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PROMOTING ATTENDANCE POLICY



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PROMOTING ATTENDANCE POLICY

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1 INTRODUCTION

The aim of this policy is to ensure that NHS Highland employees adopt and understand the fair, consistent and supportive approach to promoting attendance. The policy ultimately aims to maintain sickness absence levels within a range acceptable to NHS Highland whilst recognising individual need. This policy and its procedures have been developed and agreed through the Highland Partnership Forum.

The Promoting Attendance Policy sits within the suite of Managing Health at Work PIN policies. In addition to this suite of policies there are a number of relevant initiatives, policies, opportunities and pieces of legislation that can contribute to promoting attendance. The Scope section explains more fully how these fit together in order to contribute to promoting attendance.

2 SCOPE

NHS Highland recognises the benefits of having a healthy workforce. The organisation also realises that individual employees may need to be off work during periods of illness or ill health. In order to support a positive approach to promoting attendance NHS Highland aims to provide a framework for all employees explaining the role of the organisation and the individual in monitoring attendance, promoting good health and supporting colleagues returning to work after sickness absence. NHS Highland is also committed to reducing sickness absence to a rate of 4% from 31st March 2009. It is understood that this is a complex process requiring a range of strategic and operational responses. This policy is one of those responses. The policy and procedures apply to all employees within NHS Highland.

This policy does not cover disability related absence in terms of the Disability Discrimination Act. This is covered under the Policy on Management of Disability Related Absence which is currently being developed.

2.1 Relevant Policies and Legislation

This policy is embedded into the organisation by legal requirements, public sector duties, good practice and other NHS Highland policies.

In order to ensure that employees are able to make the most effective use of this policy it is advised that it is used in conjunction with the following;

Work-life Balance Policy

The NHS Highland Policy Framework for supporting positive practice e.g. Carer Leave and Parental Leave, which enhances the balance between

work and personal life to the benefit of the individual and the organisation.

Working Time Regulations Policy

The NHS Highland Policy outlining national regulations on length and nature of working hours patterns and reporting requirements.

Disability Related Absence Policy (under development)

The NHS Highland policy on the uptake and recording of disability related absence.

Management of Employee Capability Policy

The NHS Highland Policy designed to clarify the rights and responsibilities of employees and trade union/professional organisations when considering employee capability.

Managing Health at Work Policies

The NHS Highland policies underpinning a healthy organization and covering Health and Safety, promoting access to Occupational Health Services, promoting staff health and wellbeing and organisation of work.

Management of Employee Conduct Policy

The NHS Highland Policy designed to clarify the rights and responsibilities of employees and trade union/professional organisations when considering employee capability.

Sex Discrimination Act 1975

Legislation against discrimination on the grounds of sex

Disability Discrimination Act 1995

This act establishes the right to reasonable adjustments.

Disability Equality Duty

National statutory code of practice that describes the responsibilities of NHS Highland in relation to preventing discrimination, promoting positive approaches and supporting disabled staff. NHS Highland Disability Equality Scheme outlines current key actions.

Gender Equality Duty

National code of practice that describes NHS Highland's responsibilities in relation to preventing discrimination, promoting equality for women. Men and Transgender people. NHS Highland has published a gender equality scheme that outlines current key actions.

Race Relations Act 1976 (as amended by Race Relations (Amendment) Act 2007

National statutory code of practice that describes the responsibilities of NHS Highland to prevent discrimination and promote equality for minority communities.

Part time workers (Prevention of Less Favourable Treatment) Regulations 2000

These regulations provide a part-time worker with a right not to be treated less favourably than a comparable full time worker.

The Equality Act (Sexual Orientation) Regulations 2007

Regulations protecting individuals from direct or indirect discrimination on the grounds of sexual orientation in the provision of goods and facilities and the exercise of public functions.

Employment Equality Regulations

There are three different sets of regulations focusing either on Age, Sexual Orientation or Religion and Belief. These regulations define discrimination in the workplace and also outline good employment practice

Civil Partnership Act 2004

This Act means that same-sex couples across the UK can have their relationships legally recognized. Any couple that registers a civil partnership will have the same rights as a married couple in areas such as tax, social security, inheritance and workplace benefits.

NHS Reform (Scotland) Act 2004

This Act provides a duty in relation to the management of staff within NHS Scotland, which includes a statutory duty on NHS organizations to implement the Staff Governance Standard.

NHS terms and conditions of service

This contains nationally negotiated terms and conditions of service applicable to NHS staff, and in some cases exceed minimum legal requirements.

3 POLICY

NHS Highland is committed to promoting attendance for all employees. This policy is intended to provide a framework for managers and employees to support wellbeing in the workplace. A supportive workplace will bring gains for employees, managers and the organisation. All efforts should be made to prevent ill health by adopting healthy working practices. Where employees are experiencing ill health, this policy aims to ensure that a support network is in place to facilitate their return to work. Promoting attendance at work has been shown to have positive impacts. For a manager, promoting attendance is key to inform accurate workplace planning. The monitoring and support frameworks described in this policy will enable a manager to better support employees and plan for workforce needs. The organisational rationale for the policy is to ensure that service levels can be maintained and employees are motivated in the workplace.

