



ATTENDANCE MANAGEMENT POLICY

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CONTENTS	PAGE
1. Introduction	1
2. Policy statement	1
3. Roles, rights and responsibilities	1
4. Right to be accompanied	6
5. Unauthorised absence	7
6. Reporting sickness absence	7
7. Absence during a working day	8
8. Planned absence	8
9. Certification	8
10. Staff going on holiday whilst on sick leave	9
11. Keeping in touch	9
12. Return to work discussion	9
13. Disability	10
14. Absence whilst pregnant	10
15. Occupational Health Service advice	10
16. Termination of employment on basis of ill health	11
17. Premature retirement on ground of ill health	12
18. Occupational sick pay	12
19. Short and long term absence procedure	13
20. Review of policy and procedure	13

List of Annexes

Annex A – Sickness absence reporting procedure

Annex B – Persistent short term absence procedure

Annex C – Long term absence procedure

List of Appendices

Appendix 1 Self certification and return to work form

Appendix 2 Sick pay entitlements

Appendix 3 Education and professional department referral form

Appendix 4 SASAM process flowchart

1. Introduction

This policy document sets out the principles which may be applied to govern the management of attendance at work and is intended for the information and guidance of staff and managers.

The purpose of the approach is to promote fair, consistent, clear and effective arrangements for handling a situation where an employee is absent from work as a result of ill health or injury and to encourage and support staff to be at work. This should be in a manner that recognises the need to minimise the impact of sickness on both the staff member, giving due consideration to the staff members circumstances, and on the operation and needs of the Service, by facilitating recovery and return to work whenever this is possible.

The intention of the policy is to give support to all parties by ensuring that contact is established and maintained with staff during their absence, and to enable management to be fully informed regarding expected return to work and in what circumstances such return will be effected, thus resulting in better planning for cover during absence and for any other revisions to the employment of the staff upon their return to work.

2. Policy Statement

The Scottish Ambulance Service is committed to promoting the health, safety and welfare of staff. This Attendance Management Policy reflects this position and is fair and consistent for all. That commitment to staff includes having in place support mechanisms and procedures to support those who are off sick, and help them return to work.

This Policy aims to establish and reinforce a culture of attendance at work and to detail the rights and responsibilities of individual staff; line managers; Human Resources; the Occupational Health Service (OHS) and supporting services e.g. fast track physiotherapy and Employee Counselling Service in dealing with absences from work because of ill-health.

This policy has been developed in partnership with staff side and reflects best practice identified in the guidance on Managing Health at Work produced by the Partnership Information Network (PIN) Board. The Policy is written in accordance with relevant legislation.

3. Roles, rights and responsibilities

Staff

Staff are responsible for their own health and wellbeing so that they can carry out their job responsibilities and for achieving and maintaining regular and punctual attendance. Staff have the responsibility to:

- attend work for the hours they are contractually obliged to work unless too ill to do so;
- notify their line manager (or designated person by local departmental arrangements) as early as possible when they are sick and may be absent from work
- continue to stay in touch with their line manager and/or appropriate designated contact, keeping them up to date on their progress and expected return to work date in accordance with the criteria stated in the Sickness Absence Reporting procedure (**Annex A**)

VERSION 2

- provide a self certificate or medical certificate (as appropriate) for all periods of sick absence;
- Participate in the Scottish Ambulance Service Attendance Management (SASAM) process (refer to **Appendix 4**).
- When you phone in reporting your absence to provide your manager / Work force Planning etc with the following information:
 - Name
 - Employee Number
 - Date of Birth
 - Date absence Started
 - Nature / Cause of Absence
 - Name of Manager
 - Contact Telephone number
- participate in the Return to Work meeting;
- make use of Occupational Health Service, and appropriate support mechanisms in place at the time e.g. fast track physiotherapy services, Staff Counselling.
- Attend any meetings to which they are invited. If staff are unable to attend an appointment, they must notify their line manager and the relevant service before the date of the appointment in order that it can be reorganised;
- not work elsewhere whilst on sick leave (even if this has been approved in normal circumstances);
- all staff have a responsibility to tell their manager if they feel their absence is attributable to their work.

