

Forestry Commission Equality Analysis Form

1. What is the name of your policy, function or service?

Sickness Absence Management Policy Review

2. What are the main aims and objectives of the Policy, function or service?

The Sickness Absence Management policy and procedure set out the FC's approach for managing employee sickness absence where this has reached a level that is considered unacceptable or otherwise gives cause for concern.

The policy and procedure aim to provide a fair and transparent process for managing sickness absence, ensuring compliance with the ACAS Code of Practice, equalities legislation and all statutory requirements relating to dismissals for reason of capability. The People Matters Guide aims to provide guidance for managers on applying the procedure fairly and consistently in practice.

The FC uses a "trigger point" system to monitor absence and identify individuals whose sickness absences have exceeded the acceptable level. If there is likely to be a negative impact on their work or the work of the team as a result of the individual's absences, then they will be investigated and managed in line with the formal Sickness Absence Management procedure.

The procedure comprises separate processes for managing short-term intermittent absence and long-term absence.

The objectives of the policy, procedure and People Matters Guide are to:

- encourage managers and staff to openly discuss any factors that are contributing to sickness absence or are likely to do so;
- communicate the level of sickness absence that is considered unacceptable and the consequences of continued sickness absences;
- ensure that individuals whose sickness absence is approaching or has reached an unacceptable level are identified and provided with appropriate support;
- provide managers with the necessary support and guidance to identify unacceptable levels of sickness absence and take appropriate action to support the individual;
- ensure that individuals are provided with support and time to minimise their sickness absence, including consideration and timely implementation of reasonable adjustments where appropriate; and
- only resort to the formal procedure when attempts to reduce sickness absence informally have been unsuccessful or where the individual's absence becomes long-term.

3. Briefly describe the impact (or potential impact) on people

Managers are prompted to consider using the formal procedure for managing sickness absence where they identify a pattern of sickness absence or where the sum of an individual's sickness absences has caused them to reach one of the FC's trigger points.

The Sickness Absence Management policy and procedure will therefore have an impact on individuals with a high level of sickness absence who have exceeded one of the trigger points. It follows that the policy and procedure could potentially have a greater impact on individuals who have a high level of sickness absence as a result of a disability, pregnancy or gender re-assignment treatment/surgery.

Application of the formal procedure is not automatic however and the procedure gives managers discretion to determine the appropriate course of action in each case. The procedure encourages managers to seek medical advice from the FC's Occupational Health Advisers and to consider and implement reasonable adjustments to help minimise future sickness absence, where appropriate. There is provision within the procedure for reasonable adjustment to be made to the trigger points or for particular absences to be discounted, for example in order to avoid the policy and procedure impacting negatively on individuals with disabilities, pregnancy or gender re-assignment surgery.

The formal procedure for managing short-term intermittent sickness absence will be used where an individual has had 10 or more working days of absence in the past 12 months or if a pattern of intermittent absence has developed that gives cause for concern. The procedure consists of three formal stages and an appeals process. At each stage the individual will be asked to attend a Sickness Absence Review and at stages 1 and 2 they will be issued with formal improvement warnings and given time and support to improve. If their sickness absences continue to exceed an agreed target then the individual will progress through each of the stages until finally dismissal will be considered.

The formal procedure for managing long-term sickness absence will be used where an individual has been absent for 20 or more consecutive working days (4 weeks) in the past 12 months. If they have had consecutive absences for the same reason which were separated by a short return to work but together would have lasted 20 days or more, then this will also be managed as long-term absence. The procedure consists of three stages: consultation; medical investigation; and dismissal. It may be necessary to repeat stages 1 and 2 more than once, depending on the nature of the individual's health condition and how this develops. Dismissal will only be considered if after all alternatives have been explored they remain unable to return to work.

