



## Management of Health at Work: Promoting Attendance Management Policy

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## **1. Policy**

- 1.1** NHS 24 aims to create a culture of attendance at work and to provide support to staff when they are unfit or unable to undertake full contractual duties. Consideration must also be given to reasonable temporary or more permanent modifications to assist staff staying at work. The policy will ensure that managers within NHS 24 adopt a fair, consistent and supportive approach to staff with health issues. The aim is to ensure that NHS 24 achieves the optimum attendance for all staff, to meet the safe and effective delivery of patient care.

## **2. Introduction**

- 2.1** The greatest resource of NHS 24 is its staff, and it is through them that services are delivered and improved. Promoting staff attendance at work is central to the development of an efficient, cost effective service, which has at its core the wellbeing of the people of Scotland.
- 2.2** NHS 24 aims to maximise the attendance at work of all staff, however it is recognised that a certain level of absence due to ill health may occur. It is also recognised that there will be occasions where, after consideration, staff who cannot attend work due to their health problems may not be able to continue working. NHS 24 is committed to supporting staff wherever possible under these circumstances.
- 2.3** This policy is, by definition, broad because every case of sickness absence will differ. It is therefore important that managers use judgement in the application of this policy when dealing with individual cases ensuring that staff are managed in a fair and supportive manner.
- 2.4** This policy and its procedures have been developed in accordance with the provisions of the Equalities Act (2010) and other legislation, which may apply in managing sickness absence:
- Employment Rights Act 1996 as amended
  - The Health and Safety at Work Act 1974
  - Management of Health & Safety at Work Regulations 1992
  - Access to Medical Reports Act 1998
  - Data Protection Act 1984 and 1998
  - Employment Relations Act 1999 as amended.

### **3. Scope**

- 3.1** This policy applies to all NHS 24 staff, whether permanent or fixed term, regardless of grade, length of service or hours worked. It does not apply to agency workers or contractors.
- 3.2** NHS 24 has a duty to promote equality throughout all staff groups. Staff who work in two separate roles will continue to be supported in line with this policy. The hours worked will be used to help establish if there are any concern in relation to the staff members attendance at work.

If a staff member works more than 37.5 hours per week then the expected levels of attendance will remain as if they worked 37.5 hours per week.

If a staff member works in two roles but less than 37.5 hours per week their sickness absence levels will be adjusted in line with a pro rata calculation.

If a staff member works in two roles they only require to have one attendance meeting.

- 3.3** This policy is linked to other policies which should be read in conjunction, e.g. Substance Misuse, Employee Conduct, Special Leave, Equal Opportunities and Health and Safety related policies.
- 3.4** NHS 24 has a duty to promote equality of opportunity and the removal of discrimination where it is found to exist and will apply this policy fairly and consistently irrespective of race, disability, gender, sexual orientation, religion or belief, age, transgender status, caring responsibilities, flexible working status, pregnancy, relationship status, staff association or trade union activity.
- 3.5** Any abuse of this policy will be dealt with under the NHS 24 Management of Staff Conduct: Disciplinary Policy and Procedure.

### **4. Principles**

- 4.1** NHS 24 is seeking to maintain a working culture in which regular attendance at work is achieved by:
- Effective monitoring and management procedures to identify situations where staff attendance is giving cause for concern; and
  - Dealing with the circumstances in a sympathetic and fair way, achieving the right balance between managing absence efficiently and providing support and help to staff who have health issues or are experiencing personal difficulties.

## **5. Definitions within the Policy**

### **5.1 Sickness Absence**

This occurs when ill health, deems staff unfit to work. It also occurs when a doctor advises an individual to stay away from work due to illness, convalescence or the possibility of being contagious.

### **5.2 Short-term Absence**

Short-term absence is any period of absence up to 27 calendar days. On the first 7 calendar days of this absence staff are required to self-certificate. After this a doctor's fit note will be required. This type of absence does not normally have a set pattern and is usually caused by minor, in most cases unconnected ailments.

### **5.3 Frequent Short Term Absence**

This is where a staff member has a number of short-term absences, which may or may not be related. This type of absence does not normally have a set pattern and is usually caused by minor and, in most cases, unconnected ailments.

### **5.4 Long Term Absence**

Long-term absence is the period of time covered by a doctor's fit note for a period of 28 consecutive calendar days or more.

### **5.5 Patterns Of Absence**

A pattern of absence can be identified by a certain day, shift, date, event or at peak operational times. This list is not exhaustive.

### **5.6 Partial Day Absence**

Where a member of staff becomes ill while at work and feels too unwell to continue working, they must speak to their manager who will give permission for the individual to leave their work (either temporarily or for the day) and for them to seek medical advice where appropriate. This will be recorded as a Partial Day Absence. Partial Day Absences will be monitored and if a pattern is identified this will be dealt with under this policy .

As a result of statutory sick pay purposes, if staff arrive for work and do no work before going off sick, it is deemed to be a day of sickness absence.

## **6. Sickness Absence Recording & Monitoring**

### **6.1 Attendance levels provide a picture of staff well being, levels of morale, health and safety and management of performance. Monitoring attendance levels is**

an important tool in assessing these factors and in deciding where action is needed.

- 6.2** Staff are required to report when unfit for duty as soon as possible and preferably, at least 2 hours before their shift is due to start, following current organisational reporting requirements.
- 6.3** Where staff fail to report for duty or fail to advise of sickness absence, NHS 24 have a duty of care to ensure that staff are safe. This may result in NHS 24 calling an emergency contact or visiting the home address to ascertain staff well being.
- 6.4** Staff are required to report when they are fit for duty; even when this would be to rostered days off as this may affect their pay.
- 6.5** Staff are required to provide appropriate documentation to the HR Business Support team in Head Office within reasonable timescales. Failure to do so may result in Occupational Sick Pay being withheld.
- 6.6** Managers are required to record absence on Ciphre as soon as possible following the appropriate process.
- 6.7** Managers are required to keep staff informed of progress in this policy.
- 6.8** The importance of communication in creating such a working culture cannot be underestimated. Ensuring awareness of the importance of sustained attendance is an essential prerequisite to everything that follows in this policy.
- 6.9** Staff who have health issues which impact upon their level of attendance at work will be supported in line with NHS 24's Promoting Attendance Management Policy. Any alleged abuse of sick leave provisions will be managed in line with NHS 24's Management of Staff Conduct: Disciplinary Policy and Procedure.
- 6.10** All managers will receive training on the Management of Health at Work: Promoting Attendance Management Policy. Guidance is available from Human Resources on the application of the policy.
- 6.11** This policy and the outcomes of meetings will be monitored to ensure consistency across equality protected characteristics and geographical location.

## **7. Sickness Absence and Other Types of Leave**

### **7.1 Annual Leave**

If a staff member becomes sick during annual leave and has followed the sickness absence reporting procedure (including the submission of relevant certificates) they will be regarded as being on sickness absence. Any sickness absence taken during annual leave will be re-credited to staff's leave entitlement.

- 7.2** During a long term absence staff may wish to use annual leave that may have accrued. In relation to sickness absence only statutory annual leave entitlement can be carried over into another leave year.

## **8. Disability and Attendance Management**

- 8.1** Only a person who meets the Equality Act (2010) definition of disability has the protected characteristic of disability

- 8.2** The Equality Act (2010) says that a person has a disability if they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities. Physical or mental impairment includes sensory impairments such as those affecting sight or hearing. Long-term means that the impairment has lasted or is likely to last for at least twelve months or for the rest of the affected person's life. Substantial means more than minor or trivial.

- 8.3** Cancer, HIV infection, and multiple sclerosis are deemed disabilities under the Equality Act 2010 from the point of diagnosis.

- 8.4** Where a person is taking measures to treat or correct an impairment (other than by using spectacles or contact lenses) and, but for those measures, the impairment would likely have a substantial adverse effect on the person's ability to carry out normal day to day activities, it will be treated as though it does have such an effect.

- 8.5** Adjustment is a key part of the Equality Act (2010) and can be central to enabling a person with a disability to retain their employment

- 8.6** NHS 24 recognises that it may be appropriate to make adjustments to the expected levels of attendance when some, or all, of a staff member's absences are disability related. It also acknowledges that absences related to a staff member's disability still require to be considered and that there are limits to the levels of absence NHS 24 can sustain, even when such absence is as a result of a staff member's disability.

- 8.7** One possible adjustment to staff member's role under the Equality Act 2010 is the provision of paid authorised leave, where this directly facilitates rehabilitation from, or treatment for, a disability. However, not all staff with a disability will necessarily need, or be entitled to such provision. Whether the



use of this provision would be an appropriate adjustment will be assessed on a case by case and absence by absence basis.

