

## SOUTH EASTERN TRUST

<b>Title:</b>	<b>Management of Attendance Protocol</b>		
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### 1.0 INTRODUCTION

- 1.1 This protocol has been developed to assist the South Eastern Health and Social Care Trust (hereafter referred to as the Trust) in the implementation of the Regional Policy Framework of Best Practice for Managing Attendance (**appendix 1**).
- 1.2 The Trust considers the contribution of its staff to be of paramount importance to enable the delivery of excellent services to all its client groups. The Trust recognises and accepts its responsibility to employees to ensure that the working environment is safe and that the conditions of employment are conducive to good health and well-being. It is inevitable that employees will, on occasions, be off work because of ill health and the Trust recognises that it has an obligation towards them.
- 1.3 A satisfactory level of attendance at work is crucial to the success of the organisation, bearing in mind that high absence rates reduce the resources available to enable us to provide excellent services to our patients/clients.
- 1.4 A non-satisfactory level of attendance reduces our available resources and can have a negative impact on how we deliver our services and also places colleagues under undue pressure. It is the responsibility of each member of staff to be in attendance at work in order to fulfil

his/her contract of employment. The Trust will act as a reasonable employer at all times in its dealing with employees who are absent due to ill health. It will seek to ensure, through medical opinion, that staff have sufficient time to recover their health so that on return to work they are able to fulfil the requirements of their job and their contract of employment.

## **1.5 Purpose**

1.5.1 The purpose of this protocol is to assist managers and staff to achieve and maintain an optimum level of attendance at work, to ensure that attendance is managed effectively and ensure that members of staff with genuine illness are treated sensitively. This protocol communicates an approach which is designed to ensure consistency and fairness in its application across the Trust as a whole.

1.5.2 This document clarifies roles and responsibilities of all key parties and highlights the potential penalties incurred by failure to follow the Regional Framework and these associated procedures.

1.5.3 This protocol should be read in conjunction with:

- Health and Well-Being Strategy
- Managing Alcohol and Drug related Issues in the Workplace Policy
- Domestic Violence and Abuse in the Workplace Policy
- Disciplinary Procedure
- Building Resilience and Managing Work Related Stress for your team – Tool Kit

## **1.6 Objectives**

- To manage non-attendance due to ill health.
- To ensure that all staff are treated fairly, consistently and with sensitivity during times of illness.
- To provide a framework for managing attendance.
- To provide guidelines on how to manage the different types of absence, such as repeated short-term absence, unsustainable absence or long-term absence,
- To provide guidance on how to identify, at an early stage, absence patterns which may cause concern, so that these can be investigated and managed appropriately and in a sensitive manner.

## **2.0 SCOPE OF THE POLICY**

- 2.1 This protocol has been written to meet all requirements of current terms and conditions of service circulars at date of approval which relate to management of absence and ill-health retirement. It is recognised that any changes to national and regionally agreed terms and conditions of service will automatically update any provisions of this policy.
- 2.2 This protocol is directed to all Trust staff and should be read in conjunction with the terms and conditions of service which apply to each group.
- 2.3 This protocol covers the most frequently occurring situations but it is expected that unique circumstances will arise. The protocol is therefore not intended to be exhaustive and its broad principles will apply.

## **3.0 ROLES/RESPONSIBILITIES**

The protocol clarifies roles and responsibilities of managers, staff and other support functions within the Trust. These roles and responsibilities are further defined as follows:

### **3.1 The manager's responsibilities**

3.1.1 Managers will in the course of their duties;

- Manage absence in accordance with the 'Regional Policy Framework of Best Practice for Managing Attendance' and the Trust's local protocol for Managing Attendance.
- Manage absence in a confidential, consistent, sensitive and fair manner.
- Ensure all employees are aware of their responsibilities regarding attendance at work.
- Advise employees of this protocol at an early stage in their employment
- Make staff aware of the required reporting arrangements including the submission of certifications and Statements of Fitness to Work.
- Review and monitor attendance on a regular basis.
- Provide positive feedback on and improvements in attendance
- Consider additional support/adjustments for staff experiencing problems, such as flexible working arrangements, different ways of working, support of Occupational Health, Care Call
- Where cases of absence or poor performance have involved drug, alcohol or substance misuse, these should

- be dealt with under the Workplace Alcohol/Drug policy and guidance, in conjunction with this protocol.
- Initiate action in accordance with the Trust's disciplinary procedure, if appropriate, to deal with issues of poor attendance or unexplained patterns of absence.

#### 3.1.2 During an employee's absence;

- Record absence in a timely manner, ensuring appropriate documentation is forwarded to payroll.
- Agree the arrangement for maintaining contact with the absent employee
- Ensure absent staff are made aware of social activities, away days or staff meetings, if appropriate.
- Keep staff who are absent informed of any changes/events within their area of work, including the issue of recruitment advertising and trawls.
- Refer to Occupational Health and support the employee in accordance with this protocol
- Seek timely advice from Human Resources.
- Discuss with the employee any support which would facilitate a return to work as advised on the Statement of Fitness to Work.
- Consider Occupational Health's advice and take any action required based on individual and service needs. This may include discussing reasonable adjustments, reduced hours, redeployment etc. with the employee and Human Resources.
- Maintain records of any meetings with the employee regarding the absence.
- Notes of meetings will be shared with the employee.