Staff have the right:

- To be treated fairly and consistently under this policy
- where appropriate to be given the opportunity to improve their attendance;
- to have the full circumstances of their case considered before formal action is taken;
- to have reasonable adjustments considered and made, where appropriate, when they have an underlying health condition or disability;
- to be accompanied and represented by a Staff Side representative or colleague throughout the formal attendance procedure;
- to state their case before any decision is made;
- to confidentiality;
- to support in their rehabilitation back to work in accordance with the Service's policy ;
- to self-refer to the Occupational Health Service, or other support services i.e. Employee Counselling.

Line Managers

Line Managers have the overall responsibility managing attendance including:

- Take responsibility for identifying absence levels which have become or are likely to become unacceptable.
- Ensure that all absences are reported to SASAM
- To be open and honest in dealing with members of staff, to be approachable, to respect members of staff as individuals.
- To liaise with staff representatives as appropriate
- To remain in contact with staff who are absent from work due to ill health (in

VERSION 2

accordance with **Annex A**), providing appropriate support to facilitate their return where this is possible including OHS, fast track physiotherapy and staff counselling as necessary

- Monitor departmental sickness absence targets, accounting for the level of absence where this target is compromised;
- fully implement this policy and its procedures within their area; ensuring that all members of their team are fully aware of the contents of this policy, and that everyone who works within their area know who they should contact;
- ensure that Return to Work Interviews are completed within reasonable periods of time.

Occupational Health Service

The Occupational Health Service will:

- carry out health assessments on staff absence from work due to sickness
- help identify the effects of work on a member of staff, and their health status in relation to work
- liaise with General Practitioners and other agencies and hospital specialists, as appropriate, to provide expert advice to the line manager on the impact the staff's medical condition may have on their ability to perform their current or any future role;
- provide advice on returning to work on a phased basis, redeployment or retirement due to ill health;
- advise managers on whether there is any common link or underlying health reason for recurring absences;
- provide expert advice and support to staff who are suffering health problems;
- proactively work with line managers to encourage early intervention and develop solutions to long-term health issues, e.g. joint case reviews etc

Other Support Services

Support services such as fast track physiotherapy and Staff Counselling roles and responsibilities in relation to this policy are:

- to provide expert support and treatment to staff who are suffering health problems;
- to proactively work in conjunction with the Scottish Ambulance Service;
- to provide early interventions in relation to staff health and wellbeing.

Human Resources

The HR department will:

- provide training, support and guidance based upon best practice, taking account of service delivery, contractual rights and legal obligations;
- assist in the development of the skills necessary to manage attendance effectively;
- ensure consistency in application of this policy
- provide staff absence information to managers for the purposes of managing sickness
- undertake statistical analysis of levels of absence reasons, trends etc.

A representative of the HR department will normally be in attendance at all formal meetings from stage 2 onwards.

4. Right to be accompanied

Staff have the right to be accompanied by a trade union representative or work colleague during the formal stages of the procedure as necessary. If the staff member wishes alternative representation, such as a family member or friend, this should be discussed with the Head of HR.

The companion may:

- address the meeting but not answer questions on behalf of the staff member
- put forward the staff members case
- sum up the staff members case
- respond on the employees behalf to any views expressed at the meeting; and
- confer with the staff member during the meeting

Every effort will be made to accommodate the availability of the representative accompanying the member of staff. However, where this causes the process to be unreasonably delayed (i.e. more than two weeks from the original proposed date), the member of staff may be requested to seek alternative representation. Staff should give adequate notice of cancelling meetings i.e. at least 3 working days.

5. Unauthorised Absence

This is an absence which has not previously been reported or authorised by the appropriate level of management, is not supported by medical evidence, or where the staff has failed to follow the appropriate procedure for the notification of absence without good reason. Each case of unauthorised absence will be judged based on the individual circumstances of the case. All unauthorised absences should be dealt with as a conduct issue under the Service's Policy and Procedure for Discipline following appropriate investigation by managers.

If unauthorised absence continues for more than 7 calendar days without reasonable cause or contact by the staff member, and where the Service has made every effort to establish contact, payment of occupational sick pay may be withheld. This may be considered under the Scottish Ambulance Service Disciplinary policy and procedure.

