

RCH Group Attendance & Absence Management Procedures

2018 -21

Personnel Committee Approval:	Person Responsible: Maureen Gimby	Reviewed: September 2018 Next Review: September 2021
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1. Introduction

- 1.1 River Clyde Homes (RCH) will aim to secure better attendance by way of providing guidance, support and encouragement to the employee concerned in the first instance. Application of these procedures will ensure that a consistent and fair approach to managing attendance is adopted throughout RCH and are also designed to provide reasonable support to those absent with the aim of assisting their return to work at the earliest opportunity. Managers will be responsible for ensuring that return to work interviews are carried out timeously after each and every absence and that accurate attendance and absence records are maintained. Employees are also required to co-operate with the manager and RCH's occupational health advisers to investigate and address any identified underlying causes of absence. The definition of "manager" for the purpose of these procedures refers to anyone who has supervisory and/or line management responsibilities, ie supervisors/co-ordinators/senior officers/team leaders and managers.
- 1.2 Managing attendance and absence management are two different processes. A definition of both processes is outlined below to assist managers and staff to ensure that the differences in both processes are understood. .
- 1.2.1 **Managing attendance** is concerned with the number of spells of absence or number of days absent, which has become unacceptable. It therefore requires clear standards to be put in place for all employees to understand. The process is not concerned with the causes for absence and it should never question whether the reasons for absences are genuine or not. It does not therefore distinguish between absences certified by a doctor and those that are not. The process is simply concerned with the level of attendance being unacceptable and it must set clear expectations for required improvement and also possible consequences of failure to do so. See Section 4 below.
- 1.2.2 **Managing absence** is concerned with the reasons for absence. It occurs most often when dealing with long-term absence but sometimes it may be a number of shorter spells of absence that relate to an underlying medical condition. It may be that an injury, serious illness or a disability could have a substantial adverse impact on the employee's ability to carry out day-to-day activities. If it is a long-term impact (ie has lasted or is likely to last for at least 12 months or longer) then the employee could be covered by the Equality Act 2010. This would require RCH, as the employer, to put reasonable adjustments in place to help the employee return to work. It also requires careful management of the process, involving the employee at every stage - see Section 5 below.

2 Sickness Absence Reporting Process

- 2.1 On the first day of absence, the employee must contact RCH by 9.00 am for office based staff and 8.00 am for out of office staff. The employee should telephone the office him/herself unless he/she is physically incapable of doing so due to hospitalisation or other reason. Notification of absence in the first instance must be made to the employee's own manager. If the employee is unable to speak to his/her own manager, he/she must speak to another manager to report absence. The manager receiving the call will ensure that the employee's absence is recorded and passed onto the appropriate manager, if required. **It is not acceptable to leave a message with a colleague, leave a voicemail message or send a text.**
- 2.2 The manager receiving the call should clearly establish the nature of the illness and its likely duration, and then advise the employee's manager- in the first instance using the pro forma attached as Appendix 1 of these procedures if required. In addition, the manager receiving the initial call will contact our Occupational Health provider, Inverclyde Physiotherapy to

advise of the absence. A nurse practitioner from Inverclyde Physiotherapy will call the employee back, and provide any necessary medical advice or support on the absence and agree a call back date should the absence last longer than one day. The nurse will advise the manager of the absence, any advice given and likely duration of the absence through a password protected report.

- 2.3 The employee is required to maintain regular contact with his/her manager by calling once every 5 working days or more frequently if required. (The manager in conjunction with the nurse practitioner will determine how often contact should be established). Where the employee fails to keep in touch, RCH reserves the right to initiate and maintain contact with absent employees.
- 2.4 To enable a return to work as soon as possible, employees are expected to agree to attend meetings and/or occupational health appointments or any other reasonable management requests. This may include a home visit or attendance at a meeting in the workplace or other agreed venue. All medical advice will be looked at; there may be times when medical advice provided by RCH's occupational health provider will take precedence over any other medical advice including advice that has been provided by employee's GP.
- 2.5 Absence that has not been notified according to the sickness absence reporting process will be treated as unauthorised absence and dealt with under RCH's Disciplinary & Dismissal Procedures. Managers will contact the employee if the sickness absence reporting process has not been followed to establish the employee's situation. Failure to comply with absence reporting may result in the withdrawal of occupational sick pay and disciplinary action instigated which could lead to dismissal.