#### 3.1.3 On the employee's return to work

- Meet with the employee to carry out a Return to Work Interview, recording details on the Return to Work Proforma
- Agree any actions that may be necessary to facilitate a return to work including appropriate adjustments.

### 3.2 Employee's Responsibilities

#### 3.2.1 Prior to any absence an employee will:

- Ensure they have read and fully understood the Regional Policy Framework of Best Practice for Managing Attendance and the Trust's local protocol for managing attendance.

- Ensure that they notify their manager and Occupational Health Department immediately if, at any time when outside the work environment, they come into contact with any infectious disease so that appropriate precautions can be taken, where necessary, in order to protect staff, patients and service users.
- Contact Care Call for support.
- If appropriate, use the Information for employees in the “Building Resilience and Managing Work Related Stress for your team – Tool Kit” on iconnect.

3.2.2 During their absence an employee will:

- Comply with the following notification/certification arrangements.

Timeline	Action
First day of absence	<p>Telephone line manager, deputy or designated person, at least four hours before a shift begins, but where not practical no later than 15 minutes after the start of a shift</p> <p>Contact should be made by telephone (text messages/emails, etc. are not appropriate) by the employee. Third party contact is only appropriate in exceptional circumstances.</p> <p><i>Provide as much information as possible relating to the reason for and expected length of absence at this stage, to the best of your knowledge. If possible, advise of any urgent work/meetings that others may need to address in their absence</i></p>
4 <sup>th</sup> day of absence	<p>Self-certificate – this must be dated from the <b>first day</b> of absence and received by the line manager <b>within 7 days from the first day of absence</b>. <i>If an employee has any difficulty in doing this, they should contact their line manager to discuss</i></p>
8 <sup>th</sup> day of absence	<p>Statement of Fitness to Work from a GP or Hospital is required and should be delivered to the line manager. Repeated certificates will be required on a timely basis in circumstances where the absence continues.</p>

- Keep their line manager informed during their absence and indicate in advance when they will return to work.
- If a member of staff becomes fit to return to work on a day that they are not due to work, they are required to advise their manager in accordance with the normal reporting

arrangements that they are now fit to work, otherwise they will be considered as unfit for work for this period. Certification and Statements of Fitness to Work should reflect this.

- In accordance with their contract of employment attend Occupational Health as requested. Occupational Health appointments can only be rearranged in exceptional circumstances. Employees must contact their line manager to discuss any cancellation or re-arrangement of an appointment. They should not contact Occupational Health directly. The manager needs to consider if there are any exceptional circumstances and contact OH accordingly.  
Employees are expected to arrive at Occupational Health on time for their appointments.
- Maintain and expect regular contact as agreed with their line manager.
- Discuss with their line manager any advice provided by the GP on the Statement of Fitness to Work.
- Participate in developing return to work plans and make best use of rehabilitative measures.
- Refrain from any activity (such as domestic, social and sporting) which may delay their recovery or be likely to raise doubts about the reason for their continued absence.
- Not work elsewhere (paid or voluntary) whilst on sick leave or while on the Rehabilitation to Work Scheme.
- If the employee has more than one job and their doctor considers, due to their condition this work is beneficial, they must advise their manager, who may seek a view from Occupational Health to assess their fitness for the other work.
- Advise their line manager if they intend to take a holiday as part of the recuperative process. Advice may be sought from Occupational Health to ensure that the holiday will not delay recovery.
- An employee who is absent as a result of an accident involving a third party, will be required to refund to the Trust, damages received as a consequence of successful legal claim. This is an express contractual obligation.

### 3.2.3 On return to work

- Report to their line manager and participate in a Return to Work interview.

## 3.3 Human Resources Responsibilities

### 3.3.1 The Human Resources Department will:

- Support and advise managers and staff on the implementation of this protocol.
- Provide statistics on attendance as and when required.
- Review the Trust's Management of Attendance protocol in accordance with good practice.
- Attend meetings with staff and managers in accordance with the protocol to provide support and advice as necessary.

### **3.4 Occupational Health and Well Being Service Responsibilities**

#### 3.4.1 The Occupational Health and Well Being Service will:

- Support line management by providing an assessment of an employee's ability to work.
- Provide advice to managers and staff with regard to rehabilitative measures to facilitate an early return to work.
- Where appropriate, refer staff for further support.
- Provide advice to staff and help them to understand the illness and to minimise its impact on their ability to work.
- When requested, provide advice to managers regarding the appropriateness of staff undertaking other employment whilst absent from work.
- Where appropriate, provide preventative measures to minimise absence.
- Provide information and guidance to support the Trust in managing attendance.

### **3.5 Role of Trade Union representatives**

#### 3.5.1 Trade Union representatives will:

- Provide advice and support to their members.
- Accompany their members as requested, at meetings arranged under this protocol to discuss short-term frequent absences, unsustainable absence long-term absence or misconduct during absence.
- Support the implementation of this protocol and participate in its regular review.
- Participate in initiatives and work in partnership with management to reduce the Trust's absence level.

## 4.0 **KEY PROTOCOL PRINCIPLES**

### **Definitions**

Short term absence: likely to be one day up to a week, but can extend up to 4 calendar weeks.