4. What are the names and contact details of the initiative's owner and the person who completed the Equality Analysis?

Owner: Alison McSheaffrey
Head of HR Services
Forestry Commission

Silvan House
Edinburgh
EH12 7AT

Telephone: 0131 314 6204
Email: Alison.mcsheaffrey@forestry.gsi.gov.uk

Author: Janette Hill
HR Policy Adviser
Forestry Commission
Silvan House
Edinburgh
EH12 7AT

Telephone: 0131 314 6241
Email: Janette.hill@forestry.gsi.gov.uk

5. Is this a new Equality Analysis, or a review of a previous Equality Analysis?

New.	Yes
3 year review.	
Early review, explain why.	
Review due to end of the initiative.	

6. If this is a review, when was the previous Equality Analysis signed off?

Not applicable.

7. How will this initiative be put into practice?

The Sickness Absence Management policy and procedure is part of a suite of information on managing sickness absence in the FC. There is also a separate policy and procedure on "Sick Leave and Sick Pay" which provides information on reporting and recording sickness absence and entitlement to sick pay. The policy and procedure will be available in the Staff Handbook, which is accessible on the HR pages of eConnect. The People Matters Guide will also be available on eConnect.

The policy and procedure will be put into practice by the managers of any members of staff whose sickness absence has reached one of the FC's trigger points. Line managers are responsible for monitoring sickness absence on an ongoing basis and will also be notified by the Occupational Health Team in HR when an individual's sickness absences have reached one of the FC's absence trigger points. This notification is intended to check that the manager is aware of the individual's level of sickness absence and to prompt them to consider whether any action needs to be

taken.

It may be appropriate to adjust the trigger points or consider discounting certain periods of absence where the individual's sickness absences they are the result of a disability, pregnancy-related or because they are undergoing gender reassignment. Any reasonable adjustment to the trigger points will be based on advice from the FC's Occupational Health Advisers.

HR Case Managers will support managers to tackle short-term or long-term absence using the formal procedure, for example by assisting managers in seeking Occupational Health advice and considering reasonable adjustments for individuals with medical conditions. HR Case Managers will also assist in the development of management capability in this area through delivery of the "People Management: You and HR" training course which is offered to all managers.

Where a management decision is taken to formally manage an individual's sickness absence, the relevant procedure will be followed (depending on whether the individual has exceeded the trigger point as a result of long-term absence or short-term intermittent absence).

Short-term intermittent sickness absence:

In cases of short-term intermittent sickness absence, the line manager will invite the individual to attend a Formal Sickness Absence Review, which will normally result in a First Improvement Warning being issued. The individual will be placed on a Monitoring Period of between three and six months, during which their sickness absences will be monitored against a target based on Occupational Health advice.

Where the individual's sickness absences have not exceeded the agreed target by the end of the Monitoring Period then the formal procedure will come to an end but an acceptable level of sickness absence must be maintained for a further 9 months. Alternatively if the individual's sickness absences have exceeded the agreed target during the Monitoring Period, or if their sickness absences gives cause for concern while the warning remains live, then they will proceed to the next formal stage of the procedure.

The individual will then be invited to a further Formal Sickness Absence Review, which will normally result in a Final Improvement Warning being issued by the Unit Manager. The individual will be placed on a Trial Period for between three and six months and sickness absence will again be monitored against a target. Where sickness absences do not exceed the target then the formal procedure will cease but an acceptable level of sickness absence must be maintained for a further 12 months. Alternatively if the individual's sickness absences exceed the target during the Trial Period, or if their sickness absences gives cause for concern while the warning remains live, then dismissal will be considered. The case will firstly be reviewed by the Director HR before any further action is taken. The Unit Manager will then invite the individual to a Final Sickness Absence Review and will decide whether they should be dismissed.

Long-term sickness absence:

In cases of long-term sickness absence, the line manager will maintain informal

contact with the individual and will also hold regular Sickness Absence Reviews to fully review the ongoing sickness absence, likelihood of return to work and consider whether the absence can continue to be sustained by the FC. The frequency of Sickness Absence Reviews will depend on the progression of the individual's health condition and expected duration of their sickness absence.