2.6 Certification of Absences

Absences of ½ to 7 days (inclusive): A Self-Certification is required in respect of any period of absence in excess of ½ day. Absences of up to seven days, including weekends, can be covered by a **Self-Certificate**. However, in exceptional cases, managers may require medical certification for absences of less than 7 days and the employee may be required to produce medical certification from the first day of any subsequent period of absence where employees have persistent short term absences.

Absences of 8 days or longer: absences of 8 days or more require a "**Statement of Fitness for Work**", commonly referred to as the "**Fit Note**". This is 8 consecutive days and not contracted days (so weekends and any rest days must be counted as well). Employees are required to submit any "Fit Note" in a timely manner (before or as soon as 7 days is up or the previous "Fit Note" expires). Late submission of "Fit Notes" may result in sick pay being withheld until the "Fit Note" is produced. If the doctor ticks "may be fit for work" box, the employee will discuss with his/her line manager or other manager any adjustments suggested. As the employer, RCH is not bound by the doctor's advice but the manager will endeavour to assist the employee's prompt return to work. If however, there is no agreement about the adjustments reached with the employee, the employee will remain off sick. If a phased return to work is agreed, then the days the employee remains off sick within the agreed period will count as one period of absence. Further guidance is available from the HR Team.

3 Return to Work Process

- 3.1 All employees are required to complete the Employee Self Certification Form prior to a post absence Return to Work Interview (RTWI) being carried out with his/her manager or other manager even if the absence has been medically certificated. This form is attached as Appendix 2 to these Procedures.
- 3.2 On return to work following a period of absence, the appropriate manager will carry out the

post absence interview with the employee to discuss the reasons for the absence. These meetings are not intended to be in any way confrontational and should be conducted in such a manner that avoids cause for concern on the part of the employee. Every RTWI should be a thorough discussion, and managers should endeavour to find out all relevant information. The first point of the interview must be to establish whether the employee is fit to be at work. This question should be asked even if the employee has been signed off by their doctor as fit to return. Once this is established, the manager should proceed to discuss the latest absence and thereafter any patterns of absence, which may include whether periods of absence are erratic or regular, whether there is any pattern, e.g. before/after the weekend or a holiday, absence taking place in the same time as particular events in the business, etc.

- 3.3 Reasons for absence should also be discussed in order to identify whether they relate to different conditions or a common one, and whether the employee's personal circumstances could be a contributing factor. If the employee is reaching or may soon reach an unacceptable level of attendance, this should also be highlighted to them. The manager will discuss the current absence and identify targets for improvement and any possible consequences of not meeting the improvement plan, or referral to RCH's Occupational Health Adviser for further support. (See Sections 4 & 6 below)

4 Managing Attendance

- 4.1 In all cases, managers are required to deal with problems arising from recurring absence patterns in a fair, consistent and reasonable manner and adopt a supportive and open approach to resolution of difficulties. It is preferred that the majority of matters of attendance and/or absence concerns are dealt with initially by using "informal action" where the manager should have a one-to-one discussion with the employee with a view to helping sponsor a required improvement in attendance and/or absence. Constructive criticism and ensuring that the employee is fully aware of what needs to be done and the timescales required to meet expectations will be the focus of the informal action meeting and also informing the employee of any subsequent sanctions that may be taken where the desired improvement is not achieved and maintained.
- 4.2 Managers should keep a brief written record of the meeting and write to the employee after the discussion confirming the actions that are required and the timescales involved, this is called an "Improvement Notice" and is enclosed in Appendix 3. Trigger points are detailed in point 4.4. below.
- 4.3 In cases where the desired improvement in attendance is not achieved or for matters which are more serious to begin with, such as breaching the absence reporting procedures, formal action will have to be taken. The Disciplinary & Dismissal Procedures will apply in these situations which set out the range of Formal Warnings that can be given, with the ultimate sanction being dismissal
- 4.4 Trigger points are:
- Actions may be taken for 3 periods or 10 days of absence within a rolling 12 month period. This will be recorded on an "Improvement Notice".
 - A further period of absence within a 6 month period may result in formal actions i.e. the issue of a first written warning.
 - A further period of absence within a 6 month period may result in the issue of a final written warning.
 - A further period of absence within a 12 month period may result in dismissal from employment.

