



Sickness absence policy survey analysis

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Summary

In May 2011, the Society of Radiographers (SoR) surveyed imaging and radiotherapy departments in the UK. The aim of the survey was to collect data on any changes made to sickness absence policies in the last two years and what impact, if any, this is having on staff and patient care. SoR accredited representatives in over 50 departments responded to an online questionnaire. This document presents the results of this survey.

Executive Summary

In May 2011, the Society of Radiographers (SoR) surveyed imaging and radiotherapy departments in the UK. The aim of the survey was to collect data on any changes made to sickness absence policies in the last two years and what impact, if any, this is having on staff and patient care. SoR accredited representatives in over 50 departments responded to an online questionnaire. This document presents the results of this survey and the following bullet points highlight the main findings.

- In nearly all cases trades unions were consulted on the latest changes to the sickness absence policy in their organisation. Trades unions in 7 responding departments (14%) are or were in dispute with their employer as a result of changes to the sickness absence policy within the last two years. Disputes have yet to be resolved in 5 of these departments.
- Almost all the responding departments have in their current sickness absence policy a section on the number of absences noted before the member of staff is managed with monitoring schemes. Two thirds of these departments have had changes to absence monitoring schemes in the last two years; nearly half either had an absence monitoring scheme introduced for the first time and/or the number of absences before monitoring reduced. In the majority of schemes in the responding departments the policy does not distinguish between absence due to work related injuries, absence due to work related illness (e.g. due to exposure to contagious patients) and other types of sickness absence.
- In around three-quarters of responding departments recent changes to the sickness absence policy are having a negative effect on staff morale.
- In over four-fifths of responding departments staff are coming into work when they are ill. In over half there has been at least one instance when an unwell member of staff coming into work has resulted in sickness amongst other staff (e.g. due to the contagious nature of the illness).
- In around half of responding departments changes to the sickness absence policy are leading to the deterioration in the quality of working life for vulnerable staff groups¹ in their department.
- In around two-fifths of responding departments recent changes to the sickness absence

- policy are leading to an increase in disciplinary proceedings.
- However, in the majority of responding departments recent changes to the sickness absence policy are having no known effect on staff turnover or patient care.
- In two-thirds of responding departments all SoR members are aware of the department sickness absence policy. In nearly half all SoR members in their department are aware that accredited representatives can help through interpretation and representation relating to the sickness policy.
- Respondents were asked for general comments about their department's sickness absence policy; the most frequently cited themes are concerns that application of sickness absence policies is leading to the deterioration of staff morale and is penalising genuinely sick staff.

¹ By vulnerable staff groups, we are referring to pregnant staff members, staff members with dependents, staff members with long term illness and staff members with work related injuries.

1. Introduction

In May 2011, SCoR surveyed imaging and radiotherapy departments in the UK. The aim of the survey was to collect data on any changes made to sickness policies in the last two years and what impact, if any, this has had on staff and patient care.

An email containing a link to an online questionnaire was sent to 1,084 accredited SoR representatives asking them to answer the questionnaire on behalf of their departments. 51 accredited representatives (5%) responded to the survey, answering a range of questions about recent changes to the sickness absence policy in their department and the impact on staff and patient care. None of the questions were mandatory so different questions may have different response rates.

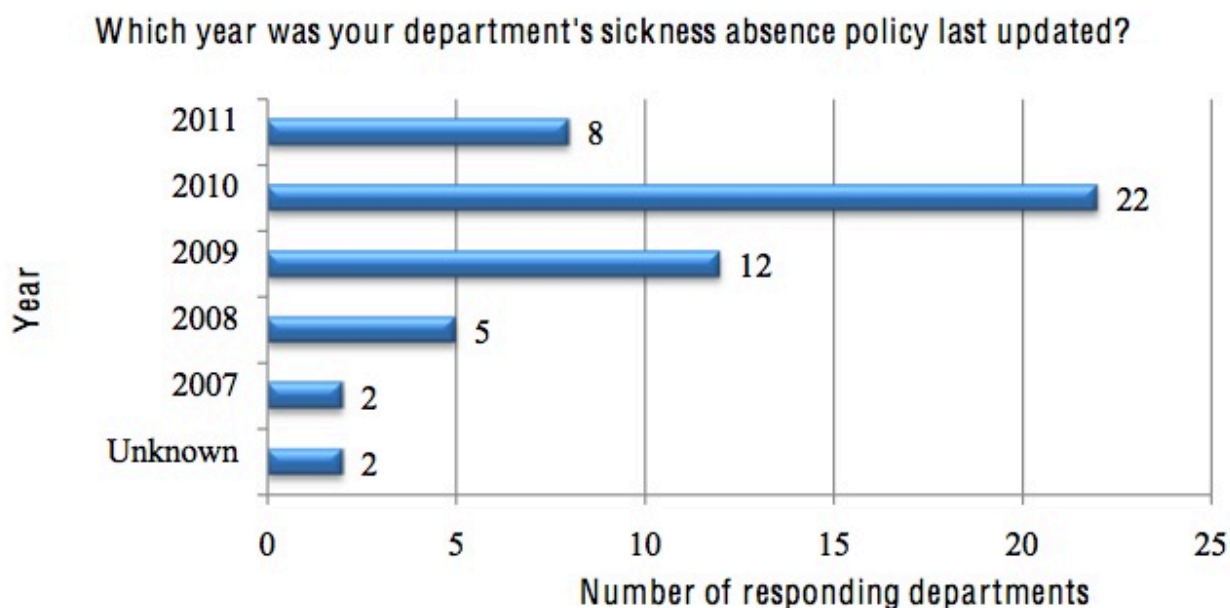
The majority of responding departments are within the NHS with responses from only one private/independent healthcare department and one department of unknown type. Responses were received from imaging and radiotherapy departments across the UK: 41 responses from England; 1 from Northern Ireland; 4 from Scotland; 3 from Wales; and 2 of unknown origin. Four of the responding departments use e- rostering.

