Attendance Management Policy

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1. Introduction

1.1 At some time during their working life almost all employees will suffer from ill health and be unable to attend work. When these incidents arise the North East Ambulance Service NHS Trust (hereafter referred to as the Trust) will deal with sickness absence in a sympathetic and understanding way. In most cases this absence only lasts for a few days. If the absence is prolonged it can have a significant effect on both the quality of life of the individual and in the workplace.

1.2 The disruption that absence from work causes has an adverse effect on the quality of service provided by the Trust. It is therefore essential that managers address sickness absence wherever possible and employees familiarize themselves with their obligations under the policy. Research has shown that the longer people are off work, the less likely it is that they will return. It is also accepted that minor and moderate conditions can develop into chronic ones if not addressed at an early stage to assess the impact of the illness on the individual’s ability to work.

1.3 The Trust is committed to providing the highest standards of patient care possible to the public it serves. In order to achieve this, the Trust recognises that the regular attendance at work of its employees is crucial.

1.4 Therefore by providing a safe and healthy workplace the Trust is doing its part in maximising attendance levels. Where non-attendance does occur, as it may with all employees at some time, the following procedures aim to maintain contact with the employee and where possible assist with a full return to work.

1.5 The Trust’s objective is always to have a healthy and productive workforce and this procedure exists to assist managers in dealing sensitively/fairly but firmly with non-attendance issues.

1.6 To achieve this, the Trust will monitor both short-term and long-term non attendance and take action appropriate to each situation. In all cases, individual circumstances will be taken into consideration.

1.7 This procedure is based on identified good practice for managing attendance at work and aims to ensure that employees are treated fairly, compassionately and consistently.

1.8 Where an employee’s attendance levels continually fall short of Trust standards and where there does not appear to be any underlying medical cause, then action outside the scope of this procedure may be taken under the Trust’s Disciplinary Procedure (QSSD 310).

1.9 The Trust will offer security of employment, so far as is reasonably practicable, to all employees during periods of non-attendance. Adjustments to an employee’s role, temporary alternative duties or permanent redeployment will be considered where possible. Dismissal on the grounds of unsatisfactory attendance levels or capability due to ill health will always be a last resort.

1.10 To ensure the welfare of its employees, the Trust will not offer overtime shifts to any employee whilst on any agreed phased return or alternative duties due to illness/injury.
1.11 Failure to comply with any of this procedure could result in the loss of pay. Persistent breaches of the procedure may result in disciplinary action being taken.

1.12 This policy has been developed in line with the ‘Agenda for Change: NHS Terms and Conditions of Service’ handbook.

2. Policy Statement

2.1 The aims of this policy are to improve the level of service provided by reducing absence levels, which disrupt service provision, increase demands on employees at work and result in extra cost to the Trust to maintain services. It is the intention of the Trust that wherever possible sickness absence will be dealt with in a sensitive and supportive manner to the mutual benefit of the employee and the Trust. This Trust is committed to promoting the health, safety and welfare of its employees.

3. Scope of the Policy

3.1 This policy has been developed in order to highlight the importance of the management of sickness absence from the first day of absence and to give guidance on how best employees can be supported during periods of absence and the assistance which can be given to them in achieving an early and safe return to work. This policy applies to all employees of the North East Ambulance Service NHS Trust.

4. Key Principles

4.1 The aims of the policy are:

- To improve the level of service provided by reducing absence levels which disrupt work patterns, increase demands on employees at work and result in extra cost to the Trust to maintain services.

- To ensure that ill health absence is dealt with in a sensitive and positive manner to the mutual benefit of employees and the Trust.

- To improve welfare and morale of employees.

- For those who have health problems, assist them, where appropriate, in an early return to work.

- To demonstrate that the Trust is committed to dealing with employees in a sympathetic and understanding manner.

The Trust is committed to promoting the health, safety and welfare of its employees.

4.2 This policy has been developed to promote arrangements for managing attendance in a manner which is fair and sensitive to employees, as well as minimising the effect of absences on the operational requirements of the service.

4.3 The aim is to manage attendance at work rather than any particular sickness because absence from work affects the quality of the services as well as the work of other colleagues. The Trust recognises the need to manage absences from work.
and all absences from work due to illness and disability, whether certificated or not, will be considered under the scope of this procedure.

4.4 Absences which arise due to family or caring responsibilities should be considered in the context of the provisions of the relevant section of the Employee Friendly Policy (QSSD306). Absences which have been agreed and would normally relate to public, study leave or annual leave are regarded as authorised leave. Absences which constitute misconduct, e.g. unauthorised leave, or absences with no underlying medical reason should be dealt with under the Disciplinary Procedure.

All related documents and forms can be accessed via the Trusts Intranet site or from your line manager.

This policy must be read in conjunction with the Trusts’ guidance notes on Attendance management.

5. Managing Attendance

5.1 Every employee has a duty to report for work when they are fit to do so and a responsibility to follow the Procedure for Inability to Report for Duty (GEN226) when they are unable to do so.

5.2 Should managers have reason to believe that an employee is abusing the sickness absence scheme, they should contact Human Resources to discuss whether action should be taken in accordance with the Trust’s Disciplinary Procedure. Examples might be an employee who was refused a request for annual leave and reports sick, an employee who undertakes other paid employment whilst on sick leave, or an employee whose behaviour away from work is incompatible with the reason for the absence.

