

POLICY NAME:	Attendance Management Policy
POLICY ID NUMBER:	TW10-055
VERSION NUMBER:	12.4
APPROVING COMMITTEE:	Partnership
DATE THIS VERSION APPROVED:	March 2018
RATIFYING COMMITTEE	PARC
DATE THIS VERSION RATIFIED:	March 2018
DATE THIS VERSION AMENDED	Section 19.3 added (September 2018) Percentage trigger points removed from the policy (March 2022) Removal of the words 'appendix 1' at section 6.1 (April 2022) Calendar days trigger added, removal of wording regarding pro rata trigger, accessibility statement updated (August 2022)
AUTHOR (S) (JOB TITLE)	HR Business Partner /Staff Side Representative
DIVISION/DIRECTORATE:	Workforce
LINKS TO ANY OTHER POLICIES/PROCEDURES:	Performance Management Policy; Capability Policy, Disciplinary Policy, MHPS , Fraud, Corruption and Bribery Policy and Response Plan
CONSULTED WITH:	Staff Side and LNC

DATES PREVIOUS VERSION(s) APPROVED	Version 11	Date October 2015
NEXT REVIEW DATE:	March 2021, extended June 2021, extended to December 2021, extended to April 2022, extended to October 2022. Extended to April 2023. Extended to July 2023. Extended to October 2023, now extended to January 2024	
MANAGER RESPONSIBLE FOR REVIEW (Must be Authors Line Manager)	Deputy Director of HR	



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**AT ALL TIMES, STAFF MUST TREAT PATIENTS WITH RESPECT
AND UPHOLD THEIR RIGHT TO PRIVACY AND DIGNITY.**

1. INTRODUCTION

1.1 Wrightington, Wigan and Leigh NHS Foundation Trust recognises the importance of a positive approach to the management of sickness absence to enable the Trust to deliver quality services, to provide the necessary support to employees and ensure that employees are treated in a consistent, fair and reasonable manner.

1.2 This policy applies to all employees of the Trust.

2. POLICY STATEMENT

2.1 This policy is aimed at addressing the situation where sickness absence occurs. The policy aims to deal sensitively with employees who are ill or undergo planned surgery, and to deal with sickness absence in a fair manner, while minimising the impact on the Trust's operations. In implementing this policy managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust's Equality Diversity and Inclusiveness Policy.

2.2 This policy supplements the Terms and Conditions contained within your relevant collective agreement (Agenda for Change, Consultant Contract 2003 etc.) and does not normally replace them. Where a term is inconsistent, this policy will prevail.

3. KEY PRINCIPLES

3.1 Employees' absence from the workplace, for whatever reason, is damaging to a ward or department. As well as potentially reducing standards of patient care and service delivery, sickness absence places additional pressure on remaining employees working within a ward or department due to lower staffing levels. As a result, employees can become demotivated, turnover may increase and overall standards and efficiency may decline.

3.2 Wrightington, Wigan and Leigh NHS Foundation Trust will, at all times, endeavour to ensure that absence from the workplace due to sickness absence is kept as minimal as possible. The expected contractual level of attendance for all employees is 100%.

3.3 The Trust reserves the right to dismiss an employee if they have less than twelve months continuous service with the Trust, where concerns in relation to attendance are raised.

4. RESPONSIBILITIES

4.1 Trust Board

- 4.1.1 Responsibility for the provision of a policy and procedure on the management of attendance rests initially with the Trust Board.
- 4.1.2 The Trust Board has a strategic responsibility to ensure that the appropriate conditions at work exist to ensure that employees are able to give regular attendance.
- 4.1.3 The Trust Board will delegate responsibility for monitoring the operational application of the policy to the HR Committee.

4.2 **Workforce Directorate**

- 4.2.1 The Director of Human Resources (HR) and Organisational Development (OD) will oversee the introduction, operation and monitoring of the policy and will normally report on a regular basis to the Trust Board on absence levels against target.
- 4.2.2 The HR Department will provide advice to managers on the interpretation of this policy and on the management of absence.