As 5% is a low response rate, readers should note that there may be some bias in the types of responses made. Representatives in departments where there have recently been controversial changes to the sickness absence policy may have been more likely to respond to the questionnaire.

2. Last update to sickness absence policy

30 responding departments (59%) had updated their sickness absence policy between January 2010 and May 2011.

Click graph to enlarge.



Respondents were then asked to summarise the changes made to the sickness policy on that date. The table below shows the themes mentioned by two or more departments. By far the most frequently cited theme is changes to the number of sickness episodes before some aspect of the sickness policy is 'triggered'. This was mentioned by 17 departments (47% of departments who answered this question).

Theme	Number of responding departments	Illustrative comment
Number of sickness episodes before policy is triggered	17	<i>"If you have more than 3 sickness absences in a 12 month rolling period regardless of whether self certified or certified and regardless of the length or type of illness, you will not be entitled to company sick pay. This new change is backdated to 12 months prior to your last incidence of sick leave and will include any previous sick leave which was then certified. If you are sick while on annual leave you are not entitled to company sick pay. You may not take sick leave as lieu time or annual leave. In the event of a terminal or chronic illness you will not be entitled to company sick pay if you have had 3 or more events of sick leave in the last 12 months."</i>
Involvement of occupational health department or equivalent	5	<i>"Sickness management service was introduced to give staff fast access to treatment i.e. physiotherapy if needed"</i>
Monitoring policy	3	<i>"Several changes including reduction in sickness periods necessary to instigate a</i>

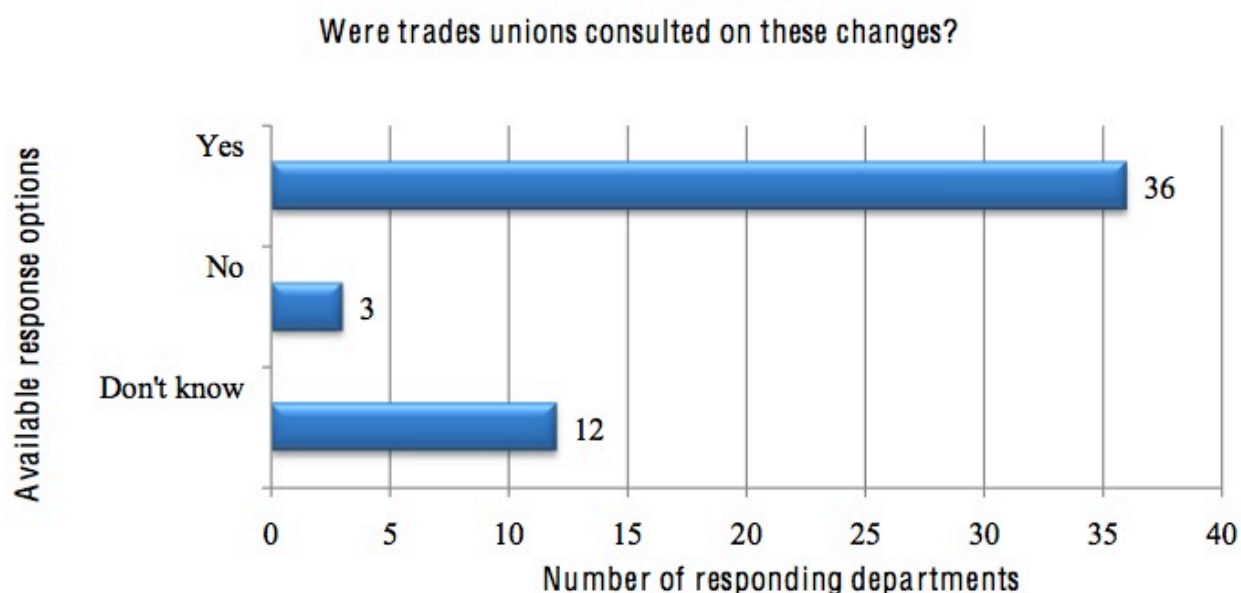
		<i>monitoring scheme were implemented."</i>
Use of the Bradford factor ²	3	<i>"More emphasis on Bradford scoring."</i>
Improvement notices	3	<i>"Now includes a route to improvement notice being served which if not complied with can result in dismissal."</i>
Dismissal proceedings	3	<i>"Termination management"</i>
Increment not paid	3	<i>"Trust policy is now that if you have either 4 or more bouts of absences or 18 days of sickness then you will trigger the sickness policy. This means that you will not receive your yearly increment the next year. There are certain sicknesses which are exempt - for example maternity sickness."</i>
Interviews	3	<i>"Staff also interviewed by manager and HR if sickness exceeds 3 episodes in 3 months or 6 episodes in 6 months."</i>
NHS Litigation Authority guidance	2	<i>"Updated in line with NHS Litigation Authority guidance."</i>
Absence for medical appointments	2	<i>"Staff are now required to take annual leave to go to hospital/doctor appointments."</i>

