



London Ambulance Service **NHS**
NHS Trust

Managing Attendance Policy

DOCUMENT PROFILE and CONTROL.

Purpose of the document: To set out the responsibilities of managers and staff in relation to sickness absence.

Sponsor Department: Human Resource and Organisational Development

Author/Reviewer: Senior HR Manager (South). To be reviewed by July 2016

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23/07/13	4.1	Senior HR Manager	New Implementation Plan added.
26/07/13	3.2	Senior HR Manager	Counter Fraud specialist details updated at 16.3 and paragraph amended at 21.1.
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23/02/12	2.2	Senior HR Manager (South)	Updating of contact details of Local Counter Fraud Service.
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08/09/10	1.3	Deputy Director of Human Resources	Paragraph added at 7.4 and text amended at Monitoring (Implementation Plan).
11/05/10	1.2	Senior HR Manager (South)	Reformatted, Additional information included in training and monitoring sections of implementation plan.
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***Version Control Note:** All documents in development are indicated by minor versions i.e. 0.1; 0.2 etc. The first version of a document to be approved for release is given major version 1.0. Upon review the first version of a revised document is given the designation 1.1, the second 1.2 etc. until the revised version is approved, whereupon it becomes version 2.0. The system continues in numerical order each time a document is reviewed and approved.

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HR015	Policy on alcohol, drug and substance misuse	

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1 Introduction

All employees have a responsibility to attend work and fulfil their contract of employment.

It is recognised that employees may be unable to attend work from time to time because of illness, it is also in the interests of both staff and patients that sickness absence is managed and minimised. Excessive absence affects the Trust's ability to provide an effective service and also places additional pressures on individuals and teams who continue to provide a service in the absence of colleagues.

2 Scope

This policy and procedure applies to all employees and covers absence related to sickness.

3 Objectives

- 3.1 Set out the responsibilities of managers and staff in relation to sickness absence.
- 3.2 Provide a fair and consistent method of dealing with attendance issues due either to intermittent absence, or ongoing long-term absence.
- 3.3 Give employees the opportunity to improve their attendance and provide guidance and assistance in accessing appropriate support.
- 3.4 Provide a means by which employees may be formally advised of the effects of their attendance levels, and the potential consequences for their employment, should their pattern or level of absence not improve significantly.
- 3.5 Ensure that every attempt is made to investigate employees' ability to perform adequately in their post, taking into account the advice of Occupational Health Department (OHD) and other relevant specialists.
- 3.6 To help improve employee attendance and therefore the service provided to patients.

4 Responsibilities

Responsibilities in relation to this Policy include:

4.1 Managers

- To ensure that all sickness absence is recorded;
- To promote attendance by setting standards and monitoring and reviewing absence levels;
- To ensure their staff are aware of, and follow, sickness absence reporting procedures;
- To carry out actions in line with the Policy including return to work interviews and attendance reviews;
- When possible to assist and support their staff with ill health problems and/or underlying issues that may affect attendance;
- To facilitate staff attendance at the Occupational Health Department and other meetings/appointments under this Policy, as required;
- To manage absence in a sensitive, fair and timely manner.

4.2 Staff

- Report absence and provide medical certificates promptly and in line with this policy and their contract of employment;
- To maintain regular contact with their line manager when absent, to advise on their prognosis and likely return to work date;
- Attend the Occupational Health Department, return to work interviews, attendance review meetings and other meetings under this Policy as instructed;
- To identify to their manager any underlying issues that may have affected their attendance;
- Not to abuse the sickness absence provisions. Any such abuse may result in forfeiture of sick-pay and possible disciplinary action.

4.3 Human Resources

- To advise managers of best practice in the management of sickness absence and to assist them in applying the Managing Attendance Policy
- To advise staff as appropriate in regards to the Policy including the sources of help and support that are available.
- To monitor the consistent application of the Policy.

4.4 Occupational Health Department

- It is the responsibility of OHD, following a referral, to provide advice and support to managers and staff and to liaise with employees' GP or medical specialist to provide an informed assessment of their fitness for work.

4.5 Nominated Director(s)

It is the responsibility of the Director of Human Resources and Organisation Development to ensure that:

- the Senior Managers' Group (SMG) understands the information that can be supplied via ESR ;
- targets for reducing absence have been agreed by the SMG The Associate Directors Group (ADG) will take remedial action taken in cases where targets are not met;
- line managers are provided with relevant information needed to manage sickness and absence and to ensure they are aware of the actions that should be taken if targets are not being met;
- via SMG ensure line managers understand and are fulfilling their role having received the appropriate training and guidance to carry out their role in managing staff attendance.

4.6 Senior Management Group

The SMG has overarching responsibility for monitoring the compliance with this policy and the management of sickness absence and receives its information from the Director of Human Resources and Organisation Development.

5 Other matters

- 5.1 The Trust recognises and accepts its duty and responsibility that, as far as reasonably possible, it provides a safe and healthy environment for its staff.
- 5.2 Whilst both the Trust and individual members of staff have a responsibility to do all they can to reduce risk to themselves and others, it is acknowledged that the nature of some employees' jobs means that there is a possibility of personal injury when carrying out everyday duties.
- 5.3 When sickness is potentially related to health and safety hazards then these will be investigated, usually by the line manager. Appropriate preventative action will be taken and monitoring carried out to ensure that this is effective. The local Health and Safety representative should be informed and consulted in such circumstances.
- 5.4 The Trust recognises that it is unlawful to treat a disabled person less favourably because of their disability, unless the disability has a substantial and relevant adverse impact on the person's ability to do their job. The Trust will give due consideration to whether reasonable adjustments can be made which would enable a disabled employee to return to work.
- 5.5 Policy on alcohol, drug and substance misuse

This Policy sets out the provisions for supporting staff who may have alcohol, drug or substance misuse issues, and managers should be mindful of this Policy. It should be noted that in cases where such misuse may have a direct link with employee's attendance then this should be taken into account when making decisions under the MAP. The aim of the Policy on alcohol, drug and

substance misuse is to support the member of staff to overcome their problems. If, however, it becomes clear that staff are not willing to undergo treatment programmes etc then their absence should be addressed accordingly.