At each stage, referral to the Occupational Health Provider should be considered

- 4.5 Absence periods related to pregnancy or an underlying medical condition that fall within the scope of Equality Act 2010 (EA) will not be counted for the purpose of the attendance management process detailed above as they are covered under separate legislation. Managers should liaise with RCH's occupational health advisers and the HR Team on how to support attendance of employees who are pregnant or who have a medical condition covered by the EA. Additionally, no disciplinary action shall be taken in the case of short term absences where the period of absence is strictly related to an occupational health injury or illness e.g. industrial injury.
- 4.6 If it becomes apparent during the course of discussions that there is an underlying health problem then the process for managing long-term sickness absence will be used.

5 Managing Absence

5.1 Long Term or Chronic Health Problems

RCH and its managers will adopt a sympathetic and understanding approach to any staff member wrestling with a long-term and/or chronic health problem. However, the onus is on the employee to inform his/her manager of the reasons, progress and likely duration of any absence.

After an absence of 2 weeks duration, the manager will consult with the HR Team for advice on whether a referral should be made for the employee to attend a medical assessment to establish their fitness for work. Medical reports may also be requested where an employee is suffering from an underlying medical condition even though he/she has not been off sick for a prolonged period but has individual absences accumulating to 2 weeks (ie 10 days) in a twelve month period. Where the staff member disagrees with the nature of any medical reports, he/she will be free to seek and offer alternative medical evidence.

5.2 Occupational Health Referrals

RCH may ask you to consent to a medical examination by RCH's occupational health advisers to help manage absence. Employees will be asked to agree that any report produced with any such examination(s) may be disclosed to RCH management and that the contents of the report may be discussed between management and RCH occupational health advisers and/or a relevant doctor. Referrals to occupational health can be considered for any of the following reasons (this list is not exhaustive)

- Long term sickness of 2 weeks or more
- Ill health retirement assessment
- Alcohol or drugs related problems
- Investigation of work related injury or illness
- Identification of ability to undertake work tasks
- Health conditions which could be made worse by occupational exposure
- Concerns of other employees or clients
- Before formal disciplinary action is taken in relation to absence triggers
- Recurrent short term absence

If a staff member is hospitalised or has surgery and a period of recuperation is approved by the GP which covers 10 days or more, referral to RCH's occupational health adviser is not required unless occupational health support is sought to assist the employee return to work or if the absence falls into the other trigger points stated above. Managers will continue to support the employee make a full return to work.

5.3 Employees Refusing to Co-operate

In order to request a medical report from a GP, the employee must give their consent, in accordance with the Access to Medical Reports Act 1988. The employee, however, has no

obligation to sign it and can refuse to do so. If the employee refuses to sign a consent form, or he/she fails to attend an independent medical assessment, or he/she does not attend the meetings arranged with the manager or the occupational health advisers to discuss their absence (which could be arranged at work or at home, or in a neutral place if appropriate), then the manager has no choice but to base their decisions on evidence available to them. This means proceeding with the process without the benefit of the employee's comments and/or medical opinion.

5.4 **Phased Return to Work**

A reasonable adjustment, particularly after a long-term absence, can be a phased return to work. Managers should recognise that it may be difficult for employees who have been absent for a long time to return straight to their full contractual hours, particularly if it is full time. If a phased return to work is sought, the HR Team will liaise with RCH's occupational health advisers, the employee and the employee's manager to agree the phased return to work period. During the period of the agreed phased return to work i.e. four to six weeks, the employee will be paid the days not worked until a full return to work has been achieved. This is usually for sickness absences with a duration of twelve weeks or more.

5.5 **Absence and Holidays**

When an employee is off sick, their entitlement to paid holidays will be in line with the Working Time Regulations (WTR) i.e. 28 days (pro-rata) which will continue to accrue during the period of their absence.