² The Bradford factor is a formula sometimes used to assess sickness absence. For more information see <http://www.hrindustries.co.uk/2008/10/bradford-factor.html>

3. Consultation with the trades unions

In 36 of the responding departments the trades unions were consulted on the latest changes to the sickness absence policy. (This is 92% of the respondents, after discounting those responding 'Don't know'.)

Click graph to enlarge.



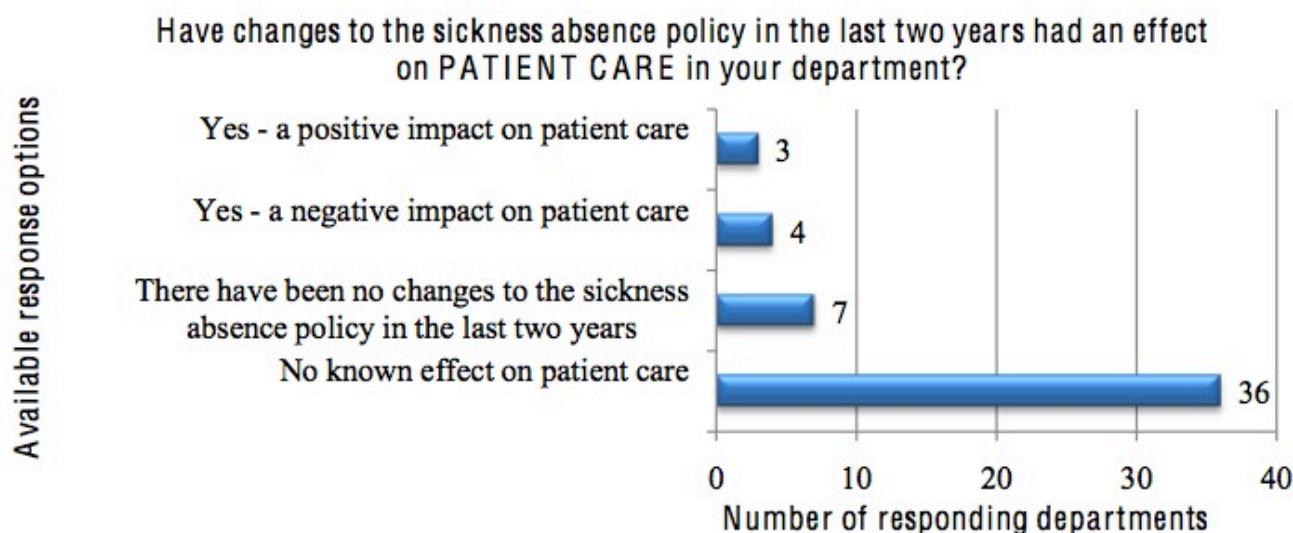
7 responding departments are or were in dispute with their employer as a result of changes to the sickness absence policy within the last two years. The dispute has yet to be resolved in 5 of these departments.

4. Effect of changes to sickness absence policy

4.1 Patient care

The majority of respondents (36 departments) stated that recent changes to the sickness absence policy have had no known effect on patient care. (This is 84% of departments who have had changes to their sickness absence policy in the last two years.) However, 4 departments did state that the changes have had a negative impact on patient care.

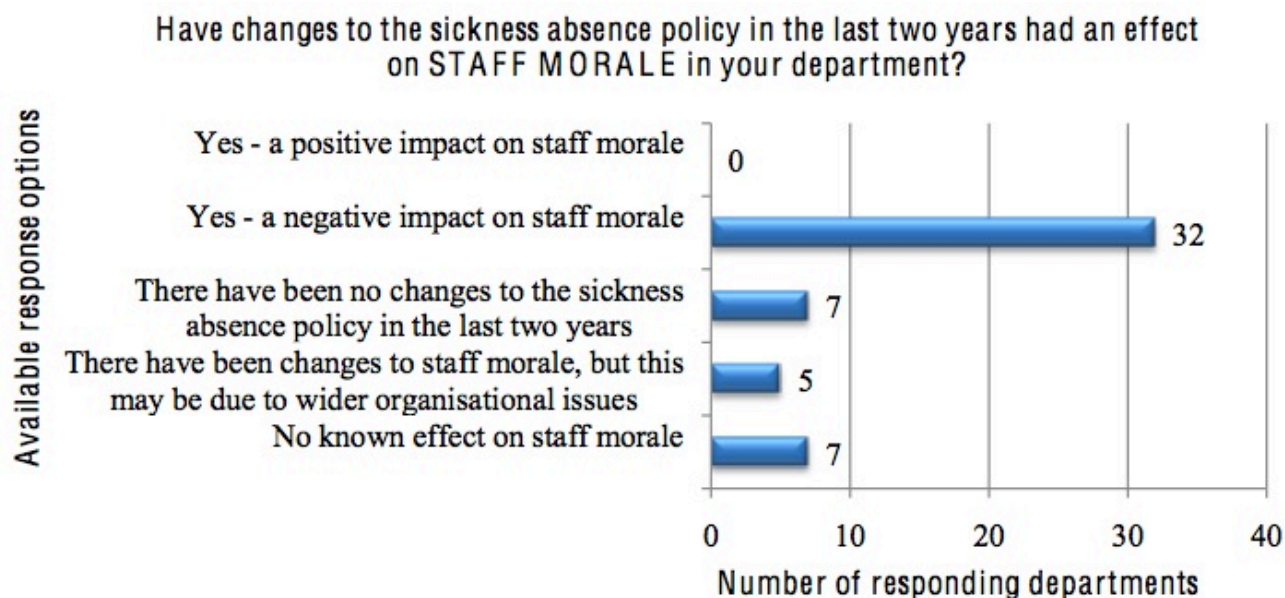
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4.2 Staff morale