4.3 **Occupational Health**

- 4.3.1 The Occupational Health Service will provide a referral, advisory and reporting service for managers in respect of employees with short and long term absence problems and to provide support for employees.
- 4.3.2 Employees are obliged to attend Occupational Health appointments when a referral is made by Trust management. Managers should grant paid leave of absence for the required period of time, including reasonable travel time, for the Occupational Health appointment and/or any follow-up appointments deemed necessary by Occupational Health or manager. Managers may ask staff to change their normal working pattern in line with service needs to accommodate appointments within normal working hours.
- 4.3.3 Appointments resulting from self-referrals to Occupational Health should also be made outside of normal working hours and in any case will be treated as unpaid time off/time of in lieu of previously worked overtime, or annual leave. Employees will be expected to endeavour to arrange the appointments for outside of their normal working hours so as to minimise time off work, however it is accepted that such appointments are not always available.

4.4 **Managers/Clinical Managers (or equivalent)**

- 4.4.1 Managers will be responsible for the active implementation of this policy within their area of control, where appropriate. This applies to all levels within the organisation.
- 4.4.2 All managers will attend the Trust's Attendance Management Training and/or any relevant refresher training as required.
- 4.4.3 The successful management of absence requires absences to be accurately monitored and recorded on the appropriate payroll notification forms and return to work interview forms. This is the responsibility of all managers and allows for early identification of possible problems.
- 4.4.4 Managers should normally comply with the duties laid out in the Equality Act, 2010 by looking at what changes or reasonable adjustments they could make to the workplace, or the way work is done, which would overcome the effects of disability, where appropriate. It is the responsibility of the manager to appropriately manage Occupational Health referrals in line with the guidance provided.

4.5 **Employees of the Trust**

- 4.5.1 Employees are required to take all reasonable steps to keep themselves in a good state of general health and to comply with the Trust's Health and Safety Policy.
- 4.5.2 An employee must not report sick when they are absent for another reason or when they are not sick/injured. If the Trust has reason to believe that an employee has reported sick, when they are in fact not sick, the employee may be subject to disciplinary proceedings which could result in their dismissal without notice. In such circumstances, any sick pay due may be withheld/recovered until a disciplinary decision is made.
- 4.5.3 An employee must notify their manager or nominated representative within the department when they are unable to come to work due to sickness/injury, and maintain contact with them throughout the period of absence.
- 4.5.4 An employee must forward any self or medical certificates on time and prior to the expiry of any previous medical certificate (please see notification procedure below).

- 4.5.5 Employees should not be working for any other employer (including NHSP/Agency) with performance restrictions on their substantive role or whilst claiming occupational sick pay from Wrightington, Wigan and Leigh NHS Foundation Trust. If issued with a fit note from a doctor that states the employee is unfit for work, this applies to all work unless the note states otherwise.
- 4.5.6 If you intend to work elsewhere whilst on sick leave from the Trust, you must discuss this with Human Resources and your line manager before you undertake any other employment (whether paid or unpaid). This question will be asked during the return to work interview.
- 4.5.7 Any staff member that has been working and against medical advice whilst on sick leave from the Trust, the manager must contact the divisional HR Advisor/Business Partner. Working whilst sick can lead to disciplinary action and/or criminal prosecution or civil recovery proceedings.
- 4.5.8 If an employee does have secondary employment, which they wish to continue whilst reporting sick to the Trust, a letter must be obtained from the employee's doctor explaining why the secondary employment is not affected by the employee's ailment. The employee's immediate line manager and the Human Resources department must also be kept informed of all developments.

4.6 **Anti-fraud**

- 4.6.1 In accordance with the Trust Fraud, Corruption and Bribery Policy and Response Plan, any suspicious activity, within the scope of this policy, will be referred to and subsequently investigated by the Trust's Local Anti-Fraud Specialist. The results of any such investigation could lead to internal disciplinary and/or civil/criminal prosecution proceedings being instigated against the appropriate person/persons involved.
- 4.6.2 Alternatively staff can report their suspicions by using the NHS Fraud National Fraud Hotline on 0800 028 40 60 or online at www.reportnhsfraud.nhs.uk (this number can be used to report such matters anonymously, if required).