In relation to section 6.1 Absence and Holidays within the Attendance and Absence Management policy, annual leave will be reimbursed in line with WTR guidance.

5.6 **Health Capability/Medical Incapacity Dismissals**

A termination of employment contract for a reason of health incapability is a dismissal. This means that although the process is not a disciplinary (and must not be treated as such), the three-step procedure must be followed:

Step 1: Invite the employee to the formal meeting in order to discuss their continuous employment with the organisation. Copies of all evidence (medical reports, return to work interviews, minutes from meetings with the employee, etc), must be made available to the employee in good time prior to the meeting. The employee must also have an opportunity to be accompanied at the meeting. If the employee is off sick at that time (which is often the case), then it would be reasonable, if the employee is too unwell to attend the meeting, to allow him/her to submit a postal statement and/or nominate a representative to attend on his/her behalf.

Step 2: Hold the meeting, discuss all evidence and invite the employee to present his/her comments. These should be given due consideration when making a decision. The decision must then be communicated to the employee in writing, giving a right of appeal.

Step 3: If the employee wishes to appeal, an appeal meeting should be held and normal procedure applied.

In cases where dismissal through medical incapacity is being considered, full discussions with the employee and RCH's occupational health advisers will take place first, and the employee will be afforded the opportunity to express views on such a course of action. In cases where staff members do leave RCH due to ill health, managers will make every effort they can to help secure appropriate access to the pension scheme and/or other relevant financial benefits that may be available..

5.7 **Work Related Injury**

If an injury has occurred at work, the employee will complete an Incident Report Form and submit to the manager before passing to the Health and Safety team for investigation and/or

action. Work related injuries will not be counted towards attendance triggers and occupational sick pay; however, any employee citing work related injuries will be referred to RCH's occupational health advisers for advice on managing the absence.

5.8 Night Workers

A night worker is someone who normally works at least 3 hours during the night period, which is the period between 11pm to 6am. Working Time Regulations require all night workers to be offered a free health assessment either whilst working on night duty or prior to commencement of night duty. This will be arranged via RCH's occupational health provider, employees do not have to accept this health assessment.

Purpose of the health assessment is to ensure that the employee is fit or fit with restrictions to complete night work. If employee is declared unfit for night work they must be transferred, if possible, to suitable day work. Health assessment will be offered on an annual basis.

6 Occupational Sick Pay

6.1 RCH operates a contractual sick pay scheme as outlined in its Attendance & Absence Management Policy. Failure to comply with absence reporting procedures will result in sick pay being withheld for the absence period not reported. Additionally, if an employee is found to falsify or exaggerate their absence, this will be treated as gross misconduct. An investigation will be carried out in accordance with RCH's Disciplinary & Dismissal Procedures and disciplinary action may be imposed, which may include dismissal or withdrawal of future entitlement to RCH's sick pay scheme. (Refer to Section 7: Dishonest Absence).

6.2 If a period of sickness absence is or appears to be occasioned by actionable negligence, nuisance or breach of any statutory duty on the part of a third party in respect of which damages may be recoverable, the employee must immediately notify the HR Team of that fact and of any claim, compromise, settlement or judgement made or awarded in connection with it and all relevant particulars that is reasonably required. Employees will co-operate in any related legal proceedings and refund to RCH that part of any damages or compensation he/she recovers that relate to lost earnings for the period of sickness absence as RCH reasonably determines less any costs incurred by the employee in connection with the recovery of such damages or compensation, provided that the amount to be refunded to RCH does not exceed the total amount paid to the employee relating to the sickness absence period.

7 Dishonest Absence

7.1 Some employees may abuse the provision of sick leave and pay and give false reasons for their absence, for example: after a holiday request has been turned down, the employee phones in sick, or the employee is seen as participating in activities that would be inappropriate given the reason for their absence (e.g. they have phoned in with flu but have been seen in a night club). The manager is entitled to investigate an allegation that the absence has been dishonest and that sick leave and/or pay provisions have been abused. The process may include witness statements, doctor certificate/report and other relevant pieces of evidence.