5.7 Manual Handling Policy

When appropriate, managers and staff should refer to the Trust's Manual Handling Policy. The Manual Handling Policy provides information on the available support and assistance that is available to those who have sustained musculo-skeletal injuries.

6 Managing Attendance Procedure

6.1 Reporting absence and maintaining contact

Employees must report their absence as soon as possible in-line with departmental/local requirements. In general, the reason for sickness should be given. It is recognised that staff may not always want to give details of their illness to the person taking the message, in such circumstances the member of staff must subsequently tell the manager the reasons for absence. Employees should, as far as possible, indicate when they are likely to return to work. For any period of absence of between 4 and 7 days inclusive, employees are required to complete a self certification form (LA50).

6.2 On day 8 of any absence employees will provide a medical certificate from their GP or specialist. Employees should also contact their manager to keep them informed of progress unless a certificate has previously been provided.

6.3 Thereafter, employees will contact their manager at least 2 days before their medical certificate is due to expire to update the manager of progress. N.B. Failure to supply medical certificates may result in the absence being considered as unauthorised and will therefore lead to the deduction of pay.

6.4 Depending on the likely length and circumstances of the absence, managers and members of staff should agree additional arrangements for regular contact whilst they are absent from work. Due sensitivity should be given to the employees' medical conditions when making such arrangements. The aim is to check on employees' welfare, keep them in touch with developments at work and to enable employees to update their manager regarding their prognosis and likely return to work date (see Appendix1).

6.4 Staff have a responsibility to maintain a reasonable level of contact when off sick and will be contacted by managers if necessary. In circumstances when staff fail to maintain contact by other means then a personal visit to the employee's home may be necessary.

7 Recording, analysing and monitoring absence data

- 7.1.1 Managers are responsible for ensuring that all absence is reported, recorded and monitored in order that they are able to respond promptly and appropriately to issues of concern.
- 7.1.2 Absence returns are submitted to the Payroll Dept. for entry to the HR/Payroll system (ESR).
- 7.1.3 Aggregated data of reasons for absence will be collated by Management Information (MI) and be analysed by HR to identify trends and patterns.
- 7.1.4 Separately, information on work-related absences will be collated and aggregated by the Health and Safety Department.
- 7.1.5 Information collated from such data will be reported to the Staff Council and Corporate Health and Safety Group and will be used for necessary remedial interventions to reduce risk and/or which may support employees in the workplace, such as improved welfare support or occupational health services.
- 7.1.6 Sickness rates are reported on a monthly basis to the SMG and Trust Board by the Director of Human Resources and Organisation Development.
- 7.1.7 Preventative measures such as the seasonal flu inoculation programme will also be implemented as necessary.

7.2 Absence rates

- 7.2.1 For the sake of clarity, absence triggers in this procedure are stated in duty days. Triggers should be pro-rated, as appropriate, for part-time staff and should be adjusted to take account of different shift patterns.
- 7.2.2 It is often most effective to monitor and manage absence in terms of absence rates. These may be calculated as follows:

$$\frac{\text{Working days lost (during a specific period)}}{\text{Available working days (during the same period)}} \times 100 = \% \text{ absence rate}$$

- 7.3.1 Bradford scores may also be used as a means of monitoring absence (see appendix 7).

8 Employee absence – points to consider

- 8.1 When the level or pattern of absence gives rise to concern, then consideration will be given to addressing the absence in line with this Policy. A key aim of the

Policy is providing a 'fair and consistent method' of addressing absence. This does not necessarily mean treating everyone the same way, but recognising that in addressing employees' absence, there needs to be consideration of differing health problems and circumstances affecting members of staff, including consideration of their past absence record. Particular consideration should be given to employees who have a serious underlying medical condition or who are disabled under the terms of the Disability Discrimination Act 1995 (see paragraph 14.3). Note that staff with an underlying medical condition or disability will be subject to this Policy.

- 8.2 Any consideration of an employee's absence record should include an assessment of whether it:
- Indicates the likelihood of future absence, for example an apparent general debility with a variety of ailments;
 - Indicates a disabling health problem;
 - Is attributable to an accident or condition requiring hospital treatment;
 - Indicates a discernable pattern.
- 8.3 Meetings under this procedure should take place in private with the employee's absence record available for discussion. The meeting should explore any issues; whether medical, work-based or domestic that may be preventing the employee from attending work regularly.
- 8.4 Consideration should be given to the individual's past attendance record and any management action that may have been taken.
- 8.5 With due consideration to the context of the job and service requirements, practical assistance and advice should be given on such issues as work environment and shift patterns. Managers should take all reasonable and practical steps to ensure that improvements in these factors are made when they are having an adverse effect on work performance and/or attendance. Managers should, when necessary, seek the advice of OHD on this issue.
- 8.6 Managers should consider ways of enabling the member of staff to attend work and overcome difficulties caused by the illness. Changes such as a phased return to full duties, amendments to shift patterns, or redeployment to alternative duties (on a short or long-term basis), may be considered at any stage. Discussion should take place with the member of staff regarding such options and the advice of OHD may be sought when appropriate.