6. Roles and Responsibilities

6.1 Role of Employee

- Report absence before the start of shift where possible or within half an hour of the shift having commenced.
- To advise your line manager and/or HR of any self referral made to the OH Department
- Ensuring that their manager or HR have up to date contact details in order to maintain contact during an absence
- Participate in any attendance return to work interviews
- Participate in any meetings held to discuss and review their absence
- Report any second jobs outside the Trust
- Report any injuries at work or near misses
- Attend any Occupational Health appointments when required
- To complete a self-certificate for absences of 1 – 7 days
- To provide a medical certificate for absences of longer than 7 days
- To maintain a healthy lifestyle to support the fulfilment of their role.

6.2 Line Management

- Ensuring that there is full and appropriate communication with their staff and ensuring that staff feel appropriately supported during periods of absence
• Ensuring that their staff (including all new staff) understand the standards of attendance which the Trust expects, and the policies and procedures relating to Attendance.
• Addressing cases where attendance falls short of acceptable standards, and trigger points are reached
• Maintaining adequate records of actions taken in respect of absence.
• Maintain regular contact with employees during absence from work
• Devising and implementing clear action plans within their own area which aim to minimise and improve absence
• Follow up and investigate any reports of injuries at work according to the GEN243 procedures.
• Provide feedback to staff following investigations under GEN243
• Undertaking return to work interviews with each individual on the day they return to work, or as soon as reasonably practicable.
• Undertaking risk assessments in conjunction with Health & Safety and ensure that any recommendations are implemented.
• Complete and promptly return form B176 to Health and Safety where required
• Liaise with HR and Occupational Health at an early stage of long term absences.
• Consider reasonable adjustments to role where recommended by OH and particularly if employee is protected under the Disability Discrimination Act.
• In conjunction with HR seek alternative employment within the Trust, where Occupational Health have recommended this for employees.

6.3 The Human Resources Department

• To provide advice and support to Employees and Line Managers in respect of this Policy
• To monitor absence levels across the Trust.
• To support Line Management to ensure that appropriate action is taken where attendance levels fall below an acceptable level
• To ensure that all correspondence relating to attendance management issues is kept on the personal file
• To ensure consistency of practice across the Trust with regard to this policy
• To liaise with the Occupational Health Department and Health and Safety
• To support the rehabilitation and redeployment of staff in conjunction with managers.

6.4 The Payroll Department

• Will notify an employee via the HR Department when an employee is about to enter half pay or no pay under the provisions of the Occupational Sick Pay scheme. The HR Department will inform the employee and the manager.
• The Pensions Officer (based at Payroll Services at Plymouth) will be available to provide employees with estimated benefits under the NHS Pension Scheme, and where appropriate will action an application for Ill Health Retirement benefits in liaison with the Occupational Health and HR Department.

6.5 The Occupational Health Department

• Pre-employment health screening consisting of full assessment of past and present medical and any relevant employment history.
• Maintain OH records on all employees
• Pro-active health surveillance/monitoring of employees as per Health and Safety legislation
• A service whereby Occupational Health staff are working actively with managers to tackle sickness absence and the health issues of their workforce
• Reports on the health situation and provide a professional Occupational Health opinion on the prospects/likely timescale of a return to work in respect of employees who have been referred to Occupational Health in respect of short term repetitive sickness or long term absence, and make any appropriate recommendations
• Access to confidential counselling services to which staff can self refer
• Health promotion programmes to assess fitness and promote healthy lifestyles with particular reference to smoking, alcohol, diet and weight loss.
• Vaccination programme
• Health screening e.g. vision, hearing
• Self referral service for staff who wish to refer themselves for an OH appointment

6.6 Role of Directors

• Executive Directors are responsible for ensuring that agreed policies, procedures and action plans are implemented within their directorates.

7. Disability

7.1 The Disability Discrimination Act (DDA) makes it unlawful to discriminate against disabled people, or people who have had a disability, in a number of areas including employment. The duty applies to all public authorities, including the National Health Service (NHS).

7.2 In April 2005 the Act was amended and the definition of disability extended to include conditions such as HIV, multiple sclerosis and cancer. There was also a change in the classification for mental illness, which no longer needed to be 'clinically well recognised' to be classed as an impairment.

7.3 From 5 December 2006, public authorities have had a general duty to actively promote disability equality under the terms of the Disability Equality Duty (from the amended Disability Discrimination Act). Details of how the Trust meets the requirements of the Disability Equality Duty are published in the Trust’s Single Equality Scheme (QSSD 1507), including a three year action plan addressing disability equality issues.

7.4 In seeking to manage sickness absence we all share a duty not to discriminate against disabled people and must not treat an employee less favourably on the grounds that they are disabled. For further information please refer to the Trust’s Disability Equality Policy.

7.5 In such instances the Trust must consider whether all “reasonable adjustments” to the employee’s working environment, conditions and place of work have been made. Please seek advice from an HR Manager/OH/Health and Safety. In the event of a more complex disability issue arising, advice should be sought from the Trust’s Equality and Diversity Team. (See S16 of this policy for further information)

8. Ill health Retirement Pension Arrangements
8.1 Where an employee has contributed to the NHS Pension Scheme, they may make an application for premature retirement on the grounds of ill health. The HR Department will arrange for the forms to be completed in conjunction with the employee, Occupational Health and the Pensions Officer from the Payroll section. Employees must be made aware that the decision to grant ill-health retirement pension benefits rests with the Medical Advisors at the NHS Pensions Agency and not the Trust or Occupational Health Department.

Where the Occupational Health physician does not support ill-health retirement, an employee can arrange for their GP or treating consultant to support their application for ill-health retirement benefits.