32 responding departments stated that the recent changes have had a negative effect on staff morale. (This is 73% of departments who have had changes to their sickness absence policy in the last two years.)

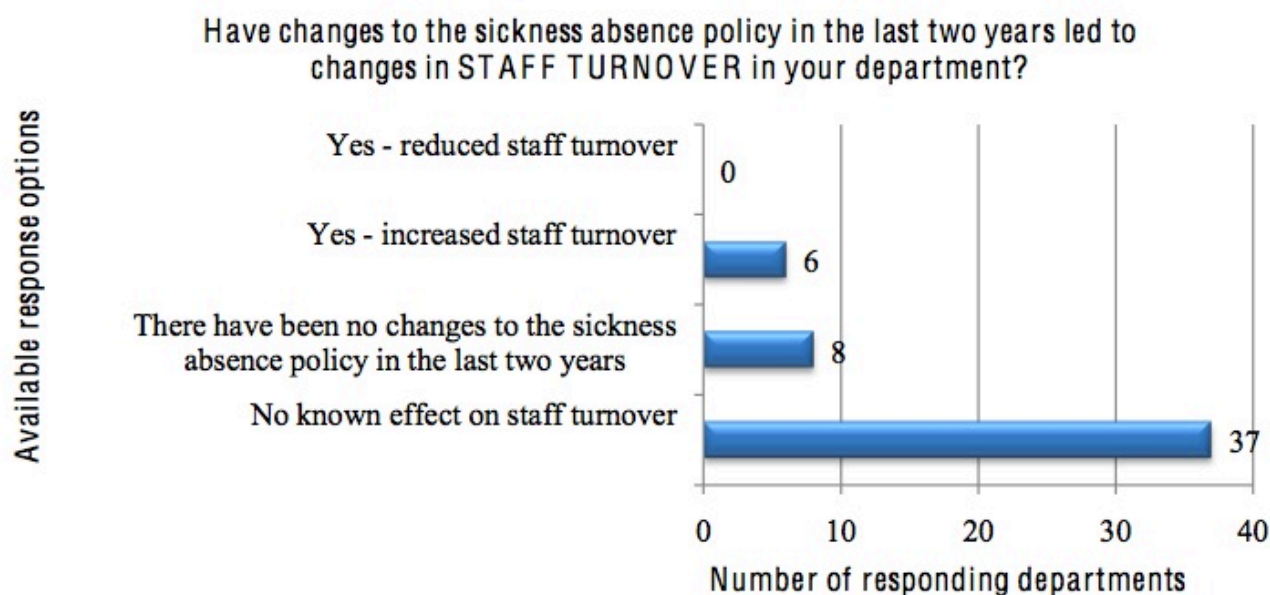
Click graph to enlarge.



4.3 Staff turnover

The majority of respondents (37 departments) stated that recent changes to the sickness absence policy have had no known effect on staff turnover. (This is 86% of departments who have had changes to their sickness absence policy in the last two years.) However, 6 departments did state that the changes have had a negative impact on staff turnover.