- 8.7 Managers may wish to seek advice from HR whenever an individual's absence gives cause for concern. Human Resources staff should attend meetings under the Procedure as indicated.
- 8.8 Members of staff are able to be accompanied by a trade union representative or work colleague at all meetings under the procedure other than the Return to work (section 9) and the General Absence Discussion (section 10), as both of these are intended as initial one-to-one meetings.
- 8.9 Advice from Occupational Health may be sought at any stage. See Appendix 2 for further information.

9 Return to work interviews

- 9.1 All managers/supervisors will carry out return to work interviews with their staff following any period of absence. The purpose of the meeting is to welcome staff back and to ensure that they are fully fit for work. The nature and detail of the discussion will depend on circumstances, including the employee's past absence record, but the manager/supervisor may wish to address the following matters:
- The reasons for absence
 - Is there any specific medical advice?
 - Is the employee taking any medication and is this likely to affect their ability to carry out their duties?
 - Is there likely to be a re-occurrence of the illness?
 - Is there any help that the Trust can provide in supporting the member of staff to attend work?
- 9.2 The employee should be notified of all available support in-line with that detailed in Section 15.
- 9.3 The return to work interview should be carried out as promptly as possible on the employee's return. To this end, and if the line manager/supervisor is unavailable, the responsibility for carrying out the interview may be delegated to another manager or supervisor. The manager/supervisor should outline, as appropriate, the support available to the member of staff.
- 9.4 The return to work interview is also an opportunity to update the member of staff on any changes whilst they have been away. The return to work form should be completed (Appendix 5).

10 General absence discussion

10.1 At an early stage - following a period of absence and in addition to the return to work interview, it may be appropriate for the manager to meet with the member of staff. This will be an opportunity to discuss the absence, and, if appropriate, to warn the member of staff that he or she is approaching absence trigger points. Consideration should be given to any underlying causes for absence – the application of trigger points may not always be appropriate. A brief record of this meeting should be made.

11 Intermittent absence

11.1 Informal Stage - interview and targets for improvement

11.1.1 The triggers for addressing an employee's absence under the intermittent section of this Procedure is when the employee has had:

- three periods of absence in a rolling 12 month period,
- or, two periods of absence resulting in eight or more days being lost, in a rolling twelve month period.

The manager may also meet with the member of staff when their pattern of absence gives rise for concern e.g. he or she is regularly absent on a particular day of the week, following payday etc.

11.1.2 It is recommended that a letter is sent or given to the employee confirming the details of the meeting. Any meeting should take place as soon as possible, and in normal circumstances a maximum of four weeks after the period of absence. It is the responsibility of all involved to help to achieve this. The member of staff may be accompanied by a trade union representative or work colleague at the meeting.

11.1.3 The purpose of the meeting with the member of staff is to advise them that their sickness record is of concern and to discuss the reasons for absence. This will give the member of staff the opportunity to discuss any health, work based, domestic, or other problems that may be affecting attendance.

11.1.4 The member of staff should be advised of the willingness of the Service to help. A range of services, including OHD, is available (see Section 15). The member of staff may also be encouraged to seek help via his or her GP.

11.1.5 The manager and member of staff may jointly consider options to help improve the member of staff's attendance levels.

11.1.6 Consideration must be given to any serious underlying causes of absence and the prognosis of any condition, prior to deciding on whether targets for improvement are set at this time and what these targets might be.

11.2 Targets for improvement

11.2.1 If targets for improvement are set, then the manager should clearly inform the member of staff of the expected improvements in attendance and the period during which these improvements are expected.

11.2.2 An improvement period will generally be set of up to 12 months. Any targets set should be with the aim of achieving a significant improvement in levels of attendance. Generally a further two periods of absence or one period of four or more days during the improvement period should trigger consideration of action under the formal stage of the procedure.

11.2.3 The manager will also inform the member of staff that should his or her attendance level not improve, then the next stage of the Managing Attendance Procedure will be initiated. The member of staff should be informed that this in turn may lead to dismissal from the Service.

11.2.4 Every effort should be made to give the member of staff time, opportunity, encouragement and assistance to improve.

11.2.5 A record should be made of this discussion which may be on the sickness/lateness record card or the Meeting record (Appendix 6) This should be signed by the member of staff. A letter should subsequently be sent to the employee to confirm the outcome of the discussion.

11.2.6 The member of staff should be reminded of his/her right to approach a TU representative or colleague for advice.

11.3 Ongoing review

11.3.1 It is recommended that the manager carries out review meetings with the member of staff on a regular basis (e.g. 3 monthly) during the improvement period. Meetings may occur sooner should the employee's absence give rise to concern. A record must be made of these meetings.

11.4 Referral to the Occupational Health Department

11.4.1 A referral to OHD may be made at any time, but it should always be done before moving into the formal part of the procedure.

11.4.2 The referral may include a request for OHD's opinion on:

- Whether an improvement in attendance can be reasonably expected.
- Whether there is a significant underlying medical cause that has had an impact on the member of staff's attendance
- Future prognosis of any health issues affecting the member of staff.

11.4.3 If the advice received from OHD is that improvement is envisaged, the case may be kept under review. If, after a reasonable period, no improvement is achieved, a formal interview takes place.

11.4.4 Other information from OHD may be considered together with other relevant specialist advice.

11.4.5 The OHD or other advisers can only provide advice on their own area of expertise. It is the manager's responsibility to take account of the advice provided and to decide the appropriate action to take as regards the member of staff. For further information regarding OHD please refer to Appendix 2.

