

Sickness Absence Policy and Procedure

Supporting and managing the wellbeing of staff.

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Owner:	Director of Human Resources
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Approved by:	JNCC Following extensive consultation via the EPG process, and focus groups, the Trust has decided to proceed with implementation without LNC approval, so that staff are able to benefit from the revisions in the new policy.
Date approved:	April 2015
Review date:	April 2018
Target audience:	All staff working for York Teaching Hospital NHS Foundation Trust
Relevant Regulations and Standards	Equality Act 2010
Links to Organisational/Service Objectives, business plans or strategies	Objective – To support the health and wellbeing of staff.
<p>Executive Summary</p> <p>This policy sets out the Trust’s aim which is to support employees who experience health concerns to enable them to attend work as much as possible by providing early intervention, and promoting and encouraging them to lead a healthy lifestyle.</p> <ul style="list-style-type: none"> ▪ Reference to other policies such as Adoption and Maternity Leave Policy, Special Leave, Flexible Working and Annual Leave, Managing Stress in the Workplace and Bank Holiday Policy 	

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Version History Log

This area should detail the version history for this document. It should detail the key elements of the changes to the versions.

Version	Date Approved	Version Author	Status & location	Details of significant changes
5		Jennifer Gardner	HR Manager	<p>Changed the focus of the policy to promote and support the health and wellbeing of staff. Amalgamated process for short term sickness and long term sickness into one three stage process to manage all sickness absence. Introduced new triggers, including reducing the trigger percentage. Included timescale requirements for referrals to Occupational Health & Wellbeing.</p>
6		Jennifer Gardner		<p>Introduced policy summary Clarified and included changes regarding Fit Notes and Equality Act Reinforced links to promoting wellbeing and staff benefits. Introduced greater focus on the prevention of risks, and risk assessments Clarified actions required around planned absences. Changed certification requirements to 1-7 days self certificate. Merged and updated return to work form –now sickness absence form including self</p>

Version	Date Approved	Version Author	Status & location	Details of significant changes
				<p>certification.</p> <p>Introduced new section to support return to work options, including reintroduced therapeutic returns.</p> <p>Introduced health support plan to assist in the recording of discussions around reasonable adjustments</p> <p>Changed triggers to health indicators.</p> <p>Clarified and simplified procedure, removing requirement to go back to previous stages and removed inclusion not specifically related to policy requirements.</p>
7		HR Manager	Staff Room	<p>Introduced new policy template and executive summary.</p> <p>Changed stages of policy to Stage One, Stage Two and Stage Three.</p> <p>Changed policy so monitoring at stage one and stage two starts immediately following return to full contracted hours.</p> <p>Employees must complete informal reviews with manager during monitoring periods.</p> <p>Options available to the manager at stage two meetings are extended to include:</p> <ul style="list-style-type: none"> • temporary/

Version	Date Approved	Version Author	Status & location	Details of significant changes
				<ul style="list-style-type: none"> permanent reduction of hours • temporary/permanent re-deployment • temporary/permanent downgrading, and/or relief of some duties in line with the requirements of the Equality Act 2010. • an ill health retirement application (See section 3.11.2) <p>Monitoring period renamed 'Support period'.</p> <p>Medical certificates no longer required for absence under 7 days whilst on annual leave but employee must phone in daily.</p> <p>Treatment period added to policy.</p> <p>Underlying health conditions covered by LTS health indicator.</p> <p>Support Periods changed to three months.</p> <p>Period following support period reduced to 3 months.</p> <p>Consideration given to flexibility of policy for planned/elective surgery.</p>