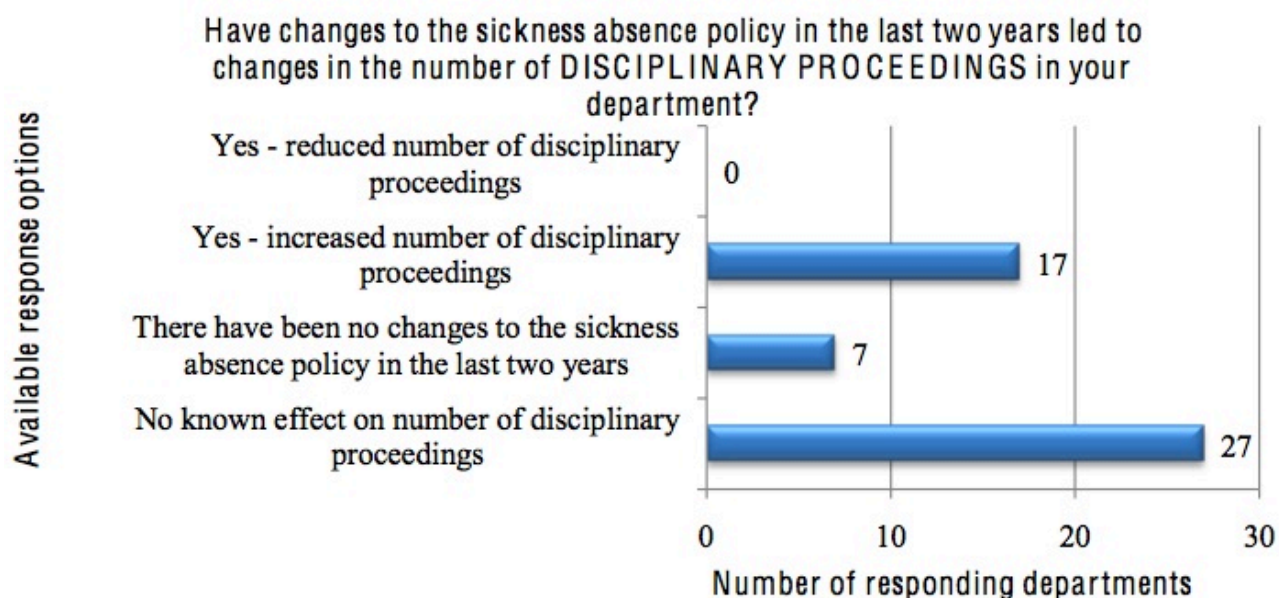
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4.4 Disciplinary proceedings

17 respondents stated that recent changes to the sickness absence policy have led to an increase in disciplinary proceedings. (This is 39% of departments who have had changes to their sickness absence policy in the last two years.)

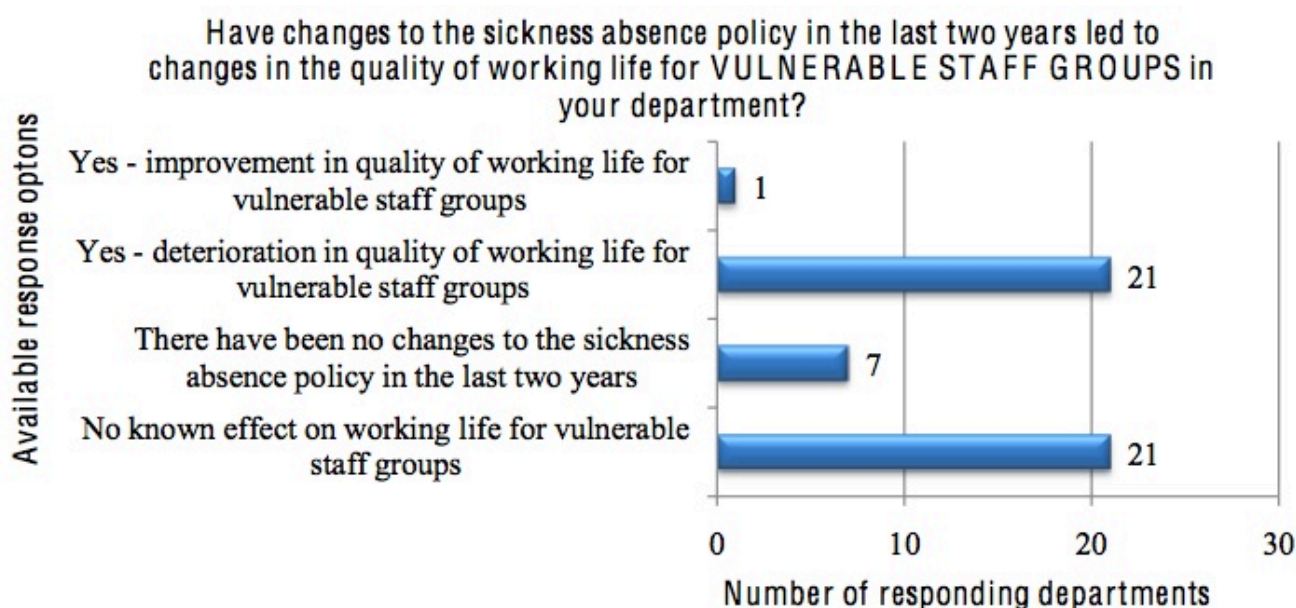
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4.5 Vulnerable staff groups

21 respondents stated that recent changes to the sickness absence policy have led to the deterioration in the quality of working life for vulnerable staff groups³ in their department. (This is 49% of departments who have had changes to their sickness absence policy in the last two years.)

Click graph to enlarge.