5. NOTIFICATION AND CONTACT PROCEDURE

- 5.1 The employee should personally contact their manager or nominated deputy prior to commencement of the shift/period of duty were they believe that they will not be able to attend work due to ill health/illness. At the very latest, the employee should contact their manager two hours before the start of their shift/period of duty. Upon contact, the employee should provide the manager with the following details:
 - 5.1.1 The nature of the sickness/injury/medical condition;
 - 5.1.2 The anticipated length of absence;
 - 5.1.3 Any further information reasonably requested.
- 5.2 In exceptional circumstances, a nominated person may make contact on the employee's behalf. In such circumstances, as soon as the employee is able to make contact personally, this should be done without delay.
- 5.3 Where an absence due to illness/injury lasts longer than one calendar day, the employee has a duty to maintain regular contact with their manager. If there is any concern regarding the regularity of contact from the employee, the manager may call or write to them to establish contact/ask the employee to establish contact.
- 5.4 A self-certificate is required from day one of absence and will cover the employee up to and including the seventh calendar day of absence. This self-certificate is incorporated within the return to work documentation.
- 5.5 Following the seventh calendar day of self-certified absence, the employee must produce a medical certificate to their immediate manager covering any further period of

sickness/injury in the same absence. The employee must then continue to submit regular medical certificates to their immediate manager prior to the expiry of the previous certificate.

- 5.6 If an employee is due to go on holiday during a period of sick leave, they should inform their manager without delay, and seek permission to do so.
- 5.7 An employee's failure to follow the correct reporting, notification or contact requirements within the specified timescales and/or submit medical certificates on time will normally result in:
 - 5.7.1 Non-payment of occupational pay/salary and benefits for the period of absence (or appropriate part thereof);
 - 5.7.2 The absence (or part thereof) being recorded as unauthorised; and/or
 - 5.7.3 Disciplinary action being taken, which could result in dismissal;
 - 5.7.4 The Trust will not accept the submission of retrospective or late medical certificates, unless, in exceptional circumstances, it was agreed with the employee's line manager in advance of the date the medical certificate was required.

6. TRIGGER LEVELS

- 6.1 The Trust's trigger levels, for the purpose of the attendance management procedure are as follows:
 - 6.1.1 3 episodes of absence within a rolling 12-month period or less; and/or
 - 6.1.2 14 calendar days (single or cumulative sickness absence) in a 12-month rolling period or less; and/or
 - 6.1.3 Any apparent pattern to an employee's absence.
- 6.2 These trigger levels will be reviewed periodically and may be subject to change, after consultation with staff side.
- 6.3 Where an employee reports for work but due to sickness/injury is unable to complete their shift, this absence, and the hours lost, will count for the purpose of the attendance management procedure and in calculating trigger levels.
- 6.4 Managers do not always need to wait for an employee to hit their trigger level before managing the employee under the attendance management procedure. These trigger levels shall not preclude management action being taken earlier in respect of any unacceptable absences arising below the trigger levels e.g. If an employee's absence record persistently approaches the trigger level but does not cross the trigger threshold there may be a case for action. Further advice on occasions where this may be appropriate can be obtained from the HR department.

7. RETURN TO WORK

The employee must contact their manager and notify them of their intended return to work, as soon as they feel fit to return and in advance of their next shift/period of duty.

8. ABSENCE MANAGEMENT PROCEDURE

8.1 Upon return to work, the employee will be required to attend a return to work meeting (ideally on the first day back to work or exceptionally within 3 working days). If, because of shift patterns or leave etc., it is not possible for the designated manager to conduct the interview, arrangements must be made for a deputy to carry out this process. The purpose of such a meeting will be to discuss the employee's absence, attendance record, and to explore any support required and take any necessary action. Occupational Health referrals should be considered, discussed and documented if accepted or declined on all return to work forms in line with the Occupational Health referrals guidance.

8.2 Where an employee's absence record is approaching or has reached one (or more) of the Trust's trigger levels, the outcome of the return to work meeting may be that the employee is set an improvement target.

8.3 Where an attendance improvement target has been set, and the employee is absent from work again, they will be invited to an attendance review following their return to work.