11.5 Formal Stage - Interview and targets for improvement

11.5.1 The formal part of the procedure will be initiated when a target for improvement has been issued at the Informal Stage and there has been no improvement or no significant improvement in the member of staff's overall attendance.

11.5.2 Triggers for initiating the Formal Stage of the procedure will generally be a further two periods of absence or one period of four or more days during the improvement period. The formal procedure may also be initiated when a member of staff's absence has hit an alternative absence trigger that was set at Informal Stage e.g. that may have been set to take account of a underlying medical condition or past absence record.

11.5.3 The member of staff should be written to inviting them to interview under the Formal Stage of the procedure. The interview at Formal Stage will generally be carried out by the next-in-line manager together with a representative of the Human Resources Directorate. The member of staff may be accompanied by a TU representative or colleague. Any meeting should take place as soon as possible, and in normal circumstances a maximum of four weeks after the period of absence. It is the responsibility of all involved to help to achieve this.

11.5.4 The interview should take account of OHD and other relevant advice. Particular consideration should be given to any underlying medical conditions.

11.5.5 The interview will cover:

- reference to previous absence discussions and warnings

- a review of the member of staff's attendance including a discussion of the reasons for absence.
- The member of staff should be encouraged to seek advice or support from any expert sources, including those detailed in Section 15 of this procedure.

11.5.6 The manager, depending on the member of staff's circumstances, and including the advice provided by OHD, may or may not decide that an improvement in the member of staff's absence can be expected at this time.

11.5.7 If it is decided that an improvement in attendance is necessary, then the member of staff should be clearly advised that unless a significant improvement becomes apparent within a stated period (up to 12 months), it may be necessary to initiate the procedure to terminate their employment. Any targets for improvement at the Formal Stage must be confirmed in writing and should clearly set out the points discussed at the interview.

11.6 Ongoing review

11.6.1 It is recommended that the manager carries out review meetings with the member of staff on a regular basis (e.g. 3 monthly) during the improvement period. Meetings may occur sooner should the employee's absence give rise to concern. A record must be made of these meetings.

11.6.2 If there is no, or inadequate, improvement in attendance, during or after the stipulated period following the formal warning, then the matter should be referred to the OHD for the specific attention of the Occupational Health Physician. Further advice may be sought from any other relevant sources.

11.6.3 The manager, taking into account advice, including that of OHD, may decide that a further period of review is appropriate. Alternatively the manager may decide to refer the matter for consideration of dismissal (see Section 13).

11.7 Further high levels of absence following successful completion of improvement periods

11.7.1 In the event of a period of improvement, resulting in the manager removing or not extending targets for improvement, followed by a return to similar patterns of high levels of absence, then, taking into account the previous management action, the appropriate part of the procedure relating to intermittent absence, or ongoing long-term absence may be invoked.

12 Ongoing long-term absence

12.1 Long-term absence for the purposes of this Procedure, is defined as four weeks or more. This generally will be a continuous period of absence but may be long periods of absence broken by a few days.

12.2 Contact

12.2.1 A reasonable level of two-way contact should be maintained between the manager and member of staff for the duration of the absence. The manager should document this contact.

12.2.2 This procedure will not usually be applied in circumstances when the absence is planned and the likely outcome is clear to all concerned e.g. a member of staff is being referred to hospital for an operation.

12.2.3 It would be unreasonable to give warnings to an employee when a chronic health problem, or deteriorating health has been identified, to improve their attendance. In circumstances when there is a reasonable expectation that a member of staff will not return to work then it may be appropriate to go immediately to Consideration of Dismissal (see Section 13). Ill-health retirement may apply in some circumstances (see paragraph 14.3).

12.2.4 There are four potential outcomes to managing ongoing long-term absence:

- A return to work
- Redeployment
- Ill-health retirement
- Dismissal on the grounds of capability.

12.3 Referral to the Occupational Health Department

12.3.1 At four weeks, or at the point that it appears likely that the member of staff will be absent for four weeks or more, he or she should be referred to the OHD. OHD should be asked to advise on the member of staff's state of health and how this is likely to affect future employment.

12.4 Meeting following the OHD report

12.4.1 The manager should arrange a meeting with the member of staff.

12.4.2 Staff should be given 7 days notice of this meeting and may request a TU representative or colleague to be present. An HR Adviser may accompany the manager to this meeting.

12.4.3 The purpose of the meeting is to discuss the member of staff's condition and his or her prognosis, and find out whether there are any ways that the Trust can help. It is also an opportunity to discuss the OHD report, including any recommendations and how these might be implemented.

12.4.4 The subsequent management response to the sickness absence will take account of the circumstances of the case and may include the need to seek further specialist advice, redeployment to alternative duties on a temporary or permanent basis or an application for ill-health retirement.

12.4.5 However, when there is little likelihood of the member of staff being able to return to work in any capacity within the Trust and other options have been exhausted, he or she should be referred for possible dismissal on the grounds of capability.

12.5 Ongoing review meetings

12.5.1 If there is a likelihood of an improvement in the employee's condition then further meetings with the employee should be arranged. The frequency of these review meetings should reflect the individual circumstances. Throughout the employee's absence, and in addition to these review meetings, regular contact with the member of staff should be maintained.

12.5.2 The review meetings will follow a similar format to the earlier meeting and discussion relating to any outcomes of that meeting. The meeting should be held with the member of staff, their manager and HR Adviser. The member of staff should be given 7 days notice of the meeting and may have a TU representative or colleague present.

12.5.3 Advice may be sought from the OHD at any stage. If the employee's absence is likely to be protracted then the manager must make a referral to OH for further advice regarding the employees prognosis. Depending on the likely prognosis then a referral may be made for possible dismissal.