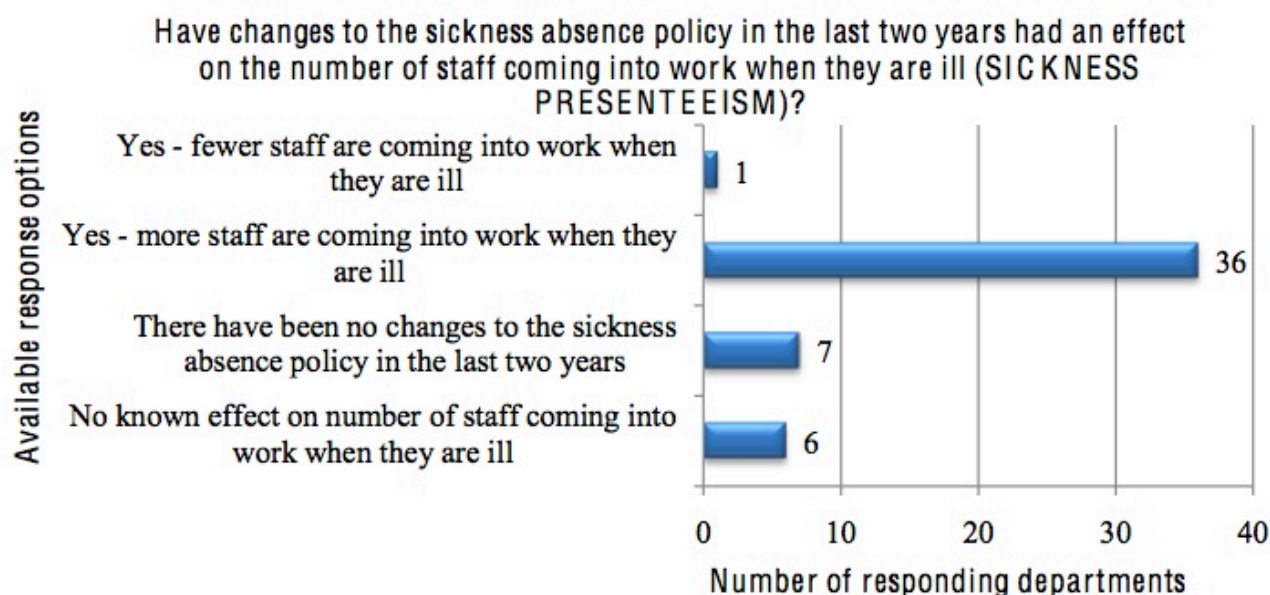


4.6. Sickness 'presenteeism'

The majority of respondents (36 departments) stated that recent changes to the sickness absence policy have meant more staff are coming into work when they are ill. (This is 84% of departments who have had changes to their sickness absence policy in the last two years.)

27 respondents (55%) also stated that they are aware of one or more instance(s) when a member of staff coming into work when they were ill has resulted in sickness amongst other staff (e.g. due to the contagious nature of the illness).

Click graph to enlarge.



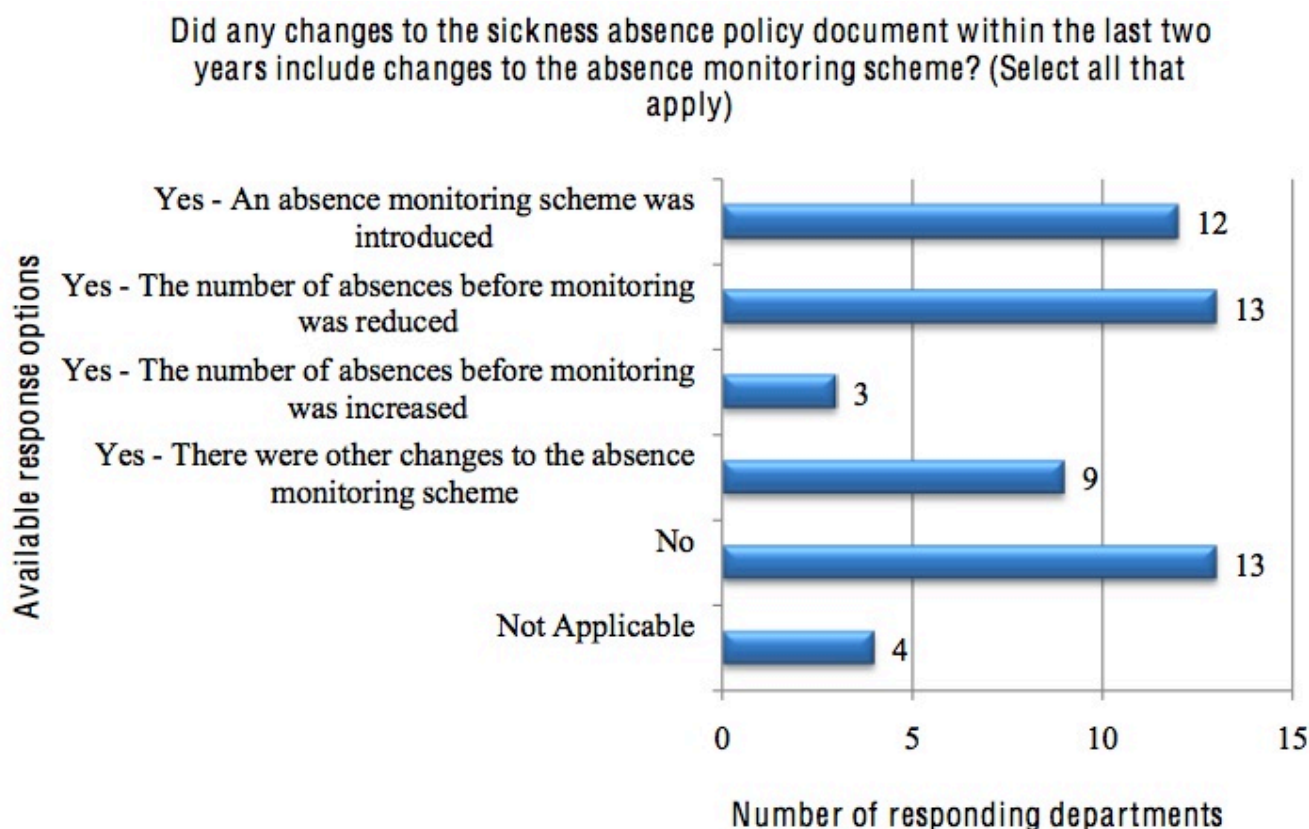
³ By vulnerable staff groups in section 4.5, we are referring to pregnant staff members, staff members with dependents, staff members with long term illness and staff members with work related injuries.