8.4 The purpose of an attendance review will be to explore the employee's attendance record and for the manager to consider whether it is appropriate to take further action. The outcome of an attendance review may include (but will not be limited to):

- 8.4.1 A first letter of concern being issued together with a new attendance improvement target being set;
- 8.4.2 A final letter of concern being issued together with a new attendance improvement target being set;
- 8.4.3 Dismissal with notice (or pay in lieu of notice).

8.5 Management consideration will include but will not be limited to:

- 8.5.1 Decision to take action before the employee has reached one of the trust's trigger levels;
- 8.5.2 Decision not to take formal action;
- 8.5.3 Decision to re-issue or extend a current improvement target and/or letter of concern;
- 8.5.4 Decision to issue a final letter of concern without previously being issued with a first letter of concern and/or an improvement target.

8.6 If an employee is absent due to work related stress, an incident form will normally be completed for the absence and a risk assessment will also normally be carried out.

8.7 See guidance document for above return to work template, Occupational Health support, stress risk assessment.

9. LONG TERM ABSENCE PROCEDURE

9.1 An employee is deemed to be absent on a long term basis when their absence has lasted for a period of 4 working weeks or more.

9.2 The employee, at the request of the Trust, will be required to attend the Occupational Health department for a medical examination/health review. Where an employee refuses or fails to attend an Occupation Health appointment they may be subject to disciplinary action

and/or a decision may be made in relation to their absence/health without having the benefit of medical advice.

- 9.3 Where an employee is absent on a long term basis, they will be required to attend a formal absence review(s) with their manager (or other nominated person). The meeting(s) will normally include a review of the employee's absence from work and the possibility of a return, with or without support.
- 9.4 In the event that management believe that a return to work is not likely within a reasonable period and/or within the foreseeable future, the employee will be invited to a formal absence review where the employee may be dismissed with notice (or pay in lieu thereof) ill-health retirement should normally be considered before dismissal (where appropriate).
- 9.5 In exceptional circumstances the manager may request to visit the employee at home in order to conduct an attendance review.
- 9.6 The Trust reserves the right to dismiss an employee before their sick pay entitlements are exhausted.
- 9.7 In relation to supporting staff with a terminal illness please refer to the attendance management guidance.

10. REHABILITATION

- 10.1 The employee must contact their manager and notify them of their intended return to work, as soon as they feel fit to return and in advance of their next shift/period of duty.
- 10.2 Where a rehabilitation programme is medically recommended, employees may return to work on less hours for a period of up to 4 weeks, without loss of pay. Should a period of rehabilitation be required beyond 4 weeks, Occupational Health involvement and utilisation of annual leave will be required.
- 10.3 If a rehabilitation programme is deemed not to have been successful by management, the employee may be required to return to sick leave (if this is acceptable to the Trust) or, where appropriate, the employee's contract of employment may be terminated (after inviting them to a formal absence review meeting under the long term sick procedure).
- 10.4 A period of time spent on a rehabilitation programme will not be counted as sick leave for sick pay purposes.

11. REDEPLOYMENT AND ADJUSTMENTS

- 11.1 In cases where Occupational Health consider the employee unfit for their present duties, but fit for modified duties or an alternative role, every effort will be made to adapt the role or to find suitable alternative employment within the Trust, based on the Occupational Health advice.
- 11.2 Managers have an obligation to explore options for making reasonable adjustments to the working environment, if employees have or acquire a disability that may come under the scope of the Equality Act 2010. Reasonable adjustments may include re-allocation of duties, changing working arrangements, acquiring/modifying equipment.
- 11.3 An employee who requires redeployment for health reasons may be considered for alternative positions in the Trust and placed on the redeployment register (up to a maximum of 12 weeks). To match the employee to current vacancies, the employee must both have the required qualifications, registrations and skills to undertake the roles for such a transfer

to be appropriate. Redeployment must be into a vacancy and posts cannot be created for the purpose of redeployment.