The line manager will also obtain Occupational Health advice at regular intervals during the period of sickness absence. This will help them to monitor the individual's progress and continually explore options for reasonable adjustments that would enable them to return to work, including alternative jobs at the same or a lower payband.

When the individual is well enough to come back to work, the formal procedure will stop. Alternatively if the Occupational Health advice indicates that they are unlikely to return to work within a reasonable timeframe, an application for Ill Health Retirement will normally be submitted (provided that the individual meets the qualifying criteria).

If an individual's absence continues then dismissal will be considered after all options for alternative employment have been explored and Ill Health Retirement has been ruled out. The case will be reviewed by the Director HR before any further action is taken. The individual will then be invited to attend a Final Absence Review with their Unit Manager, who will decide whether they should be dismissed.

8. What evidence regarding the protected characteristics have you obtained to analyse this initiative? Quote sources including details of engagement.

FC workforce

Data from the Rebus HR/Payroll system indicates that the FC will employ a total of 3116 staff at 30th November 2011. The Sickness Absence Management policy and procedure could potentially apply to 2942 of these staff as sickness absence among Short Term Temporary Appointments, apprentices and office holders is not managed using a formal procedure.

Analysis of the protected characteristics of the FC workforce that could be impacted are as follows:

Gender:

1825 males (67%)
947 females (33%)

Disability:

72 declared themselves as having a disability (2%)
2870 declared that they do not have a disability (98%)

Ethnicity:

2846 White British (97%)
75 White Other (2%)
18 Black And Minority Ethnic (<1%)
Less than 5 gave no response (<1%)

Age:

16 to 24 = 56 (2%)
25 to 29 = 182 (6%)
30 to 34 = 282 (10%)
35 to 39 = 330 (11%)
40 to 44 = 404 (14%)
45 to 49 = 507 (17%)
50 to 54 = 519 (18%)
55 to 59 = 408 (14%)
60 to 64 = 220 (7%)
Over 65 = 34 (1%)

Pregnancy/maternity:

There were 34 individuals on maternity leave at 1st June 2011.

Sexual Orientation, Religion or Belief and Gender Identity:

Responses from the Staff Survey 2009 have been used to obtain data on the sexual orientation, religion or belief and gender identity of the FC workforce, as this information is not currently captured by the Rebus system.

The Staff Survey responses showed that of the 2,098 (61%) FC staff (of all contract types) who completed the survey, the protected characteristics are:

Sexual Orientation:

1,647 Heterosexual (78%)
29 Bisexual (1%)
43 Other (2%) – including gay, lesbian and other, as low numbers did not allow for separate analysis.
379 No response (18%)

Religion or belief:

897 Christians (43%)
565 No religion (27%)
154 Atheists (7%)
15 Buddhists (1%)
97 Other (5%) - including Hindu, Jewish, Sikh, and all other faiths
264 Preferred Not to Say (13%)
106 No response (5%)

Gender identity:

11 staff (1%) identified as being transgender.

Staff whose absences have exceeded a trigger point

Data extracted from the Rebus AMS system detailed all staff whose sickness absence had exceeded the FC's absence trigger point of 10 days in the past 12 months (to 30 November 2011). There were 346 staff in this group and their protected characteristics were:

Gender:

216 males (62%)

130 females (38%)

Disability:

20 declared themselves as having a disability (6%)
326 declared that they do not have a disability (94%)

Ethnicity:

332 White British (96%)
11 White Other (3%)
Less than 5 Black And Minority Ethnic (<1%)
Less than 5 gave no response (<1%)

Age:

16 to 24 = 6 (2%)
25 to 29 = 17 (5%)
30 to 34 = 29 (8%)
35 to 39 = 37 (11%)
40 to 44 = 46 (13%)
45 to 49 = 47 (14%)
50 to 54 = 59 (17%)
55 to 59 = 56 (16%)
60 to 64 = 43 (12%)
Over 65 = 6 (2%)

Pregnancy/maternity:

Information regarding whether any of the staff whose sickness absences exceeded the trigger points were pregnant is not readily available.