Long term absence: Continuous absence of 4 calendar weeks or more

### **4.1 Planned absences**

4.1.1 Before staff go off work on a planned absence, such as elective surgery, the manager should formally meet with the member of staff to discuss their planned return to work. This will include a discussion to cover the following:

- Likely length of absence
- Handover arrangement
- Arrangements for maintaining contact
- Temporary or permanent working arrangements for return e.g. return on reduced hours
- Any adjustments required in the workplace

### **4.2 Return to work Interviews**

4.2.1 Return to Work interviews should take place on an employee's return to work. This will normally be on their first day/shift, or as soon as reasonably practicable.

4.2.2 The Return to Work Proforma will be completed and a copy given to the employee.

4.2.3 The meeting should be used to:

- Welcome the employee back to work
- Allow the employee an opportunity to raise any concerns about their return to work
- Convey any necessary hand over information
- Discuss any issues relating to the reason for the absence
- Review attendance record and any trends
- Agree any action plans/adjustments to facilitate continued attendance at work
- Remind staff of the Trust's expectations in relation to absence
- If a trigger point has been reached a formal meeting will be arranged.



### 4.3 Referral to Occupational Health

#### 4.3.1 Below is a guideline of when to refer specific absences to Occupational Health:

Work related Stress –If an employee remains in work and is citing stress the manager should use the Stress Tool kit to address and manage the situation before making a referral to OH.

If the employee is on sick leave an immediate referral should be made to OH.

In both cases attach details of actions taken in the “Summary pro-forma” from the Trust’s Building Resilience and Managing Work-Related Stress – Toolkit.

- Injury at work – immediate referral
- Musculo-skeletal –referral in accordance with Management of Attendance Protocol.
- Absence following maternity leave - immediate referral
- Long term absence – where absence has reached, or is expected to reach a period for 4 calendar weeks or more
- Where an employee chooses to seek help voluntarily for an alcohol or drug related problem – immediate referral
- Where a manager believes there is evidence/behaviour that an employee may have an alcohol or drug related problem – immediate referral

### 4.4 Dealing with frequent short-term absences

#### 4.4.1 Trigger points

1. Three episodes of absence within a 12 month period
2. Two periods of absence that total 10 days or two calendar weeks
3. A period of absence that equates to 10 days
4. Potential patterns in absence

If an employee meets any of these trigger points, a formal meeting will be arranged with the employee.

#### 4.4.2 Formal Meeting

4.4.2.1 This meeting will be used to reflect concern at the frequency of absence and explore how the manager can support the employee to improve their level of attendance. The manager will meet the employee to discuss;

- The frequency of absence

- The reasons for absence (general rather than specific)
- Any mitigating circumstances which might be contributing to the absence including consideration of sensitive issues such as domestic violence
- Any support which may help ensure continued attendance, e.g. a change in working pattern/flexible working and reduced hours
- An offer of support from Occupational Health in determining if there are any underlying medical conditions. A referral to Occupational Health will not be necessary if the employee states they do not have any underlying medical condition and do not wish to avail of additional support form Occupational Health
- If an underlying medical condition has been identified by Occupational Health the manager may need to consider further support and reasonable adjustments and advice should be sought from Human Resources
- The employee will be advised that their attendance will be monitored from the date of the formal meeting or within two weeks of the absence whichever is earlier for a period of six months and if during this review period their attendance does not improve this may result in disciplinary action.

4.4.2.2 The meeting will be noted and shared with the employee.

4.4.2.3 An employee has the right to be accompanied at this meeting by a trade union representative or work colleague

#### 4.4.3 Review Period

This will normally be for no longer than six months. At any time during that period if there are further period(s) of sickness absence a further meeting will be held to discuss any factors affecting their attendance. The manager must also consider the relevance of any episode of absence in the period that relates to an employee's disability or any maternity related absence or injury at work. Advice should be sought from Human Resources/Occupational Health.

#### 4.4.4 Review Meeting

If attendance has improved this will be acknowledged at the review meeting. The employee will be advised that their absence will no longer be monitored on a formal basis. If there is a further period of absence, an informal warning may be considered.