- 11.4 In circumstances where a post has been identified as potentially suitable for more than one employee on the redeployment register, competitive interview will be required. Any existing flexible working arrangements will be taken into consideration. However, it may not always be possible to redeploy an employee into a post with identical flexible working arrangements and flexibility may be required.
- 11.5 Employees can be required to work at any of the Trust premises (unless current contract states otherwise), as set out in their contract of employment. Therefore, positions at any of the Trust sites may be considered suitable alternative employment.
- 11.6 Redeployment opportunities will initially be sought at the employee's substantive pay band. However, where this is not possible, posts at lower bands will be considered (normally one band lower of the substantive pay band). Pay protection does not apply in these circumstances.
- 11.7 Where an offer of suitable alternative employment has been made the employee will commence a 4 week trial period. This trial period may be extended by mutual consent. If the work trial is deemed successful by management, the redeployment should become permanent unless the employee provides justifiable reasons as to why the post is not suitable.
- 11.8 It is the responsibility of the importing manager to ensure that all appropriate documentation is completed and that a review takes place with the individual after the trial period.
- 11.9 If a suitable alternative position has been identified, but declined without justifiable reason, the employee will be seen to have terminated their contact of employment with the Trust.

12. ILL HEALTH RETIREMENT

- 12.1 Where a staff member who is a member of the NHS Pension Scheme becomes too ill to work, they are advised to discuss with Occupational Health the possibility of applying for early retirement on the grounds of ill health. Employees are encouraged to also seek the advice of their Trade Union representative.
- 12.2 The application form AW33 will be obtained from payroll, by the HR Advisor and sent to the individual for completion and once returned will be forwarded to Occupational Health for completion and submission to NHS Pensions at Fleetwood.
- 12.3 Medical advisors at Fleetwood will consider the application and the process can take several weeks. If approved the agency will send the employee a copy of form AW8 or AW8P to complete and arrangements will be made for their benefits/pension to be processed. Further information can be obtained from the NHS Pensions Agency website: nhspa.gov.uk.

13. SUSPENSION ON MEDICAL GROUNDS

- 13.1 Staff should not attend work in the event that they have a suspected or diagnosed communicable or transmissible infection. This also includes members of staff that are medically suspended by Occupational Health Services due to contact with an infectious/communicable disease. This is to ensure that the Trust protects both patients and staff under the Health and Safety at Work Act and Management of Health and Safety at Work Regulations.
- 13.2 In cases of confirmed outbreaks of diarrhoea and vomiting in specific clinical work areas, if an employee's symptoms are linked to that outbreak, it may be appropriate to exclude the

absence from the employee's sickness record for the purpose of the attendance management procedure. Where there is no confirmed outbreak within the clinical work area or link, it is appropriate to include the absence for the purposes of the attendance management procedure and escalate as appropriate.

- 13.3 If a ward is closed due to a suspected D&V outbreak, all staff with symptoms will be expected to provide a sample to the ward/OH, where the ward outbreak I-Log number can be transferred onto the patient specimen and form. Copies of the results will be sent to OH and Infection Control in order to confirm ward related outbreak. This should be documented on the return to work form.
- 13.4 Only Occupational Health, or Infection Control out of Occupational Health Services office hours, can medically suspend staff/or give the advice to an appropriate manager to enact the suspension.

14. THIRD PARTY CLAIMS

If an employee is absent as a result of an accident they will not be entitled to occupational sick pay if damages are receivable from a third party.

15. INDUSTRIAL INJURY ALLOWANCE

- 15.1 Absences resulting from an industrial injury will be regarded as sickness for pay purposes. The manager must discount periods of absence as a result of an accepted industrial injury in their decision making process when issuing written warnings.
- 15.2 Employees must complete a Datix incident form, and industrial injury assessment form immediately following an industrial injury in addition to reporting the incident through the Trust's Management of Incidents Procedure. The incident will be reviewed, in accordance with the injury allowance assessment methodology.
- 15.3 The Trust will confirm to the employee whether any associated sickness absence will be accepted as an industrial injury and therefore discarded for purpose of managing sickness absence.
- 15.4 The injury allowance payment is subject to National Insurance contributions and income tax but is not subject to pensions contribution deductions. Contributory state benefits received for loss of earnings will be offset at the rate at which they are actually received by the employee. All other benefits or payments received should be ignored. The allowance will be restricted to a period of up to 12 months per episode.
- 15.5 The following circumstances will not qualify for consideration of injury allowance:
 - 15.5.1 Injury whilst on a normal journey travelling to and from work, except where the journey is part of their contractual NHS duties;
 - 15.5.2 Sickness absence as a result of disputes relating to employment matters, conduct or job applications;
 - 15.5.3 Injury, disease or other health condition due to or seriously aggravated by the employee's own negligence or misconduct.