Sickness absence management 'cases'

Of the staff who reached the trigger point, a management decision was taken regarding whether to formally manage their sickness absences. Records kept by the HR Case Managers show that from 1st April 2008 – 30th November 2011 a total of 48 staff have been subject to the formal procedure for managing sickness absence, of which 34 were long-term sickness absence cases and 14 were short-term sickness absence cases.

An analysis of the protected characteristics of each of these groups is below:

Gender:

31 males (65%)
17 females (35%)

Disability:

2 declared themselves as having a disability (4%)
46 declared that they do not have a disability (96%)

Ethnicity:

46 White British (100%)

Age:

16 to 24 = 0 (0%)
25 to 29 = 0 (0%)

30 to 34 = 0 (0%)
35 to 39 = 4 (8%)
40 to 45 = 8 (17%)
46 to 49 = 5 (10%)
50 to 54 = 11 (23%)
55 to 59 = 14 (29%)
60 to 64 = 5 (10%)
Over 65 = 1 (2%)

Pregnancy/maternity:

There is no recorded data which suggests that any of the sickness absence cases involved individuals who were pregnant. However in most cases pregnancy-related absence would have been discounted when deciding whether to take formal action in any case.

Business engagement

Business engagement was carried out in 2010 as part of a proposed refresh of the existing information on sickness absence management. Since then the People Strategy 2011-2015 has been published which makes a commitment to review the sickness absence policy. It was decided that no further business engagement would be carried out as part of this review.

The business feedback obtained in 2010 came from HR Operations Managers, HR Case Managers, HR Services and the Diversity Team.

Relevant feedback for the purposes of this Equality Analysis was that additional guidance was needed for managers on making referrals for Occupational Health advice and conducting meetings to discuss sickness absence. In light of this feedback the new Sickness Absence Management procedure has been developed to clearly explain the steps involved in the Occupational Health referral process and the People Matters Guide will provide further guidance on how to carry out both informal and formal meetings throughout the procedure.

There was also a request for more guidance on managing individuals with mental health issues such as stress. In light of this the People Matters Guide has been developed to include specific guidance relating to the management of individuals suffering from stress or other mental health issues and also directs managers to the FC's separate "Stress" policy and associated training for more information.

FCTU consultation

The FCTU have been consulted as part of the policy development process and their feedback has been considered. The FCTU sought confirmation that absence trigger points would be adjusted for staff with disabilities that result in sickness absence. The new procedure provides this confirmation by stating that reasonable adjustment to the trigger points would be made where appropriate and based on Occupational Health advice. Other feedback received from the FCTU did not relate to equality and diversity issues.

Diversity Internal Staff Forum

The Forum was invited to comment on the proposed changes to the existing

procedure in November 2011. The Forum noted no concerns from an equality and diversity perspective.

9. What gaps are there in the available evidence?

	Describe the gaps and what you have done to fill them, or why you cannot fill them.
Age	No gaps identified.
Disability	No gaps identified.
Gender	No gaps identified.
Gender Reassignment	Information in relation to gender identity is not currently captured on the REBUS system and as per Civil Service guidelines FC will not be introducing any amendments to capture this data. The FC captures evidence via our Staff Survey 2009, although this cannot be linked to data in relation to the management of sickness absence.
Marriage and Civil Partnership	Information in relation to marriage and civil partnership is not currently captured on the REBUS system. Plans are being progressed to upgrade the data capture facilities.
Pregnancy and Maternity	Information in relation to pregnancy is only recorded on the REBUS system where a MATB1 has been issued by a midwife to confirm that the individual is within 11 weeks of their Expected Week of Confinement (EWC). Line managers are expected will be aware of staff that have advised of their pregnancy before this time, but it is not collectively available for analysis.
Race	No gaps identified.
Religion and Belief	Information in relation to religion and belief is not currently captured on the REBUS system, and plans are being progressed to upgrade the data capture facilities. The FC does capture evidence via our Staff Survey 2009, although this cannot be linked to data in relation to the management of sickness absence.
Sexual Orientation	Information in relation to sexual orientation is not currently captured on the REBUS system, and plans are being progressed to upgrade the data capture facilities. The FC does capture evidence via our Staff Survey 2009, although this cannot be linked to data in relation to the management of sickness absence.