6. Reporting sickness absence

Given the nature of the critical service provided by the Scottish Ambulance Service, staff are expected to contact their line manager (or designated person by local departmental arrangements) in accordance with Reporting Procedure (**Annex A**). Contact should be made as soon as they are aware that they are unable to attend work, and at least 1 hour before a shift commences or normal start time.

Contact with managers is essential in order that absence can be managed effectively and that, where appropriate, shifts can be covered.

VERSION 2

The line manager must ensure that everyone knows who the appropriate designated contact is if they are sick and the time by which contact is expected. Staff members are responsible for ensuring that they are familiar with these arrangements.

When notifying sickness absence the staff must advise the following:

- the nature of the illness (all information will be treated in strictest confidence);
- the day the illness began;
- the expected return date

In exceptional circumstances, if the staff member is unable to telephone in person, they must arrange for someone to telephone the line manager or designated contact on their behalf within the timescales detailed above. However, in this situation, it is expected that the staff member will make contact with their line manager as soon as they are able to do so.

7. Absence during a working day

Where a member of staff becomes ill whilst at work and feels too unwell to continue working, the line manager should give permission for the member of staff to leave work and, where appropriate and necessary, advise that medical advice is sought and make arrangements for the staff member to travel home safely. The member of staff should be recorded as being absent from the time that they leave work. If the member of staff is working out of hours, they should contact the Duty Manager to advise they are leaving work.

For the purposes of sick pay and recording sick leave, occasions where the staff member has to leave work early should be recorded for the purpose of monitoring working hours lost to sickness but should not be counted for the purpose of pay and will be considered when reviewing a staff members absence record.

If staff are excluded from attending work for reasons of health which may affect others e.g. contagious conditions, this should be dealt with in accordance with the Infection Control Policy. The reason for the absence will be considered when reviewing the staff members absence record and deciding on appropriate action if a trigger point is reached.

8. Planned absence

In many cases, absence may be planned to accommodate a hospital admission, operation and recovery time that is medically essential. In such cases the member of staff should:

- inform line manager as soon as hospital appointments are confirmed
- provide appropriate medical certification;
- agree how contact will be maintained through the period of absence; and
- where the absence is long term, agree the appropriate time to discuss detailed plans to support the return to work.

9. Certification

Self certification

VERSION 2

For all absences up to and including seven days (including weekends and public holidays), staff must complete a self certification form (**Appendix 1**). This requirement applies irrespective of contracted working hours.

Medical certification

Staff members are required to provide a medical certificate from the eighth calendar day of absence (inclusive of weekend and public holidays) and these should continue to be provided by the staff member until the absence ends.

A self-certificate or medical certificate must cover all periods of sickness absence continuously and must be forwarded to the manager timeously. Failure to provide a certificate, without a reasonable explanation, may lead to loss of sick pay and/or disciplinary action in accordance with the Disciplinary policy and procedure.

If a member of staff has a medical certificate covering a specified period, they cannot return to work during this time, unless they are signed back to work by the GP and issued with a fit note.

If medical certificates are required by the Department of Work and Pensions, the member of staff should forward the original certificate to their manager where a copy may be made and verified. The original certificate will then be returned to the staff member.

10. Staff Going on Holiday While on Sick Leave

In circumstances where a staff member is not at work, due to sickness, it is reasonable to expect that they will refrain from any activity which might exacerbate their condition or prolong their absence.

Where a staff member wishes to go on holiday (i.e. be away from their home location) in order to support this staff will be required to seek medical confirmation and provide evidence that this will not exacerbate or prolong their condition. This will normally be via their GP as a minimum, but may also require an OHS referral.

Normal practice means that staff are responsible for keeping their manager informed of their circumstances. The staff member must therefore advise and seek prior approval from their manager that it is acceptable to go on holiday.

11. Keeping in Touch

Keeping in touch is a joint responsibility of both the staff and the Service, and is an integral part of the attendance management process. Staff should make contact as detailed within Staff Responsibilities above. The frequency of contact will be determined by the nature and length of the absence. For example, if the absence is long term, contact should normally be made at least once per month on a face to face basis; more regular contact can be agreed on a case by case basis in agreement between the line manager and the staff.

Managers should document when contact is made noting dates and the content of discussions. It is important that staff are kept up to date with what is happening within their team and of changes taking place in their absence, particularly where the absence is on a

VERSION 2

continuing long term basis.