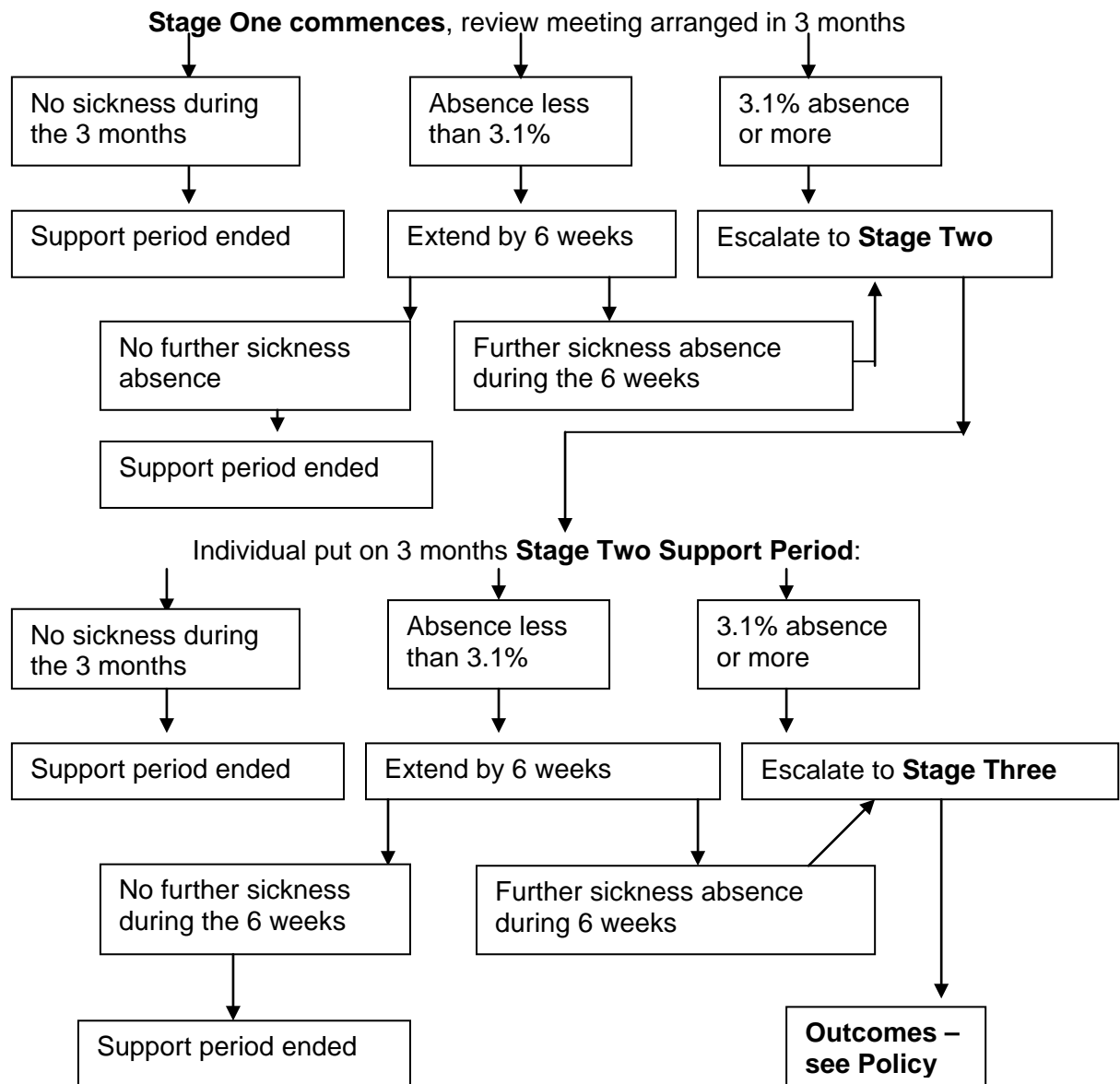
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Process flowchart – Sickness Support Periods

Employee reaches a health indicator:

- employee exceeds 3.1%, during a rolling 12 month period (a calculator is available on Staffroom <http://staffroom.ydh.yha.com/HR-and-Recruitment/sickness-absence/sickness-absence-calculator/view>)
- 3 episodes of absences within 3 months. If 1 or more episodes occur within 7 days they will be treated as 1 episode.
- continuous absence exceeding 4 calendar weeks



- If individual hits one of the 3 health indicators **within** 3 months of coming off a sickness support period then re-enter the sickness policy at the next stage or if at stage three, return to stage three.
- If individual hits one of the 3 health indicators after 3 months of coming off a sickness support period they will re-enter the procedure at stage one.

1. Introduction & Scope

The Trust attaches great importance to the health, safety, and wellbeing of its employees. It is acknowledged that there are occasions when individuals are sick and therefore unable to attend work. A balanced approach to supporting and managing sickness absence in line with service requirements is required.

This Policy applies to all employees of York Teaching Hospital NHS Foundation Trust including medical staff, (in conjunction with Maintaining High Professional Standards in the NHS for medical staff only).

This policy outlines the principals, further detail is available in the Managing Absence Guidance (MAG) available on Staffroom.

2. Definitions / Terms used in policy

Short Term Sickness Absence – a period of continuous absence in excess of an hour of up to four calendar weeks

Long Term Sickness Absence – a period of continuous absence lasting more than four calendar weeks.

Unauthorised Sickness Absence - any sickness absence that has not been notified to the manager as detailed in the policy, or is not covered by an appropriate certificate, is deemed to be unauthorised (regardless of the duration).

Health Indicators - These are used to indicate that an employee may have a health concern.

Managers - For the purpose of the policy Managers are defined as the senior person responsible for the employee's management – e.g. line manager, team leader, ward sister, etc

Fit Note (Form Med 3) - A Fit Note is the informal name for the Statement of Fitness for Work, which was introduced on 6 April 2010 to replace the sick note (medical statement or doctor's note).

The Equality Act 2010 - The Equality Act became law in October 2010. It harmonises and replaces previous legislation (such as the Disability Discrimination Act 1995) and ensures consistency in what employers need to do to provide a fair workplace environment and to comply with the law. The Act aims to protect disabled people and prevent disability discrimination.

3. Policy Statement

The Trust relies on you to manage your own health and wellbeing and to be responsible for decisions you make about your fitness to attend work.

The Trust recognises the significant impact that sickness absence and reduced productivity due to health related issues can have on the delivery of quality patient care, employee's health, morale, and the costs associated with sickness absence.