16. ANNUAL LEAVE AND LONG TERM SICKNESS ABSENCE

- 16.1 An employee can accrue contractual annual leave allowance during paid sick leave.

16.2 An employee is entitled to request a period of paid annual leave at the normal financial rate during sick leave. If an employee is being paid sick pay and elects to take annual leave he/she will not be entitled to receive both sick pay and leave for that period. If an employee is in half pay and request annual leave during sick leave he/she will be entitled to full pay for the annual leave period.

16.3 Where an employee is on sick leave and they wish to take a period of annual leave (i.e. go on a holiday) they must make this request via their line manager and must inform of the dates that they are unavailable to attend any meetings required under the attendance management policy. This leave will be deducted from the annual leave entitlement, and must be recorded as such on any SVL or e-rostering system as per normal annual leave process. If the employee remains absent after this period of leave, this will be counted as one absence.

16.4 Where an employee has booked a period of annual leave and, due to sickness is unable to take this, they must inform their line manager prior to the period of leave to request a change of leave. Employees therefore must be available to attend any meeting requested during this period, unless relevant documentation is provided.

16.5 Where continued sickness absence bridges an annual leave year, the employee will be entitled to carry over a maximum of one week of basic contracted hours at the discretion of their manager.

16.6 In cases of long term sickness, whereby the statutory minimum entitlement of 20 days pro rata has not been taken in a leave year, an employee may carry over additional days to ensure that he/she receives the statutory minimum leave for each leave year.

17. ANNUAL LEAVE

Where annual leave has been requested and unfortunately declined by the manager (for whatever reason) should the individual then report in sick on the requested day(s), this will be documented on the return to work and further scrutiny of the absence afforded by the manager with a HR Advisor, which may include the requirement of a medical certificate.

18. APPEALS PROCESS

18.1 The employee will be entitled to one appeal where they are issued with a Letter of Concern or where they are dismissed. Any appeal must be made in writing to the manager immediately senior to the manager making the decision.

18.2 The letter of appeal must state the reasons why the employee disagrees with the original decision and should be received within 14 calendar days of the date on which the decision was sent or given to the employee (if the decision was personally handed to the employee or given verbally).

18.3 The appeal decision will be final and there will be no right of recourse through any other Trust policy or procedure.

19. RIGHT TO BE ACCOMPANIED

19.1 An employee may be accompanied by a Trade Union/Staff Side Representative or workplace colleague to any formal attendance meeting, formal absence review meeting or appeal meeting held under this procedure. For the avoidance of doubt, this does not include return to work meetings or informal absence review meetings.

19.2 If the employee's choice of representative is unreasonable, management may ask the employee to choose someone else, for example: if in the opinion of management, the representative may have a conflict of interest or may prejudice the meeting; or if the

representative is unavailable or cannot be released from work at the time a meeting is scheduled and will not be available for more than five working days afterwards.

19.3 Audio or visual recording of any meeting held under this process is not permitted. Any person caught covertly recording any meetings under this process may be subject to disciplinary action.

20. GENERAL

20.1 Levels of authority to take formal action under this policy are as follows:

20.1.1 First/final letter of concern – line manager (or above), or nominated deputy;
20.1.2 Dismissal – general manager/head of nursing/head of department (or above), or equivalent.

20.2 At the discretion of management, a formal review or appeal meeting may be chaired by a more senior manager (or managers) than those referenced within this policy.

20.3 If an employee fails to attend a formal review or appeal meeting under this procedure without reason (or without a reason deemed to be acceptable by management), the meeting may proceed in the employee's absence and/or a decision may be made on action to be taken without the benefit of having met with the employee.

21. HUMAN RIGHTS ACT

Implications of the Human Rights Act have been taken into account in the formulation of this document and they have, where appropriate, been fully reflected in its wording.