This aspect is crucial in helping people back to work and to continue to feel a valued member of the organisation.

12. Return to Work Discussion

When a staff member returns from sickness absence, a Return to Work meeting will be conducted by the line manager or the line manager's deputy on the day the individual returns to work; or as soon as possible thereafter (but not normally exceeding 7 working days).

The overall purpose of the discussion is to welcome staff back into the workplace as a valued member of the team and it is important that managers set aside appropriate time for these discussions. There are key points that should be covered as follows:

- welcome the member of staff back to work, ensuring that they are fit enough to return;
- discuss any underlying reason for absence and to inform them of the support available to them;
- where appropriate, identify problems which may have contributed to the absence and to discuss possible solutions and interventions which may benefit the individual.
- update the member of staff on any changes which occurred during their absence
- help them to re-prioritise their workload and to offer assistance in this area if necessary;
- remind the member of staff of the contents of the Attendance Management Policy and where the level of absence is approaching an unsatisfactory level to make the staff aware of this;

Line managers should complete the Return to Work record at Appendix 1 and the staff member should complete the Self Certification form at Appendix 2.

13. Disability

Wherever possible, our approach to disability is to remove barriers to access and participation and to actively promote equality of opportunity in accordance with our equalities mission.

When a manager becomes aware of a staff members disability as defined by the Equality Act 2010 (either through the staff member themselves, through Occupational Health or by other means) the manager, in consultation with the staff member, should focus on whether any reasonable adjustments are appropriate (occupational health advice should be sought at the earliest opportunity). This may include reasonable adjustments to the job, working conditions and/or physical environment, so as not to disadvantage the member of staff in working for the Ambulance Service.

When staff with a disability are absent from work for short term or long term periods, any action taken in line with the Attendance Management procedure should consider the impact that the disability has had on the absence and what support or reasonable adjustment may be required. It may be appropriate to manage/consider this absence separately.

Absence related to a disability should be recorded on the self certification form as such.

14. Absence whilst pregnant

When a pregnant member of staff is absent for reasons related to the pregnancy, this should be recorded on the self certification form as such and these absences should be managed appropriately providing support to the member of staff as required.

15. Occupational Health Service Advice

The Occupational Health Service (OHS) can provide advice regarding staff members who have health problems affecting their level of attendance. A referral can be made by a line manager. Where an individual refuses to comply with a referral they should be advised that the future management of their absences will progress without the benefit of OHS advice and be given another opportunity to attend.

If a member of staff fails to attend two appointments, depending on the reason for the non attendance, this may also result in management of their absence progressing without the benefit of OHS advice.

The purpose of a health referral is to obtain an up to date assessment from an Occupational Health professional. Managers will use this information, in line with operational demands, when considering the appropriate course of action to be taken.

In seeking medical advice a line manager should ask specific job or employment related questions and share any additional information that the staff member has made known which may impact on their health.

Staff may also self refer themselves to OHS (at any time) if they have any concerns regarding any aspect of their occupational health. Where an individual self refers usually there will be no report to management, unless the staff agrees to a report being forwarded to their manager.

Where management requires a report then a separate management referral will be made.

16. Termination of Employment on the basis of Ill Health

If after consultation with the member of staff, together with the appropriate medical evidence, either there is no indication of a likely date of return and all other options have been pursued, or the level of absence is considered unacceptable/unsustainable, a decision may be taken to terminate their employment on the grounds of ill health.

This termination may occur prior to the expiry of Occupational Sick Pay in circumstances where it is clear that the member of staff will not be fit for work in the foreseeable future. Before termination occurs the line manager must be satisfied that the following can be demonstrated:

- they have consulted the staff member and discussed the position with them;
- they have made a thorough investigation of the medical and any other relevant facts;
- they have balanced the staff's likely future health picture with the needs of the organisation;

VERSION 2

- they have considered offering the staff member alternative employment in line with the Scottish Ambulance Service Redeployment Policy;
- A Management of Health report has been compiled by the line manager and submitted to the relevant senior manager for consideration for termination on the grounds of incapacity due to ill health. .

