trust's Disciplinary and Dismissal Policy.

Resources to support line managers in dealing with employees who are absent without leave can be accessed via the line manager toolkit.

## **7.18 Annual leave and sickness absence**

### **7.18.1 Accrual of annual leave**

Employees continue to accrue contractual annual leave during periods of sickness absence.

Entitlement to annual leave which has been accrued during periods of long term sickness absence may be carried over into the next leave year. Accrued annual leave can be carried over on a statutory basis only if the employee had not had the opportunity to take this in the leave year in which it had been accrued. Accrued but unused annual leave will be paid in

lieu on termination of employment. If an employee has taken too much annual leave, this will be deducted from the employee's final pay.

### **7.18.2 Illness and pre-arranged annual leave**

If an employee is ill or injured during a period of pre-arranged annual leave, the employee must inform their manager of their incapacity and its likely duration as soon as possible, even if they are abroad. The Trust reserves the right to request a Fit Note from an employee in these circumstances. For any absence of over 7 days' a Fit Note must be provided.

Pre-arranged annual leave will be re-scheduled at a mutually agreeable time in accordance with local annual leave protocols. If the employee is able to take the outstanding annual leave on their return to work before the holiday year expires they should do so. If they chose not to do so this holiday will be lost and cannot be carried over. If, however, there is insufficient time left in the leave year to enable them to take their accrued leave they should be allowed to carry this leave forward into the next leave year.

## **8 Consultation**

The policy will be published on the draft policy site. Formal consultation with Trade Union Representatives will take place via Partnership Forum and LNC. Nominated Trade Union Representatives have supported the development of this revised policy.

## **9 Training**

This Attendance Management Policy does not have a mandatory training requirement but the following non mandatory training is recommended:-

- New Managers Management Development Programme
- Ad-hoc skills development work shop.

## **10 Monitoring Compliance and Effectiveness**

The responsibility for monitoring and managing sickness absence lies with the Head of Department and with those to whom the day-to-day supervision of staff is delegated to.

Sickness absence data is reported in the performance report at Trust Board and Finance, Investment, Performance Committee. Sickness absence data is reported at relevant business division meetings.

The monthly employee relations report provides individual case level information by business divisions for those cases being supported by the Human Resources Team.

Occupational Health Advisors proactively review sickness absence reports from the MAPS rostering system to identify new cases which may require occupational health input.

Internal audit may be used to audit compliance to this policy as part of the organisations audit cycle.

## **11 Links to other Organisational Documents**

- Attendance Management Line Manager Toolkit
- Disciplinary and Dismissal Policy and Procedure
- Capability Policy
- Equality, Diversity and and Human Rights Policy
- Redeployment Policy
- Emotional Wellbeing Policy
- Counter Fraud and Corruption Policy and Reporting Procedure
- Agenda for Change Terms and Conditions of Service Handbook

## **12 References**

- Agenda for Change Terms and Conditions of Service Handbook
- Consultant Contract – Terms and Conditions of Employment
- SAS Contract – Terms and Conditions of Employment
- Junior Doctor – Terms and Conditions of Employment

## **13 Appendices**

## Financial and Resourcing Impact Assessment on Policy Implementation

*NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.*

<b>Document title</b>	<b>Attendance Management Policy</b>
-----------------------	-------------------------------------

<b>Totals</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non Recurring £</b>
Manpower Costs	0	0	0
Training Staff	0	0	0
Equipment & Provision of resources	0	0	0

**Summary of Impact:** There will be a manpower impact of this policy; however this is necessary in order to safely deliver the services of the Trust. The Trust employs a number of staff who within their primary role has responsibility for maintenance of an effective risk management system. In addition staff across the Trust will have specific responsibilities; however this will fluctuate depending on the number and nature of risks.

**Risk Management Issues:** This policy is document is designed to support effective risk management across the Trust.

**Benefits / Savings to the organisation:** Effective risk management will support the Trust to deliver its service efficiently, effectively with due regard to the financial envelope and quality agenda.

### Equality Impact Assessment

- Has this been appropriately carried out? **YES/NO**
- Are there any reported equality issues? **YES/NO**

If "YES" please specify:

### Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

<b>Manpower</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
Operational running costs	0	0	0

<b>Totals:</b>	0	0	0

<b>Staff Training Impact</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
<b>Totals:</b>		

<b>Equipment and Provision of Resources</b>	<b>Recurring £ *</b>	<b>Non-Recurring £ *</b>
Accommodation / facilities needed	0	0
Building alterations (extensions/new)	0	0
IT Hardware / software / licences	0	0
Medical equipment	0	0
Stationery / publicity	0	0
Travel costs	0	0
Utilities e.g. telephones	0	0
Process change	0	0
Rolling replacement of equipment	0	0
Equipment maintenance	0	0
Marketing – booklets/posters/handouts, etc.	0	0
<b>Totals:</b>	0	0

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	



### Equality Impact Assessment (EIA) Screening Tool

Document Title:	Attendance Management Policy
Purpose of document	The purpose of this policy is to ensure that sickness absence is managed consistently and fairly to ensure that our staff are fit, well and present to deliver high quality patient care.
Target Audience	Staff
Person or Committee undertaken the Equality Impact Assessment	Senior HR Manager

1. To be completed and attached to all procedural/policy documents created within individual services.
2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
<b>Gender</b>	Men	✓		<i>Policy framework aims to provide consistent management of non-attendance supported by Occupational Health advice to ensure that all employees are treated fairly and in a non-discriminatory manner</i>
	Women	✓		<i>As above</i>
<b>Race</b>	Asian or Asian British People	✓		<i>As above</i>

	Black or Black British People	✓		As above
	Chinese people	✓		As above
	People of Mixed Race	✓		As above
	White people (including Irish people)	✓		As above
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	✓		As above
<b>Sexual Orientation</b>	Transgender	✓		As above
	Lesbian, Gay men and bisexual	✓		As above
<b>Age</b>	Children	<i>Not applicable</i>		
	Older People (60+)	✓		As above
	Younger People (17 to 25 yrs)	✓		As above
<b>Faith Group</b>		✓		As above
<b>Pregnancy &amp; Maternity</b>		✓		As above
<b>Equal Opportunities and/or improved relations</b>		✓		As above

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

### 3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	NO
<b>Legal</b> (it is not discriminatory under anti-discriminatory law)			✓
<b>Intended</b>			✓

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:	
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:	
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	Senior HR Manager
Date Initial Screening completed	October 2015