10. What does all the evidence tell you about the actual or likely impact on different groups?

	Positive Impact	Negative impact	High, Medium or Low	Comments

Age		X	High	<p>The evidence suggests that the policy and procedure could have a potential impact on older staff. Examination of the staff whose sickness absences had exceeded the trigger point showed that these individuals were more likely to be found in the upper age ranges. This is perhaps to be expected given the age distribution of the FC workforce overall, but suggests that older staff may be more likely to be subject to the formal procedure for managing sickness absence.</p> <p>Analysis of the formal sickness absence cases supports this, as majority of cases in the past have involved staff aged between 50 and 59. However further analysis of the reasons for absence and the length of the absence did not provide any evidence that in the vast majority of cases the individual's sickness absence (and subsequent management of this) was related to their age.</p> <p>In the majority of cases, the individuals' absences were long-term and they eventually exited the FC through medical retirement or were dismissed because the Occupational Health advice indicated that they would be unable to return to work within a reasonable timescale. A small percentage of staff decided to retire or resign rather than be dismissed on capability grounds. There was no evidence to imply that FC could have made further reasonable adjustment that would have enabled these individuals to remain in work.</p>
Disability	X		Medium	Given that the policy and procedure will impact on staff

			<p>with high levels of sickness absence, it is possible that they could impact disproportionately on individuals who exceed the FC trigger points as a result of sickness absences relating to a disability.</p> <p>However this is not supported by the evidence, which shows that although 6 percent of the FC's workforce exceeded the trigger point in a 12 month period had declared a disability, only 4 percent of the formal sickness absence cases involved staff with disabilities (2 individuals over a period of almost 4 years). This indicates that a management decision had been made not to take formal action in the majority of cases where the trigger point has been reached as a result of an individual's disability.</p> <p>Within the procedure, seeking Occupational Health advice is an important step in the formal sickness absence management process. This allows managers to get advice on, consider and implement reasonable adjustments, which may help to minimise future sickness absence or involve adjusting the trigger point for a particular individual so that they are not adversely impacted because of their disability. The evidence suggests that this has been applied in practice so that the procedure does not disproportionate impact staff with disabilities.</p> <p>Additional guidance for managers is also available in the People Matters Guide – Managing Sickness Absence and People Matters Guide – Reasonable Adjustments for</p>
--	--	--	--

				Staff with Disability, which support the overall implementation of this policy and help to manage staff with disabilities.
Gender	X		Low	<p>There is no evidence to suggest that the policy and procedure will have a disproportionate impact on a particular gender.</p> <p>Percentages of male and female staff whose sickness absences have been managed using the formal procedure is consistent with the percentages of male and female staff whose absences had exceeded the trigger points.</p> <p>Although a higher proportion of the formal sickness absence cases have involved male staff, this is proportionate to the number of male staff in the FC workforce overall. Analysis of the payband and type of work of staff whose sickness absences have been managed using the formal procedure does not demonstrate any clear connection between the type of work being carried out and the sickness absence. This will be monitored in future to try to determine any reason for this trend.</p>
Gender reassignment		X	Medium	<p>Given that the policy and procedure will impact on staff with high levels of sickness absence, it is possible that the policy and procedure could have a disproportionate impact on individuals who exceed the trigger point because they are absent from work while undergoing gender reassignment treatment.</p> <p>However the procedure does not require automatic action when</p>