5. Absence monitoring schemes

48 responding departments (96%) have in their current sickness absence policy a section on the number of absences noted before they are managed with monitoring schemes. These 48 respondents were asked a series of questions about the type of absence monitoring scheme in their department.

31 of these departments (65%) have had changes to their absence monitoring schemes in the last two years. 23 departments (48%) have either had an absence monitoring scheme introduced for the first time and/or the number of absences before monitoring reduced within the last two years.

Click graph to enlarge.

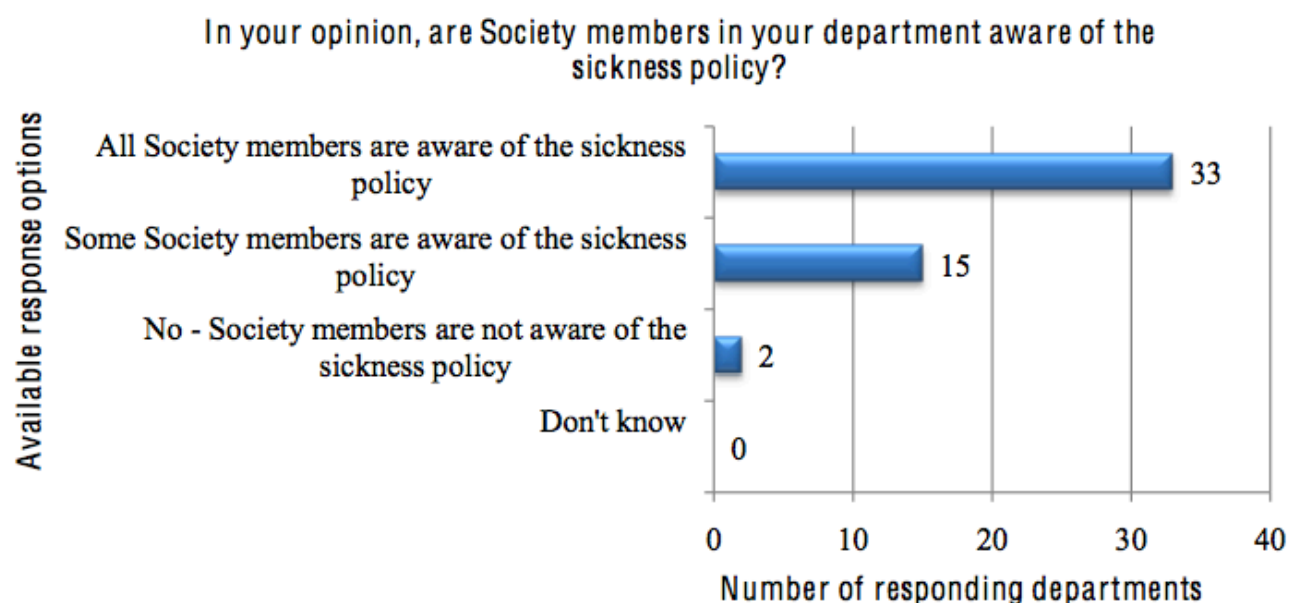


In 36 (77%) of the responding departments with absence monitoring schemes the scheme does not make a distinction between absence due to work related injuries and other types of sickness absence. Similarly, in 40 (85%) of the departments with absence monitoring schemes the scheme does not make a distinction between absence due to work related illness (e.g. due to exposure to contagious patients) and other types of sickness absence.