- 8.8** Access to and the use of any such paid authorised leave will be agreed on a discretionary basis with the staff members line manager, following advice from HR and Occupational Health, taking into account the individual needs of the staff member and any other reasonable adjustments that may be appropriate (see paragraph 11.4 below and Guidance notes at appendix 3)

## **9. Working Outside the Organisation During a Period of Sickness Absence**

- 9.1** A staff member on sick leave has a duty to facilitate his /her own recovery. A staff member should not engage in any activity which may delay or impede their return to work and to do so may be considered a disciplinary matter. Staff should check with their manager if in any doubt and occupational health advice should be sought
- 9.2** A staff member absent because of sickness is regarded as unfit to work and must not undertake any employment outside their organisation, unless it has first been agreed with their manager, who may seek advice from occupational health as to whether such employment is likely to be therapeutically beneficial to their recovery. In any event, written consent must be given by the manager in advance of all such cases. It should be noted that in most instances, undertaking secondary employment while claiming sick pay without first obtaining written consent from NHS 24 will be regarded as a fraudulent act
- 9.3** It is the staff member's responsibility to inform their own General Practitioner of NHS 24's requirements in relation to other employment. Where the General Practitioner is of the view that the staff member could work with a different employer while absent from NHS 24, this should be clearly reflected on any fit note provided.
- 9.4** The manager will consider whether equivalent benefit may be gained from returning to work in an appropriately modified NHS 24 post for a temporary period.

## **10 Suspension From Work On Health Grounds**

- 10.1** It may be necessary for a manager or Team Leader on duty, to suspend a staff member on health grounds where there are concerns about the impact their health is having on:
- Their performance at work;
  - Risk to patient safety;
  - Their own health and safety;
  - The health and safety of others.

It is the responsibility of the relevant manager, or team leader on duty, to determine their staff member's fitness to be at work.

- 10.2** Prior to undertaking a suspension on health grounds, managers must consult with their local Human Resources representative or, in the absence of a Human Resources representative, the relevant senior manager. Those managers with the authority to suspend is in line with those authorised to hear a Formal Attendance Management meeting (see Appendix 10).
- 10.3** Managers should consider whether there are any alternatives to suspension on health grounds, for example, meeting with the staff member to discuss their concerns and asking them to seek an urgent appointment with their GP.
- 10.4** Where the decision is taken to suspend from work on health grounds, managers must be clear on the reasons for their concern and ensure these reasons are communicated to the staff member. In addition, staff have the right to be accompanied by a trade union or professional organisation representative, or a work colleague from NHS 24 not acting in a legal capacity. To ensure the staff member's safety, line managers must discuss with them the most appropriate and safest method of travelling home, for example, by arranging a taxi on their behalf or liaising with an emergency contact.
- 10.5** Line managers should arrange for an Occupational Health referral for their staff member to determine whether any supportive measures could be put in place by NHS 24 to support the staff member in carrying out their duties safely.
- 10.6** Any absence from work as a result of suspension on grounds of health reasons will be paid at full pay (including any enhancements where applicable). However, any absence which is subsequently covered by a fit note will be paid in line with Agenda for Change Occupational Sick Pay provisions.
- 10.7** It is anticipated that any period of suspension on health grounds will be temporary and this will be managed on an individual case by case basis.

## **11 Capability – Ill Health**

- 11.1** Where medical advice shows the primary cause of a genuine lack of capability occurs due to incapacity such as ill-health, relating to both physical and mental health issues, pregnancy and other reasons that are clearly covered by Equality Act 2010 the following approach should be followed and exhausted before a final stage capability meeting. This approach should only be used on medical advice: progression through the capability process must be recommended by the individual's GP, consultant or Occupational Health.
- 11.2** To identify the primary cause of incapacity a referral should be made to the Occupational Health Department, if appropriate. There should also be further advice sought from the staff member's General Practitioner or Consultant dealing with the primary cause of incapacity. This will assist in identifying any reasonable adjustments that may assist the staff member in continuing their employment.

- 11.3** A formal incapacity meeting will be held and will result in a formal investigation by the staff member's immediate line manager and a member of staff from the Human Resources Department to consider what alternative options (if any) can be put in place to allow the staff member to remain in work.

Where possible, the staff member should be present at this meeting and has the right to be accompanied by his or her Trade Union, or Professional Body representative or a work colleague from NHS 24 not acting in a legal capacity.

The staff member should be given the opportunity to discuss and input into the meeting and will also be expected to participate fully in investigating what can be done to assist them in continued employment.

There may be occasion when the staff member is unable, whether as a result of ongoing health issues or other related circumstances, to attend this meeting in person and as such, it may be necessary to arrange for the meeting to be held 'in absentia'. In these circumstances the staff member will be invited to submit a written statement for consideration at the meeting along with any relevant details relating to their circumstances for consideration at the meeting. The staff member may also request that their chosen representation (as outlined above) attends the meeting on their behalf. NHS 24 will facilitate this upon receipt of written note of authority from the staff member.

A formal review date should be agreed at this meeting for the outcome to be determined by the immediate Line Manager.

#### **11.4 Adjustment**

When determining a reasonably practicable adjustment, the following areas should be considered

- How effective the adjustment would be in overcoming the disadvantage
- How practicable it is to make the adjustment
- The financial and other costs incurred by the employer and the extent of any disruption to activities
- The extent of the employer's financial and other resources
- The availability of financial and/or other assistance in making the adjustment
- The nature of the employers and size of undertaking
- Whether or not paid authorised leave (Disability Leave) would be a relevant and appropriate adjustment

**11.5 Suitable Alternative Employment**

For a vacancy to be 'deemed suitable' for a staff member there must be, at a minimum, a 'basic skills match' between the requirements of the vacancy based on the job description and the current skill level of the individual.

**11.6 Training**

Where it can be identified that a reasonable amount of training could assist the staff member to gain alternative employment with the employer this should be investigated.

**11.7 Reduction in Hours as an Alternative Working Pattern**

All applications for alternative working patterns for frontline staff members must be approved by NHS 24.

However it should be noted that there is no requirement to protect salary and a staff member's salary would be adjusted in accordance with the hours being worked.

**11.8 Relocation**

Where relocation to another centre would assist the staff member in making the reasonable adjustments necessary, this should be considered. However it should be noted that an existing vacancy would have to be identified to allow relocation to be implemented.

**11.9 Final Stage Incapacity Meeting**

**11.10** If, at the review date of the initial incapacity meeting, the desired improvement has not been achieved, a further meeting with the staff member will be arranged. The staff member will be given at least five working days' notice of the meeting. The written confirmation of the meeting will include a copy of this policy and detail the stage being used; clear details of the incapacity process and what adjustments and areas have been adopted. Details will be provided as to how the staff member's ill health has adversely impacted upon their capacity to perform a viable role within NHS 24 along with all necessary supporting documentation, details of discussions, and the right of representation.

**11.11** A senior manager will Chair and be responsible for the outcome of this meeting accompanied by a representative of the Human Resources Department. The relevant manager will attend the meeting to present their case. The member of staff concerned will also be in attendance and, where applicable, will be accompanied by his or her Trade Union or Professional Body representative or a work colleague from NHS 24 not acting in a legal capacity.

There may be occasion when the staff member is unable, whether as a result of ongoing health issues or other related circumstances, to attend this meeting in person and as such, it may be necessary to arrange for the

meeting to be held 'in absentia'. Any such meeting will be facilitated as outlined in paragraph 11.3 (above)

- 11.12** At this meeting the member of staff will be clearly informed of the continued incapacity issues and given the opportunity to respond to the points made in the manager's case as presented to the Chairperson.
- 11.13** If the senior manager believes that no further assistance would enable the staff member to achieve the required levels of attendance, the senior manager will have the right to dismiss the employee after considering all information provided at the meeting.
- 11.14** Where it is believed that a staff member's capability issues are related to ill-health and where Occupational Health advice reflects this, the staff member may choose to apply for ill-health retirement via the Scottish Public Pensions Agency (SPPA) if they are unable to continue working due to their ill-health. Any application for ill - health retirement will require an up-to-date occupational health assessment, which line managers can arrange where appropriate. This application will normally be made at the point of dismissal, however staff may choose to resign and submit their application at an earlier date. Staff who wish to apply for ill-health retirement should advise their Human Resources Advisor, or Business Partner, in the first instance who can provide them with the necessary forms. Staff should be aware that the decision on whether a staff member is eligible to be paid a pension and lump sum early on the grounds of permanent ill health is taken by the SPPA and is not at the discretion of, nor influenced by, NHS 24. The SPPA may require the staff member to undergo a further occupational health assessment by their own medical advisors.