9 Terminal Illness

9.1 Where terminal illness is diagnosed it is essential that the manager contacts both the HR and Occupational Health Department for advice as early as possible in order to ensure that the employee has the opportunity to discuss options (including pension benefits) and access any support which they may require. The manager will discuss the options with the employee, and the outcome of this discussion will determine any future action.

10. Notification of absence and keeping in touch

10.1 On the first day of absence employees must notify their line manager/Control within half an hour of the start of their shift by telephone, that they are unable to attend work. A reason for this absence must also be provided e.g illness or injury, and if possible the anticipated length of the absence.

10.2 Employees must make the call themselves wherever possible, and not ask someone to make it on their behalf. It is not appropriate/acceptable to leave messages with colleagues. If an absence is likely to last less than 7 days, employees must contact their line manager/Control on a daily basis to let them know whether they will be attending work that day. If an absence is expected to last more than 7 days they should contact their line manager/Control every third day to update them regarding their condition.

10.3 It is the Trust policy to maintain contact with employees during long-term absence, as well as short-term absence. When it becomes clear that an absence has or is likely to become long-term (i.e longer than 28 calendar days), the line manager will agree how frequently they need to keep him/her informed of their progress. Employees will normally be asked to keep in telephone contact on at least a weekly basis. The line manager/HR manager may also arrange to meet with employees periodically. In some cases, this may involve staff coming into the office/workplace. e.g to discuss a referral to Occupational Health.

10.4 Failure to comply with the notification and contact requirements set out in this policy may result in employees not being eligible for Trust sick pay and, in some circumstances, Statutory Sick Pay. In addition, their absence could be treated as unauthorised, which may result in disciplinary action.

11 Certificates

11.1 In addition to notifying the Trust of their absence, employees must submit to their line manager a Self-Certification Form covering any absence of up to 7 calendar days on
the day that they return to work. These can be found on the Intranet. If employees are absent for longer than 7 days, the form SC1, which covers the first 7 days will be sent out to them which must be completed and returned by the employee.

11.2 If an absence lasts for longer than 7 calendar days, employees must also provide a Doctor’s Medical Certificate (med 3) to cover any absence from the 8th day onwards. This must be sent to their line manager as soon as possible. If the absence continues beyond the expiry of the previous doctor’s certificate, another med 3 must be sent to their line manager to cover any further absence, and must arrive by the day after their previous certificate expires.

11.3 The Trust reserves any right to require staff to provide a Doctor’s Medical Certificate to cover an absence lasting less than 8 days. If there is a charge incurred the Trust will bear this cost, subject to provision of invoice/receipt.

11.4 Providing a satisfactorily completed certificate is an important aspect of this policy and if employees fail to provide a certificate they may not be eligible for Occupational Sick Pay, or, in some cases, Statutory Sick Pay. In addition, the Trust may treat the absence as unauthorised, which could result in disciplinary action.

12 Return to work interviews

12.1 Unless agreed otherwise, employees will meet with their line manager on the date of their return to discuss the reason for their absence and any changes that have taken place within their department during their absence. If there are any underlying problems or reasons that are causing an employee to take time off, this would be a good opportunity to discuss them. Self-Certification Forms should be completed at this meeting.

12.2 The Trust recognises that there may be exceptional circumstances where employees would prefer not to discuss the medical reason for their absence with their line manager. If this is the case, they can discuss it with an Occupational Health Representative and give them the self-certificate or medical certificate too. Employees should contact their line manager before they return to work to make these alternative arrangements.

12.3 The return to work interview will normally be informal, and helpful with its purpose being:

- An opportunity for the manager to ensure that the employee is fit to return to their duties
- To update the employee on any relevant work issues which may have arisen during their absence
- To allow the manager to discuss the reasons for the absence, the likelihood of recurrence and if feasible any steps which can be taken to prevent the sickness occurring again.
- An opportunity for the manager to review the employee attendance record
- To provide the employee with the opportunity to discuss in confidence any medical or other problems which they may be encountering.

12.4 On return to work the employee should make contact with their line manager to arrange a return to work interview. This interview should take place as soon as practicable after the return to work, preferably on the same day as the return to work.
12.5 Employees will be entitled to Occupational Sick Pay as detailed in Section 10 of this policy.

12.6 Whilst the Trust will make every effort to be supportive whilst the employee is unable to attend work due to sickness absence there will be a point at which attendance levels have an adverse impact on service provision, and action may have to be taken. Those trigger points are detailed in Section 13 of this policy.

13 Attendance Review Procedure

13.1 The Trust recognises that employees are sometimes too unwell to attend work and that they need time off to recover properly. However, unfortunately, there are limits to the amount of absence that the organisation and colleagues can sustain. Therefore, the Trust monitors the absence levels of all employees and, where appropriate, will take action to bring about an improvement. Where we think it would help, the Trust may also consider with employees whether there are any reasonable steps that we could take to assist employees to improve their attendance levels.

13.2 The Trust uses ‘trigger levels’ to identify those employees with attendance records that give cause for concern. Absences will be dealt with under either the Short Term Procedure (1) or Long Term Absence Review Procedure (2) as explained below. At any time during Procedure 1, the Trust may, at its discretion, choose to move the employee into Procedure 2 or vice versa.

13.3 It is important that employees understand that trigger levels are not an entitlement to sickness absence and they may be called to account for any level of absence.