Where employees are unable to attend work due to ill health, or where interventions could not or have not enabled the employee to remain in work, this may lead to them being dismissed for reason of either incapability due to ill-health or inability to attend work on a regular basis.

You are expected to comply with the requirements of this Policy and Procedure. Any employee not doing so may be subject to investigation in relation to their conduct and disciplinary action may be taken.

Managers utilising this policy and procedure should also refer to the Managing Absence Guidance (MAG), which is available on Staff Room.

If you do not feel this policy is being applied correctly please direct your concerns to your line manager, a HR representative or your union representative.

3.1 Promoting Wellbeing.

The Trust aims to understand the needs of employees and enhance their wellbeing, whether that be a physical, mental or social need. As a Trust we will actively support and encourage this through the ongoing development of the health and

wellbeing agenda and a range of initiatives which managers are encouraged to ensure you are aware of.

3.1.1 Preventing sickness absence episodes

Health prevention specifically looks at what the Trust and managers should be considering and/or applying to provide a safe working environment for you and to prevent sickness absence episodes occurring.

Preventative measures should also be considered following episodes of absence and where employees are due to have planned absence as a result of a procedure or surgery.

Managers should ensure that they take ownership for ensuring that they are aware of the processes and requirements in terms of Health & Safety and Risk & Legal responsibilities within their areas of responsibility. Managers should also ensure employees know who is their Health & Safety Representative and how they can be contacted for advice.

The Trust's Risk Management Policy and Procedure and Health and Safety at Work Policy should be referred to for further information.

3.1.2 Infection prevention

The Trust does not want to encourage employees to attend work when they are not well enough to do so. You have a responsibility to make sure your health does not pose a risk to colleagues, patients or others. Therefore in the interests of infection control, employees who have had one of the following conditions **MUST** consult their line manager for advice **BEFORE** returning to work:

- Diarrhoea and/or vomiting. You should stay away from work for 48 hours after the last symptom (without medication to control it). Please refer to the MAG for further advice.
- Have infectious rashes (e.g. chicken pox, shingles, herpes or scabies) or a purulent (green or yellow) discharge from the eyes or ears
- Have an undiagnosed persistent cough with or without night sweats and weight loss that might suggest Tuberculosis

During normal working hours, employees or their managers can contact Occupational Health and Wellbeing (OH & WB) for immediate telephone advice on the OH & WB Helpdesk number (01904 725099)

If you are cleared to return to work you are reminded of the crucial importance of maintaining hand hygiene at all times, to greatly reduce the risk of transmitting infections to patients and to protect other members of staff.

3.1.3 Supporting staff

The Trust's aim is to ensure that the policy is applied consistently to all employees, to enable staff to have confidence that all employees are supported and managed in the same, fair and equitable way.

Human Resources also provide training on applying this policy and it is recommended that all managers attend this to understand the policy and how to apply it in a supportive and constructive way.

If at any point you need further support regarding how the policy may be applied or have any concerns about what support may be available you are encouraged to contact Human Resources or your union representative for further guidance and support.

3.2 Responsibilities

For further information on sections 3.2.1 and 3.2.2. please refer to the MAG.

3.2.1 Manager responsibilities

- Ensure sickness absence reporting procedures are established within the team and communicated with all team members.
- Maintain contact with absent employees and maintain records of conversations.
- Complete a return to work interview with employees following every period of sickness absence.
- Ensure employees with pending planned procedure are referred to OH&WB.

- Support employees on a return to work e.g. complete any necessary risk assessments.
- To make reasonable adjustments under the Equality Act 2010, seeking advice from Human Resources.
- Record when an employee reaches a health indicator and support the employee in line with section 3.3 below.
- Ensure all employee sickness absence over one hour is recorded.
- Record all absences using the absence codes in MAG.

3.2.2 Employee Responsibilities

- Follow the departments sickness absence reporting procedures.
- To phone your line manager (or appointed deputy) on a daily basis when absent unless covered by a Doctors fit note.
- Maintain contact with your line manager during sickness absence and provide regular updates on your health and wellbeing.
- Attend all scheduled meetings with management and OH & WB.
- Provide the necessary certification as below:

Length of Absence	Certification Required
one to seven calendar days	Self-Certificate declaration (included on the Sickness Absence form)
eight calendar days or more	Fit Note (medical certificate)

Days that are not normally worked are **included** in the above, for certification purposes.

3.3 Health Indicators

If you reach one of the health indicators, detailed below, your manager **must** instigate stage one of the procedure and you will move into a stage one support period on your return to your full contracted hours. Your manager will have a discussion with the employee at the first available opportunity. The health indicators are;

- employee exceeds 3.1%, during a rolling 12 month period
- 3 episodes of absences within 3 months. If 1 or more episodes occur within 7 days they will be treated as 1 episode.
- continuous absence exceeding 4 calendar weeks (please refer to section 3.5)

Your manager will also consider other factors, and may instigate the relevant support period if you have regular patterns of absence, for example:

- The same day of the week
- When scheduled to work a particular shift
- When you are required to perform a particular duty/task
- When you are scheduled to work with a particular colleague
- Annual patterns of absence – e.g. holiday periods
- When an employee has less than 12 months service with the Trust
- If you have been supported at the same stage on two occasions within a 12 month period and reach a health indicator again you may progress to the next stage.