#### **11.15 Outcome of the Final Formal Incapacity Meeting**

The staff member will be advised in writing of the outcome of the Final Formal Incapacity Meeting within five calendar days of the meeting. The letter will detail:

- The effective date of dismissal (where applicable);
- The reasons for the outcome;
- Any necessary administrative or financial arrangements;
- To whom, and within what time limit, any appeal should be raised

### **12. Monitoring Attendance**

- 12.1** NHS 24 monitors attendance at work with a view to ensuring that appropriate support is made available in a timely manner and within the scope of existing policy
- 12.2** Prior to attendance becoming cause for concern, NHS 24 expects line management to meet with their staff after each episode of absence due to ill health.

**12.3** Where attendance does become cause for concern managers are required to provide support to staff under this policy and by following the process outlined within sections 13 and 14. Examples of when attendance is considered to be cause for concern are as follows:

- 8 days of absence due to ill health in any rolling period of 12 months,
- 3 episodes of absence due to ill health in any rolling period of 6 months.
- a pattern of absence

**12.4** NHS 24 manages short-term sickness absence and long-term sickness absence in the same way, with both types of absence being monitored over a rolling 12-month period. In addition, it is anticipated that the level of support required for short-term absence cases will usually be less, and that the progression from one stage to the next will usually be quicker than with long-term absence cases.

## **13. Management of Short Term Absence**

### **13.1 Return To Work**

Staff returning to work after a period of absence will always participate in a return to work interview, preferably with their own line manager or another line manager acting in their absence

Staff members' attendance levels will continue to be monitored and reviewed during the process and they will be informed of the parameters within which they are expected to maintain their attendance at work at all stages of the process.

A full return to work should be completed and any appropriate support discussed with staff. It is important that a discussion should take place between the line manager and staff following every absence, and before attendance becomes a cause for concern

This discussion is intended to make staff aware of the Promoting Attendance Management Policy and events against which attendance will be monitored by NHS 24. This is also an opportunity for managers to remind staff of their responsibility for coming to work on a regular basis; taking appropriate action to support their recovery; and to check that staff are being fully supported in their endeavours to maintain their attendance at work.

### **13.2 Informal Meeting**

Where staff attendance becomes cause for concern an Informal Attendance Meeting should be convened with the staff member and their Line Manager to ensure that appropriate support is made available.

Managers will (utilising the pro-forma 'Record of Attendance Management Meeting' at appendix 1) give consideration to all circumstances relating to the absence including:

- the nature of the absence (e.g. long term/ short term/ short term chronic/ one off absence)
- any significant issues around the case (undergoing tests / further tests/ test results)
- Likelihood of absence recurring (based on previous history / nature of illness)
- the anticipated length of absence
- length of service
- previous sickness absence record
- review previous leave (annual leave /special leave/disability leave etc) for patterns and to ensure all supportive measures have been considered
- what support has been given previously

and will discuss the following supportive measures with the staff member as applicable:

- Occupational Health appointment and advice
- Equalities Act 2010
- Work station / place assessment; Individual stress risk assessment (where appropriate)
- Employee Assistance Programme
- Fitness to return to role
- Fitness to return to contractual hours
- Reasonable adjustments e.g. rota change, reduced hours
- Return to Work programme – if appropriate
- Timescale for a return to work
- Suitable alternative employment
- Consideration given to applying restrictions to additional/extra hours

Both Line Manager and staff member should complete the 'Record of Attendance Management Meeting' shown in Appendix 1 and forward copy to Human Resources department.

### **13.3 Formal Attendance Meeting**

Where staff attendance continues to be cause for concern a Formal Attendance meeting will be convened, with Human Resources in attendance, to ensure that support is given as appropriate.

The Human Resources Department must be consulted to discuss arrangements for this formal meeting

Staff always have the right of representation at a formal meeting. This may be someone from a recognised union or professional body, friend or a colleague but not acting in a legal capacity.

At the Formal Attendance meeting, the line manager should discuss the reasons for absence and offer support where it is appropriate to do so. The line manager should also make staff aware of any supportive measures available as listed in the first part of this policy.

The purpose of a Formal Attendance meeting is for the line manager to determine a course of action to ensure that staff are supported in their endeavours to maintain their attendance within the required parameters. The course of action should be appropriate to the circumstances.

Both Line Manager and staff member should complete the 'Record of Attendance Management Meeting' shown in Appendix 1 and forward copy to Human Resources department.

Following a Formal Attendance meeting the line manager will need to consider an appropriate course of action as follows;

- Taking no formal action but agree to monitor attendance for an agreed period of time;
- Place at Stage 1 of the attendance management process for a period of 12 months (effective from the 1<sup>st</sup> day returned to work, or date of the meeting if the member of staff remains absent from the workplace at that time)

The member of staff will be notified in writing as to the outcome; that their attendance is giving cause for concern and that their attendance will be monitored for the period of time stipulated

Before issuing such notification, the line manager should take account of the short-term absences resulting from any underlying condition; the overall attendance record; length of service; and any individual circumstances involved.

#### **13.4 Further Formal Meetings held during Stage 1**

If during the agreed monitoring period any further cause for concern arises in relation to attendance another formal attendance meeting will be arranged.

The Human Resources Department must be consulted prior to entering into this stage of the procedure.

The purpose of this meeting is to ensure that there is a full understanding of the reasons for any absence and that all supportive measures have been considered in assisting staff with improving their attendance.



The line manager should also make the staff member aware of other supportive measures available, as previously listed.

Both Line Manager and staff member should complete the 'Record of Attendance Management Meeting' shown in Appendix 1 and forward copy to Human Resources department.

Following a Formal Attendance meeting the line manager will need to consider an appropriate course of action as follows;

- Take no further action but agree to monitor attendance until (date notified from outcome of any previous formal meeting)
- Extend any existing Stage 1 notification period and continue to monitor attendance until (date);
- Place at Stage 2 of the Attendance Management Process for a 12 month period (effective from the 1<sup>st</sup> day returned to work, or date of the meeting if the member of staff remains absent from the workplace at that time).

Before placing staff at Stage 2 of the Attendance Management Process, the line manager should take account of the absence record to date along with the length of service; any absences resulting from an underlying condition; and any individual circumstances involved.

### **13.5 Further Formal Meetings held during Stage 2**

If during the agreed monitoring period any further cause for concern arises in relation to attendance a further formal attendance meeting will be arranged.

The purpose of this meeting is to ensure that there is a full understanding of the reasons for any absence and that all supportive measures have been considered in assisting staff with improving their attendance.

Both Line Manager and staff member should complete the 'Record of Attendance Management Meeting' shown in Appendix 1 and forward copy to Human Resources department.

Following the Formal Attendance meeting the line manager will need to consider an appropriate course of action as follows;

- Take no formal action but agree to monitor attendance until (date notified from outcome of any previous formal meeting)
- Extend the Stage 2 notification period and continue to monitor attendance until (date);
- Progress to Stage 3 of this policy

Staff at this stage must be advised that a meeting at Stage 3 of this policy could result in termination of their employment contract with NHS 24 and as such will be heard by a manager with the relevant authority to dismiss.

### 13.6 Formal Attendance Meeting – Stage 3

In making the arrangements for a Formal Attendance meeting at Stage 3, where possible the line manager will discuss the arrangements with the member of staff concerned, which will be confirmed by email to staff and Human Resources. Where possible, a letter inviting the staff member will be sent within 7 calendar days (one week) of the meeting to their home address by recorded delivery.

The line manager will prepare and submit a Management Report to the, Chairperson of the meeting; the staff member; the staff member's representative (where consent has been provided by the staff member); and the relevant representative from Human Resources, at least 7 calendar days prior to the meeting.

The purpose of this meeting will be to:

- Discuss the sickness absence record and the reasons for the absences
- Discuss the standards required
- Identify what supportive measures have been put in place to help achieve the required standards of attendance, e.g. Occupational Health, Employee Assistance Programme, review of role, consideration of request to change rota.
- Identify what steps have been taken to help improve attendance
- Whether there are any further considerations not previously explored
- Consider the likelihood of the staff member being able to achieve and sustain a satisfactory level of attendance.
- Consider any mitigating factors presented.

The Chairperson of the Stage 3 Formal meeting will need to decide upon an appropriate course of action as follows;

- Monitor attendance and review the outcome in a given period;
- Continue monitoring for a further period;
- Postpone a decision for further information;
- Terminate the contract of employment on the grounds of capability due to ill health.

The outcome of the meeting will be communicated in writing from the Chairperson within 7 calendar days of the meeting. Where the outcome of the meeting is that the contract of employment will be terminated, staff will be entitled to notice or pay in lieu of notice in line with their Terms and Conditions, along with payment for any annual leave not taken.

A record of the meeting should be sent out, where possible, within fourteen calendar days of the meeting for agreement and retained for future reference.

