

NIPEC/14/01
(updated from NIPEC/10/11)



**NORTHERN IRELAND PRACTICE AND EDUCATION
COUNCIL FOR NURSING AND MIDWIFERY**

Regional Policy Framework of Best Practice for Managing Attendance

January 2014

Centre House
79 Chichester Street
BELFAST
BT1 4JE

Tel: (028) 9023 8152

www.nipec.hscni.net

1. Introduction and Context

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

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

The partners to this framework also recognise that HSC organisations have a primary responsibility to provide high quality services to their population and that absence places additional pressure on employees who are not affected by illness. The National Audit Office Report (2003) indicates that “Staff absence has a direct impact on the ability of NHS Trusts to treat patients and can increase costs through the use of bank and agency staff”

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

2. Contractual Obligations and Expectations

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

Employers will endeavour to maintain employees in their current role but this may not always be possible if, due to incapacity, they are unable to continue to carry out the duties and responsibilities of that role to a satisfactory and acceptable standard. Therefore employers should at the earliest possible stage consider redeployment to other roles, either on a temporary or permanent basis, to reduce the length of the employee's absence or indeed to maintain the employee at work while clearly communicating their intentions and reasons for doing so to employees.

Employees must commit to the various component parts of the attendance management programme and adhere to the various protocols and procedures in place to ensure that they and the employer are fully conversant with the facts of their case and the options which are available to them.

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

3. Best Practice principles:

- Employers and Trade Unions will actively promote a culture that encourages attendance at work.
- Early intervention by line managers together with good communication are key tools in reducing staff absence.
- Targeted interventions, such as access to timely physiotherapy services and counselling, to improve employee health and well-being will be an essential component of the employer's approach to attendance management. Clear methods for monitoring, measuring and understanding sickness absence are essential.
- Employees can expect that their sickness absence will be managed in accordance with a shared goal of an early return to work, given that this is in the employee's and the service's best interests.
- Employers will seek to identify and address the underlying causes of sickness absence where interventions in the workplace would improve employee health and well-being.
- Staff who are unwell must be treated with dignity and respect at all stages in the attendance management process.
- Adherence to employer obligations under the terms of the Disability Discrimination Act will be an integral part of the attendance management local policy arrangements, including the duty to make reasonable adjustments.
- Rehabilitation and focus on return to work will be a primary consideration as being out of work can progressively damages health and decreases life expectancy.

4. Supporting roles

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

- Senior Management in the form of leadership, support, communication of organisational expectations and control.
- Human Resources in terms of strategic influence, development of policy and practice, robust information systems, development of corporate initiatives, consistent advice and appropriate learning and development opportunities.
- Occupational Health Professionals centering on role definition, work emphasis, multi-disciplinary case management and corporate business approach.
- Line Managers through increased emphasis on role, service priority, confidence ability and skills training.
- Trade Unions through locally supportive role and ensuring procedures are complied with by members.

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

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

The regional HSC Joint Negotiation Forum will ensure that local protocols and procedures are consistent with this framework before local implementation.

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

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

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

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

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

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

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

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

While such triggers are stipulated it is important that employers use their discretion as to the appropriateness of their application in certain circumstances and on individual cases.

5. Consistency of approach in the development of local protocols and procedures

Whilst local employers in partnership with their local Trade Union side will need to develop detailed local protocols and procedures for managing attendance, certain procedural

points not expressly stated in the relevant terms and conditions handbook, need to be adopted and applied consistently across all employers.

These are:

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

6. Operational requirements

Local protocols and procedures should include the following:

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

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

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

7. Monitoring and Review

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

8. Equality and Human Rights Compliance

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

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

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