12.6 Further high levels of absence

12.6.1 In the event of an employee returning to work resulting in the manager removing or not extending targets for improvement, followed by a return to similar high levels of absence, then, taking into account the previous management action, the appropriate part of the procedure relating to intermittent absence, or ongoing long-term absence may be invoked.

13 Hearing to consider possible termination of employment

- 13.1 A referral may be made for a possible termination of employment. This may follow high levels of absence being recorded and addressed under the intermittent absence and/or the ongoing long-term absence parts of this procedure (see sections 11 and 12).
- 13.2 Dismissal is the extreme sanction that can be used by the employer against an employee. Proper application of the Managing Attendance Procedure should prevent the need for dismissal in most cases by encouraging and helping staff to attend work on a regular basis.
- 13.3 A letter should be sent to the employee. This should be sent at least 7 days in advance of the hearing together with copies of all paperwork due to be considered at the hearing. In all cases when dismissal is a potential consideration, this will be made clear in the letter.
- 13.4 Managers' right to dismiss will be in line with the Trust's Disciplinary Policy.
- 13.5 The hearing should take into account all medical and other advice, representations from management and from the member of staff or their representative.
- 13.6 In considering dismissal, the Chair of the panel should take into account: the member of staff's length of service; past performance; likelihood of a change in attendance; the availability of suitable alternative work and the effect of past and future absences on the organisation. If the eventual decision is to dismiss, then the Chair should first satisfy her/himself that the Trust has acted reasonably and that the member of staff has been given sufficient opportunity to improve their attendance or in the case of ongoing long term absence, to return to work. For guidelines regarding carrying out the hearing see Appendix 4.

13.7 Reasons for dismissal

13.7.1 Reasons for dismissal will be classified as:

- Capability – in cases when the employee because of their illness and level of absence are incapable of fulfilling the requirements of the job (this will be predominantly applicable in cases of longer-term absence)
- Some other substantial reason – in cases when, whilst the employee may be fit for work at the point of dismissal, their absence record is such that the Trust cannot continue to employ them. The dismissal letter should state that the absence is on the grounds of 'some other substantial reason' and specifically for the 'failure to attend work regularly'.

13.8 Dismissal with notice

A member of staff being dismissed under this Policy will receive the appropriate period of notice or payment in lieu of notice. If, subsequently, the employee appeals against dismissal, then every effort should be made to hear the appeal during the notice period.

13.9 Appeals

13.9.1 The employee or his/her representative must notify in writing they wish to appeal the decision to dismiss and to state the reasons for appeal, within 14 days of receiving written confirmation of the decision to dismiss

13.9.2 The appeal letter should be submitted to the Director of Human Resources. The appeal panel will consist of an external advisor (agreed by management and staff-side) a Non-Executive member of the Trust Board and the Director of Human Resources or other nominated senior HR manager.

13.9.3 The employee should be contacted within 14 days of receipt of the appeal letter with an appeal date.

13.9.4 Appeals will not normally involve a re-hearing of the case but should focus on the grounds of appeal.

13.9.5 Appeals will generally follow a similar order to that for the Hearing to consider possible termination of employment as set out in Appendix 4.

13.9.6 If the appeal is successful then pay will be re-instated and backdated to the end of the notice period.

14 Other matters

14.1 Ill-health redeployment

14.1.1 If it is established that a member of staff is unable to carry out their job on either a temporary or permanent basis, then the Trust will endeavour to offer redeployment to suitable alternative duties. Priority will be given to considering ill-health redeployees for posts prior to them being advertised (see appendix 3).

14.2 Ill-health retirement

14.2.1 Employees will be advised of the option for ill-health retirement in circumstances when it appears that they are permanently incapable of carrying

out their duties and redeployment is unlikely to be successful. Ill-health retirement will be subject to the advice of OHD and other specialists.

14.2.2 Approval for ill-health retirement rests solely with the NHS Pension Scheme Medical Advisers.

14.3 Disability

14.3.1 A disabled person in terms of the Disability Discrimination Act 1995 (as amended), is someone who has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day to day activities.

14.3.2 It is unlawful to treat a person with a disability less favourably for a reason that relates to their disability, in any area of employment, unless the disability will have a substantial and relevant adverse impact on their ability to do the job.

14.3.3 The manager should consider whether any reasonable adjustments could be made to help the member of staff. This may be as simple as an additional piece of equipment. A reasonable adjustment can also mean redeployment to a different kind of work if necessary.

14.3.4 If a member of staff's absence appears to be related to their disability then OHD and HR advice should be sought. Whilst consideration should be taken of a member of staff's disability, it should not preclude reasonable management action to address absence.

14.4 Musculo-skeletal injuries

14.1 Specific advice regarding musculo-skeletal injuries are included in the Trust's Manual handling policy.

15 Confidentiality

15.1 It is essential that confidentiality is respected in relation to reasons for any absence. Particular care should be taken to ensure that correspondence between OHD and the manager/HR is kept secure.

16 Conduct issues

16.1 Employees are not allowed to undertake paid or unpaid work whilst on sickness leave unless requested by employees and expressly agreed by the Trust at a point after which employees have begun their sickness absence. They should also not engage in activities which are inconsistent with the alleged illness.

- 16.2 In cases when it is suspected that sick leave and pay is being abused, then this would be a potential conduct issue that should be investigated as appropriate, and, if necessary, addressed using the Trust's Disciplinary Procedure. This may include circumstances such as an employee being employed elsewhere when on sick leave, engaging in activities that are inconsistent with the alleged illness, or failing to provide or falsifying medical certificates.
- 16.3 Employees who suspect any fraudulent practice either in relation to sickness absence or otherwise should contact the a Human Resources manager, their line manager or the Local Counter Fraud Specialist:

John Lester

Telephone: 020 7311 6661 / 07833 403 605

Email: john.lester@kpmg.co.uk

17 Lateness/unauthorised absence

- 17.1 Whilst cases of lateness or unauthorised absence may be recorded alongside sickness absence, it will generally be an issue of conduct, and as such should be addressed, as appropriate, which may include use of the Disciplinary Procedure.