## **14 Management of Long-Term Absence**

**14.1** Long term absence is defined as a continuous absence of 28 calendar days or more. When the line manager becomes aware that an absence is likely to be managed under this section of the policy contact should be made to establish:

- Progress, symptoms, treatment or any other factors contributing to and the likely duration of absence
- If an early return to work may be facilitated through any supportive measures e.g. reduction in hours, change in shift pattern
- What support may be offered at this time e.g. Occupational Health, Employee Assistance Programme, Access to Work and other relevant policies.
- Understanding of the Promoting Attendance Management procedures and how it may apply.
- What steps staff have taken to facilitate a return to work.
- In all cases, it is important that regular supportive contact, as agreed between the line manager and staff, be maintained until their return to work. The line manager is required to keep a written record of discussions made during the absence.

In normal circumstances there is no informal discussion held during the management of long-term absence. However, line managers must take into consideration pre-planned ill health absences (for example, corrective surgery and recovery from such event).

### **14.2 Return To Work**

Staff returning to work after a period of absence will always participate in a return to work interview, either with their own line manager or equivalent.

Staff members' attendance levels will continue to be monitored and reviewed during the process and they will be informed of the parameters within which they are expected to maintain their attendance at work at all stages of the process.

A full return to work should be completed and any appropriate support discussed with staff.

This discussion is intended to make staff aware of the Promoting Attendance Management Policy and when attendance will be reviewed with the staff member at a formal meeting. This discussion is also an opportunity for managers to check that staff are being fully supported in their endeavours to maintain their attendance at work.

- 14.3** There will be occasions, particularly after periods of long term absence, when a member of staff may require additional support to assist with their return to full duties. In these circumstances, the line manager should give consideration to the appropriateness of a phased return to the workplace as a reasonable, short term adjustment. (Please refer to guidelines at appendix 2)
- 14.4** Any phased / supported return to work plan should be developed and agreed between the staff member and their line manager, ideally within the context of a formal attendance management meeting where other appropriate supportive measures can also be considered and implemented. In any event, advice should be sought from the local HR Advisor and our Occupational Health provider as necessary when determining the appropriateness or otherwise of a phased /supported return to work.

#### **14.5 Formal Attendance Meeting**

The Human Resources Department must be consulted to discuss arrangements for this formal meeting

Staff always have the right of representation at a formal meeting. This may be someone from a recognised trade union or professional body, friend or a colleague but not acting in a legal capacity.

At the Formal Attendance meeting the manager should discuss the reasons for absence and consider any support that could be put in place to assist in a return to work. The purpose of this meeting is to enable the line manager to determine a course of action which ensures that appropriate support is put in place during a period of long-term absence.

Both Line Manager and staff member should complete the 'Record of Attendance Management Meeting' shown in Appendix 1 and forward copy to Human Resources department.

Following a Formal Attendance Support Meeting the line manager will need to consider an appropriate course of action as follows;

- Taking no formal action but agree to monitor attendance for an agreed period of time ;
- Place at Stage 1 of the Attendance Management Process for a period of 12 months (effective from the 1<sup>st</sup> day returned to work, or date of the meeting if the member of staff remains absent from the workplace at that time)

#### **14.6 Further Formal Meetings held during Stage 1**

If during the agreed monitoring period either the timescales for a return to the workplace have not been achieved or further cause for concern arises in relation to attendance, then another formal attendance management meeting will be arranged.

The purpose of this meeting is for the line manager to determine a course of action appropriate to the circumstances and the reasons for the long term absence and to ensure that all reasonable supportive measures have been made available.

Both Line Manager and staff member should complete the 'Record of Attendance Management Meeting' shown in Appendix1 to ensure that the staff member concerned is appropriately supported during a period of long-term absence. Copy should be forwarded to HR.

Action points for discussion at the meeting will include:

- following up on all agreed actions from previous meetings
- agree likely timescales for a return to work;
- Advise on possibility of progression to next stage if timescales are not achieved;
- Agree communication methods during this period;

The line manager should also make the staff member aware of any other supportive measures available as previously listed.

Following the meeting the line manager will need to consider an appropriate course of action from the following;

- Take no further action but agree to monitor attendance until (date notified from outcome of any previous formal meeting)
- Extend any existing Stage 1 notification period and continue to monitor attendance until (date);
- Place at Stage 2 of the Attendance Management Process for a 12 month period (effective from the 1<sup>st</sup> day returned to work, or date of the meeting if the member of staff remains absent from the workplace at that time).

Before placing staff at Stage 2 of the Attendance Management Process, the line manager should take account of the absence record to date along with length of service; absences resulting from any underlying condition; any individual circumstances involved, and any advice provided by Occupational Health. The Human Resources Department must be consulted before entering into this stage of the procedure.

#### **14.7 Further Formal Meetings held during Stage 2**

If during the agreed monitoring period either the timescales for a return to the workplace have not been achieved or further cause for concern arises in relation to attendance, then a further formal attendance management meeting will be arranged

Both Line Manager and staff member should complete the 'Record of Attendance Management Meeting' shown in Appendix 1 and forward copy to Human Resources department.

Action points for discussion at the meeting will include:

- following up on all agreed actions from previous meetings
- Agree likely timescales for a return to work;
- Advise on possibility of progression to next stage if timescales are not achieved;
- Agree communication methods during this period;

The line manager should also make the staff member aware of other supportive measures available as previously listed.

Following the meeting the line manager will need to consider an appropriate course of action as follows;

- Take no formal action but agree to monitor attendance until (date notified from outcome of any previous formal meeting)
- Extend the Stage 2 notification period and continue to monitor attendance until (date)
- Progress to Stage 3 of this policy

Staff at this stage must be advised that a meeting at Stage 3 of this policy could result in termination of their employment contract with NHS 24 and as such will be attended by a manager with the relevant authority to dismiss.

### **14.8 3rd Stage**

In making the arrangements for Formal Attendance Meeting at Stage 3, where possible, the line manager will discuss the arrangements with the staff member concerned, which will be confirmed by email to staff and Human Resources. Where possible, a letter inviting the staff member to attend the meeting will be sent within 7 calendar days (one week) of the meeting date to their home address by recorded delivery.

The line manager will prepare and submit a Management Report to the Chairperson of the meeting; the staff member; the staff member's representative (where consent has been provided by the staff member); and the relevant representative from Human Resources, at least 7 calendar days prior to the meeting.

The purpose of this meeting will be to:

- Discuss the progress during the long term absence
- Identify what supportive measures have been put in place to achieve a sustainable return to work where applicable (for example:

Occupational Health assessments, Employee Assistance Programme, rota change, reduced hours, suitable alternative employment etc

- Where applicable, discuss any further supportive measures and considerations not previously explored
- Identify what steps have been taken by the staff member to help improve their health
- Consider the likelihood of the staff member being able to achieve a return to work and sustain a satisfactory level of attendance within the foreseeable future
- Consider any mitigating factors presented by the staff member.

The Chairperson of the Stage 3 meeting will need to decide upon an appropriate course of action as follows;

- Monitor attendance and review the outcome in a given period;
- Continue monitoring attendance at Stage 2 for a further period;
- Postpone a decision for further information;
- Terminate the contract of employment on the grounds of capability due to ill health

The outcome of the meeting will be communicated, in writing, to the home address by the Chairperson within 7 calendar days of the meeting. Where the outcome of the meeting is that the contract has been terminated, staff will be entitled to pay in lieu of notice, in line with their Terms and Conditions, along with payment for any annual leave not taken.

A record of the meeting should be sent out, where possible, within fourteen calendar days of the meeting for agreement and retained for future reference.

## **15. Appeals**

### **15.1 Stage 1 and Stage 2**

Staff who disagree with the decision to be placed at Stage 1 or Stage 2 of this policy, have the right to have an appeal considered. Any appeal should be made in writing to the Human Resources Department, and should be received within 14 calendar days of receiving the Attendance Management meeting outcome letter. The appeal should be submitted in writing clearly setting out the grounds for appeal.

At Stage 1 and Stage 2 of this policy, NHS 24 will only hear appeals covering the following areas:

- Additional information has come to light – (appellants are required to provide detail as to the additional information concerned in their appeal submission, enclosing copy of this if applicable)
- The procedure was incorrectly followed- (appellants are required to provide detail in their appeal submission as to where they feel the procedure was incorrectly followed )
- The decision is felt to be unfair or unjust (appellants are required to provide as much detail as is possible in their appeal submission)

### **15.2 Stage 3 Appeal**

Staff who are aggrieved at the decision to dismiss have the right to have an appeal considered. A panel will be arranged and will include one Non-Executive Director and one Director and a senior member of the Human Resources Department. Any appeal should be made in writing to the Human Resources Department, and should be received within 14 calendar days of the dismissal hearing. The appeal should be submitted in writing clearly setting out the grounds for appeal and may cover the following areas:

- The decision was too severe – (appellants are required to provide detail in their appeal submission as to the reason(s) why they feel the decision was too severe
- Additional information has come to light – (appellants are required to provide detail as to the additional information concerned in their appeal submission, enclosing copy of this if applicable)
- The procedure was incorrectly followed (appellants are required to provide detail in their appeal submission as to where they feel the procedure was incorrectly followed)

There is no right to appeal where the individual's grounds for appeal are principally relating to disagreement with the manager's decision.