Many factors contribute to promoting attendance, ranging from implementation of work life balance policies, to the adoption of Healthy Working Lives activities and the support arising from the effective

monitoring of periods of absence. Many of the contributing documents to promoting attendance are mentioned in the scope and should be referred to when adopting an inclusive approach to promoting attendance.

4 PROMOTING POSITIVE WELLBEING

NHS Highland is committed to promoting positive wellbeing, which will be the major contributing factor in promoting attendance. There are several PIN policies that contribute to positive wellbeing, as discussed in the introduction. Health Promotion is also widely available within NHS Highland. As part of this role, NHS Highland is committed to the national Healthy Working Lives agenda which is a key area for action to promote public health and tackle inequalities. This work looks to build upon the success of existing initiatives and draws together what have in the past been distinct strands of work focusing on Employability, Health & Safety, Occupational Health and Health Promotion into a single coherent approach. NHS Highland recognises that the organisation will only benefit from action to improve health and reduce health inequalities.

5 PREVENTING ILL HEALTH

A major component of promoting attendance is preventing ill health. As part of NHS work on reducing health inequalities, capacity is being built in primary care to deliver proactive, preventative care across Scotland. As an employer NHS Highland seeks to emulate this approach by providing appropriate early interventions to prevent the escalation of health care needs. In providing dialogue with employees at an early stage of ill health or before it occurs, in some circumstances plans can be put into place to prevent ill health or prevent the escalation of any condition.

6 MAINTAINING A SUPPORT NETWORK

Employees should work in a supportive environment and specific support may need to be provided to prevent ill health, promote positive wellbeing and maintain a network when employees are experiencing ill health. In maintaining a support network, managers and employees need to be aware of the processes to follow during a period of sickness absence. Managers are the key individuals for ensuring support networks for employees are in place. As part of the promoting attendance framework, procedures for individual managers and employees are detailed in the appendices.

7 RESPONSIBILITIES

In order to ensure that all employees receive the most appropriate support it is important that individuals are clear about their roles and responsibilities in relation to promoting attendance.

7.1 The Manager

The manager has responsibility for:

Monitoring of all staff attendance and absence and reporting on monitoring data for the organisation.

Monitoring employee working hours as required in relation to Working Time Regulations.

Following up with the employee on their return to work after short absences (less than 5 consecutive days). This follow up should include;

- Ensuring completion of appropriate paperwork.
- Ensuring staff are ready to return to work
- Ensuring staff are aware of appropriate support mechanisms such as Occupational Health, stress management etc.
- Guidance is available in Appendix 3

Ensuring regular contact with the employee and be prepared to raise any concerns in relation to their absence.

Discussing with employees any frequent short term sickness absences and agree an appropriate support network as required to promote attendance.

Discussing with employees any longer term sickness absences and agree an appropriate support network as required to promote attendance.

Agreeing regular contact arrangements with employees who are off sick for more than 4 weeks (on long term sickness absence) or 4 episodes or more than 8 days within a 12 month period (short term sickness absence). Keeping up to date with progress and agree with the individual appropriate adjustments and plans to re-establish the working role.

Seeking advice and support from Occupational Health in developing any adjustments and accessing rehabilitation therapies.

Ensuring that all relevant parties as agreed with the employee (trade union representative, advocate etc) are involved in any discussions with regard to any adjustments and plans for return to work.

Ensuring regular review dates are in place for any plans and adjustments.

Accessing appropriate NHS Highland services for advice and support e.g. Personnel Team, Employment Services or Occupational Health.

Only making referrals to Occupational Health with the knowledge of the employee concerned.

Ensuring that employees have appropriate local induction in relation to promoting attendance.

Passing on any available information to all team members about local projects, courses, and training in relation to maintaining positive physical and psychological wellbeing.

7.2 The Employee

The employee has responsibility for:

Making best use of resources available from NHSH to promote attendance at work, for example: NHS Highland Occupational Health Service and its rehabilitation therapies; Healthy Working Lives initiatives; Work Life Balance and Health and Safety Policies.

Raising concerns with your manager or chosen representative in relation to your own health and circumstances when they are likely to impact on your current work.

Contacting the nominated manager when you are going to be off sick and where possible giving some indication of the length of absence.

Keeping in regular contact with your manager to provide an update on current absence status.

Obtaining appropriate medical certificates to cover periods of absence i.e. self certificate for absences between 4 to 7 days and GP or inpatient certificate for absences more than 7 days (a medical certificate can be used to cover both lengths of absence).

Using the self referral route to Occupational Health where you feel it would be appropriate.

Contacting your Trade Union or Professional Organisations for advice and support where appropriate.

Participating in discussions relating to possible adjustment options for returning to work after longer absences.

7.3 The Organisation

The organisation has responsibility for:

Ensuring systems for supporting staff that are on long term absence are in place and the effectiveness of these systems is regularly evaluated as part of the review process.

Providing opportunities for staff to engage with and make use of health promotion, personal development and lifelong learning opportunities.