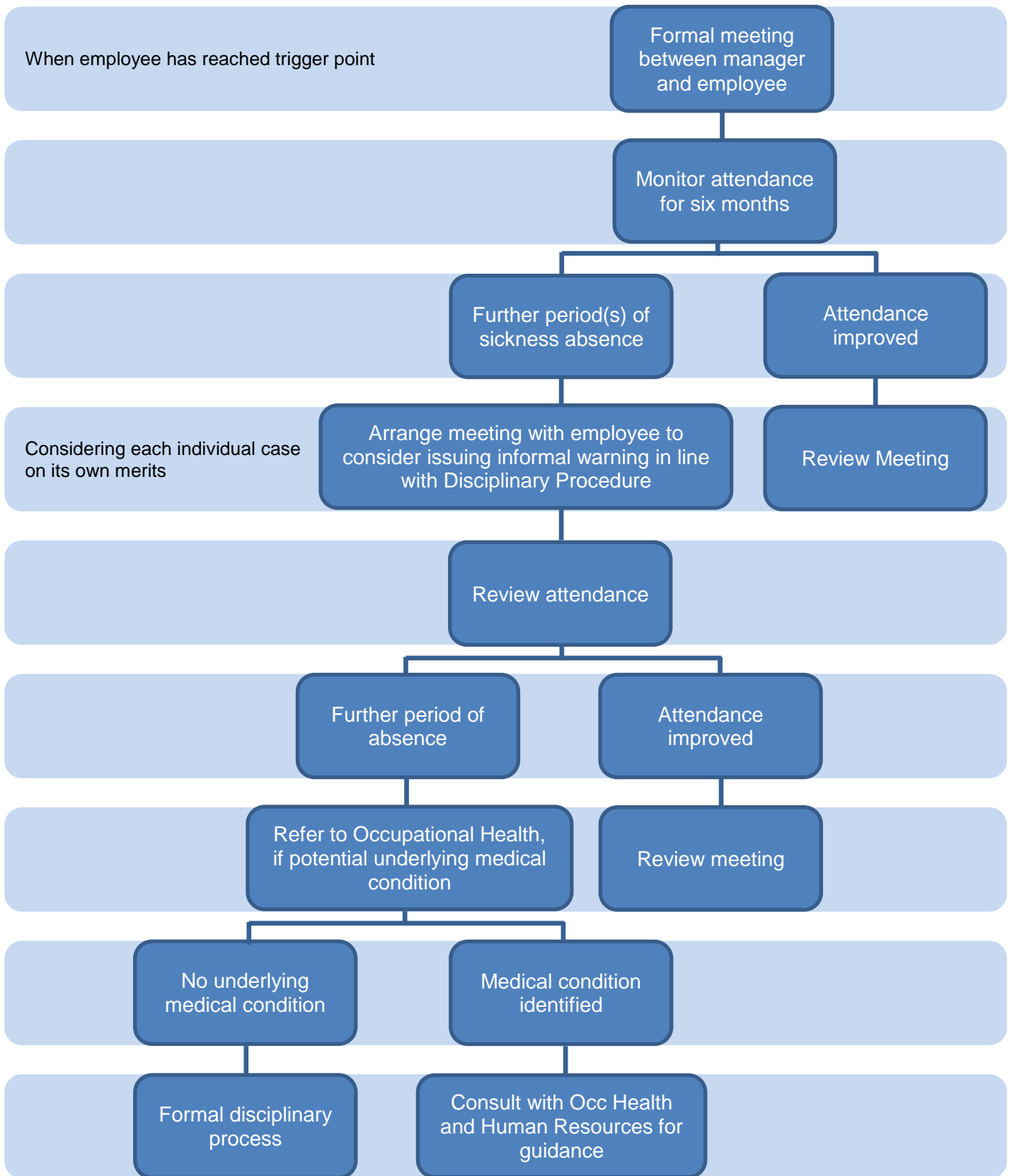
#### 4.4.5 Informal Warning

4.4.5.1 Any further period(s) of absence may result in an informal warning being issued. This should be considered on accordance with the Trust's Disciplinary Procedure and using the agreed template for informal warnings available from the Employee Relations team.

4.4.5.2 If during the period of an informal warning there is a further absence, a referral may be made to Occupational Health if there is a concern that there may be an underlying medical condition. If Occupational Health advise that there is no underlying medical condition, details of the absences and management to date should be set out in line with the disciplinary report template available from Employee Relations Team. The line manager will, in conjunction, with Employee Relations Team determine if a formal hearing is to be arranged in accordance with the Trust's Disciplinary Procedure

4.4.5.3 Figure 1 below summarises the process

Figure 1:

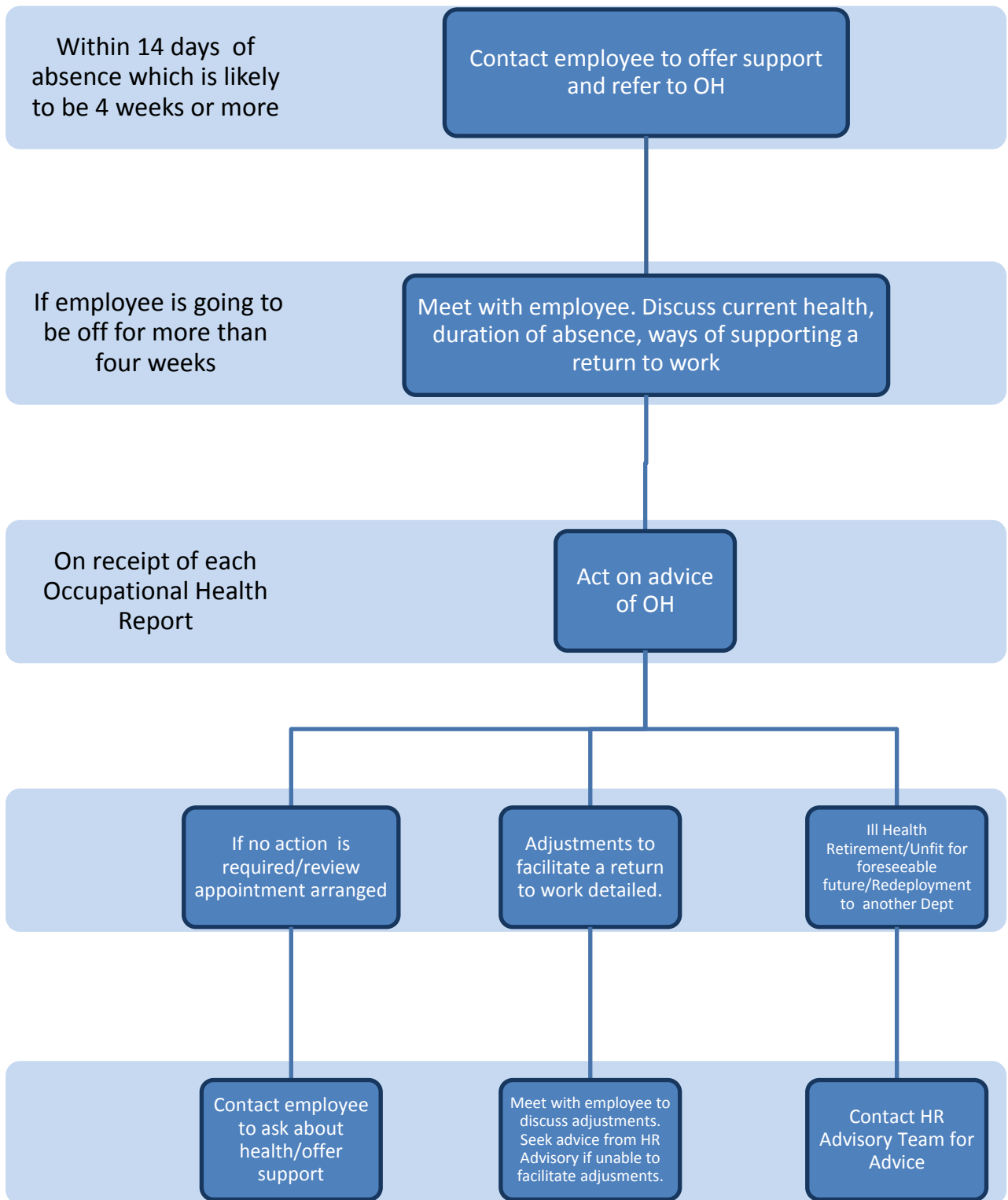


#### 4.4.5 Managing long term absence

- 4.4.5.1 Long term absence is defined as an absence which lasts or is expected to last four calendar weeks or more.
- 4.4.5.2 Where a manager learns that a member of staff is likely to be absent from work for a period of 4 calendar weeks or more a referral to Occupational Health must be arranged.
- 4.4.5.3 It is important that reasonable contact is maintained between the manager and the employee during the absence although this should not be intrusive.
- 4.4.5.4 For unplanned absences a manager will within 14 days of an employee going off on long term sick leave contact an employee to find out how the employee is, and offer their support. An office visit will be scheduled if the employee is going to remain on sick leave for 4 weeks or more. At this office visit the following will be discussed:
- The employee's current state of health
  - The likely duration of the sickness absence
  - Ways of supporting staff to return to work at the earliest opportunity
- 4.4.5.5 Further meetings with the employee will be arranged on receipt of each Occupational Health report to discuss the contents and recommendations of the Occupational Health report. During long term absence contact must be at the very least monthly. Managers should consider ways of facilitating a return to work for example reduced hours, restricted/alternative duties, different start/finish times and use of annual leave.
- 4.4.5.6 In accordance with the **Disability Discrimination Act** the Trust has a legal requirement to make reasonable adjustments which would enable an employee with a disability to remain in work and provide reliable and effective service. Serious consideration must be given to making temporary or permanent adjustments to working practices or premises and in all cases advice and guidance should be sought from the Occupational Health Service and Human Resources.

- 4.4.5.7 Human Resources do not receive a copy of the Occupational Health report. If managers are unable to make the adjustments recommended in the Occupational Health Report they should discuss these cases with Human Resources.
- 4.4.5.8 An employee returning from sickness absence on a rehabilitative programme recommended by Occupational Health and agreed with management, will experience no loss of pay during the rehabilitative period. This period should not normally exceed six weeks.
- 4.4.5.9 A review meeting with the line manager and Human Resources representative will take place with all employees who may not be fit to return to work in the near or foreseeable future or if an employee is approaching no pay. A note of this meeting should be made and shared with the employee
- 4.4.5.10 Options to consider include:
- A return to work with or without adjustments
  - Possible redeployment
  - Possible ill-health retirement
  - Possible termination of contract on grounds of ill-health. If termination of contract is a possible outcome Human Resources should advise the employee at this meeting
- 4.4.5.11 The Trade Union representative (if requested) can be in attendance at this meeting.
- 4.4.5.12 In some instances such as life limiting illness, it may be decided that the above process is not appropriate. Managers should seek advice from Human Resources, if they need any assistance in this regard.
- 4.4.5.13 Figure 2 below summarises this process.

Figure 2



#### 4.4.6 Injury Allowance

Agenda for Change Terms and Conditions make provision for an injury allowance to be paid to employees who, due to a work related injury, illness or other health conditions are on authorised sickness absence or phased return to work with reduced pay or no pay. It also makes provision for the protection of pay in certain circumstances. Further information can be obtained in Section 22 of the AFC handbook or by contacting the HR Advisory Team.