The manager who took the decision to dismiss will prepare and submit a written rationale for their decision at least 7 calendar days prior to the hearing.

- 15.3** On receiving an Appeal letter, an acknowledgement letter will be sent from Human Resources within 14 calendar days of receipt.

### **15.4 Appeal Hearing**

The manager hearing the appeal should not have been the decision maker at the original hearing. A more senior manager must conduct the appeal hearing. Authority to hear appeals can be found in appendix 10. The appeal should normally be heard within one calendar month of the appeal being lodged. Human Resources will write to the staff member confirming the arrangements for the appeal hearing, including the name of the manager who will conduct the appeal hearing giving, where possible, 7 calendar days (one week) notice of the appeal hearing. There is only one right of appeal at each formal stage



of the procedure. The outcome of the appeal is final and binding and there will be no further consideration of the case within NHS 24.

At appeal, the original outcome may be

- Decreased
  - Remain the same
- or
- Rescinded.

The Manager hearing the appeal will communicate their decision in writing along with a record of the meeting to the home address of the appellant explaining the rationale for the decision. The outcome of the appeal hearing will be issued within 14 calendar days of the date of the hearing.

## **16 Pregnancy related episodes of absence**

If a staff member is absent as a result of a pregnancy related condition an informal meeting should be arranged. If absence persists a member of the Human Resources Department should be consulted to obtain appropriate advice and support. Please note meetings should still be conducted to ensure that pregnant staff members have access to appropriate support.

## **17. Non-attendance at meetings**

If during the Promoting Attendance Management Policy staff do not attend on more than one occasion the meeting may go ahead with staff in absentia. A second meeting date will be arranged and the meeting will be held.

## **18. Review**

This Policy will be reviewed, in Partnership, on a 2 yearly basis.

**Appendix 1.****RECORD OF ATTENDANCE MANAGEMENT MEETING***(This form must be completed at the attendance meeting)*

Name ..... Designation .....

Work Location ..... Date of Meeting .....

***Those Present***

Name ..... Designation .....

Name ..... Designation .....

Name ..... Designation .....

Name ..... Representative .....

☐ You were aware of your right of representation and chose not to be represented at the meeting.

**Reason for Meeting (tick all that apply)**

8 days in 12 months	
3 episodes in 6 months	
Pattern of Absence	
Long Term Sickness	
Other ( <i>e.g Discussion about Disability Leave application</i> )	

**Type of Meeting**

Informal Attendance Management Meeting	
Formal Attendance Management Meeting	

**Details of Previous Attendance Management Meeting in last 12 months**

*Please provide details of the staff members most recent attendance management meeting in last 12 months. (If no meeting in last 12 months leave blank). **This part should be completed in advance of your meeting.***

Date of Last Meeting: .....

Outcome of Last Meeting:.....

Stage Effective From:.....

Actions Agreed (at last meeting) <i>e.g Phased Return</i>	What impact have these actions had? <i>e.g Joe indicated that the phased return to work had helped ease her back into work successfully and felt this was of benefit.</i>

Brief summary of your absence(s) over the past 12 months (*e.g dates and reasons*) - *Medical Certificates and Return to Work interview paperwork should be reviewed prior to completion/meeting:*

.....

.....

.....

.....

Talk me through your absence *(including diagnosis, treatment, prognosis, recovery, possible return to work timescales)*?

.....

.....

.....

.....

.....

.....

### Support Arrangements

We agreed the following support arrangements be put in place in respect of your attendance record, **please circle** the relevant options which may include more than one:

- a. Referral to Occupational Health Services
- b. Referral to Occupational Health Services discussed but agreed no requirement at this time
- c. Employee given details of the Employee Assistance Programme
- d. Phased return to work agreed

Details

.....

.....

.....

- e. Other reasonable adjustments considered. e.g. working pattern/nature of work/O/H recommendations/workstation assessment. Please detail

.....

.....

.....

.....

- f. No support mechanisms required.

The possible outcomes from the meeting today are as follows:

.....

.....

.....

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.....

.....

☐ I advised you of my concern in respect of your attendance record.

Employee's comments (*Summarise what the employee has said in respect of their attendance*):

.....

.....

.....

.....

.....

.....

.....

I confirm that this is a true reflection of the meeting.

Employee Signature .....

Date.....

Managers Signature .....

Date:.....

*Copy of this form should be given to employee – consideration will given to discussion/ circumstances and outcome letter to follow.*

## **Appendix 2. Guidelines for Implementing a Phased Return to the workplace following a period of long term absence**

### **1. When is a Phased Return Suitable**

- 1.1** A phased return to work will not be suitable in every situation. The premise of a phased return is that the staff member is well enough to carry out some work, and is likely to recover sufficiently in the short term to return to their normal working hours
- 1.2** A phased return should be based on medical advice wherever possible, either via a GP fit note, or an OH report. In the case of a fit note, in addition to ticking the 'phased return to work' box, the GP is required to provide details of what staff member is or is not capable of doing.
- 1.3** In seeking OH advice, the line manager making the referral should request that the OH practitioner provides as much detail as possible as to how any phased return should be set up and managed.

### **2. When a Phased return is Suitable**

- 2.1** Where medical advice is that a phased return may be suitable, the line manager should discuss this with the staff member concerned and develop an agreed phased return to work plan. Ideally this discussion would be conducted within the context of an attendance management meeting at which other appropriate supportive measures can also be discussed. However, it is recognised that it may not always be possible to do so prior to the staff members actual return to work (see also para 2.7 below).
- 2.2** The issues to be discussed and documented in connection with developing a phased return to work plan include:
  - When the phased return is to start
  - What hours will be worked and what work will be performed
  - any refresher training required / mentored support
  - location the employee will commence the phased return (e.g. home/ office location)
  - whether or not there are any adjustments that might need to be made (e.g. work place assessment; special equipment; requirements related to any underlying condition)
  - what changes in work, hours and/ or location are thereafter expected to occur, and when they are expected to occur
  - what arrangements will be put in place to monitor the staff members progress (see paragraph 4 below)
  - what will happen to the staff member's pay during the phased return to work plan (see paragraph 3 below)
  - to whom the staff member should report if he / she experiences any difficulties with the arrangements

- 2.3** A phased return may involve a change from the staff member's normal work hours / work pattern. Medical advice may be that the individual concerned should not work during certain hours for a period of time. If that is the case, the line manager should factor this into the over all phased return plan. The staff member's medical condition will determine what type of phased return will best achieve a successful return to work.
- 2.4** NHS 24 has a duty to make reasonable adjustments to support a staff member who has a disability under the Equality Act 2010. It is important to note that it may not always be possible to accommodate all requirements, but serious consideration should be given to any suggestion or request being made by the staff member concerned. Advice on how best to proceed should be obtained from a member of the ER team.
- 2.5** A typical phased return would see the staff member working the following hours:
- Week 1 – 50% of normal hours
  - Week 2 – 75% of normal hours
  - Week 3 - (where agreed as necessary) 75% of normal hours
  - Week 4 and thereafter – return to normal hours worked

For example:

- where the staff member ordinarily works 3 x 8 hr shifts (24 hrs per week) it may be that for the first week of the phased return they work 12 hrs (50%) of their normal hours by doing 3 x 4 hr shifts.
- During week 2 the staff member would work 18 hrs (75%) by doing 3 x 6 hr shifts.
- Dependent upon the nature of the condition / level of support required, a further week at 75% may be put into place if required.
- The staff member would normally be expected to effect a return to their normal hours of work either at week 3 or week 4 dependent upon their support requirements.

It is understood that there will be times when an extended phased return to work is necessary. Any such extended phased return may be sanctioned when a) medical advice received supports the extension and b) the requirements of any extension can be accommodated by NHS 24.

- 2.6** If the staff member requires a temporary change of rota as part of their phased return to work plan then at the end of the phased return they should also return to their normal rota. Where medical advice suggests/ recommends a permanent change to existing hours/rota, the staff member should be advised of the need to make application for any such change.
- 2.7** There may be occasion where it has not been possible to obtain advice from our Occupational Health providers due to time factors. Until such advice becomes available, the line manager, after consulting with a member of the

ER team may wish to implement a phased return as per the example provided in paragraph 2.5 (above).

### **3. Pay During a Phased Return**

**3.1** When working to an agreed phased return plan as outlined in paragraph 2.5 (above), staff members will continue to receive full pay, up to a maximum duration of 4 weeks. Thereafter they will receive appropriate payment for the number of hours worked and in relation to the role being undertaken during this period.

**3.2** With the agreement of line management, the staff member can request outstanding annual leave or a period of unpaid leave to help facilitate an extension to the phased return to work plan. Advice should be obtained from a member of the ER team before committing to any extension.