(This above list is not exhaustive and only provides guidance for the circumstances under which the Procedure should be invoked.)

For absences covered by the Equality Act 2010, please refer to section 3.7.4

A sickness absence calculator is available on Staffroom for a Manager to calculate an employee's absence percentage.

3.4 The Procedure for Managing Short Term Sickness Absence

The flow chart at the beginning of the policy details the procedure to follow when managing sickness absence.

Managers should follow the procedure outlined below when an employee reaches a health indicator.

Your Manager must ensure that:

- all meetings are documented and you are made aware at each meeting what the next steps will be if you have further sickness absence(s).
- all stages have a review meeting co-ordinated by your Manager within the timeframes specified below. The periods will be extended where a weeks annual leave is booked.
- the Sickness Record Form (available in the MAG) should be used throughout the procedure to record all adjustments suggested/requested.
- the agreed template letters are used for all stages in the procedure. These can be obtained from the MAG.
- you are aware that you are legally entitled to representation by your Trade Union, colleague or a friend (not acting in a legal capacity), where stated in the procedure. Your first choice of representative will be accommodated, providing that it can be arranged in a timely manner.

3.4.1 Stage One

If you reach a health indicator, on your return to working your full contracted hours i.e. after any phased return, you will immediately move onto a 3 month support period known as Stage One. The purpose of this support period is to help you to maintain your attendance at work and provide you with additional support.

Your Manager should agree with you a convenient time to have a stage one meeting. This must be within 7 calendar days' of the discussion during which you are informed that the procedure will be applied (normally the Return to Work meeting). (If you are in agreement, the Stage One meeting can take place

immediately after your return to work meeting as long as they are two separate meetings.)

This discussion must be documented to you using the stage one discussion form, a copy of which will be placed on your personal file. The stage one meeting should only be attended by you and your Line Manager; further guidance on the content of the meeting can be found in the MAG.

During the 3 month support period you must take responsibility for your health and wellbeing and meet informally with your manager or a nominated deputy every 3-4 weeks to review your health. This should be recorded on the stage one form.

Your manager will arrange to meet with you to review your progress after the 3 month period.

At the review meeting the following options are provided;

- no further absences – you will revert back to usual sickness management as with all other employees.
- absence of less than 3.1% – you will be supported for a further 6 week period. If any sickness absence occurs within the extended period you will be progressed to the next stage. If you have no sickness absence during the extended period, you will revert back to normal sickness management as with all other employees. (Only 1 extension is permitted.)
- absence of 3.1% or more – you should be progressed to Stage Two. The support period must be reviewed as soon as these absences occur, which may necessitate in bringing the review meeting forward.

When you revert back to normal sickness management as with all other employees, if a health indicator is reached within the 3 months following the review meeting the procedure will be re-entered at Stage Two.

3.4.2 Stage Two

A Human Resources representative is required to be present at the Stage Two meeting where appropriate. You have the right to be accompanied by a Union Representative, colleague or a friend (not acting in a legal capacity).

If you reach stage two, on your return to working your full contracted hours i.e. after any phased return, you will immediately move onto a 3 month support period. The purpose of this support period is to help you to maintain your attendance at work and provide you with additional support. Your manager will write to you to invite you to attend a meeting for a continued discussion about your sickness absence. This meeting must take place within 14 calendar days; you will be provided with a minimum of 7 calendar days notice of the meeting. If you extend the period for the meeting taking place your support period may be extended to reflect this delay.

The purpose of the Stage Two meeting is to explore further the points discussed at the Stage One, revisit and agree actions accordingly and to review any OH & WB report. This may be your final opportunity to improve your attendance at work. Unless an improvement is made one possible outcome could be that you are referred to Stage Three and your employment could be terminated.

In addition to the 3 month support period; the other options available to the manager at this stage are:

- temporary/ permanent reduction of hours
- temporary/ permanent re-deployment
- temporary/ permanent downgrading, and/or relief of some duties in line with the requirements of the Equality Act 2010.
- treatment period (Based on guidance from OH & WB if you are undergoing treatment of an extended nature e.g. chemotherapy, a period may be agreed where you do not progress any further through the policy however you will still meet with your manager on a regular basis for support.)

Your attendance will be formally monitored, with a review meeting taking place at the end of the 3 month period. During this time you must take personal responsibility for your health and wellbeing and approach your line manager or a nominated deputy every 3-4 weeks during this period for an informal review of your health. You must have this conversation recorded on your stage two review form to take back to your final review meeting.

Your manager will meet with you at the end of your support period to review your health and progress.

At the review meeting the following options are provided:

- no further absences – you will revert back to usual sickness management as with all other employees.
- absence of less than 3.1% – you will be supported for a further 6 week period. If any sickness absence occurs within the extended period you will be progressed to the next stage. If you have no sickness absence during the extended period, you will revert back to normal sickness management as with all other employees. (Only 1 extension is permitted.)
- absence of 3.1% or more – it is likely you will be progressed to Stage Three. The support period must be reviewed as soon as these absences occur, which may necessitate in bringing the review meeting forward.