				<p>trigger points are exceeded so managers will have the discretion to consider discounting sickness absence that is connected to an individual's gender reassignment treatment. Occupational Health advice would be sought if necessary.</p> <p>More information for managers is also provided in the People Matters Guide – Managing Sickness Absence and People Matters Guide – Gender Identity and Gender Reassignment, to help manage sickness absence for staff undergoing gender reassignment.</p>
Marriage and Civil Partnership	X		Low	<p>There is no evidence to suggest that the policy and procedure will have any positive or negative impact on those who are married or in a civil partnership.</p>
Pregnancy and Maternity		X	Medium	<p>Given that the policy and procedure will impact on staff with high levels of sickness absence, it is possible that they could impact disproportionately on individuals who exceed the FC trigger points as a result of pregnancy or maternity.</p> <p>There is no evidence to suggest that any of the staff whose sickness absences exceeded the trigger point were pregnant. However the procedure does not require automatic action when trigger points are exceeded so managers would normally consider discounting sickness absence that is connected to pregnancy and are not expected to cause any further sickness absence. In instances where the individual's is absent for pregnancy reasons in the four weeks before their Expected</p>

				<p>Week of Childbirth, their maternity leave will start automatically in line with the FC's maternity leave procedure. Occupational Health advice would be sought if necessary.</p> <p>Where an individual's sickness absences (not including those related to pregnancy) are being formally monitored, the formal procedure would stop when the individual's maternity leave begins. When the individual returns to work their sickness absences would return to being routinely monitored against the trigger points, on an informal basis.</p> <p>More information for managers is provided in the People Matters Guide – Managing Sickness Absence and HR Policy and Procedure on Sick Leave and Sick Pay to help manage the sickness absence of pregnant staff. The FC's HR policy and procedure on Maternity also supports the overall implementation of this policy.</p>
Race	X		Low	<p>There is no clear evidence to suggest that the policy and procedure will have any positive or negative impact on staff from ethnic minority backgrounds. Although all formal sickness absence cases have involved White British staff, there is no evidence to imply that their sickness absences have been in any way linked to their race and indeed this result is not unexpected given that the majority of staff in each payband are White British.</p>
Religion and Belief		X	Medium	<p>Given that the policy and procedure will impact on staff with high levels of sickness</p>

				<p>absence, it is possible that they could impact disproportionately on individuals who exceed the FC trigger points as a result of undergoing a medical procedure related to their religion or belief.</p> <p>However the procedure does not require automatic action when trigger points are exceeded so managers will have the discretion to consider discounting sickness absence that is connected to an individual's religion or belief. Occupational Health advice would be sought if necessary.</p>
Sexual Orientation	X		Low	There is no evidence to suggest that the policy and procedure will have any positive or negative impact on staff in relation to sexual orientation.

11. What have you changed in the initiative to reduce or eliminate any negative impact?

The policy, procedure and People Matters Guide for managing sickness absence already emphasise the need for managers to obtain Occupational Health advice and consider making reasonable adjustments, which may include adjusting the trigger points or discounting some absences.

However the People Matters Guide was amended to include a specific reference to pregnancy, gender reassignment and religion or belief to advise managers to consider this when reviewing an individual's sickness absence record and deciding whether to take any action (informal or formal).

12. Where negative impact can not be reduced, give the reasons why.

The evidence suggests that staff in the older age groups are more likely to have a period of sick absence that exceeds trigger point limits than those from other age groups. Overall, this is reflective of the age demographics of the FC workforce as a whole.

As sick absence is an area that cannot be predicted, or indeed controlled, we will continue to monitor those impacted and ensure that the policy is applied fairly regardless of the age of individuals.