7.2 If the evidence gathered during the investigation is sufficient for a disciplinary hearing to be arranged, then the normal disciplinary procedure rules would apply. If the manager has reasonable grounds to believe that the absence was falsified, then the sanctions imposed could vary, eg a dismissal, a final written warning, a withdrawal of sick pay for a period of time, etc. Such decisions should not be taken lightly but neither should employees be allowed to abuse the sick leave and pay provisions that have been put in place in good faith to assist staff who are genuinely ill and are unable to attend work.

8 Conduct whilst off work	
8.1	When on sick leave, employees are still expected not to breach any points of their contract of employment. They are still bound by the duties of fidelity (so they cannot work for another employer or their own business) and confidentiality. It would also be expected that they would not participate in activities that would be at odds with their medical condition, whilst off sick. Any breach in respect of this should be dealt with under RCH's Disciplinary & Dismissal Procedures.
9 Sickness absence during the disciplinary process	
9.1	Where the allegation is minor, the expectation is that the disciplinary process can be put on hold and revisited once the employee is fit enough to return to work.
9.2	For potentially very serious allegation (s) it is unreasonable to expect RCH to set matters aside for a lengthy period. In striving to have the issue dealt with RCH may make enquiries through our occupational health provider as to the nature of the employee's illness, the likely duration and the employee's fitness to attend any meetings in relation to the disciplinary process. Once this information is received RCH will take a view on whether to proceed with the disciplinary process before the employee returns to work. If proceeding with the disciplinary process whilst the employee remains absent RCH will make every effort to provide the employee with the opportunity to attend the disciplinary meeting or otherwise influence any decision making. The following are a few examples of reasonable assistance that RCH will offer to the employee: <ul style="list-style-type: none"> • Hold the meeting closer to the employee's home; • Offer the employee the chance to submit a full written statement to the meeting rather than attend in person; or • Suggest that the employee send someone in their place to the meeting. If this were the case, the person representing could also bring a trade union representative or work colleague with them.
9.3	RCH will only proceed with the disciplinary process whilst the employee is ill if the potential allegation is so serious that dealing with it takes precedence over the employee's need for more time to recover.
10 Procedures Review / Consultation	
10.1	The Procedures will be reviewed in September 2021 or an earlier date if required to respond to new legislation, regulations or best practice. Any review will take account of the views of the Unions and staff that use the Attendance & Absence Management Policy and its Procedures on a regular basis.
11. Related Legislative and Statutory Framework	

11.1 In formulating and implementing these procedures, statutory requirements including the Employment Act 2008; the Employment Tribunals (Constitution and Rules of Procedure)(Amendment) Regulations 2008 and the Employment Act 2002 (Dispute Resolution) Regulations 2004 have been incorporated in addition to the ACAS Code of Practice 2015: Disciplinary and Grievance Procedures.

12. Key Stakeholders

- Partnership Forum
- All staff
- Board/Personnel Committee

13. Related Documents

- RCH Organisational Development Strategy
- RCH Code of Conduct
- RCH Equality and Diversity Policy
- RCH Disciplinary, Capability & Dismissal Policy & Procedures

14. Procedures Owner

- Head of Corporate Services
- Human Resources Team

ABSENCE REPORTING

PRO FORMA FOR COMPLETION BY MANAGER

Ask the Employee the following questions

Each statement should be completed.

Date		Time	
Employee's Name			
Team			
First day of absence			
Reason for absence			
Expected return to work date			
Any diary appointments arranged			
Any details to be passed to others to cover absence			
Call taken by			

IF CALL RECEIVED BY OTHER MANAGER:

Pro forma passed to line manager for action (if relevant) Yes / No

Date Time

PLEASE PASS A COPY OF THIS FORM TO THE HR TEAM

<p>FOR HR USE ONLY</p> <p>Date employee returned:</p> <p>Post Absence Interview form received</p> <p>Any further action required</p> <p>.....</p>

EMPLOYEE SELF-CERTIFICATION FORM

THIS FORM MUST BE COMPLETED IMMEDIATELY ON RETURN TO WORK FOLLOWING ALL ABSENCES, WHICH HAVE NOT BEEN PLANNED FOR AND AUTHORISED IN ADVANCE. SECTIONS A & B OF THIS FORM MUST BE COMPLETED PRIOR TO RETURN TO WORK INTERVIEW.