Actively recognising that in line with the Staff Governance Standard promoting attendance is a multi faceted area of organisational responsibility that includes longer term high level understanding and investment in staff and resources.

Providing appropriate systems and implementing policies which for individual employees to raise concerns, make formal complaints and forward suggestions for change that will help promote attendance.

Ensuring adequate work related risk assessments are carried out and appropriate training provided.

7.4 Occupational Health Service

The Occupational Health Service has responsibility for

- Providing confidential and independent advice on any health related issue that may affect work and where appropriate accessing counselling for employees.
- Guaranteeing independence and confidentiality in line with legislation and professional codes of conduct.
- Advising managers about the suitability of potential employees to undertake the required role at a pre-employment stage.
- Advising managers about the suitability of work activities for employees following sickness absence or at other times where health issues may be involved.
- Advising managers about the likely duration of absence of employees who are absent from work owing to health problems and advising managers and employees on possible modifications, alterations to current role or alternative duties on a temporary or permanent basis.
- Providing rehabilitation services to employees to help them remain at or return to work.

Guidance notes for referral to the Occupational Health Service are available in Appendix 4 (currently being updated by Occupational Health). Referrals can be made directly by the employee to OHS (a self-referral), and can also be made at the request of the manager or in exceptional cases through Human Resources. Where a manager is referring an employee, it is crucial that the manager explains the reasons for referral to the employee before the appointment takes place.

8 RAISING AWARENESS

NHS Highland will include this policy in the induction process and will provide awareness sessions throughout NHS Highland. These will include:

- organisational and individual benefits of promoting attendance at work;
- roles and responsibilities of employees, managers, HR, OHS and Trade Unions/Professional Organisations;
- processes for supporting employees and promoting attendance;
- the procedure for reporting and monitoring sickness absence.

9 REHABILITATION TO WORK PROGRAMME

The purpose of an individual Rehabilitation to Work Programme is to establish a temporary facility to assist an individual to return to work and support the organisation towards achieving this outcome. Rehabilitation to work discussions can be initiated by the employee or Occupational Health.

The programme, including the timescale and review period, should then be agreed between the Personnel Adviser, Manager, Occupational Health, the Employee and their Representative.

The Policy allows for a maximum of 6 weeks full pay during a Rehabilitation Programme and this factor should be taken into consideration by all parties when developing an individual programme.

Rehabilitation should always be considered before redeployment in the context of ill-health. Redeployment can be defined as a transfer to a new position or permanent adjustment of duties when capabilities no longer match job requirements.

The Rehabilitation to Work Programme is integral to both the NHS Highland Promoting Attendance Policy and the NHS Highland Management of Capability Policy. Both policies reflect the wider staff governance aims and objectives of NHS Highland.

9.1 The Benefits of Rehabilitation to Work

A Rehabilitation to Work Programme provides a mechanism which enables employees to return to work. It is anticipated that the programme will lead to benefits for the individual; their team and the organisation.

9.2 Return to Work Process

A collaborative approach is essential for this procedure to be effective. Liaison between some/all of the following people can be expected:

- Individual;
- Manager/supervisor;
- Occupational Health Services staff;
- General Practitioner;
- Human Resources staff;
- Individual's representative;
- Other appropriate health specialists.

All the above have a responsibility to bring to the organisation's attention any issues or concerns regarding the programme which may affect its success. Ultimately it is the responsibility of the manager to pull together all of those who should be involved in a programme, clearly in consultation with the employee. In terms of other health professionals involved in the process, it is usual that any further information is obtained by Occupational Health. For example a manager would not be advised to contact a GP directly, as Occupational Health are best placed to advise on health as it relates to the workplace.

Unless otherwise agreed by the individual only information impacting on other members of the team and related to working arrangements will be shared.

If a rehabilitation to work programme is agreed to be appropriate the stages outlined below must be adhered to:

- Occupational Health (OH) assessment of the employee's needs, and any adjustments required in line with good practice and legislation.
- Records of the rehabilitation programme including risk assessments require to be undertaken by the manager and kept on the Personal File;
- Consultation between the employee, the manager, a member of the personnel team, trade union/ professional organisation representative, OH and any other appropriate specialists will be required to manage the process and agree achievable goals within set timescales for a return to full duties. Consultation should include a risk assessment of the programme. A rehabilitation programme taking account of OH advice, prioritising the needs of the employee and giving due consideration to the needs of the service and other employees in the department; this should include appropriate identification of job modification, temporary change or alternative duties which may extend beyond the employee's normal work base. Where appropriate, any reasonable adjustments must be considered;

- Co-ordination and monitoring of the programme is the responsibility of the manager in consultation with others involved in the programme and within the agreed timescales. The manager will review the employee's progress no less than weekly, in the first instance, with OH reviewing on a previously agreed basis. However, there may be circumstances where either the employee or the manager could request an earlier OH appointment at any stage;
- Completion of the programme will be agreed between the employee, the manager, a member of the personnel team, trade union/ professional organisation representative, OH and any other appropriate specialists when it has been assessed that all elements of the programme (long and short term) have been effected and the employee is able to carry out the duties of their post.