#### 4.4.7 Redeployment

- 4.4.7.1 Occupational Health may recommend redeployment to another post as a means of improving the health of the employee and ensuring continuing employment.
- 4.4.7.2 Consideration for redeployment is limited to vacant posts which Occupational Health deem suitable on health grounds
- 4.4.7.3 Protection of pay will not apply if that redeployment is to a post of a lower grade. Excess mileage is not applicable if the employee's base has to change as a consequence of redeployment due to health.
- 4.4.7.4 Where alternative employment is being sought for an employee who is found unable to return to their substantive post as a result of health-related problems, a search will take place, not normally exceeding 8 weeks from the point when it was agreed the search should begin. If a suitable post cannot be found in this time scale, termination of contract due to ill-health, or retirement on health grounds may be considered as necessary.
- 4.4.7.5 Staff are entitled to a statutory four week period to confirm that the work is suitable in circumstances where they have been redeployed.
- 4.4.7.6 Where vacancies exist, managers will be expected to facilitate employees who need redeployed.
- 4.4.7.7 Members of the 1995 section of the HSC pension scheme who before they retire 'step down' to a less demanding job on lower pay may apply to have their pension frozen. Further information can be found:



<http://www.hscpensions.hscni.net/wp-content/uploads/2012/09/Step-Down-PDF1.pdf>

#### **4.4.8 Ill-health retirement**

- 4.4.8.1 Employees who are members of the HSC pension scheme and are permanently incapable of doing their present job due to ill health may be able to receive a pension. Before an application for ill-health retirement is considered, advice needs to be sought from Occupational Health. It is Occupational Health's responsibility to advise and provide guidance in relation to ill-health retirement. The decision to apply for a pension rests with the individual concerned. If Occupational Health recommends ill health retirement, Human Resources may meet with the employee and their manager to outline the application process. Further information is available from Human Resources and on the HSC pension's website: [www.hscpensions.hscni.net](http://www.hscpensions.hscni.net)
- 4.4.8.2 Employees who have a life-limiting illness and do not expect to live longer than one year can apply to exchange all their health pension benefits for a one-off lump sum.
- 4.4.8.3 Employees will not need to have exhausted their entitlement to Occupational Sick Pay before making an application for ill health retirement.
- 4.4.8.4 The decision to pay Occupational Pension is made by HSC Pensions Branch.
- 4.4.8.5 If HSC pensions decide that an employee does not satisfy the requirements for ill-health retirement, employee's contract will be terminated on health grounds. This will not affect the employee's right to appeal the decision of HSC Pensions Branch. If HSC Pensions require more medical evidence or an employee wishes to appeal an unsuccessful application for ill-health retirement, an employee can remain on the payroll for a maximum of three months from the date of HSC Pensions original decision.

#### **4.4.9 Termination of Contract**

- 4.4.9.1 Where an employee is to be terminated on health grounds the following factors must be considered:

- Medical opinion/prognosis
- The length of absence
- The likely duration of the continuing absence
- The nature of illness
- The impact of the continuing absence on the provision of service and on other staff

4.4.9.2 The employee will be invited to attend a meeting to discuss the above factors with their line manager and a representative from Human Resources, accompanied by either a Trade Union representative or work colleague. The employee will be advised prior to the meeting that the termination of contract due to ill health is to be considered.

4.4.9.3 Contractual notice will be given to a member of staff whose contract is being terminated on grounds of ill health.

4.4.9.4 An employee whose contract is terminated on the grounds of ill-health has the right to appeal by writing to the Director of Human Resources and Corporate Affairs within seven days of the date of notification.

4.4.9.5 The Director of Human Resources and Corporate Affairs or nominee together with an Assistant Director from the relevant programme of care will hear the appeal. The employee will have the right to be accompanied by either a trade union representative or work colleague at the appeal hearing

4.4.9.6 There is no automatic entitlement to exhaust entitlement to sick pay before a decision is taken to terminate their employment on medical grounds.

#### **4.4.10 Recurring long-term absence and unsustainable absence**

4.4.10.1 There may be occasions when an employee has had a number of recurring spells of long-term absence, which are not attributable to a specific condition. These should be managed in the same way as short-term absence.

4.4.10.2 If an employee has a series of recurring absences attributable to a specific condition and where no reasonable adjustments can be made to assist the

individual to provide regular and effective attendance at work, their absence may be considered as unsustainable. Unsustainable absence should be managed in a similar way to long term absence.

#### **4.4.11 Expectations**

To ensure absence is managed in a fair and consistent manner it is important that everyone affected is clear on how absence will be managed. Staff who fail to comply with the requirement stated throughout the protocol may be subject to disciplinary action.

## **5.0 IMPLEMENTATION OF POLICY**

### **5.1 Dissemination**

This protocol is applicable to all members of staff within the South Eastern Health and Social Care Trust and is available on the Trust intranet.

### **5.2 Resources**

Managers who manage attendance must attend the 'Managing Attendance' training. Dates, venues and times can be found on HRPTS.

Frequently Asked Questions/Templates and guides on how to record sick absences are available on iConnect.

## **6.0 MONITORING**

This policy will be reviewed and amended as necessary in light of any legislative changes or local decisions.

## **7.0 EVIDENCE BASE/REFERENCES**

Regional Policy Framework of Best Practice for Managing Attendance.

## **8.0 CONSULTATION PROCESS**

This protocol has been developed in accordance with local Trade Unions.



**9.0 APPENDICES/ATTACHMENTS**

Appendix 1: Regional Policy Framework of Best Practice for Managing Attendance

**10.0 EQUALITY STATEMENT**

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this protocol should be subject to a full impact assessment has been carried out.

The outcome of the Equality screening for this protocol is:

**Major impact**

**Minor impact**


**No impact.**

**SIGNATORIES**

(Protocol – Guidance should be signed off by the author of the protocol and the identified responsible director).