The ‘trigger levels’ are as follows:

- A Bradford Points Score of 125 or higher in any 52 week period
- Where a combination of odd days, longer periods and/or patterns of absence exist which cause concern e.g. where it is noted that employees are regularly absent due to sickness when they are rostered to work Christmas/New Year, or where employees are regularly absent due to sickness on dates when they have been refused holiday.

13.4 At all points throughout this Procedure it is the employee’s responsibility to arrange for their own trade union or work colleague representation.

13.5 Referral to Occupational Health

13.5.1 An occupational health assessment may be requested at any time by a manager where it is felt this would assist in clarifying the position, in relation to an individual’s ability to undertake the duties of their job description, and must be undertaken before considering the continued employment of an individual. The purpose of the consultation is to determine if there are any underlying factors which prevent regular attendance at work. The manager can insist that the employee attend any such examination arranged, but if the employee fails to attend they should be informed that in the absence of a medical report, action will be taken using the information available.

13.5.2 If the employee disagrees with the occupational health report, they will be advised to meet again with the occupational health physician to discuss this with them with a view to resolving the differences. This may involve a discussion as to whether the
Occupational Health Physician will write to the treating consultant and/or GP, if they have not already done so.

13.5.3 If Occupational Health request a report from the GP and/or consultant it will be the employee’s responsibility to liaise with their medical practitioner to ensure the report is provided within a reasonable timescale.

13.5.4 If the employee is seeking treatment from an alternative/complementary therapist e.g. chiropractor, physiotherapist they should advise their line manager of this, and if appropriate Occupational Health, so that OH have a full understanding of the treatment they are undertaking.

13.5.5 The line manager should make any decision based on all the facts available to them.

13.6 Short Term Absence

Stage 1

Should the attendance record reach one of the above trigger levels, the line manager will hold a meeting with the employee to discuss their absence record and the reasons for it. The line manager will:

- Invite the employee to attend a Stage 1 Absence Meeting to discuss their absence record and the reasons for it.
- Provide the employee with 7 calendar days notice that the meeting will be taking place.
- Advise the employee of their right to representation at the meeting, either by a trade union representative or work colleague.
- Invite HR to attend if required.

Confidentiality should be adhered to at all times.

This meeting could result in a referral to Occupational Health for further guidance, and/or it could result in the employee being placed on to Stage 1 of the Short Term Absence Procedure for a period of no more than 6 months.

The meeting should

- Consider the records of the return to work interviews
- Seek to establish if there are any underlying problems which may not be health related, which contribute to the non-attendance.
- Identify any support or adjustments which could be offered
- Explain the impact of the absences on work of the service
- Document the discussions including whether the manager has exercised their discretion not to take formal action at this stage, or has taken action in the form of an Action Plan, and set a review period
- Discuss the need for a referral to the Occupational Health Department.

In summary the employee should be advised of the improvement in attendance required, and advised of the length of the review period and the likely consequences if attendance does not improve.
At the end of the review period, the line manager will arrange another meeting with the employee to discuss attendance levels and confirm whether the employee has successfully completed the Action Plan.

If the employee has a further absence within 4 weeks of the end of their review period, the manager has the discretion to either return to Stage 1 of this procedure or convene a Stage 2 Absence meeting.

**Stage 2**

If, during the currency of the Action Plan there is no significant improvement in attendance and the employee

- Has more absence which results in their Bradford Points Score exceeding 250, or
- has an otherwise unacceptable pattern of absence

*The manager should invite the employee to attend a Stage 2 Absence Meeting to discuss their absence record and the reasons for it.*
- Provide the employee with 7 calendar days notice that the meeting will be taking place.
- Advise the employee of their right to representation at the meeting, either by a trade union representative or work colleague.
- Invite HR to attend.

*Confidentiality should be adhered to at all times.*

*This meeting could result in a referral to Occupational Health for further guidance, and/or it could result in the employee being placed on to Stage 2 of the Short Term Absence Procedure for a period of 6 months.*

The meeting should
- Consider the records of the return to work interviews
- Seek to establish if there are any underlying problems which may not be health related, which contribute to the non-attendance.
- Identify any support or adjustments which could be offered
- Explain the impact of the absences on work of the service
- Document the discussions in the form of an Action Plan, and set a review period
- Discuss the need for a referral to the Occupational Health Department.

In summary the employee should be advised of the improvement in attendance required, and advised of the length of the review period. *They should also be advised that should they have a further absence whilst on Stage 2 of the Short Term Absence Procedure that they could be invited to attend a Stage 3 Absence Meeting which could result in them being placed on to Stage 3 of the Short Term Absence Procedure.*

At the end of *6 months period, if no further absences have occurred*, the line manager will arrange another meeting with the employee to discuss attendance levels and confirm whether the employee has successfully completed the Action Plan.

If the employee has a further absence within 4 weeks of the end of their review period, the manager has the discretion to either return to Stage 2 *of the procedure or convene a Stage 3 Absence Meeting.*

**Stage 3**
If, during the currency of the Stage 2 Action Plan there is no significant improvement in attendance and the employee:

- **Has more absence which results in their Bradford Points Score exceeding 375, or**
- **has an otherwise unacceptable pattern of absence**

The manager should

- **Invite the employee to attend a Stage 3 Absence Meeting to discuss their absence record and the reasons for it.**
- **Provide the employee with 7 calendar days notice that the meeting will be taking place.**
- **Advise the employee of their right to representation at the meeting, either by a trade union representative or work colleague Invite HR to attend.**

**Confidentiality should be adhered to at all times.**

The meeting should

- **Consider the records of the return to work interviews**
- **Seek to establish if there are any underlying problems which may not be health related, which contribute to the non-attendance.**
- **Identify any support or adjustments which could be offered**
- **Explain the impact of the absences on work of the service**
- **Document the discussions in the form of an Action Plan, and set a review period**
- **Discuss the need for a referral to the Occupational Health Department.**

In summary the employee should be advised of the improvement in attendance required, and advised of the length of the review period.