Throughout the procedure:

- NHS Highland has a duty of care (as defined in health and safety legislation) to ensure that the employee or their colleagues or those that they care for are not placed under any undue risk to their health and safety during the rehabilitation programme. Managers are required to undertake Risk Assessments. Assistance with Risk Assessment is available from the Health & Safety team or Occupational Health staff.

In implementing this procedure, managers should consider possible options. Examples are detailed below (this is not exhaustive):

- Reasonable adjustments to the workplace
- Phased return to normal duties;
- Reduced hours;
- Alteration to shift pattern/days;
- Modified duties;
- Buddy system/mentor
- Supernumerary status;
- Temporary relocation/role;

NHS Highland terms and conditions of employment include a sickness absence pay scheme dependent upon length of service. There should not be any financial detriment to the employee during a rehabilitation to work programme.

During a rehabilitation to work programme the following conditions will be addressed in the order set out below:

- A maximum of six weeks of full contracted pay;
- If the rehabilitation to work programme is extended for a longer period, the employee will be remunerated for the hours worked. In these circumstances use of accrued annual leave to maintain full contracted salary may be used within an agreed period of time;
- If after the review of the agreed objectives of the rehabilitation to work programme have been unsuccessful, a range of options should be considered. These options will include further consideration of individual, team or organisational needs

9.3 Redeployment Due To Ill Health or Injury

Where, following a review as described above, the employee may, despite every effort, be unable to return on a permanent basis to their substantive post, but would be able to continue working within NHS Highland in an alternative role. In these circumstances the individual may need to consider redeployment to an alternative post within the organisation, in which case the provisions of the NHS Highland Redeployment Policy or Secondment Policy may be appropriate.

9.4 Termination of Employment on the Grounds of Ill Health

Where every effort has been made and no suitable alternative employment can be found, the employer, after taking advice from Personnel and Occupational Health, may terminate employment on the grounds of ill health.

Employees who are superannuated are eligible to apply for early benefits on the grounds of ill health. The decision as to whether or not an individual is eligible to be paid a pension and lump sum early on the grounds of permanent ill health is taken by the Scottish Public Pensions Agency and is not at the discretion of NHS Highland.

9.5 Injury Benefits

An Injury Benefits Scheme covers all employees whether superannuation scheme members or not. Where an employee suffers a loss of earnings relating to an injury or a disease contracted in the course of work done for NHS Highland, they may be entitled to receive injury benefits i.e. Temporary Injury Benefit or Permanent Injury Benefit. Any employee who believes his/her injury/disease to be caused by work should seek advice from the relevant trade union/professional

organisation and/or Personnel Team staff. A booklet containing further information is available from the Personnel Department.

9.6 III Health and the Disability Discrimination Act

In some cases an individual may be unable to undertake the full duties of their post due to a disability under the terms of the Disability Discrimination Act. For the purposes of the Act, the definition of disability provides that a person has a disability if he or she has or has had:

"a physical or mental impairment which has a substantial and long-term adverse effect on his (or her) ability to carry out normal day-to-day activities."

This definition covers both people who currently have a disability and those who have had a disability in the past. Under the Act a disability has to have a long-term effect on the individual's ability to carry out normal day-to-day activities. The Act defines a long-term effect as one which lasts, or is likely to last, for at least 12 months.

In dealing with an employee who becomes disabled during the course of their employment, the Act advises of the obligation on employers to make reasonable adjustments to their working conditions or arrangements where needed. However, the duty on NHS Highland will be to consider the costs of any adjustment and the benefits of making it. The Act does not require the employer to create a new post for an individual who becomes disabled where they would not otherwise have been creating a new post. Some reasonable adjustments that could be undertaken are as follows:

- Making adjustments to premises, buying or modifying equipment;
- Allocating some of the person with a disability's duties to another person;
- Altering working hours;
- Allowing time off during working hours for rehabilitation, assessment or treatment;
- Providing training;
- Modifying procedures for work related testing or assessment;
- Providing suitable software or IT equipment
- Providing an interpreter.

The Disability Discrimination Act must be considered when dealing with disability issues associated with work. Managers must seek advice from the Personnel Department.

9.7 Occupational Acquired Diseases

Hepatitis, Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) are issues that need to be dealt with sympathetically within the organisation. The fact that someone had become ill as a result of being infected with such a virus does not mean that they should be treated differently from an employee with any other non-contagious life-threatening illness. In these circumstances where an affected employee is absent from work for long or short periods of time, the employer must follow the normal sickness absence procedures. An employee diagnosed with AIDS may not be fit to work and therefore should be treated in accordance with the normal absence management procedures. In all cases consideration must be given to the Disability Discrimination Act.

10 MONITORING AND REVIEW

The Highland Partnership Forum will review this policy in 2010 and ensure its implementation through dissemination, training, data collection and audit. Monitoring of all elements of this policy will take place on an ongoing basis and members of the Personnel Team will be required to keep records relating to the use of this policy. Monitoring of sickness absence will take place, as described in Appendix 2 and review of these processes will be considered as part of the annual reporting to the Highland Partnership Forum and Staff Governance Committee.