A. DETAILS

NAME: **TEAM:**

HOURS OF WORK:

REASON FOR ABSENCE

B. SICKNESS

1. DAY & DATE SICKNESS STARTED:DAY / / (DATE)(AM/ PM/ ALL DAY)
 FIRST DAY OF ABSENCE FROM WORK:DAY / / (DATE)(AM/ PM/ ALL DAY)
 DATE OF RETURN TO WORK:DAY / / (DATE)(AM/ PM/ ALL DAY)

2. BRIEF DESCRIPTION OF ILLNESS/SICKNESS/REASON FOR INCAPACITY FOR WORK:

 DID YOU VISIT THE DOCTOR/HOSPITAL? YES / NO If "YES" WHEN
 WAS A MEDICAL CERTIFICATE SUPPLIED? YES / NO
 NAME & ADDRESS OF DOCTOR/HOSPITAL ATTENDED

3. WAS THE SICKNESS THE RESULT OF AN INJURY AT WORK? YES / NO
 IF "YES" WAS THE ACCIDENT REPORTED? (DETAILS WHEN/TO WHOM).....

4. DID THE SICKNESS/INJURY ARISE OUT OF OR IN THE COURSE OF FOLLOWING ANOTHER OCCUPATION OR SPORT AS A PROFESSION?
 YES/NO
 WERE YOU CARRYING OUT ANY OTHER PAID WORK DURING YOUR SPELL OF SICKNESS? YES / NO

C. DECLARATION

I DECLARE THAT THE INFORMATION PROVIDED BY ME ON THIS FORM IS, TO THE BEST OF MY KNOWLEDGE, ACCURATE. I UNDERSTAND THAT PROVISION OF FALSE/MISLEADING INFORMATION OR ANY ABUSE OF THE SICKNESS BENEFIT SCHEME WILL BE REGARDED AS SERIOUS MISCONDUCT, WHICH COULD RESULT IN DISCIPLINARY ACTION BEING TAKEN AGAINST ME.

SIGNED (EMPLOYEE) **DATE**.....

SIGNED (MANAGER) **DATE**.....

RETURN TO WORK INTERVIEW

Sections A & B of the Self-Certification Form should be completed upon the employee's return to work. Section C should be completed in the presence of the Supervisory Officer/Manager and the following should be recorded.

EMPLOYEE'S NAME

POSITION

EMPLOYEE RETURNED TO WORK ON

LENGTH OF CURRENT ABSENCE

REASON FOR ABSENCE

IS THIS A RECURRING ILLNESS: YES / NO IF, YES, PLEASE STATE NATURE OF ILLNESS

.....
DETAILS OF SICKNESS ABSENCES
(In the past 6 months)

Date from	Date To	Number of Days	Reasons for Absences

DETAILS OF SICKNESS ABSENCES
(In the past 12 months)

Date from	Date To	Number of Days	Reasons for Absences

GENERAL COMMENTS.....

MANAGER SIGNATURE.....

EMPLOYEE'S SIGNATURE.....

DATE OF INTERVIEW

TRIGGER POINTS

- Informal actions may be taken for 3 periods or 10 days of absence within a rolling 12 month period. This will be recorded on an "Improvement Notice".
- A further period of absence within a 6 month period may result in formal actions i.e. the issue of a first written warning.
- A further period of absence within a 6 month period may result in the issue of a final written warning.
- A further period of absence within a 12 month period may result in dismissal from employment.

At each stage, referral to the Occupational Health Provider should be considered

APPENDIX 3 IMPROVEMENT NOTICE

Improvement Notice			
NAME:		TEAM:	
IMPROVEMENT NOTICE PERIOD:		REVIEW DATES:	

PLANNED OUTCOMES

Where do I need to be by the end of this period? What do I need to be doing? How will I get there? What will happen if I don't succeed?

You will be supported throughout the Improvement Notice period to help you achieve the desired outcomes. However, if there is insufficient progress or improvement, more formal action may result.

What do you need to learn, improve or achieve?	What will you do to achieve this?	What resources or support will you need?	Next Steps	Review Date

Signed (Employee)

Date

Signed(Manager)

Date