The manager can also review the options set out above which were discussed at the initial stage two meeting.

When you revert back to usual sickness management as with all other employees, if a health indicator is reached within the 3 months following the review meeting the procedure will be re-entered at Stage Three.

3.4.3 Stage Three

It is emphasised that the Manager who leads this stage must not have had any previous involvement in the case. A Human Resources Representative must be in attendance at the meeting, or have been consulted prior to the meeting. The Manager must have authority to dismiss, as this is one of the possible outcomes. You have the right to be accompanied by a Union Representative, colleague or a friend (not acting in a legal capacity).

Your Manager will write to you inviting you to attend the Stage Three meeting for continued discussion about your sickness absence. You should have been invited to attend OH & WB in the six months prior to the meeting. You will receive a minimum of 7 calendar days notice of the meeting.

A number of outcomes will be considered. Which particular course(s) of action to follow will depend upon each case individually but will principally centre on the advice from the OH & WB Service.

Your sickness absence history over previous years will also be considered when considering outcomes to establish the likelihood of improved attendance.

Options for consideration will be:

- a return to work
- further support and review, where it is felt that for example further medical assessment is required or you can demonstrate that there is a high chance of significant improvement. The support period would be for a further 3 months.
- temporary/ permanent reduction of hours
- temporary/ permanent re-deployment
- temporary/ permanent downgrading, and/or relief of some duties in line with the requirements of the Equality Act 2010.
- treatment period (Based on guidance from OH & WB if you are undergoing extended treatment (e.g. chemotherapy) a period may be agreed where you do not progress any further through the policy however you will still meet with your manager on a regular basis for support).
- an ill health retirement application (See section 3.9.2)
- if all other options have been considered and discounted, dismissal on the grounds of incapability due to ill-health or inability to attend work on a regular basis.

If a 3 months support period is agreed, during this time you must take personal responsibility for your health and wellbeing and approach your line manager or a nominated deputy every 3-4 weeks during this period for an informal review of your health. The employee must have this conversation recorded on their stage three review form to bring back to their final meeting.

3.4.4 Reviewing a monitoring period at Stage Three

A review meeting must be held when a 3 month period was implemented.

At the review meeting the following options are provided;

- absence of less than 3.1% - then you will revert back to usual sickness management as with all other employees.
 - When you revert back to normal sickness management as with all other employees, if you

reach a health indicator within the 3 months following the review meeting the procedure will be re-entered at Stage Three. It should be noted that unless your health circumstances have changed a further support period will not be considered.

- absence of 3.1% or more – the options outlined above available at Stage Three should be considered.

The outcome of the Stage Three Meeting will be documented in accordance with the template letter available from Human Resources. A copy of this letter will be given to you and a copy will be retained on your personal file.

3.4.5 Appeal Process

An employee dismissed under the provisions of this Procedure is entitled to appeal to a Trust Appeals Panel, constituted as set out within the Trust's Disciplinary Procedure.

In order to register an Appeal the you must put your reasons in writing to the Deputy Head of HR which must be received within 14 calendar days of the date of the letter confirming your dismissal on the ground of incapability due to ill health, or inability to attend work on a regular basis.

3.5 Procedure for Managing Long Term Sickness Absence

When an individual is off on long term absence (a period of absence lasting more than 4 calendar weeks) regular health review meetings should take place with the Manager and a representative from Human Resources. However, if a return to work becomes unlikely in a reasonable timeframe the Manager should refer the employee directly to Stage Three (section 3.4.3 above).

3.6 Annual Leave and Sickness Absence

3.6.1 Annual Leave Payments Whilst on Long Term Sickness

The Working Time Regulations (1998) entitle an employee to a statutory entitlement (currently 5.6 weeks) of paid annual leave each year. Such an entitlement continues to be applicable in any current leave year during which there may have been a period of long term sick leave.

3.6.2 Sickness Absence During Annual Leave

If you fall sick during a period of authorised annual leave then, provided you follow sickness absence reporting procedures and phone in every day until you produce a fit note, you shall be regarded as being on sick leave for the period covered by the self certification / medical certification. You will not be entitled to an additional day off if sick on a bank holiday.

3.7 Absences related to specific circumstances

3.7.1 Medical Suspension

It may be necessary to temporarily remove you from work if you are deemed by your manager and OH & WB to be unfit for work. This may be if you are deemed to be a risk to yourself or to others because of your health.

You may be medically suspended on full pay pending an opinion from OH & WB e.g. an infection control related absence.

Medical suspension is a management decision, but they should have due regard to information provided by OH & WB. This opinion should be sought prior to taking the action described above, however in the absence of the OH & WB service managers are responsible for making this decision but in all cases advice should be sought as soon as is practicable after suspension. All cases must be discussed with Human Resources.