Monitoring will take place on an ongoing basis and will include:

- use of the policy will be recorded by the Personnel Team in order to provide data which would allow;

Quarterly and Annual reporting to the Highland Partnership Forum and support recommendations for the forthcoming year to the Highland Partnership Forum and Staff Governance Committee.

Appendix 1

SICKNESS ABSENCE REPORTING

Employee Responsibility

- If you are unable to attend work or fall ill during a period of leave, you are responsible for telling your manager or confirming your manager is aware at the earliest opportunity before your scheduled starting time.
- Contacting your manager by telephone is seen as one of the quickest methods, but NHS Highland recognises that communication in other formats may be preferable based on individual needs.
- It is your responsibility to make contact with your manager or other senior member of staff. Only in exceptional circumstances where you are unable to make contact personally or other appropriate format, a relative or friend may make contact on your behalf, but the responsibility remains with you. Where your manager is not available, it is essential that contact is made with an alternative senior member of staff who will be responsible for taking the information and passing it to the manager. Telephone messages should not be left on voice mail, with the switchboard or with other wards or departments, unless previously agreed as a reasonable adjustment.
- Employees should be aware that if they do not meet the requirement to make contact as above action may be taken through the Management of Employee Conduct policy.
- It is important that you communicate all relevant details when making contact, including estimated duration of absence. Such information will be kept in line with the Data Protection Act 1998.
- At this stage, you should agree with your manager when you should get in touch again and if appropriate when a medical certificate must be submitted.
- It is your responsibility as previously agreed to keep your manager informed of your progress.
- If your sickness is more than seven calendar days, you are required to submit a medical certificate from your doctor for each period of sickness absence and send it to your manager. Delays in submitting a medical certificate may result in pay being temporarily withheld.
- If you fall ill at work or have to go home due to sickness, you should advise your manager or another senior member of staff before leaving.

Notification Requirements

Absence of 1-3 Calendar Days

Neither a self-certificate nor a medical certificate is required. However, the absence record form should be completed on return to work (see appendix 5).

Continued Absence of 4-7 Calendar Days

On the fourth day of your absence you (or in exceptional circumstances, someone on your behalf) must telephone your manager or deputy and advise of the further duration of your absence. A self certification form is available from your manager and should be completed on your return to work. If you have a medical certificate from day one, no self certification will be required, because a medical certificate supercedes self certification.

Continued Absence Lasting 8 Calendar Days or more

You (or in exceptional circumstances, someone on your behalf) are required to contact your manager as soon as possible to advise of the approximate duration of your absence based on medical advice and obtain from your General Practitioner (GP) a medical certificate to cover the extended period. (You will be required to complete and return a self-certificate which covers you for the first seven days of absence). The medical certificate should be sent as soon as possible, to your manager. You must continue to submit medical certification thereafter until you return to work covering the sickness absence period.

Actions resulting from non- notification

Employees should be aware that if they do not meet the requirements as above action may be taken through the Management of Employee Conduct policy.

Appendix 2

SICKNESS ABSENCE MONITORING PROTOCOL

- Managers are responsible for collecting accurate information about sickness absence levels at an individual and departmental level.
- The manager should record individual employee's absence on an absence record form as soon as the staff member tells them about their absence. This should occur even where an employee has presented themselves for work and has had to go home. Both the employee and the manager are required to sign the absence record form on the employee's return to work.
- Each sickness absence should also be recorded on a sickness absence form (appendix 6) to allow an illustration of the number, frequency and reasons for absence to make it easier to identify trends. The record forms are used to record all absences and held on departmental databases. Administrative staff have access to these databases on a confidential basis. Managers should monitor individual employee absence regularly to allow the manager to identify, at an early stage, any areas of concern. The earlier issues are identified and discussed with the employee, the more effective the response and action will be for both employee and manager.
- Departmental absence is collated by the manager, recorded on pay sheets and submitted on a monthly/weekly basis in the form of a return to Payroll unless electronic systems, which collate the figures automatically, are available.
- This information is collated on a wider basis and reported to appropriate Staff Governance and Partnership Forum committees. The information collated relates to:
 - number of available hours in the month;
 - number of hours lost through sickness absence by individual employees; andnumber of hours lost through sickness absence by the organisation.
- The monthly 'available hours' figures will be based on the situation at the end of the month and should include temporary staff available hours but not bank staff available hours. Vacant posts should not be included in the figures.
- All sickness absence, certificated, uncertificated or self-certificated, should be included in the sickness absence figures. Where an

employee has had to go home due to ill health, the part day should be included in the figures. Any other reasons for absence should not be recorded as part of the sickness absence figures.

- There are many reasons for absence and as part of promoting attendance accurate monitoring of all types of absence will assist in service planning and ensuring that uptake of different policies can be monitored.
- Organisational sickness absence rates are calculated and given as a percentage of sickness hours on a monthly basis as a proportion of the hours available in a month. This provides standardised and comparable information over periods of time.
- Human Resources will collect the absence information and present it to the relevant Board Committees and Highland Partnership Forum on a regular basis.
- It is the manager's responsibility to investigate the figures for their department with support from Human Resources and to provide support mechanisms for individuals where appropriate.