22. INCLUSION & DIVERSITY

The document has been assessed against the Equality Impact Assessment Form from the Trust's Equality Impact Assessment Guidance and, as far as we are aware, there is no impact on any protected characteristics.

23. MONITORING AND REVIEW

23.1 The Senior HR Business Partner (Workforce Informatics) is responsible for the production of monthly monitoring data reports by division for use within divisions to determine employee compliance with the policy.

23.2 The Senior HR Business Partner for the division will normally meet with the senior divisional team per month to review all staff listed in the report and to ensure consistent compliance with this policy, where appropriate.

23.3 Trust attendance target may be subject to review by the Trust Board annually (if not before).

23.4 The HR Department will normally communicate to each general manager the annual target and the subsequent divisional targets. The monthly monitoring data reports will normally be adjusted to reflect the annual Trust/divisional target.

24. ACCESSIBILITY STATEMENT

This document can be made available in a range of alternative formats e.g. large print, Braille and audio. For more details, please email translation.services@wwl.nhs.uk

Appendix 1

Industrial Injury Assessment Form

Name	
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Department		
Job Title		
Pay Band		
Details of injury		
Incident form completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you believe the injury to be work related?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes – please explain why you believe the injury is work related		
Assessment Panel use only		
Assessment Panel – Line Manager		
Assessment Panel – HR		
Assessment Panel – Occupational Health Department		
Date of assessment		
Application approved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason		

Form to be submitted to the HR Business Partner, Human Resources Department

Application for Injury Allowance (IA)

Name	
Department	
Job Title	

Pay Band		
Half Pay commencement date		
Details of injury		
Datix Incident form completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you believe the injury to be work related?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes – please explain why you believe the injury is work related		
Assessment Panel use only		
Assessment Panel – Line Manager		
Assessment Panel – HR		
Assessment Panel – Occupational Health		
Date of assessment		
Application approved?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason		

Form to be submitted to the HR Business Partner, Human Resources Department

Equality Impact Assessment Form

STAGE 1 - INITIAL ASSESSMENT

<p>For each of the protected characteristics listed answer the questions below using</p> <p>Y to indicate Yes and</p> <p>N to indicate No</p>	Sex (male/female/transgender)	Age (18 years+)	Race/Ethnicity	Disability (hearing/visual/physical / learning disability / mental health)	Religion/Belief	Sexual Orientation (Gay/Lesbian/Bisexual)	Gender Re-Assignment	Marriage/Civil Partnership	Pregnancy & Maternity	Carers	Other Group	List Negative/Positive Impacts Below
	N	N	N	N	N	N	N	N	N	N	N	
Does the policy have the potential to affect individuals or communities differently in a negative way?	N	N	N	N	N	N	N	N	N	N	N	
Is there potential for the policy to promote equality of opportunity for all/promote good relations with different groups – Have a positive impact on individuals and communities.	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	N	N	N	N	N	N	N	N	N	N	N	If Yes: Please state how you are going to gather this information.

Job Title	Senior HR Business Partner					Date	06.04.2018
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IF 'YES an NEGATIVE IMPACT' IS IDENTIFIED - A Full Equality Impact Assessment STAGE 2 Form must be completed. This can be accessed via http://intranet/Departments/Equality_Diversity/Equality_Impact_Assessment_Guidance.asp

Please note: As a member of Trust staff carrying out a review of an existing or proposal for a new service, policy or function you are required to complete an Equality Impact Assessment. By stating that you have NOT identified a negative impact, you are agreeing that the organisation has NOT discriminated against any of the protected characteristics. Please ensure that you have the evidence to support this decision as the Trust will be liable for any breaches in Equality Legislation.

Appendix 3**POLICY MONITORING AND REVIEW ARRANGEMENTS**

Para	Audit/Monitoring requirement	Method of Audit/Monitoring	Responsible person	Frequency of Audit	Monitoring committee	Type of Evidence	Location where evidence is held
8	A return to work form must be completed with the individual staff member after every episode of absence.	Cross checked against Attendance Management Report.	HR Advisor	Monthly	N/A	Audit	HR Department