<input type="checkbox"/> Form Status	Policy Name	Author Endorsement	Modified	<input type="checkbox"/> Modified By
Directorate	Management of Attendance Protocol	Yes	10/06/2016 05:07 PM	<a href="#">Andrews, Alison</a>
Directorate	Management of Attendance Protocol	Yes	22/06/2016 05:03 PM	<a href="#">Ritchie, Marion</a>
<input type="checkbox"/> Form Status	Policy Name	Approval	Modified	<input type="checkbox"/> Modified By
Read Only	Management of Attendance Protocol	Endorsed	22/07/2016 11:27 AM	<a href="#">Weir, Myra</a>



<input type="checkbox"/> Form Status▼	Policy Name▼	Author Endorsement	Modified	<input type="checkbox"/> Modified By
Directorate	Management of Attendance Protocol	Yes	10/06/2016 05:07 PM	<a href="#">Andrews, Alison</a>
Directorate	Management of Attendance Protocol	Yes	22/06/2016 05:03 PM	 <a href="#">Ritchie, Marion</a>

## Appendix 1

### Regional Policy Framework of Best Practice for Managing Attendance

#### **Introduction and Context**

This document, written in partnership between HSC Employers and Trade Unions, sets out a regional framework of agreed core principles for the management of attendance in respect of the Northern Ireland Health and Social Care workforce. It is set in the context of Circular HSS (AFC) 4 2008 of the Agenda for Change handbook and relevant terms of conditions and the Healthy Workplaces handbook (NHS Employers) 2007.

The agreed approach is based on the acceptance that the health and wellbeing of the workforce is critical to the effective functioning of any organisation and that the management of attendance is an important management issue which requires to be pursued in an open and transparent manner. Recognition must be given to the duty of the employer to support staff when they become ill, facilitating them, in so far as is reasonably practicable to safely return to work as early as they can. In addition the employer has a responsibility to actively encourage a culture of health and wellbeing within the workforce while equally expecting employees to take personal responsibility for their own health and well being.

The partners to this framework also recognise that HSC organisations have a primary responsibility to provide high quality services to their population and that absence places additional pressure on employees who are not affected by illness. The Northern Ireland Audit Office Report (2013) indicates that "staff sickness absence reduces productivity, affects service delivery and has a considerable financial cost".

It is considered important to have a clear and unambiguous framework for managing attendance building on evidence based best practice in accordance with terms and conditions of service and detailed local protocols, procedures and initiatives.

#### **Contractual Obligations and Expectations**

The two-way nature of the employment contract creates certain obligations and expectations for both the employee and the employer. In the area of attendance management employees must give regular and effective attendance at work and employers must provide a safe and supportive working environment to enable them to do so. Employees are not expected to come to work if clearly incapable of doing so, but should not remain away from work, where adjustments or modifications could be made to facilitate their return.

Employers will endeavour to maintain employees in their current role but this may not always be possible if they are unable, due to incapacity, to continue to carry out the duties and responsibilities of that role to a satisfactory and acceptable standard. Therefore employers should at the earliest possible stage consider reasonable adjustments and redeployment to other roles, either on a temporary or permanent basis, to reduce the length of the employee's absence or indeed to maintain the employee at work while clearly communicating their intentions and reasons for doing so to employees. Employees must commit to the various component parts of the attendance management programme and adhere to the various protocols and procedures in place to ensure that they and the employer are fully conversant with the facts of their case and the options which are available to them.

Continued absenteeism from work may lead to consideration being given to the termination of employment on the grounds of ill-health.

**Best Practice principles:**

- Employers and Trade Unions will actively promote a culture that encourages attendance at work.
- Staff who are unwell must be treated with dignity and respect at all stages in the attendance management process.
- The HSC is committed to the promotion and provision of initiatives that offer practical support and preventative measures for the health & wellbeing of all employees.
- Adherence to employer obligations under the terms of the Disability Discrimination Act will be an integral part of the attendance management local policy arrangements, including the duty to make reasonable adjustments.
- Rehabilitation and focus on return to work will be a primary consideration as being out of work can progressively damage health and decrease life expectancy
- Reasonable adjustments for employees including those meeting the definition of disability should be implemented in a timely manner. This should be collaborative approach in partnership with the employee, Occupational Health, Medical Specialist, relevant disability organisation, if appropriate, HR and the Service Manager to prevent unnecessary delays re either employees returning to work and or making adjustment to the workplace /role for those employees to prevent them having becoming absent.
- Employers will seek to identify and address the underlying causes of sickness absence where interventions in the workplace would improve employee health and well-being.
- Early intervention by line managers together with good communication are key tools in reducing staff absence.
- Targeted interventions, such as access to timely physiotherapy services and counselling, to improve employee health and well-being will be an essential component of the employer's approach to absence management. Clear methods for monitoring, measuring and understanding sickness absence are essential.
- Employees can expect that their sickness absence will be consistently managed in accordance with a shared goal of an early return to work, given that this is in the employee's and the service's best interests.
- Training Managers or Staff

**Supporting roles**

Employers and Trade Unions acknowledge that there are a number of key supporting roles in effective and sustainable attendance management. Based on evidence based practice these are:-

- Senior Management in the form of leadership, support, communication of organisational expectations and control and ensuring that managers consistently and fairly apply the protocol to all employees.
- Human Resources in terms of strategic influence, development of policy and practice, robust information systems, development of corporate initiatives, consistent advice and appropriate learning and development opportunities
- Occupational Health Professionals centring on role definition, work emphasis, multi-disciplinary case management and corporate business approach



- Line Managers through increased emphasis on role, service priority, maintaining accurate records on HRPTS, compliance with local Attendance Management protocol, confidence, ability and skills training
- Trade Unions through locally supportive role and ensuring procedures are complied with by members

Effective attendance management is only achievable when a satisfactory combination of the above features are present. To this end, employers have put in place agreed local protocols and procedures together with a fully integrated, comprehensive and mandatory training programme incorporating a number of featured themes deriving from the input of those key supporting roles previously identified.