Appendix 3

GUIDANCE ON CARRYING OUT A SICKNESS ABSENCE RETURN DISCUSSION

Trigger points have been identified for managers to have a discussion with the employee upon their return to work. The rationale for having these discussions is to identify ways that the manager and the wider organisation can provide support to facilitate increased attendance for the employee. These discussions will be key contributors to promoting wellbeing, preventing ill health and establishing and maintaining support.

Trigger points for discussions in relation to sickness absence should be based on either:

- 4 weeks' sickness absence (long term sickness)

or

- 4 episodes or more than 8 days of sickness within a 12-month period (frequent/short term sickness).

Managers should:

- Arrange a time to see the employee informing them of the reason for the meeting. Employees at this stage may still be signed off.
- Advise the employee about their right to be accompanied by a Trade Union / Professional Organisation representative or other person if they wish.
- Arrange a suitable venue for the meeting to take place – allowing for privacy and confidentiality.
- Where appropriate write to the employee confirming arrangements and explaining the purpose of the meeting.
- Have the following information available to share with the employee during any discussion;
 - OHS reports, if provided, following permission from the employee and copies of related correspondence with the staff member
 - Details of previous record of absence
 - Possible patterns of sickness absence
 - Any other information required for the individual.
- Consider the absence record and identify any possible absence patterns.
- Review OHS reports and correspondence prior to any discussion.

- Ask the employee to inform them about their perception of any on-going problems.
- Ask if there are any other circumstances to be taken into account
- Discuss any suggestions as to how a support network can be put into place, with the aim of promoting attendance.
- Agree an action plan for support being put into place with timescales – refer or re-refer to Occupational Health if required.
- Evaluate the effectiveness of the actions put into place and identify any issues that will need to be addressed.
- Outline next steps of any support required.
- Set a date for a review meeting.
- Advise the employee that where appropriate a record of the meeting will be made for the employee and their personal file.

Appendix 4

NHS HIGHLAND OCCUPATIONAL HEALTH SERVICE GUIDANCE ON REFERRALS TO OCCUPATIONAL HEALTH BY MANAGERS

Introduction

The Occupational Health Service (OHS) is available to:

- Assist employees in health matters relating to the workplace.
- Assist managers in addressing sickness absence issues.
- Prevent work related ill health.
- Advise managers on the employability of their staff in relation to their health.

For such support to benefit the employee and the manager, the quality of communication between managers, employees and the OHS is crucial, not only in the terms of feedback following assessment of employees, but in relation to information provided by the referring manager when initially referring employees.

No employee should be referred to OH by their manager unless the manager discusses the referral with the employee first.

These guidelines are intended to help ensure that managers and employees gain the most appropriate assistance from the Occupational Health Service.

Reasons for Referral

Managers may decide to refer an individual to the OHS in a number of circumstances that may include:

- Long-term sickness absence.
- Recurrent short-term sickness absence.
- Employee's request for consideration for ill health retirement.
- Concerns regarding employee's capability to undertake duties.
- Alcohol and drug related problems.

- Concerns that employee may be affected by hazards to which they are exposed at work.

In all cases of referral the quality of information provided to the Occupational Health professional staff will have an impact upon the quality of the guidance subsequently given. It is important, therefore, that the following information is provided in writing using the referral form (Appendix 4a)

- Employee's personal details – name, date of birth, *current* home address, date of appointment to post.
- Employee's job title, description and any particular significant aspects of the post about which it is felt that the OH Nurse/Physician (OHN/P) should be aware.
- Employee's sickness absence record for at least the preceding twelve months, and any other relevant time periods.
- The reason for which the manager is making the referral and the *questions* they are seeking to have answered.
- Any information regarding the employee's work that may be considered relevant.
- **Signed confirmation that the employee is aware of the reason for the referral.** It is particularly important that the employee fully understands why they are being referred to the OHS.

Where a manager has more information than can be encompassed within the referral form then a covering letter or supplementary information sheet would be helpful.

It is essential that the employee is informed of the reasons for the referral. This is particularly true if the employee's capability to undertake their duties is in question. If the employee is not aware of the manager's concerns in this area it makes the subsequent occupational health consultation very difficult.

Assessment by the Occupational Health Service

Following receipt of a request from a manager, the Occupational Health Service will confirm to the manager and employee the date of an appointment for a consultation at OHS. At the time of the appointment the employee will be seen by the (OHN/P) who will:

- Review the information provided on the referral form and any additional information provided by the manager.
- Obtain further information from the employee.

- Carry out any appropriate examination relevant to the employee's health problems.
- Subject to the employee's written consent, obtain if necessary, further medical information from the employee's own General Practitioner and/or hospital or other specialist. Similarly Occupational Health can refer a patient to other specialists to seek further advice.
- Determine the advice that will be offered to the manager and advise the employee of this.
- Arrange any follow up appointment with the employee.

Confidentiality

OHN/Ps are bound by the same rules on medical confidentiality as all other nurses and doctors. These rules are designed to protect an individual from the release of personal confidential information without the individual's informed consent. The OHS adheres to those principles and this is considered vital to protect the professional integrity of the service and maintain confidence in those that have been referred to the service. Patient confidentiality will be maintained at all times.