3.7.2 Ill health retirement

If you are a member of the NHS Pension scheme, you may be entitled to apply for an ill health retirement pension in the event of permanent incapability to do your current role (not all jobs) because of ill health. Employees must have at least 2 years membership of the pension scheme to qualify, and must satisfy the NHS Pensions Agency's medical conditions before ill-health retirement can be accepted.

Termination of the employment contract due to ill health will not automatically lead to early payment of pension.

3.7.3 Pregnancy Related Absence

In accordance with the Maternity Policy, Managers are legally required to undertake a Pregnancy Risk Assessment as soon as they receive written confirmation that an employee is pregnant. (This must be undertaken once verbal confirmation has been received.) If you are pregnant and your Manager has any concerns regarding your health they will refer you to OH & WB. This can be done at any stage in the pregnancy.

Pregnancy related sickness will be identified on your absence record. To ensure you are supported whilst at work you will progress through the support periods, however, you will not progress beyond stage two of the policy.

3.7.4 Underlying Health Conditions covered by the Equality Act 2010

If you suffer with an underlying health condition which is covered by the Equality Act, for example Cancer, if this health condition is the only reason your sickness absence reaches 3.1%, as a reasonable adjustment the health indicator may be extended to 4 weeks (20 working days), pro rata for part time workers. This does not have to be 20 continuous days. If you reach this health indicator you will commence at stage one of the procedure, as set out above in section 3.4.1. Managers should seek advice from HR.

3.7.5 Elective Surgery

If you have planned/ elective surgery consideration will be given to the flexibility in application of the agreed process. Line managers should seek advice from HR in these instances.

3.8 Payments Related to Sickness Absence

You should refer to your contract of employment, and Terms and Conditions of Service (Section 14) for specific circumstances related to the payment of sick pay, for example, statutory and occupational sick pay, payments related when injuries that are connected with other employment, etc. Managers should refer to the MAG or HR for specific processes around the management of absences due to work related injuries or absences – e.g. RIDDOR or Injury Allowance. In accordance with Section 14, of the Agenda for Change Terms and Conditions, entitlement to sick pay ceases from the last day of employment, therefore the employer does not have to wait until sick pay entitlements have been exhausted before the employment contract is terminated.

3.8.1 Sick pay and enhancements

If you are absent due to sickness you will not receive any payment for unsocial hours unless you are on spine points 1-8. For example, if you are rostered to work on a weekend shift and are unable to work this shift due to sickness, you will only receive **basic pay** for this shift.

Employees on spine points 1-8 will receive enhancements for the shifts they were rostered to work. When an employee on spine points 1-8 is on long term sickness absence and as such are not rostered to work an average payment for the enhancements will be paid, as per the Terms and Conditions of Service.

Medical/Dental staff should refer to their Terms and Conditions of employment.

3.8.2 Working Outside The Trust Whilst off Sick

You must not undertake any employment outside the Trust paid or otherwise (including working for NHSP/Bank), while off work due to sickness, unless previously agreed with the Trust.

Should you choose to undertake work whilst being off sick this may be treated as fraud and as such this could result in disciplinary action up to and including dismissal, prosecution and civil recovery proceedings being taken against you.

4 Equality Analysis

In the development of this policy the Trust has considered evidence to ensure understanding of the actual / potential effects of our decisions on people covered by the equality duty. A copy of the analysis is attached at Appendix 1.

5 Accountability

There are a number of key responsibilities placed on individuals within the organisation to ensure the effective implementation of this policy:-

5.1 Employees

- See section 3.2.2

5.2 Managers

- See section 3.2.1

5.3 Finance

- to keep accurate records sickness absence and ensure employee's are paid accordingly
- to provide advice on ill health retirement

5.4 Human Resources

- Assist Line Managers to understand their responsibilities under this Policy and Procedure, and to apply it effectively
- Review this Policy and Procedure, involving Staff Side Organisation Representatives and Line Managers

6 Consultation, Assurance and Approval Process

6.1 Consultation Process

The Trust will involve stakeholders and service users in the development of its policies.

Senior Managers, Executive Board members, Joint Management Staff Committee members and Local Negotiating Committee members have all been formally consulted about the review of this Policy and Procedure

6.2 Quality Assurance Process

Following consultation with stakeholders and relevant consultative committees, this policy has been through quality assurance checks prior to being reviewed by the authorising committee to ensure it meets the standards for the production of policy and equalities legislation and is compliant with the Development and Management of Policies policy.

6.3 Approval Process

The approval process for this policy complies with that detailed in section 6.3 of the Development and Management of Policies Policy. The approving bodies for this policy are Joint Staff Management Committee, Local Negotiating Committee and the Executive Board.

The Checklist for Review and Approval has been completed and is included as Appendix 3.

7 Review and Revision Arrangements

This Policy and Procedure will be reviewed in accordance with the date stated on the front page of the document, following consultation with Managers and Staff Side Representatives.

This will include assessment of the policy's effectiveness and its compliance with current legislation.

Subsequent changes to the policy will continue to require the approval of the appropriate committees and changes will be detailed on the version control sheet at the front of the policy.