**The Stage 3 Absence meeting could result in:**

- **Stage 2 review period being extended for a specified period of time or**
- **The employee being placed on to Stage 3 of the Short Term Absence Procedure for a period of 6 months.**

**The employee must be made aware that their attendance will continue to be monitored during the extension period or during the Stage 3, 6 month action plan.** The employee should be informed that if it is necessary to move to Stage 4 of this procedure this may result in a decision to dismiss on the grounds of capability due to ill health.

**The employee should be advised that should they have a further absence whilst on Stage 3 of the Short Term Absence Procedure that they could be invited to attend a Stage 4 Absence Meeting which could result in their contract of employment being terminated on the grounds of capability for failing to fulfil their contractual obligations to attend work.**

At the end of 6 months period, if no further absences have occurred, the line manager will arrange another meeting with the employee to discuss attendance levels and confirm whether the employee has successfully completed the Action Plan.

If the employee has a further absence within 4 weeks of the end of their review period, the manager has the discretion to either return to Stage 3 of the procedure or convene a Stage 4 Absence Meeting.
Prior to moving an employee to Stage 4 of the Short Term Absence Procedure the employee must be referred to Occupational Health to determine if there are any underlying medical conditions.

Stage 4

If having followed this procedure the employee’s attendance record fails to demonstrate a significant and sustained improvement in their attendance then the employee should be called to a Stage 4 meeting where termination of their contract of employment will be considered.

This meeting should be conducted by a Senior Manager, with the authority to dismiss, and an HR representative must be present. The employee should be given 14 calendar days notice of this meeting in writing.

At the Stage 4 meeting the employee should be allowed to explain their absence record and make representations. If no new mitigating circumstances are presented and the manager has fully considered the employee’s length of service, performance, the effect of their absences on the service, and possible redeployment, the employee’s contract may be terminated.

If it is felt that there are new mitigating circumstances (and if there is a good reason why these have not been raised by the employee at an earlier stage, then consideration may be given to a further period of support and monitoring. However if there is no improvement during that period the employee will again be invited to a further stage 4 meeting where the Trust may have no option but to consider termination of employment due to the poor attendance record.

13.7 Termination of employment due to poor attendance

13.7.1 A decision to dismiss an employee on the grounds of ill health will not be made until all other courses of action have been exhausted and the manager has fully considered:

- The employee’s attendance record
- The prospect of an improvement in attendance
- Occupational Health or other medical reports and advice
- The effect of the employee’s continuing absence on the service
- Any opportunities for redeployment which might exist

The decision to terminate may only be taken by an officer with the authority to dismiss (See Appendix 1) at a formal meeting where the situation is examined thoroughly and all options fully considered. A Human Resources representative must be present and the employee has the right to be represented.

Employees who are dismissed in accordance with these guidelines will have the right to appeal at against this decision in writing to the Human Resources Department within 14 calendar days of receipt of their letter of dismissal.

14. Appeal against Warnings or Dismissal with regard to attendance

14.1 Employees have the right to appeal against any warning given under the formal procedure, or against dismissal with regard to their attendance. Any employee wishing to appeal should notify the Human Resources Team in writing, clearly stating the grounds of
appeal, within 14 calendar days of the date of the letter confirming the dismissal or warning. Wherever possible, a more senior manager than that which considered the original formal meeting will consider an appeal, other than against dismissal.

14.2 This manager must not have been involved in any earlier part of the formal process. The Human Resources Team will make the necessary arrangements to convene an appeal hearing. The Chair considering the appeal may confirm, amend or reject the sanction.

14.3 Appeals against dismissal will be considered by the appropriate Executive Director assisted by two other members of the Trust Board, at least one of whom must be a Non-Executive Director.

14.4 A member of the Human Resources Team will attend all appeal hearings in order to provide advice on procedural matters. The procedure for appeal hearings can be found in Appendix **

15. Long Term Absence

15.1 This procedure is aimed at employees who have an underlying medical condition which is preventing them from working normally, perhaps causing them to have frequent short-term absences or, alternatively, a long-term period of absence. A long term absence is defined as 28 calendar days or more.

Under the Long Term Absence Procedure, the aim is to:

- keep the absence(s) under review;
- maintain regular contact with the employee, as and when appropriate, which may include periodic case meetings, both to keep the Trust informed of the employee’s progress and to keep the employee informed of what has been happening at work in their absence.
- seek medical reports, which may also involve the employee attending one or more medical examinations with Occupational Health;
- where appropriate, identify and consider with the employee possible rehabilitation measures which might help them to improve their absence record or productivity or to return to work earlier than might otherwise be possible; and/or
- keep any rehabilitation measures that we have implemented under review on an ongoing basis.
- Consider any redeployment opportunities if relevant

15.2 Employees must be treated with sympathy and understanding with regard to individual circumstances. Employees may be on long term absence for a variety of reasons e.g. an accident, an operation, a terminal illness or a long term disability. Whether or not an employee’s employment is affected by the absence will depend on the nature of the health problem and the effect on the service of continued absence.

15.3 Managers must involve the Human Resources and Occupational Health Department at the earliest possible opportunity so that appropriate advice and support can be made available to the employee.