A report to the referring manager will therefore *only include* the amount of medical detail allowed by the referred individual. Generally such a report will include no medical details, but rather general information on how the ill health affects the employability of the individual problem in question. A manager will therefore have enough information to take the appropriate action required.

This system conforms to the accepted best practice in OHS and conforms with relevant UK legislation regarding access to medical records and medical reports.

Reports to the Referring Manager

Having assessed the employee and obtained any additional medical information, the OHN/P will prepare and send to the referring manager a report that will not contain any medical details for reasons of medical confidentiality but will endeavour to offer the following guidance:

- Whether or not the employee is suffering from a health problem that may have an impact upon their work.
- The likely duration of any period of absence or, if it not possible to be precise about this, the minimum period for which they are likely to be absent.
- When they do become ready to return to work, whether they will be ready to return to their full duties or whether limitations will apply.

- If limitations will apply, whether these limitations are likely to be temporary or permanent.
- What steps could be taken to assist with an individual's return to work, e.g. a reduction in hours for an agreed period or reasonable adjustments in terms of the Disability Discrimination Act.
- If an individual will not be able to return to their normal duties and no reasonable adjustments are possible, the nature of the other duties which they might be able to undertake, in order to allow the employee and the manager to consider other options or opportunities for redeployment.
- That termination of employment on the grounds of ill health is recommended, or that it is likely that this will be the recommendation, and when such recommendations are likely to be made.
- The likelihood of ongoing episodes of sickness absence, whether such episodes may be of long or short duration and the period of time during which such absences are likely to occur.
- Whether the employee's health problems may in any way be related to their duties and any suggestions as to how further problems may be prevented.
- Arrangements that have been made for further review of the employee.
- Any additional information required from the manager either to assist the OHN/P in making a recommendation or prior to a subsequent review.
- Whether the OHN/P feels that a meeting with the referring manager may be helpful.
- Whether a worksite visit may be of benefit in assisting the OHN/P assess the problem.

Appendix 4a

REFERRAL TO
HIGHLAND (NHS) OCCUPATIONAL HEALTH SERVICE
CONFIDENTIAL

In assessing any employee referred to the Occupational Health Service for a medical opinion and reporting to his/her employer, it is important that the Occupational Health Nurse/Physician is in possession of all relevant facts. Please complete the following sections *legibly*.

<u>EMPLOYEE'S DETAILS</u>	
Name: _____	Date of Birth: _____
Address: _____ _____	
Post Code: _____	Home Tel No: _____
<u>EMPLOYMENT DETAILS</u>	
Department: _____	
Location: _____	
Job Title: _____	
Full time/Part time/Temp Contract: _____	
Principal Duties: (a copy of job description would also be helpful) _____ _____	

Length of time in current post:

NATURE OF THE PROBLEM WHICH HAS INITIATED THIS REQUEST

Describe the problem chronologically and include any other relevant facts such as associations with certain aspects **of the job or days of the week**. **Continue on a separate sheet if necessary.**

SICKNESS ABSENCE DETAILS

Please detail past absences for as long as you think relevant or for the last year. Continue on a separate sheet if necessary or attach Budgetscan print out.

SC = Self Certificate MC = Medical Certificate

DATE	DAYS ABSENT	REASON	SC or MC	DATE	DAYS ABSENT	REASON	SC Or MC

SPECIFIC ADVICE REQUIRED

e.g. Is the employee fit for this job in the near future or ever? What sort of work is the employee fit for?

Does the employee have an occupational illness?

Name of Referring Manager: (including title) to whom report should be sent
(*please print*)

Referring Managers Tel No: _____

Address of Referring Manager: _____

I confirm that the reason for referral to the Occupational Health Service has been fully explained to the employee

Signature of Manager: _____ Date: _____

I confirm that the reason for referral to the Occupational Health Service has been fully explained to me.

Signature of Employee _____ Date: _____

Copy to Employee / Employees file / O.H.S.