8 Dissemination and Implementation

8.1 Dissemination

Once approved, this policy will be brought to the attention of all relevant staff working at and for York Teaching Hospital NHS Foundation Trust following the completed Plan for dissemination of the policy (See Appendix 4)

This policy is available in alternative formats, such as Braille or large font, on request to the author of the policy.

8.2 Implementation of Policies

This will be an integral part of the dissemination as outlined above. In addition, Parental Leave will be discussed at Corporate Induction. It should also be highlighted by managers in any maternity / paternity / adoption leave meeting that takes place, thereby specifically targeting those staff that we know may find it helpful.

Additional support and advice are always available from the Human Resources department, as and when required, both in general terms and in dealing with specific situations.

9 Document Control including Archiving Arrangements

9.1 Register/Library of Policies

This policy will be stored on Staffroom, in the policies and procedures section and will be stored both in an alphabetical list as well as being accessible through the portal's search facility and by group. The register of policies will be maintained by the Healthcare Governance Directorate.

If members of staff want to print off a copy of a policy they should always do this using the version obtainable from Staffroom but must be aware that these are only valid on the day of printing and they must refer to the intranet for the latest version. Hard copies must not be stored for local use as this undermines the effectiveness of an intranet based system.

9.2 Archiving Arrangements

On review of this policy, archived copies of previous versions will be automatically held on the version history section of each policy document on Q-Pulse. The Healthcare Governance Directorate will retain archived copies of previous versions made available to them. Policy Authors are requested to ensure that the Policy Manager has copies of all previous versions of the document.

It is the responsibility of the Healthcare Governance Directorate to ensure that version history is maintained on Staffroom and Q-Pulse.

9.3 Process for Retrieving Archived Policies

To retrieve a former version of this policy from Q-Pulse, the Healthcare Governance Directorate should be contacted.

10 Monitoring Compliance and Effectiveness

This policy will be monitored for compliance with the minimum requirements outlined below.

Human Resources will be responsible for monitoring the effectiveness of the policy. Human Resources will work with Directorates and provide training to managers to ensure that the policy is being complied with and to monitor the effectiveness.

10.1 Process for Monitoring Compliance and Effectiveness

In order to fully monitor compliance with this policy and ensure effective review, the policy will be monitored as follows:-

Minimum requirement to be monitored	Process for monitoring	Responsible Individual/ committee/ group	Frequency of monitoring	Responsible individual/ committee/ group for review of results	Responsible individual/ committee/ group for developing an action plan	Responsible individual/ committee/ group for monitoring of action plan
a. Equality	Recording of employee absence through ESR	Line Manager & Human Resources	Ongoing	Human Resources	Human Resources	Human Resources

10.2 Standards/Key Performance Indicators

Managers are required to record all sickness absence, and support employees through the stages of the policy as required.

11 Training

Advice on the application of this policy can be sought from the Human Resources department. Training on managing sickness absence is available to line managers.

12 Trust Associated Documentation

- Adoption and Maternity Leave Policy
- Special Leave Policy
- Flexible Working Policy
- Annual Leave and Bank Holiday Policy
- Career Break Policy
- Managing Stress in the Workplace

13 External References

- Agenda for Change terms and conditions
- The Employment Rights Act 1996, as amended
- The Equality Act 2010

14 Appendices

Appendix 1: Equality Analysis

Appendix 2: Checklist for Review and Approval

Appendix 3: Plan for the dissemination of a policy

Appendix 1 Equality Analysis

To be completed when submitted to the appropriate committee for consideration and approval.

Name of Policy	Sickness Absence Policy and Procedure
1.	<p>What are the intended outcomes of this work?</p> <p>To support employees who experience health concerns to enable them to attend work as much as possible by providing early intervention, and promoting and encouraging them to lead a healthy lifestyle.</p>
2	<p>Who will be affected? <i>e.g. staff, patients, service users etc</i></p> <p>Staff members</p>
3	<p>What evidence have you considered?</p> <p>Equality Act 2010 NHS Employers Guidance</p>
a	<p>Disability</p> <p>No discriminatory impact identified</p>
b	<p>Sex</p> <p>No discriminatory impact identified</p>
c	<p>Race</p> <p>No discriminatory impact identified</p>
d	<p>Age</p> <p>No discriminatory impact identified</p>
e	<p>Gender Reassignment</p> <p>No discriminatory impact identified</p>
f	<p>Sexual Orientation</p> <p>No discriminatory impact identified</p>
g	<p>Religion or Belief</p> <p>No discriminatory impact identified</p>
h	<p>Pregnancy and Maternity</p> <p>No discriminatory impact identified</p>
i	<p>Carers</p> <p>No discriminatory impact identified</p>
j	<p>Other Identified Groups</p> <p>No discriminatory impact identified</p>
4.	<p>Engagement and Involvement</p>