**3.3** When participating in a phased return to work the staff member will not be regarded as being on sickness absence. If the staff member is absent from work due to ill health during a phased return to work, then the absence must be reported in accordance with the required procedure.

Payment during any subsequent phased return to work involving a reduction in hours will be discretionary.

### **4. Monitoring Arrangements**

**4.1** Regular review meetings should be held between the staff member and the line manager during the period of the phased return. These should document the progress being made against the outline plan along with any adjustments that have been agreed. Notes of each meeting should be kept, and shared with the staff member.

**4.2** Adjustments should be considered when the staff member is not making the progress anticipated. It may be that the employee has attempted to affect a return to work too quickly or the outline plan agreed was too ambitious. In these circumstances the line manager should consider whether or not the phased return can be rescheduled to allow for a more gradual return. Advice should be obtained from a member of the ER team before committing to any rescheduling of the phased return plan.

**4.3** If it becomes apparent during the course of the phased return that the staff member is not well enough to carry out the work agreed within the remits of the plan, or that they are unlikely to recover sufficiently in the course of the agreed plan to return to their normal working hours, then further advice from our Occupational Health provider and a member of the ER team should be obtained.



### **Appendix 3. Guidelines for the Provision of Paid Authorised Leave (Disability Leave) as an adjustment under the provisions of the Equality Act 2010**

The following guidelines are applicable to all NHS 24 staff who are disabled or become disabled in the course of their employment with NHS 24 and should be read in conjunction with section 8 'Disability and Attendance', and paragraph 11.4 'Adjustment', of this policy.

- 1.1** As a possible adjustment, under the provisions of the Equality Act 2010, consideration should be given to the provision of paid authorised leave (hereinafter referred to as 'Disability Leave' where this would facilitate rehabilitation from or treatment for a disability.

Disability Leave can be considered on either:

**a) a planned basis**, where paid authorised leave is applied for and agreed in advance of any absence for a fixed period or periods of time or,

**b) a retrospective basis**, where paid authorised leave is applied for to cover periods or days of absence which are disability related. Where granted any such absence will be reclassified from sickness absence and will not be included for the purposes of assessing performance, promotion, selection for redundancy, and similar issues.

- 1.2** Disability Leave will not be recorded as sickness absence for the purposes of the Attendance Management Policy. However, any period authorised will be set against the entitlement to sick pay under NHS 24's Sickness Benefits Scheme. As a consequence, absences which have been authorised as Disability Leave will not be taken into account for the purposes of determining meetings under the Attendance Management Policy. The HR Management Information System will be updated to capture this information.
- 1.3** Any sickness absence which is not related to the staff member's disability will be recorded as sickness absence for the purposes of the Attendance Management Policy.
- 1.4** Sickness absence which **is** disability related **but** is unplanned will be reviewed by NHS 24 and, if it is not considered reasonable to reclassify the absence as retrospective Disability Leave, it will be recorded as sickness absence for the purposes of the Attendance Management Policy.
- 1.5** NHS 24 will, where possible support staff who identify themselves as having a disability. NHS 24 recognise that not all staff members who meet the definition of disability may think of themselves as a 'disabled person'. However NHS 24 will, whenever possible, consider whether a staff member has a disability even where one has not been formally disclosed. When making enquiries about disability, NHS 24 will consider issues of dignity and privacy and ensure that personal information is dealt with confidentially.

- 1.6** The effect of a disability depends on the individual and their circumstances. To take full and proper account of a person's needs will require some flexibility. Disability Leave is one of a range of possible adjustments that NHS 24 will actively consider as part of a person-centred approach.

## **2. Applying for Disability Leave on a Planned Basis**

- 2.1** Staff requesting Planned Disability leave can, in the first instance, self identify to their line manager that they believe that their request for time off / leave is disability related. Where this is the first time that Planned Disability Leave is applied for, the staff member may be referred to Occupational Health to seek an opinion on whether their condition could be regarded as a disability. When necessary, Occupational Health will seek other advice from the staff member's GP or specialist, with the staff member's consent.

- 2.2** The Procedure for agreeing Planned Disability Leave is as follows:

### **2.2.1 Informal Stage**

The staff member will meet with their line manager on a confidential, individual basis and discuss any necessary adjustments to their attendance at work along with the effect, if any, of their disability on performance objectives

### **2.2.2 Formal Stage**

Before a formal meeting is held, normally within four weeks, information will be sought from other parties to help determine whether the granting of Planned Disability Leave constitutes a reasonable adjustment in the specific circumstances. This will include some or all of the following:

- a GP or specialist's report (with the staff member's consent)
- a report from Occupational Health (with the staff member's consent)
- other information from the staff member
- consultation with a trade union representative
- advice from the Disability Employment Advisor at Job Centre Plus

- 2.2.3** A formal meeting will then be held that will include the staff member and the line manager at which the following issues will be considered:

- Is the staff member likely to be considered disabled within the terms of the Equality Act 2010?
- The effectiveness of the proposed use of Planned Disability leave to their attendance at work
- The practicability and cost of the proposed adjustment
- The resources of NHS 24 and other financial or practical assistance that may be available (for example Access to Work funding )

- 2.3** Some examples of reasons for Planned Disability Leave due to a staff member's disability include, but are not limited to, the following:

- Hospital , Doctors appointment
- Hospital treatment as an in-patient or outpatient
- Assessment for such conditions as dyslexia
- Hearing, and fitting of aids
- Training with guide or hearing dog
- Counselling / therapeutic treatment
- Dialysis
- recovery time after a blood transfusion
- Physiotherapy (sessional or residential)

**2.4** If an agreement to a period or periods of Planned Disability leave cannot be reached at this meeting, then the staff member has the option of utilising the grievance procedure.

### **3. Applying for Disability Leave on a Retrospective Basis**

**3.1** Application for Retrospective Disability leave will be considered, and if approved, applied at the point when the staff member's absence levels would have resulted in an attendance management meeting being convened (see section 12 'Monitoring Attendance').

In these circumstances, consideration will be given as to whether any of the absences leading to any such meeting should be retrospectively reclassified on the HR Management Information System as Disability Leave. The reclassification of sickness absence as Disability Leave will be authorised by the staff member's line manager, following advice from Occupational Health, and HR.

**3.2** The Procedure for agreeing Retrospective Disability Leave is as follows:

**3.2.1** Where a staff member who has a disability reaches one of the monitoring points highlighted in section 12 of this policy, evidence and advice will be sought before a formal attendance management meeting is held with a view to helping determine, at the meeting, whether the application of Retrospective Disability leave may constitute a reasonable adjustment.

The advice sought will include some or all of the following:

- a GP or specialist's report (with the staff member's consent)
- a report from Occupational Health (with the staff member's consent)
- other information from the staff member
- consultation with a trade union representative
- HR advice

**3.2.2** All the evidence will be circulated by the staff member to attendees prior to the meeting, including formal written application for retrospective Disability Leave.

**3.2.3** At the meeting the following issues should be considered

- Is the staff member likely to be considered disabled within the terms of the Equality Act 2010?
- The effectiveness of the proposed use of Retrospective Disability leave to their attendance at work
- the amount of Disability leave the staff member has benefitted from prior to this Meeting
- whether the staff member has benefitted from more than six weeks of Disability Leave (Retrospective or Planned) during the last 12 months
- The practicability and cost of the proposed adjustment
- The resources of NHS 24 and other financial or practical assistance that may be available (for example Access to Work funding )

**3.3** If an agreement to the application of Retrospective Disability leave cannot be reached then the staff member has the option of further discussion within the Attendance Management Policy.

#### **4. Review of Disability leave**

**4.1** Normally, where Planned Disability Leave is granted, a review will be formally held at the end of the first 3 month period within which the Disability Leave has been granted. The review will be supportive and will take into consideration the staff member's progress and any ongoing requirements. If the staff member does not agree with the review outcome they have the option of utilising the grievance procedure.

**4.2** Where more than 3 weeks of Retrospective Disability Leave is applied to absences in any 6 month period, a formal review meeting will normally be held to discuss the use of such leave. This review will be supportive and will discuss the options impact and reasonableness of the continuing application of Retrospective Disability Leave.

**4.3** Staff who become disabled, or whose disability or circumstances change, may request a review of their Disability Leave (or other adjustments) at any time.

**4.4** It is accepted that (with advice from Occupational Health and in consultation with the staff member, trade union representative and other relevant parties) it may become clear that the staff member is not able to return to their previous job. In this case other adjustments including ( but not limited to) redesigning the job; retraining and redeployment will be considered. Where no other option is possible, consideration will be given to termination of employment.

#### **5. Return to Work**

**5.1** Where a member of staff has been absent from work on a period of Disability Leave for more than 4 weeks and a return to work is anticipated, the line manager should arrange an informal meeting with the staff member. This should aim to have a full discussion around any remaining health-related

issues related to the absence and determining whether any workplace adjustments may be required to support a return to work.