18 Risk assessments

- 18.1 After a period of long term absence it may be beneficial to undertake a general risk assessment for the member of staff who is returning to work. A risk assessment can identify measures or adjustments to help workers return and stay in work.
- 18.2 A risk assessment will help determine if there are any limitations on the worker's ability to resume full duties. It may be useful to refer the employee to OHD in such circumstances.

19 Visiting employees during their absence

- 19.1 During periods of absence line managers may arrange to visit the employee at home, or at a mutually agreed venue, by prior arrangement with the employee. In exceptional circumstances when staff fail to maintain contact with the Trust by

phone, post etc. then an unannounced visit to the employee's home may be necessary.

20 Annual leave during periods of sickness absence

- 20.1 Employees are not expected to go away on holiday during a period of sickness absence. However, when a member of staff wishes to honour a pre-booked holiday they must seek permission from their line manager in advance. The line manager may request information from the GP or Occupational Health Department about the fitness of the employee before giving their permission. Annual leave will be taken for the period that the employee is away on holiday.

21 Fitness to return to work

- 21.1 In cases of long-term illness or injury, managers should take account of available medical information in determining whether a member of staff is fit to return to work. Occupational Health advice need only be sought in circumstances when there remains an issue of concern.
- 21.2 In cases of long-term absence, staff may be helped back into work through a phased return e.g. working fewer hours, carrying out alternative duties or by working amended shift patterns for a short period. This will be with the aim of the employee returning to full duties within a reasonable time-span. Staffs' previous full rates of pay will initially be provided for a four-week period. In the exceptional circumstance that the member of staff has not returned to full duties by the end of four weeks, then a review will be carried out (with OHD input as necessary) to determine whether the arrangements for the phased return need to be amended. Discussions with the employee at this stage will also include, at the employee's request, his or her TU representative or a colleague.

22 Terminal illness

- 22.1 In situations when an employee is terminally ill, then the Trust would aim, as far as possible, to accommodate the employee's wishes and would advise on the most beneficial package available.
- 22.2 In such cases the employee should contact an HR adviser who will seek advice from the Trust's Pensions' Officer regarding the options for the employee and/or their next-of-kin. Alternatively the employee may wish to contact the Pension's Officer direct.

23 Sources of help and support

- 23.1 The Trust has a number of staff support initiatives that may be of assistance these include: LINC, the (Listening, Informal, Non-judgemental, Confidential) peer support scheme; a range of services through Occupational Health including counselling; and the Employee Assistance Programme (EAP) a 24/7 service, independent of the Trust, that allows staff to talk through and obtain help with personal or work related matters. Staff may also consult their Trade union representative at any time.
- 23.2 Appropriate time should be given for the employee to consult with their representative in advance of any meetings under the procedure which the representative is expected to attend.
- 23.3 Further information on the above and other support services are included on the Trust's intranet site, the Pulse, under; Home>About Me>My Support.