<p>a.</p>	<p>Was this work subject to consultation?</p>	<p>Yes</p> <ul style="list-style-type: none"> • JNCC/EPG 24/04/2014 26/06/2014 21/08/2014 25/09/2014 20/11/2014 22/01/2015 • LNC 13/11/2014 20/01/2015
	<p>How have you engaged stakeholders in constructing the policy</p>	<ul style="list-style-type: none"> • Consultation with Staff Side Representatives and line managers. • Sickness focus groups have been held with employees and staff side. 19/08/2014 - Scarborough 19/08/2014 - York 20/08/2014 – Bridlington 04/09/2014 – York 04/09/2014 – Scarborough • Discussion at Professional Nurse Leaders Forum: 09/07/2014 - Scarborough 27/08/2014 - York • Discussion at Directorate Managers meeting: 26/06/2014 <p>All members of the above groups were involved in the review of the policy prior to the update.</p>

c.	If so, how have you engaged stakeholders in constructing the policy	Through negotiations at the above groups.
d.	<p>For each engagement activity, please state who was involved, how they were engaged and key outputs</p> <p>A HR Manager was present at each of the attached along with the regular attendees of the meeting.</p>	
5.	<p>Consultation Outcome</p> <p><i>Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups</i></p>	
a	Eliminate discrimination, harassment and victimisation	No impact i.e. neutral, doesn't promote or impact adversely
b	Advance Equality of Opportunity	Specific consideration given to promoting health and wellbeing in the workplace.
c	Promote Good Relations Between Groups	No impact i.e. neutral, doesn't promote or impact adversely
d	What is the overall impact?	
<p>Name of the Person who carried out this assessment: Jenny Flinton</p>		
<p>Date Assessment Completed 24th April 2015</p>		
<p>Name of responsible Director Sue Holden</p>		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Equality and Diversity Committee, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 2 Checklist for Review and Approval

Authors need to be confident that their policy meets all of the criteria identified below before submitting this to the appropriate committee(s) for consideration and approval.

	Title of document being reviewed:	Yes/No	Comments
1.	Development and Management of Policies		
	Is the title clear and unambiguous and meets the requirements of page 3 of the Development and Management of Policies Policy?	Yes	
	Is it clear whether the document is a policy, procedure or protocol?	Yes	
	Does the style and format of the policy meet the requirements of section 3.2 of the Development and Management of Policies Policy?	Yes	
	Does the policy contain a list of definitions of terms used?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Are individuals involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	
	Is there evidence of consultation with all relevant stakeholders and users?	Yes	
4.	Content		
	Is the document linked to a strategy?	Yes	
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
	Does it meet all of the requirements of external agencies/bodies where applicable?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	N/A	

	Title of document being reviewed:	Yes/No	Comments
	Are supporting references cited in full?	Yes	
	Are local/organisational supporting documents referenced?	Yes	
	Are all associated documents listed and updated?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate, have the staff side committee (or equivalent) approved the document?	Yes	
7.	Dissemination and Implementation		
	Does the dissemination plan identify how this will be done and is it clear?	Yes	
	Does the plan include the necessary training/support to ensure compliance?	Yes	
	Does the policy detail what evidence will be collated to demonstrate compliance with it?	Yes	
8.	Document Control		
	Does the document identify where it will be held?	Yes	
	Have archiving arrangements for superseded documents been addressed?	Yes	
9.	Process for Monitoring Compliance		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	No	
	Is there a plan to review or audit compliance with the document?	Yes	
10.	Review Date		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for coordinating the dissemination, implementation, evidencing, monitoring and review of the documentation?	Yes	

Policy Owner's Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval. (This can be completed electronically with an electronic signature)			
Name	Sue Holden	Date	16/04/2015
Signature	<i>S. Holden</i>		
Committee Approval			
If the Chair or Vice Chair of the committee is happy to approve this document, please sign and date here and enter the name of the committee/group. The Policy Author will contact the secretary/administrator of the committee/group to obtain a signed copy of this checklist. The Policy Author will then submit this together with the approved policy (ensuring the "draft" watermark is removed) to the Policy Manager for logging and publication.			
Name	Carol Popplestone	Date	16/04/2015
Signature	<i>C. Popplestone</i>		
Committee/ Group title	JNCC Staff Side Chair		
For Policy Manager's use only			
Is there a signed and completed Checklist for Review and Approval accompanying the policy?			
Is the policy logged on Qpulse?			
Has the old version of the policy been archived? (if applicable)			
Has the policy been published on Staffroom?			
Author notified that policy has been published?			

Appendix 3 Plan for the dissemination of a policy

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Title of document:	Sickness Absence Policy and Procedure
Date finalised:	16/04/2015
Previous document in use?	Yes
Dissemination lead	Human Resources
Which Strategy does it relate to?	
If yes, in what format and where?	
Proposed action to retrieve out of date copies of the document:	Healthcare Governance Directorate will hold archive

To be disseminated to:	1) All staff & managers	
Method of dissemination	Staff bulletin & Staffroom. Staff drop in sessions	
who will do it?	Policy Author	
and when?	Once approved	
Format (i.e. paper or electronic)	Electronic	

Dissemination Record

Date put on register / library	May 2015
Review date	April 2018
Disseminated to	
Format (i.e. paper or electronic)	
Date Disseminated	
No. of Copies Sent	
Contact Details / Comments	