6. Member awareness

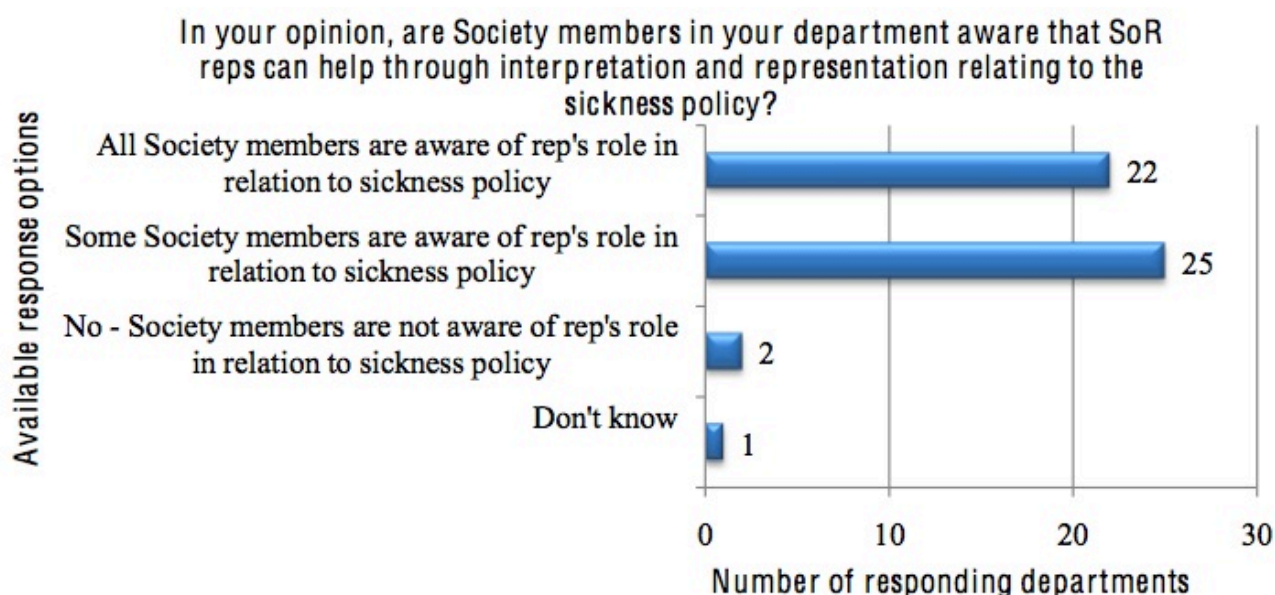
33 respondents (66%) stated that, in their opinion, all Society of Radiographers members in their department are aware of the department sickness absence policy.

Click graph to enlarge.



22 respondents (44%) stated that, in their opinion, all Society of Radiographers members in their department are aware that accredited representatives can help through interpretation and representation relating to the sickness policy.

Click graph to enlarge.



7. General comments

Respondents were asked if they had any general comments about their department's sickness absence policy that they wished to share with the Society of Radiographers. The table below shows the themes mentioned by two or more departments. The most frequently cited themes are concerns that application of sickness absence policies has led to deterioration of staff morale and is penalising genuinely sick staff.

Theme	Number of responding	Illustrative comment
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Sickness absence policy survey analysis

Published on Society of Radiographers (<https://www.sor.org>)

	departments	
Deterioration of staff morale	9	<i>"I think that the application of the policy has led to a great deal of of staff morale unhappiness among the staff."</i>
Penalises genuinely sick staff	8	<i>"Staff are definitely feeling more pressures to come to work when unwell or return before fully recovered. Working in a department of with a number of staff who have long term illnesses this is a particular concern. Also those suffering with depression etc are feeling pressurised."</i>
Sickness levels have dropped	4	<i>"We have noticed that the Fri /Mon sickness levels have dropped."</i>
Working when unwell	4	<i>"Staff are coming to work ill and passing this on to other members due to strict monitoring of illness."</i>
Staff side trades union involvement	4	<i>"We as a staff-side will hold firm to the best of our ability, with all the Unions united."</i>
Management / HR discretion	3	<i>"There is a clause allowing the HR department discretion not to proceed further along the policy stages but they seldom (if ever?) use it."</i>
No distinction for type of illness	3	<i>"Our department uses Bradford scoring to monitor sickness absence and for type of implements the disciplinary procedure regardless of what the cause of the illness sickness in, every member of staff is treated in the same manner including if the sickness is due to RSI."</i>
Too early to judge effects	3	<i>"As this change has only recently been introduced, it is too early to establish the effects other than a deterioration in morale."</i>
Use of the Bradford factor	3	<i>"We are using the Bradford Index with a BI of 150 or more triggering a meeting with Supt 2. The member of staff is then set a target to achieve."</i>
Criteria used are unfair	3	<i>"Our sickness absence policy dictates that monitoring starts after so many are unfair days. It would seem fairer if this was instances of sickness. For example, if you contract D and V [Diarrhoea and Vomiting], most</i>

		<i>likely from a patient, you have to be 48hrs symptom free before you can return to work, even if you felt fit enough to do so. This is still counted in your sickness leave and contributes to your trigger point which seems unfair. If this was classed as one instance of sickness instead of at least 2 days, it wouldn't affect any monitoring trigger as harshly."</i>
Target sickness rates	2	[This comment is summarised rather than a direct quote.] One NHS organisation made changes to the sickness absence policy in order to achieve financial savings: a target sickness rate was introduced and 'triggers' for managing absence were revised.

Appendix A - Survey questionnaire

[Click here to download the questionnaire.](#)

The questionnaire design had input from Warren Town (SoR Director of Industrial Relations), Claire Dumbleton (SoR Knowledge Manager), Lyn Wigley (SoR Health and Safety officer) and the SoR Health and Safety forum.

Source URL:

<https://www.sor.org/learning/document-library/sickness-absence-policy-survey-analysis>