Local management arrangements define the requirements for employees and line managers in reporting sickness absence and the subsequent Management recording arrangements using HRPTS to ensure that employees are appropriately paid. These arrangements ensure that an accurate data base is available for workforce information reports which HR provide on a regular basis to management to facilitate the monitoring of absence rates, the analysis of causes and trends and the development of action plans.

The regional HSC Joint Negotiation Forum has ensured that local protocols and procedures are consistent with this framework.

**For the purposes of this framework the following definitions will apply:**

**Short term absence:** likely to be one day up to a week, but can extend up to 4 calendar weeks.

Local protocols and procedures will clearly define triggers for action to be taken in cases of recurring short term absence (intermittent absences).

**Long Term absence:** Continuous absence of 4 calendar weeks or more.

**Rehabilitation/phased return:** A time-limited restriction on the role the employee undertakes pending a return to the full duties of the employee's post.

**Reasonable Adjustments:** Legal requirement (as per Disability Discrimination Act) for employers to make adjustments to support and enable employees with a Disability to remain in employment.

**Modified work:** Where permanent restrictions on the employees' role are required this will mean changes to the employee's current job or redeployment on a permanent basis to another post which accommodates these permanent restrictions

In support of the principle of 'early intervention', employers, while treating each individual absence case on its own merits, will seek to review cases with employees on a timely basis and will seek to ensure that appropriate and timely support of Occupational Health Departments is made available to employees. The following referral timescales are to be used as a guide:

- Stress – immediate referral
- Injury at work – immediate referral
- Musculo-skeletal – immediate referral
- Absence following maternity leave – immediate referral
- Long term absence – where absence has reached or is expected to reach a period of 4 calendar weeks or more

Where triggers are stipulated in local policies, it is important that employers review the appropriateness of their application in certain circumstances and for individual cases, for example pregnancy and disability related absences.

### **Consistency of approach in the development of local protocols and procedures**

Whilst local employers in partnership with their local Trade Union side will need to develop detailed local protocols and procedures for managing attendance, certain procedural points not expressly stated in the relevant terms and conditions handbook, need to be adopted and applied consistently across all employers.

These are:

- An employee returning from sickness absence on a rehabilitative programme recommended by Occupational Health and agreed with management will experience no loss of pay during the rehabilitative period, which will not exceed 6 weeks.
- When an employee is on a rehabilitative return to work on reduced hours, that employee, for recording purposes, will be recorded as being at work, not on sick leave.
- Where alternative employment is being sought for an employee who is found unable to return to their post as a result of health-related problems, this search will take place during a time limited period which should normally not exceed 8 weeks from the point when it was agreed that the search should begin. Discretion should be applied to those employees who meet the definition of disability as per the Disability Discrimination Act.
- If alternative employment is secured, protection will not apply in the circumstances that the redeployment is to a post of a lower grade.

### **Operational requirements**

Local protocols and procedures should include the following:

- Reporting and contacting during absence.
- Recording of absence
- Certification of absence.
- Management of short and long term absences.
- Procedures for referral to Occupational Health
- Return to work arrangements including return to work interviews
- Rehabilitation/phased return programmes.
- Redeployment on health grounds.
- Ill-Health Retirement process.
- Termination on the grounds of ill-health.
- HSC Injury Allowance scheme.



Local protocols and procedures should also clearly outline the role and responsibilities of senior managers, line managers, employees, HR, Occupational Health Professionals and Trade Unions in the attendance management programme.

Each employer shall ensure that this policy framework together with locally agreed protocols and procedures forms part of ongoing training to existing managers and staff and will be part of induction training for new managers and staff.

#### **Monitoring and Review**

The HSC Joint Negotiating Forum and the individual HSC Employers will monitor complaints to assess trends and the operational effectiveness of this policy. This policy framework will be reviewed periodically in consultation by the HSC (NI) Joint Negotiation Forum.

#### **Equality and Human Rights Compliance**

This policy framework has been screened for equality implications as required by Section 75 and Schedule 9 of the Northern Ireland Act 1998. Equality Commission guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be devoted to these.

Using the Equality Commission's screening criteria, no significant equality implications have been identified. The policy framework will therefore not be subject to an equality impact assessment.

Similarly, this policy framework has been considered under the terms of the Human Rights Act 1998, and was deemed compatible with the European Convention Rights contained in the Act.

**Signed on behalf of Trade Union Side**

Kevin McAdam  
Chair HSC Trade Unions

20th October 2015

**Signed on behalf of Management**

Eamonn Molloy  
Director of Human Resources &  
Corporate Affairs

26 October 2015

**Date for Review: October 2017**