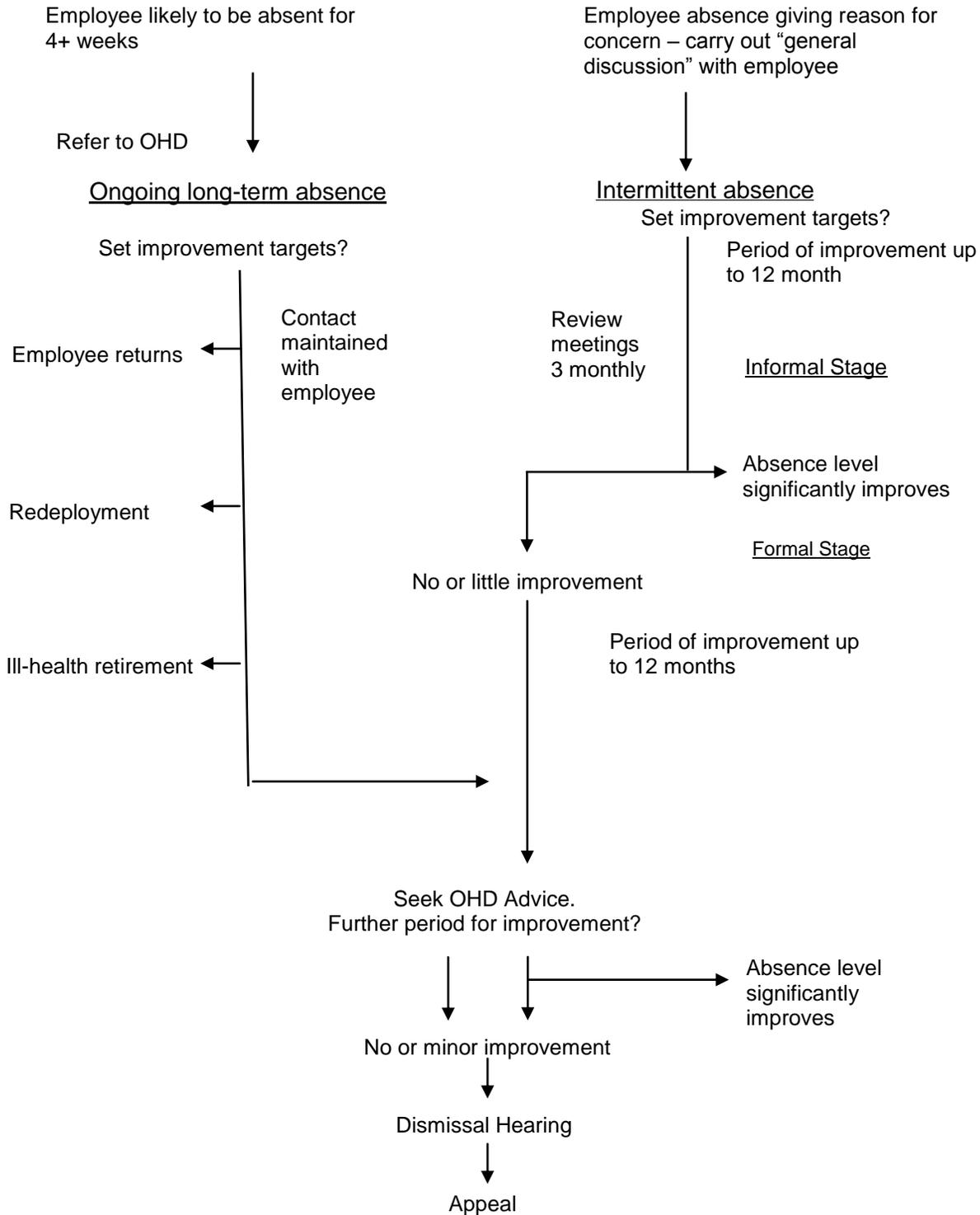
24 Human Resources

- 24.1 Human Resources managers are available to provide advice and guidance at any stage.

IMPLEMENTATION PLAN				
Intended Audience	All LAS Staff			
Dissemination	Available to all staff on the Pulse and to the public on the LAS website.			
Communications	Revised Policy and Procedure to be announced in the RIB and a link provided to the document by HR.			
Training	Periodic training provided by HR on application of the Policy. Coaching/assistance on absence management provided on an ongoing basis.			
Monitoring:				
Aspect to be monitored	Frequency of monitoring AND Tool used	Individual/ team responsible for carrying out monitoring AND Committee/ group where results are reported	Committee/ group responsible for monitoring outcomes/ recommendations	How learning will take place
Approval Process	Absence levels monitored by line manager. Application of procedure audited by HR. Trust absence overseen by Executive Management Team.	Information Governance Manager, Assistant Director Corporate Services, and Information Governance Group (IGG)	Executive Management Team	Feedback via Directors.

Managing Attendance Procedure - Flowchart

Ongoing management of all employees' attendance
(carry out return-to-work interviews for all staff)



The Occupational Health Department

1. Introduction

A manager can refer an employee to the Occupational Health Department (OHD) at any stage within the process. The employee may also refer themselves to OHD.

The role of the OHD in relation to sickness absence is to offer advice on an individual's health and ability to work. The manager will take this advice into consideration when addressing the member of staff's absence.

Attendance at an OHD appointment is a reasonable management request and the member of staff is obliged to attend.

2. Referrals to the Occupational Health Department

Managers, in making a referral to OHD, should be as specific as possible in terms of the questions being asked and the opinions sought of OHD. The questions should relate directly to the employee's health and how this is affecting, or is likely to affect, the employee's ability to carry out his or her job.

Specific questions could include:

- When is the employee likely to return to work?
- Is there an underlying medical condition?
- Is the sickness likely to continue and for how long?
- Is the medical condition likely to improve with treatment and over what time period?
- What is the possibility of recurrence?
- Is there any particular support that would be useful to the employee to facilitate a return to work.

It is useful to provide information such as job descriptions, information about the working environment etc as well as any information about the employee themselves such as their level of absence, pattern of absence etc.

3. Failure to attend an Occupational Health appointment

The Service will do everything reasonable to facilitate an employee's attendance at OHD. The OHD will inform the manager if an employee has failed to attend an appointment. The manager may contact the employee to check the reasons for non-attendance.

In the event of an employee's continuing avoidance of attending OHD, a management decision will be taken on how to proceed on the basis of the limited information available.

4. Refusal to give consent

In cases when a member of staff fails to give consent to approach their own doctor then the employee must be advised that in the absence of additional medical information and advice, any decision regarding their future employment will be taken on the basis of the limited information available.

5. Other services

The OHD, in consultation with the Trust, may refer onto other services e.g. physiotherapy in order to aid staff with their recovery.

6. Managing attendance is a managerial issue

OHD will provide medical advice and it is the manager's responsibility to consider this when making their decision.

OHD advice will be based on a range of factors including the following:

- Medical reports;
- Employee role and responsibility;
- Underlying medical conditions;
- Current state of health;
- Working environment.

OHD may also provide advice regarding possible redeployment or alternative duties. Again it is the manager's responsibility to consider this advice, alongside all other available information in deciding on how to proceed with any given matter.

All decisions made under this procedure, including the decision to dismiss, are for managers to make.

Redeployment

1. Introduction

The Trust will endeavour to support employees to return to work following long-term sickness absence by offering temporary or permanent employment wherever possible.

2. Temporary redeployment

Temporary redeployment would be suitable for employees who are fit to return to work in some capacity but need a period of transition before resuming the full duties of their substantive post. Temporary redeployment of this kind will generally be agreed for periods of up to 3 months but may be extended at the manager's discretion. Employees should be written to outlining the terms of the secondment, including the end date.