13. Does this initiative fulfil the General Equality Duty?

	Comment
Eliminate unlawful discrimination,	The policy and procedure aim to provide a fair and

<p>harassment and victimisation.</p>	<p>transparent process for managing of sickness absence.</p> <p>Management decisions will be based on medical information and/or Occupational Health advice and where appropriate reasonable adjustments will be considered and implemented to assist individuals with disabilities or health concerns that affect their work.</p> <p>In the event that an employee did not believe the process had been applied in a fair and consistent manner the procedure provides the right to appeal and have this investigated by a more senior manager. There is also the option for employees to raise a grievance under the FC's Grievance procedure if desired.</p>
<p>Advance equality of opportunity.</p>	<p>The procedure requires managers to seek Occupational Health advice and consider and implement reasonable adjustments to help staff with disabilities to attend work and carry out their duties.</p> <p>The procedure does not require managers to take action automatically where a trigger point has been exceeded, which provides flexibility for managers of individuals with disabilities or who are pregnant or undergoing gender re-assignment. Reasonable adjustment will also be considered in relation to trigger points.</p>
<p>Foster good relations.</p>	<p>The policy and procedure promote communication between managers and staff and encourage them to discuss any health, personal or work-related issues that are contributing to sickness absence or are likely to do so. Employees are also encouraged to use the services of the FC's Employee Assistance Programme.</p> <p>Where appropriate, Occupational Health advice will be obtained and consideration will be given to reasonable adjustments that would assist the individual to attend work. All medical reports will be shared and discussed with the individual.</p> <p>Staff will always be given time and support to reduce their sickness absences and dismissal will only be considered as a last resort, after warnings have been given and/or all alternative options have been explored.</p>

14. Describe the arrangements to measure and monitor the actual impact of this initiative on people from the protected characteristic groups.	
How will you measure the effects of the initiative?	<p>HR Case Managers will monitor the application of the procedure by recording details of all staff whose sickness absence is managed using the formal procedure.</p> <p>Feedback will be received from the FCTU on the application of the policy and procedure in specific cases.</p> <p>Individual and managers may also feedback on the application of the procedure, via the HR Case Managers or HR Operations Managers.</p> <p>Responses to the bi-annual Staff Survey and employee complaints raised through the FC's Grievance procedure will also be monitored for any complaints/concerns raised in relation to the fairness or consistency of the procedure and its application.</p> <p>If appropriate, the above feedback may result in amendments to the procedure to ensure fairness and consistency of application in future.</p>
What type of information is needed for monitoring and how often will it be analysed?	<p>Sickness absence information from the REBUS HR system will be used to monitor sickness absence across the FC and identify any individuals whose sickness absence has exceeded a trigger point. These reports will be analysed on a monthly basis by the HR Case Managers or Occupational Health Team and forwarded to individuals' managers to review the sickness absence record and decide on appropriate action.</p> <p>HR Case Managers will gather and record the personal details and protected characteristics of staff whose sickness absence is being managed using the formal procedure. This will be analysed annually.</p>
How will you engage stakeholders* in implementation, monitoring and review?	<p>The policy and procedure will be approved by the HR Service Board, which represents the business.</p> <p>The policy and procedure have been developed in consultation with the FCTU. The FCTU may provide feedback on the policy, procedure or People Matters Guide and will be consulted when a review is carried out.</p>

	Individuals and managers may also provide feedback. Business engagement will be carried out if a significant review of the policy and procedure is undertaken.
Who will be responsible for the monitoring and review?	HR Policy team
15. What is the review date for this Equality Analysis?	
Date of next review(s)	The policy and procedure will be reviewed in April 2015, or earlier if dictated by other policy changes or legislative changes.
What could trigger an early revision?	Changes required by legislation or issues identified through monitoring of sickness absence cases or feedback from FCTU, managers or individuals.
16. Senior manager sign off	
I agree with this Equality Analysis and its supporting evidence relating to this initiative and that it demonstrates that it advances or will advance, the three aims of the General Equality Duty.	
Name	Alison McSheaffrey
Signature	
Job Title	Head of HR Services
Date	16 th March 2012