15.4 The manager should contact the employee to arrange a meeting to discuss the position and ascertain when (and if) a return to work can be expected. They should give 7 calendar days notice of the meeting. The manager should seek advice from the Human
Resources Department. The employee has the right to be represented at such meetings by his/her Trade Union representative or a friend / colleague. An HR representative may also be present. The arrangements need to be confirmed in writing. In the event that an employee is too ill to attend this meeting, the manager could write to obtain the information or consider visiting the home of the employee. Only if an employee has failed to respond to all reasonable attempts to contact them should home visits be considered without prior arrangement.

During the meeting, the following should be established:-

- The broad nature of the medical condition, whilst respecting confidentiality at all times
- The support or assistance which can be offered
- Whether or not it is work related
- That the individual may be referred to Occupational Health
- The outcome of the meeting should be recorded in writing to the employee and his/her representative, with a copy being sent to the Human Resources representative.

15.5 In reviewing an employee’s long term sickness absence, a number of general principles must be adopted:

- To ensure that every attempt is made to investigate the nature of the illness via the Occupational Health Department and that no decision is made concerning an individual’s employment without up to date medical advice.
- In cases of long term recoverable sickness the employee should be allowed a reasonable period of time in which to achieve recovery.
- Consideration as to whether the employee’s condition is likely to fall within the Disability Discrimination Act

15.6 During the meeting, if required, the Occupational Health referral procedure should be explained and the referral form completed and signed.

15.7 Factors which might influence a manager’s handling of an employee’s absence include:-

- The nature of the job
- The nature, length and effect of the illness
- The availability of alternative employment or consideration of reasonable adjustments including a phased return to work or the possibility of certain duties being redesigned
- Service requirements of the Trust

15.8 In cases of long term irrecoverable sickness it is likely that the employee’s incapability to undertake his/her contractual duties will be apparent early on. In this situation, where it would not be in the best interests of the employee to engage in lengthy procedural action, every effort should be made to conclude matters in as effective and efficient a manner as possible.

15.9 During the course of the absence, managers must maintain regular contact with the employee which can be by letter, telephone or personally. The frequency should be agreed between the manager and employee, but should normally be at least once every 2 weeks. It is important that the employee is given the opportunity to receive regular newsletters, departmental updates etc and that the employee keeps his/her manager advised as to progress on a regular basis.
15.10 The line manager must record details of any conversations/actions agreed with the employee on the Non-Attendance Communication log or on PROMIS (where available).

15.11 Once the manager receives a report from Occupational Health Department, a further meeting should be arranged to discuss the content and make appropriate plans for the management of the absence. Employees have a right to representation at any formal meeting held under this procedure and all arrangements should be confirmed in writing.

16. Rehabilitation and Redeployment

16.1 The Trust’s primary aim is, wherever possible, to secure a return to work for any employee following a period of long term sickness, or retain an employee who is diagnosed with a medical condition which may affect their ability to continue in their current role.

16.2 The Occupational Health Department may recommend one of the following management actions to facilitate a return to work:

• The employee is able to return to their current post, but will require a period of rehabilitation (i.e. reduced hours, restricted duties)
• The employee is able to return to their current post if the manager is able to accommodate the recommended modifications – this could include temporary or permanent modifications
• The employee is not able to return to their current post, but will be capable of other work and therefore redeployment to another suitable post must be considered if one is available

This section describes the steps a manager has to take when considering any of these options.

16.3 The recommendations from the occupational health department are advisory only, and it is always at the manager’s discretion as to whether they can be implemented, taking into account legislative obligations (following advice from the HR, OH and Health and Safety Departments). All decisions made must be justifiable, but managers need to take into the account the benefits to the employee when considering a rehabilitation programme.

16.4 Risk Assessment

16.4.1 It is a requirement of both the Management of Health & Safety 1999 and the Manual Handling Operations Regulations 1992, and other relevant legislation to undertake risk assessments. This is particularly applicable to an individual who has been absent with a musculo skeletal condition. It is also very important where the absence is stress related.

16.4.2 The manager should carry out a risk assessment at departmental level, and refer to the Occupational Health for expert advice (they should be provided with a copy of the risk assessment and the job description). This should normally be undertaken before the employee returns to work so that any support/modifications identified can be put in place.

16.4.5 On the basis of this assessment and the medical report, recommendations regarding modification of duties or redeployment may be made by the Occupational Health Department. It should be noted that the accommodation of the recommendations made by either the Risk Assessment or Occupational Health Department are at the manager’s discretion, bearing in mind the overall service requirements.
16.5 **The Employee is to be rehabilitated into their current post.**

16.5.1 Where recovery looks favourable and an early return looks probable the manager should keep the position under regular review.

16.5.2 Managers should obtain a report from occupational health and wherever possible, accommodate the recommendations of the occupational health department, during a period of rehabilitation.

16.5.3 Occupational Health may advise that an employee returning from long-term sickness absence should return to work on a phased return programme which may involve reduced hours. In these circumstances, the employee should receive their normal full pay for up to a maximum of four weeks following the return to work, based on contracted hours, and thereafter will be paid for the number of hours actually worked. Alternatively, annual leave may be used to reduce the working week for a further period as agreed with the manager.

16.5.4 If a return looks likely then an employee could be offered a host of measures to help “ease” them back to work. For example:

- A midweek return – so that two or three days back at work is followed by a weekend
- Considering short term redeployment – a move to a less physical job for an interim period of time
- Modifying workload – so that being thrown in at the deep end is positively avoided.