3. Permanent redeployment

Permanent redeployment is appropriate when it is clear that the employee will not be able to return to their substantive post. In such circumstances consideration of the employee for any appropriate posts will be made prior to advertisement. Redeployment may be arranged on a trial basis of up to 3 months if necessary;

The following will apply:

- individuals will be considered for any vacancy for which they have the necessary skills;
- the individual will be kept informed of all vacancies as they are advertised;
- reasonable training will be given to enable staff to meet post requirements;
- Consideration will be given to any reasonable adaptations that may be necessary to enable staff to undertake posts;
- If alternative employment is accepted, it will be under the terms and conditions (including salary and grade) for that post;
- OHD will be asked to confirm that the post is suitable for the individual on health grounds;
- If there are no suitable vacancies after this period, or when a member of staff does not accept alternative employment then termination of the contract with the Trust will be considered.

Hearing to consider possible termination of employment

Before the hearing

1. Any employee who is the subject of a hearing to consider potential dismissal will receive a letter from the Chair setting out the reason(s) for the hearing. It should be clearly stated that dismissal is a potential consideration.
2. The letter will include the date, time and venue of the hearing.
3. The letter will advise the individual of the right to representation and the employee will be given the opportunity to consult with her/his representative before the hearing.
4. At least seven calendar days' notice of the hearing will be given.
5. If circumstances necessitate, the employee can request one postponement of up to seven calendar days, or more by mutual agreement. Hearings should be held as soon as practicably possible and should not be unreasonably delayed due to the non-availability of a specific representative.
6. The individual or representative should formally respond by accepting the date of the hearing or giving a reason for a requested postponement. This response should also include details of copies of any documents to be presented. It is the responsibility of the employee to approach her/his own witnesses.
7. All parties reserve the right to investigate new information of relevance prior to the completion of the hearing. Where the hearing has already begun, this may require an adjournment.
8. Conducting a hearing to consider possible termination of employment
9. Panel will comprise a manager of appropriate seniority, who will chair the hearing, supported and accompanied by an HR advisor/manager.
10. The presenting manager will generally be the manager who has been most involved in managing the employee's absence.
11. The Chair will ensure that the hearing takes place in a fair and orderly way and with due sensitivity regarding the member of staff's illness.
12. The Chair should open the Hearing by confirming those present and their respective roles.

13. The manager will make their presentation. They will present the employee's absence record, measures that have been taken to reduce the absence and any outcomes.
14. The employee, or the representative on behalf of the employee, will then make their presentation including any mitigating factors regarding their absence.
15. The panel members may question the presenting manager, witnesses and/or employee at any time.
16. The presenting manager will be invited to make a final submission – this should summarise the key points and not raise any new matters.
17. The employee and/or representative will be invited to make a final submission – this should summarise the key points and not raise any new matters.
18. The employee, representative and the presenting manager will be asked to withdraw to allow the Chair time for reflection and proper consideration. If new facts have emerged during the hearing it may be appropriate to reconvene.
19. In considering dismissal, the Chair should take into account: the member of staff's length of service; past performance; likelihood of a change in attendance; the availability of suitable alternative work and the effect of past and future absences on the organisation. If the eventual decision is to dismiss, then the Chair should first satisfy her/himself that the Trust has acted reasonably and that the member of staff has been given sufficient opportunity to improve their attendance or in the case of ongoing long term absence, to return to work. The Chair should also consider, if applicable, whether the redeployment would have been appropriate. The HR advisor will provide guidance as necessary.
20. The employee, representative and the presenting manager will be recalled and advised of the decision of the Chair, along with the right of appeal if necessary.

Attendance Meeting Record - informal stage

Employee.....

Representative.....

Date of meeting.....

Reason for meeting
.....
.....
.....

Absence Record

Illness/Injury	Dates	Total Days
Total periods:		Total days:

Improvement period set.....

Targets.....

Review date.....

Record of Reviews

Review () date _____

Review () date _____

Review () date _____

Off MAP/ To formal MAP (circle as appropriate)

Date and comments _____

Extra Notes _____

Bradford Scores

Using Bradford scores, an employee's irregularity of attendance can be assessed by combining measures of absence frequency and duration. The scores show whether an individual's sickness absence record is made up of a few or many spells of short or long duration. They can be used to monitor trends in sickness absence, to provide trigger points for further action, and to provide comparisons with absence rates for the organisation as a whole.

The basic formula for calculating a Bradford score is $S \times S \times D$.

- S = the number of spells of absence in a specified period.
- D = the number of days (or hours) of absence in that period.

The following example illustrates the Bradford scores for three employees with the same annual absence for 12 days.

- One absence of 12 days, Bradford score = $1 \times 1 \times 12 = 12$ points
- Six absences of 2 days each, Bradford score = $6 \times 6 \times 12 = 432$ points
- 12 absences of 1 day each, Bradford score = $12 \times 12 \times 12 = 1728$ point

The following example shows how the Bradford scores have been used by one trust.

South Devon Healthcare NHS Trust produces quarterly manpower reports for each clinical directorate, locality and staff group. In each case the report shows:

- Percentage of staff with less than 300 points
- Percentage of staff with 300 – 499 points
- Percentage of staff with 500 or more points
- Percentage of staff with five or more spells of sickness absence in a rolling 52 week period.

Sickness absence rates and average Bradford scores can be compared and can help to target action. For instance, the contrasting position of speech therapists and physiotherapists in the trust can be identified.

A high absence rate and a low Bradford score indicate a small number of staff with long absences. Low absence and a high Bradford score show a small number of staff with frequent short absences.

It is important to stress that any absence measure must be used with discretion. Best practice is to use a variety of absence indices providing information on different aspects.

Further information can be found in *Managing sickness absence in the NHS* published by the Health Education Authority as part of the Health at Work in the NHS project.