**5.2** All parties involved should bear in mind that the purpose of any adjustments is to:

- Enable the staff member to return to their job or to an alternative job, where available, if no adjustments are possible;
- Retain experienced staff with valuable skills;
- Remove barriers to a return to work that are relevant to that person's individual circumstances.

**Considerations in planning any adjustments are likely to include;**

- The member of staff's needs and what she/he can do;
- The possible barriers to the staff member's return to work;
- The adjustments needed to overcome those barriers;
- A review of health and safety risk assessments in light of the proposed adjustments;
- Scheduled reviews of how well the adjustments work;
- Seeking professional advice where necessary to help make informed decisions.

**Some examples of adjustments to working arrangements could include:**

- Allowing a phased return to contracted working hours or workloads/targets, to build up strength and confidence;
- Changing the contracted working hours to allow easier travel to work or allow flexible working to ease work/life balance;
- Providing help with transport to and from work;
- Switching to home working;

**Some examples of adjustments to premises could include:**

- Relocating workstations to more accessible areas and/or nearer washing and toilet facilities;
- Providing ramped access for people finding the use of stepped access difficult;
- Providing visual indicators to fire alarms for staff with hearing impairments.

**Some examples of adjustments to a job could include:**

- Providing new or modifying existing equipment;
- Modifying workstations, furniture and movement patterns;
- Modifying instructions or reference manuals;
- Providing access to telephone conferencing to reduce need for travel;
- Reallocating work within the member of staff's team;
- Offering a buddy or mentor while the member of staff regains

- confidence;
- Offering alternative work.

## **6. Meeting health and safety requirements**

Where a member of staff is returning to work and their circumstances have changed as a result of disability and/or adjustments have been introduced to facilitate the return to work, there is likely to be a need to review the existing health and safety risk assessment which previously applied. This should be organised in line with NHS 24's Risk Management Policy.

## **7. Advice on adjustments**

**7.1** Identifying, agreeing and providing adjustments will generally fall into 2 broad areas of expert advice. Where the necessary adjustments appear to be simple and straightforward, it is likely that NHS 24's Occupational Health Advisers will be able to provide the advice and guidance required.

**7.2** Where the necessary adjustments appear to be more complex, the staff member should be encouraged to contact their local Job Centre Plus for help under the Access to Work [ATW] Scheme. ATW will be able to advise and, where appropriate, organise independent assessments to establish needs for adjustments such as:

- Adaptations to a vehicle, help towards taxi fares or other transport costs
- Alterations to workplaces to provide better access
- New equipment or adaptations to existing equipment
- Support workers

**7.3** Where the independent assessment identifies adjustments as being necessary, the Access to Work Advisers will liaise with the staff member on arrangements for putting these adjustments in place, including any application process required to purchase equipment. The relevant line manager and HR Adviser should be actively involved in supporting any member of staff who finds it necessary to secure workplace adjustments through the Access to Work Scheme.

## **8. Other issues**

**8.1** In normal circumstances, a maximum of 6 weeks Disability Leave can be agreed. However, NHS 24 recognises that in some circumstances, a period of Planned Disability Leave in excess of 6 weeks might be appropriate. This could be so that a member of staff who has become disabled can make changes inside and outside of work; while physical or environmental adjustments are being made to a staff member's work environment; or if they have to undergo a more prolonged period of treatment, rehabilitation or recuperation.

**8.2** In addition, it may also be appropriate in some circumstances for

Retrospective Disability Leave or a combination of Planned and Retrospective Disability Leave together to exceed 6 weeks. As noted above, what is reasonable in relation to the application of Disability Leave will be considered on a case by case basis.

If a member of staff is on Disability Leave for more than 4 weeks, their manager will brief them on their return to work of any changes that have occurred during their time off/leave. In addition, job advertisements, and any other necessary paperwork will be issued by the HR Business Support Team. If staff require the information in a particular format, they should advise the HR Business Support Team of this as soon as possible.

- 8.4** Consultation will take place at a local level about the impact of a member of staff taking Planned Disability Leave.
- 8.5** Time spent on Disability Leave is counted as continuous service for all contractual benefits, including accruing annual leave, sick leave, pension rights and bonus.
- 8.6** Medical information about staff will be kept strictly confidential unless they agree to disclosure. Its use will conform to Part 4 of the Information Commissioner's Data Protection Act Employment Practices Code (Information about Workers' Health).
- 8.7** The amount and duration of Disability Leave will be recorded in the HR Management Information System under Disability Leave, when it is actually taken.
- 8.8** Any appeals regarding the amount of Disability Leave granted, the procedure followed or any other aspects of this agreement, will be dealt with under the Grievance Procedure.
- 8.9** Abuse of Disability Leave is a serious disciplinary offence, and will be dealt with under NHS 24's Disciplinary Procedure.

## Appendix 4 - Standard outcome letter confirming stage 1&2

### **Private & Confidential**

Name & Surname

Address

Address

Post code

Date

Dear first name

### **Attendance Management Meeting**

Thank you for attending the meeting held on DATE at LOCATION to discuss your attendance in line with NHS 24's Promoting Attendance Management Policy.

The purpose of the meeting was to gain an understanding of your absence and to ensure that every effort is being made by us to support you through any circumstances either affecting or likely to affect your attendance at work.

Please find attached the signed record of the meeting where we discussed your level of absence from the workplace. As advised, this is a summary record of the main points of discussion which took place and outlines the agreed way forward for you.

Having carefully considered the points discussed at our meeting and given your current level of absence, it is my decision that: ***(delete as appropriate)***

- no further action will be taken at this time
- stage ..... monitoring is implemented effective from *(insert date)* to *(insert date)*

You have the right to appeal my decision. In order to do so, you must ensure that your grounds for appeal are in line with Section 15.1 of the Promoting Attendance Management Policy and these must be clearly outlined in writing to your local HR department within 14 days of receipt of this letter.

I would like to take this opportunity to remind you again of our Employee Assistance Programme, Help, details as follows:

- **Telephone:** 0800 587 5670
- **Website:** [www.sg.helpeap.com](http://www.sg.helpeap.com)
- **Web-based support:** [www.sg.help.wellbeingzone.co.uk](http://www.sg.help.wellbeingzone.co.uk)
- **Wellbeing zone sign up code:** SG

If you have any concerns or queries regarding this matter, please do not hesitate to contact me.



Yours sincerely

**Manager's Name**  
**Designation**

Enc. 1x Employee Notification Form

**Appendix 5 – Standard outcome letter confirming Stage 3 – Dismissal****Stage Three Formal Attendance Management Meeting**

Further to your meeting on DATE under Stage 3 of the Promoting Attendance Management Policy, I am writing to confirm my decision regarding the outcome of this meeting. You were offered the right to representation and chose to be accompanied by NAME, DESIGNATION.

**or**

You were given the opportunity to be represented however, you declined this offer and confirmed that you were happy to proceed with the meeting unaccompanied.

Also present was NAME, HR Business Partner acting in an advisory capacity and NAME, representative who took a note of the meeting. NAME, Team Leader attended to present the management case.

I have carefully considered the case presented by management, yourself and \*your representative. I note that you have been provided with ongoing support through attendance at Occupational Health Services, Disability Leave..... I have also taken into consideration the previous Attendance Management decisions, the efforts you have made to help improve your health and the recent improvement achieved in your attendance levels.....

Considering all of the above, I have therefore decided to terminate your employment in line with NHS24 Promoting Attendance Management Policy. This decision will be effective from ..... You will receive a payment in lieu of the notice period equivalent to ... weeks and any outstanding annual leave entitlement, in your final salary.

In line with our exit procedure, a Team leader will contact you to arrange the return of your security badge and any other belongings to NHS24.

Should you wish to apply for Ill Health Retirement please contact HR Business Support on 0141 337 4568. Please note that the final decision on Ill Health Retirement lies with SPPA and not NHS24.

You have a right to appeal against this decision. Should you wish to appeal, please forward this in writing to ...NAME..., HR Business Partner, at the address below within 14 days from the date of this letter. The appeal should normally be submitted in writing clearly setting out the grounds for appeal and may cover the following areas:

- The decision was too severe
- Additional information has come to light - (this information should also be submitted if applicable)
- The procedure was incorrectly followed

The necessary arrangements will be put in place at that time and ..... or a nominated representative, will hear the appeal.

In the meantime, I would like to take this opportunity to remind you of our Employee Assistance Programme. This is in addition to our Occupational Health Service and offers confidential advice and assistance to all staff members. Telephone counselling is available 24 hours a day. You can contact the Employee Assistance Programme on 0800 587 5670.

Should you require clarification on this communication please do not hesitate to contact me.