16.5.5 Any rehabilitation programme should be discussed and agreed between the employee and their manager. Rehabilitation periods are normally short term periods (normally up to a maximum of 4 weeks), but depending on individual circumstances can be longer, and should be both reasonable and beneficial.

16.5.6 During rehabilitation periods, working overtime is not permitted. Where employees are on a phased return to work programme, they should not undertake other employment outside the Trust, during their rehabilitation period.

16.6 **Adjustments are recommended for return to their current post**

16.6.1 Where the Occupational Health Report advises that an employee is fit to return to their current post if the manager is able to accommodate modifications to the post, the manager should initially consider if these are practical/possible. Where necessary a Workplace Risk Assessment should be considered. At all times managers need to consider the requirements of the Disability Discrimination Act (see Trust’s Disability Equality Policy).

16.6.2 The manager should meet with the employee to discuss the occupational health report (an HR Representative should be present at this meeting), and explore what adjustments would be practical. If modifications are possible, then these should be in place before the employee returns to work/or needs to use that particular piece of equipment. Following long term absence, a period of updating under a mentor may be required, at the discretion of the manager.

16.6.3 If the outcome is that it is not reasonable to accommodate the recommended adjustments, the manager should explore with the employee whether they wish to be considered for alternative employment.
16.7 The Employee is able to return to an alternative post

16.7.1 Where the Occupational Health Report advises that an employee is unfit to return to their current post, even with reasonable adjustments, but may be able to undertake alternative duties, the manager should meet with the employee to discuss this (an HR Representative must be present at this meeting).

16.7.2 At the meeting the manager will:

- discuss the outcome of the report with the individual and canvass his/her opinion on the advice received.
- advise of any vacant suitable alternative positions (as identified by HR).
- agree a time period of 12 weeks for suitable vacancies to arise.

16.7.3 If a suitable post is identified the prospective manager will provide a copy of the health and safety risk assessments relevant to the post. These, with a copy of the job description will be forwarded to the occupational health department. The employee will be reviewed by the occupational health department and advice provided to the HR department on the suitability of the post for the employee seeking redeployment.

16.7.4 Where loss of earnings is a barrier to transferring to an alternative post, the employee may receive pay protection depending on their contractual entitlement.

16.7.5 Advice on whether the Disability Discrimination Act may apply and on suitability of an individual employee for redeployment should be obtained from the Occupational Health Physician.

16.7.6 If at the end of the agreed time period, the employee has not been successfully redeployed, consideration for ill-health retirement or termination on the grounds of incapacity will be given, following appropriate advice from the occupational health department. It should be noted that decisions on ill health retirement are made by the NHS Pensions Agency and not by the Trust.

Prior Consideration Guidelines

1. Prior Consideration is a process whereby suitable alternative vacancies within the Trust are identified and details of these vacancies are brought to the attention of the employee. The employee has the option as to whether or not they apply for these vacancies.

2. Appointment to suitable vacancies will be at the discretion of the appointing officer. The employee must be able to meet the essential requirements of the Person Specification for the vacancy.

3. Prior Consideration is normally only applicable at the level of the employee's existing post. In circumstances where an employee applies for a post at a lower or higher grade it may be reasonable to consider their application under Prior Consideration (a HR Services Manager will advise).

4. Employees who are entitled to be considered on a Prior Consideration basis should meet with the manager for the new area, without the requirement for a formal interview/selection process. If it is decided that the applicant meets the minimum criteria for the vacancy, they will be appointed. In some circumstances it may be appropriate to offer the employee a work trial in the new role.
Where managers do not consider that a prior consideration candidate has fulfilled the person specification, they will be required to outline in writing, in detail, their reasons to a HR Services Manager.

The member of staff must be seen by the Occupational Health Physician to determine fitness for the alternative post either before or after the informal interview.

If no suitable alternative employment has been identified after a period of 2-3 months, a decision will be made on continued employment with the Trust.

17. **Sick Pay Entitlement and other considerations**

17.1 Sick pay entitlement is set out in the contract of employment and below.

17.2 Employees who are absent from work owing to incapacity due to sickness, accident or disablement not arising from or attributable to the employee’s own misconduct shall be entitled, subject to the conditions referred to in Section 14 of the Agenda for Change Terms & Conditions of Service Handbook, to receive payment under the Occupational Sick Pay Scheme within any period of 12 rolling calendar months in accordance with the following:

<table>
<thead>
<tr>
<th>Length of Continuous NHS Service recognised by North East Ambulance Service</th>
<th>Full Pay</th>
<th>Half Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 12 months</td>
<td>1 month</td>
<td>2 months</td>
</tr>
<tr>
<td>Over 1 year and up to 2 years</td>
<td>2 months</td>
<td>2 months</td>
</tr>
<tr>
<td>Over 2 years and up to 3 years</td>
<td>4 months</td>
<td>4 months</td>
</tr>
<tr>
<td>Over 3 years and up to 5 years</td>
<td>5 months</td>
<td>5 months</td>
</tr>
<tr>
<td>Over 5 years</td>
<td>6 months</td>
<td>6 months</td>
</tr>
</tbody>
</table>

17.3 The rate of allowance and the period for which it will be paid will be set by the length of the employee’s service on the first day of absence and the aggregate of periods of absence due to illness during the 12 months immediately preceding the first day of absence.

17.4 The Trust has discretion to extend the period of full sick pay or half pay beyond the scale in exceptional circumstances. This discretion can only be exercised with the agreement of the appropriate Executive Director.