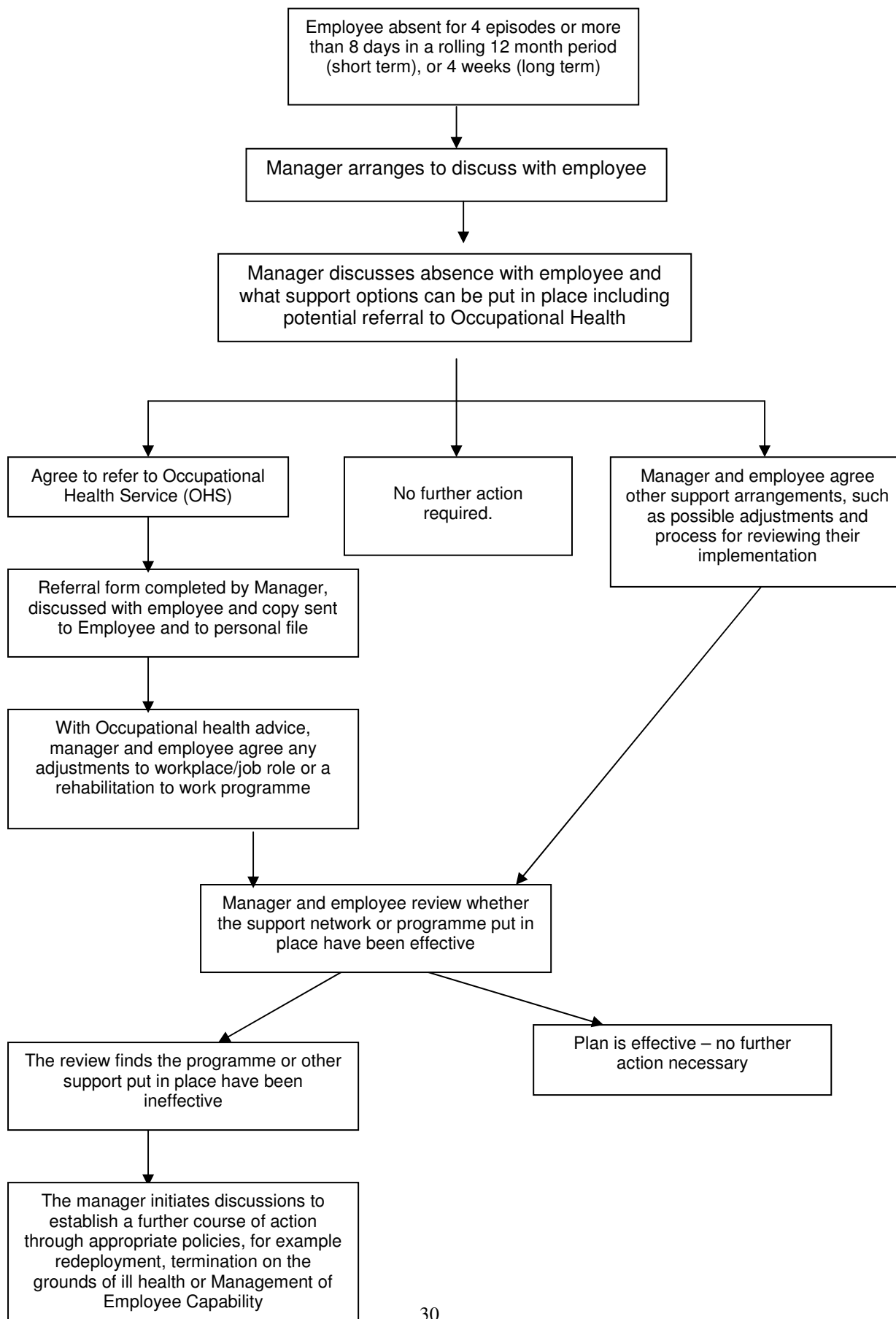
OHSxtra

Occupational Health and Safety Extra (OHSxtra) is an NHS service designed to help NHS employees who are experiencing on-going health and welfare problems to get support and treatment that will help a return to work or avoid taking sick leave. The service is currently being delivered for NHS Highland staff.

OHSxtra provides NHS staff with a dedicated professional who will manage your case by identifying what support you need, and helping you access additional services which could include physiotherapy, occupational therapy and mental health support if required. Your assigned professional will help you through the treatment process and support you when you are ready to go back to work if you have been off.

OHSxtra aims to reduce long-term sickness absence by improving the health, welfare and wellbeing of NHS staff. As a result, it will also improve the quality and continuity of patient care.

Appendix 5
SICKNESS ABSENCE



Appendix 6

RECORD OF SICKNESS ABSENCE

NAME: _____

DEPARTMENT: _____

JOB TITLE: _____

1. ABSENCE LASTING 1-3 CALENDAR DAYS

DATE CALL RECEIVED _____ **TIME** _____

FIRST DAY OF SICKNESS (enter day and date)

FIRST DAY OF ABSENCE (enter day and date)

LIKELY DURATION OF ABSENCE

SIGNATURE (of officer receiving call) _____

2. CONTINUED ABSENCE OF 4-7 CALENDAR DAYS

DATE CALL RECEIVED _____

TIME _____

LIKELY DURATION OF ABSENCE _____

DATE SELF CERTIFICATE RECEIVED _____

EFFECTIVE DATE OF CERTIFICATE _____

SIGNATURE (of officer receiving call) _____

3. CONTINUED ABSENCE OF 8 CALENDAR DAYS OR MORE

DATE CALL RECEIVED _____

TIME _____

LIKELY DURATION OF ABSENCE _____

DATE MEDICAL CERTIFICATE RECEIVED _____

EFFECTIVE DATE OF CERTIFICATE _____

SIGNATURE (of officer receiving call) _____

4. RETURN TO WORK

Date of return ____/____/____

Date of return to work discussion ____/____/____

Agreed actions (if any)

Signed Manager _____ **Employee** _____

Details of sickness notification received MUST be recorded for payroll systems and for the purposes of Statutory Sick Pay. Heads of Department are, therefore, required to use this form for recording notification of sickness absence.