Yours sincerely

**NAME**  
**JOB TITLE**

**Appendix 6 – Standard outcome letter confirming Stage 3 – defer****Stage Three Formal Attendance Management Meeting**

Further to your meeting on DATE under Stage 3 of the Promoting Attendance Management Policy, I am writing to confirm my decision regarding the outcome of this meeting. You were offered the right to representation and chose to be accompanied by NAME, DESIGNATION.

**Or**

You were given the opportunity to be represented however, you declined this offer and confirmed that you were happy to proceed with the meeting unaccompanied.

Also present was NAME, HR Business Partner acting in an advisory capacity and NAME, representative who took a note of the meeting. NAME, Team Leader attended to present the management case.

I have carefully considered the case presented by management, yourself and \*your representative. I note that you have been provided with ongoing support through attendance at Occupational Health Services, Disability Leave..... I have also taken into consideration the previous Attendance Management decisions, the efforts you have made to help improve your health and the recent improvement achieved in your attendance levels.....

Considering all of the above, I have decided to defer my decision for a period of 6 months i.e. DATE. At the end of this period the Stage 3 Attendance Management meeting will be reconvened to review your case. This is an opportunity for you to continue to improve on your attendance and bring it to within acceptable levels. To support this, I have asked your Team Leader to discuss your progress at your regular one to one meetings. However, if during this period your attendance deteriorates and you incur further absence, the stage 3 Attendance Management meeting will be reconvened, the possible outcome of which may be dismissal.

You have a right to appeal against this decision. Should you wish to appeal, please forward this in writing to ...NAME..., HR Business Partner, at the address below within 14 days from the date of this letter. The appeal should normally be submitted in writing clearly setting out the grounds for appeal and may cover the following areas:

- The decision was too severe
- Additional information has come to light - (this information should also be submitted if applicable)
- The procedure was incorrectly followed

The necessary arrangements will be put in place at that time and ..... or a nominated representative, will hear the appeal.

In the meantime, I would like to take this opportunity to remind you of our Employee Assistance Programme. This is in addition to our Occupational Health Service and offers confidential advice and assistance to all employees. Telephone counselling is available 24 hours a day. You can contact the Employee Assistance Programme on 0800 587 5670.

Should you require clarification on this communication please do not hesitate to contact me.

Yours sincerely

**NAME**  
**JOB TITLE**

**Appendix 7 – Standard appeal acknowledgment and invitation (stage 1&2)****Stage 1 or 2 Formal Attendance Support Meeting- Appeal**

I am writing to acknowledge receipt of your appeal letter dated DATE.

The appeal hearing has been scheduled for:-

Date:

Time:

Location:

The hearing will be chaired by ....NAME, DESIGNATION and NAME, DESIGNATION will present the management case. I will also attend to provide HR support.

At this meeting, we will seek to establish all the facts of the case and to discuss the grounds on which you are appealing.

As this is a formal meeting you may be accompanied by a representative of a recognised trade union or a colleague from NHS 24 not acting in a legal capacity. Their role is to take notes, comment upon written evidence, comment upon the application of the Attendance Management Policy to the case being discussed, or make a statement in mitigation, but they may not answer questions on your behalf.

You are requested to confirm your attendance and the name of your representative by .... DATE (ONE WEEK BEFORE). You should be advised that if you fail to attend the appeal hearing without prior notification, the original decision will be upheld.

Should you require clarification on this communication please do not hesitate to contact me.

Yours sincerely

**NAME**  
**JOB TITLE**

**Appendix 8 – Standard appeal invitation letter for a dismissal****Attendance Management - Appeal On Decision To Dismiss**

I am writing to acknowledge receipt of your appeal letter dated DATE.

The appeal hearing has been scheduled for:-

Date:

Time:

Location:

The hearing will be chaired by NAME, DESIGNATION and NAME, DESIGNATION will present the management case. Also attending, NAME acting as a Non Executive member, representatives from HR will attend to provide HR support.

At this meeting, we will seek to establish all the facts of the case and to discuss the grounds on which you are appealing.

As this is a formal meeting you may be accompanied by a representative of a recognised trade union, a colleague from NHS 24 or friend not acting in a legal capacity. Their role is to take notes, comment upon written evidence, comment upon the application of the Attendance Management Policy to the case being discussed, or make a statement in mitigation, but they may not answer questions on your behalf.

You are requested to confirm your attendance and the name of your representative by DATE (ONE WEEK BEFORE). You should be advised that if you fail to attend the appeal without prior notification, the original decision will be upheld.

Should you require clarification on this communication please do not hesitate to contact me.

Yours sincerely

**NAME**  
**JOB TITLE**

**Confidential**

Management Report

Stage Three Final Attendance Management Meeting

**..NAME..**

**..(Position)..**

**Prepared by:**

**..Name..**

**..Position..**

**(date)**

**Line Manager's Check List****Management Report - Stage 3 Final Attendance Management****Tick              Subject**

- ☐ Ciphre Record and leave record
- ☐ Promoting Attendance Management Policy
- ☐ Confirmed invite letter sent at each stage of the process of the Promoting Attendance Management Policy
- ☐ Informal meeting – 121 documentation
- ☐ Stage 1 – notes of meeting and outcome letter and any 121 correspondence relating to subsequent Attendance Support Meeting discussions
- ☐ Stage 2 – notes of meeting and outcome letter and any 121 correspondence relating to subsequent Attendance Support Meeting discussions – including decision to move to Stage 3.
- ☐ Occupational Health Reports including an up to date report
- ☐ Other documentation/information:
  - ☐ Appeal documentation
  - ☐ Specialist/GP reports
  - ☐ ISRA
  - ☐ Rota changes
  - ☐ Alternative job opportunities
  - ☐ WSA
  - ☐ Disability Leave
  - ☐ Referral to other bodies e.g. Access to Work
  - ☐ Additional Leave (include copy of record)

**Absence History**

Appendix 1	Ciphr Absence History Report
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**Case Management**

Appendix 2	Promoting Attendance Management Policy
Appendix 3	Confirmation of Informal Attendance Management meeting – (date)
Appendix 4	Confirmation of 1 <sup>st</sup> Stage Attendance Support meeting – (date) Notes of 1 <sup>st</sup> stage Attendance Support meeting – (date)
Appendix 5	Confirmation of 2 <sup>nd</sup> Stage Attendance Support meeting – (date) Notes of 2 <sup>nd</sup> stage Attendance Support meeting – (date)
Appendix 6	Record of communications/121s undertaken between (date) and (date)
Appendix 7	Occupational Health Reviews – (dates)
Appendix 8	Individual Stress Risk Assessment – (date)



**Background:**

A copy of the Ciphr Record is at

**Appendix 1**

**Management of case:**

The case has been managed in terms of Promoting Attendance Management Policy. The significant events are outlined below.

**Informal Attendance Management Meeting – (date)**

**Appendix 3**

**First Formal Attendance Support Meeting – (date)**

**Appendix 4**

**Second Formal Attendance Support Meeting – (date)**

**Appendix 5**

**Occupational Health Reports**

**Appendix 7**

**Support Mechanisms**

To support ...name ..... in achieving an improved level of attendance, the following support mechanisms were put in place (only include those bullets which appropriate).

- Occupational Health Reviews on ..x.. occasions between .... and ....
- Due consideration given to change work patterns
- ISRA ...date... and outcome ...date...
- Regular communications (Appendix 5)
- Further training/coaching (....specify....)
- Disability leave (..dates..)

**Conclusion****Recommendation**

**Authority to take Attendance Management action under the procedure**

<b>Category/Grade of Staff</b>	<b>Stage 1</b>	<b>Appeal</b>	<b>Stage 2</b>	<b>Appeal</b>	<b>Stage 3</b>	<b>Appeal</b>
Director	Chief Executive and Senior HR	Panel incl. 2 Non Executive and Senior HR	Chief Executive and Senior HR	Panel incl. 2 Non Executive and Senior HR	Panel including, Chairperson, Chief Executive & Non-Executive Board member and Senior HR	Panel including 2 Non-Executive and Senior HR
Senior Manager (reporting to Director)	Director and Senior HR	Chief Executive* and one other Director and Senior HR	Director and Senior HR	Chief Executive* and one other Director and Senior HR	Director and Senior HR	Panel incl., 1 Non-Executive, 1 Director and Senior HR
All other staff	Immediate Line Manager and HR	Immediate Line Manager's Manager and HR	Immediate Line Manager and HR	Immediate Line Manager's, Manager and HR	Senior Manager and HR	Panel incl. 1 Non-Executive, 1 Director and Senior HR

Note: The manager hearing the Appeal should not have been the decision maker at the original hearing;

Senior Manager is defined as Band 8b and above and must report directly to a Director.

Senior HR will be Business Partner or above.

Managers taking decisions should, where possible, be from within the staff member's chain of command.

\* Or delegated authority