17.5 Payment of occupational sick pay is dependant on the employee providing the appropriate sick certificate and following the department’s absence reporting procedure. Failure to do so will result in the sickness absence being unauthorised and therefore unpaid. (See Sections 4 and 10 regarding unauthorised absence).

17.6 When an employee is pregnant and becomes unwell, the absence should be dealt with in the same way as normal sickness absence, although account should be taken of the pregnancy in determining the reasons for the absence.

17.7 If the individual is still off sick 4 weeks prior to her expected date of confinement, her maternity leave will automatically commence at 4 weeks prior to the Expected Date of Confinement. Entitlement to Occupational Sick Pay is suspended during paid maternity leave.
17.8 Employees will not be entitled to an additional day off if sick on a statutory holiday.

17.9 Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession.

17.10 Where an employee who is absent as a result of an accident has received damages from a third party (e.g. from an insurance company) they will be required to repay the amount of sick pay received under this scheme. Once repayment is received the absence shall not be taken into account for the purposes of sick pay entitlement, but will still be recorded as an absence on the employee’s attendance record and will still be reckonable for the purposes of calculating trigger points.

18. Failure to Comply with procedures

18.1 An employee who fails to comply with the Trust’s notification or certification procedures or who otherwise abuses the Trusts rules on sickness absence e.g. falsely claiming sick pay will be dealt with under the disciplinary procedure.

18.2 Employees are contractually obliged to undergo medical examinations at any time required. If the employee does not co-operate in assisting the employer to establish his/her true medical position, she/he should be advised that a decision on the continuation of employment may have to be made on the basis of the information otherwise available. She/he should also be warned that a refusal to attend Occupational Health for assessment may be regarded as a failure to carry out a reasonable instruction which may result in disciplinary action.

18.3 Where there is concern over the level of persistent short term absenteeism, employees may be asked to provide a self certificate confirming incapacity on the first day of absences. It will only rarely be appropriate to apply this provision and guidance should be sought from Human Resources before doing so.

19. Equality and Diversity Statement

The Trust is committed to providing equality of opportunity, not only in its employment practices but also in the services for which it is responsible. As such, this document has been screened, and if necessary an Equality Impact Assessment has been carried out on this document, to identify any potential discriminatory impact. If relevant, recommendations from the assessment have been incorporated into the document and have been considered by the approving committee. The Trust also values and respects the diversity of its employees and the communities it serves. In applying this policy, the Trust will have due regard for the need to:

- Eliminate unlawful discrimination
- Promote equality of opportunity
- Provide for good relations between people of diverse groups

20. Related Documents

Disability Equality Policy (QSSD )  
Employee Friendly Policy (QSSD )  
Disciplinary Policy(QSSD )  
Retirement Policy (QSSD )
21. Consultation, Approval and Ratification Process

Consultation Process
This policy has been discussed with the Equality and Diversity Group which includes representatives from staff side and all directorates.

Policy Approval Process
This policy has been submitted to the Policy Review Group for approval.

Ratification Process
This policy has been approved by the Policy Review group and submitted to the JCC for ratification.

22. Dissemination and Implementation

Dissemination
Once ratified this policy will be added to the Document Quality Control System and added to the Intranet site to which all staff have access. Earlier versions of the document will be archived in the quality system.
The policy will also be added to the Net Consent system once it is implemented. This system will require staff to read the policy before allowing access to IT systems, and will record the date and time staff members have read the document.

Implementation of Procedural Documents
Information about this policy will be added to Statutory and Mandatory Training which is delivered to all staff on an annual basis.

23. Monitoring Compliance With This Policy

This policy will be reviewed twelve monthly or earlier if required by:

The Trust Board
The Assurance Committee

The effectiveness of the policy will be monitored on regular basis via the trusts Executive Team. Key performance indicators will be monitored by analysing data received from the HR team against agreed trust/national targets.
Appendix 1

Authority to Act

In normal circumstances, authority to act will be as follows:

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Stage 1 Action</th>
<th>Stage 2 Action</th>
<th>Stage 3 Action</th>
<th>Dismissal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief Executive</td>
<td>Supervisor / Line Manager</td>
<td>Line Manager / Senior Manager</td>
<td>Line Manager / Senior Manager</td>
<td>Senior Manager</td>
</tr>
<tr>
<td>Strategy &amp; Clinical Standards</td>
<td>Supervisor / Line Manager</td>
<td>Line Manager / Senior Manager</td>
<td>Line Manager / Senior Manager</td>
<td>Senior Manager</td>
</tr>
<tr>
<td>HR &amp; OD</td>
<td>Supervisor / Line Manager</td>
<td>Line Manager / Senior Manager</td>
<td>Line Manager / Senior Manager</td>
<td>Senior Manager</td>
</tr>
<tr>
<td>Ambulance Operations</td>
<td>Supervisor / Line Manager</td>
<td>Line Manager / Senior Manager</td>
<td>Line Manager / Senior Manager</td>
<td>Senior Manager</td>
</tr>
<tr>
<td>Managers</td>
<td>Senior Manager</td>
<td>Senior Manager</td>
<td>Senior Manager</td>
<td>Senior Manager</td>
</tr>
<tr>
<td>Senior Mgrs.</td>
<td>Exec Dir.</td>
<td>Exec Dir.</td>
<td>Exec Dir.</td>
<td>Exec Dir.</td>
</tr>
</tbody>
</table>

Before a final written warning is issued the person with authority to dismiss the employee must be consulted.