The procedure given below should be followed where a termination of employment is deemed appropriate:

- The staff member should be invited to attend a meeting with a manager with the authority to dismiss. They should be given a minimum of 5 days notice, in writing, of the time, date and reason for this interview. They should receive a copy of all the documentation being considered;
- Staff will be entitled to be accompanied by a trade union representative or colleague and should be informed that a member of the HR team will also be in attendance at the interview.

The meeting should cover the above points and consideration given to any issues raised or comments expressed by the staff member or their representative.

If a decision to dismiss is taken the staff member will receive a formal letter of dismissal giving them the appropriate period of notice of termination of employment. The letter should also contain the staff's right to appeal against the decision and to whom the appeal must be written to, normally the Director of Human Resources and Organisational Development .

17. Premature Retirement on the Grounds of Ill Health

If the member of staff is a member of the Superannuation Scheme, consideration should be given to making an application for premature retirement due to permanent incapacity providing they have a minimum of 5 years superannuable service. The staff may therefore be eligible to receive a pension and lump sum. Permanent incapacity is defined by the SPPA as:

1. incapacity to fulfil current role, or
2. incapacity to fulfil any role

Where such application is made an AW8 superannuation form should be completed by the member of staff and an AW8 MED form, completed, in strict confidence, by the Occupational Health Physician, attached in a sealed envelope. These forms must be sent to the Scottish Public Pensions Agency (SPPA) via Payroll as the Payroll Department are required to provide SPPA with salary details as supporting information on the AW8 form. Full details can be found on the SPPA website <http://www.sppa.gov.uk/nhs/forms.htm>

The decision as to whether or not an individual is eligible to be paid a pension and lump sum early on the grounds of permanent incapacity due to ill health is taken by the Scottish Public Pensions Agency and is not at the discretion of the Scottish Ambulance Service.

18. Occupational Sick Pay

VERSION 2

All individuals employed by the Scottish Ambulance Service are entitled to Occupational Sick Pay (OSP). The amount received varies dependent upon length of service. Details of current rates are contained in **Appendix 3**. The Payroll Department will advise the national HR Department when full pay is exhausted and half pay is due to begin. The HR department will contact the appropriate manager and will then inform the member of staff, in writing, of the salary position.

However, when a staff member has exhausted their Occupational Sick Pay there will normally be no extensions of this. In exceptional circumstances, an extension may be granted following discussion and agreement between the senior manager and the Head of HR in conjunction with the relevant HR Manager. Where meetings have not taken place through no fault of the member of staff OSP may be extended until the appropriate meetings have taken place.

19. Short term and long term absence procedure

The procedure to be followed by managers in the case of short or long term absence is described in **Annex B and C**.

Where a member of staff has absence consisting of both long and short term, this can be considered in the management of this absence in line with trigger points, and the movement through the formal stages, subject to consideration of section 13 above.

20. Review of Policy and Procedure

This policy and procedure (s) has been updated as part of continual improvement programme within the Service focusing on ensuring best practice in partnership with Managers and staff representatives through a partnership working group. The policy will be formally reviewed on a continuing basis as part of this process.

ANNEX A SICKNESS ABSENCE REPORTING PROCEDURE

The following sickness absence reporting procedure should be read in conjunction with the Scottish Ambulance Service Attendance Management policy. The procedure outlines the responsibilities of all staff in the management of sickness absence. Line managers should ensure that their staff are aware of the procedure and designated contacts as soon as possible, ensuring that local arrangements are both clear and robust, and taking appropriate action in the event that the procedure is breached.

Failure to notify absence and adhere to agreed contact arrangements in accordance with this procedure may lead to the absence being classed as unauthorised, which will be unpaid, and may lead to disciplinary action in accordance with the Scottish Ambulance Service Disciplinary policy and procedure. Staff should contact their line manager or the HR department immediately where clarification is required.

Trigger Point	Staff Action	Manager Action
First day	<p>Any member of staff who is ill and unable to attend work should notify their line manager or designated person by phone within one hour of their normal start time, unless there are exceptional circumstances.</p> <p>Note: This requirement is also applicable to staff scheduled to work from home or at locations other than their normal base on a certain day, or due to attend a training course or similar commitment.</p> <p>In reporting your absence you will normally provide:</p> <ul style="list-style-type: none"> • The nature of your sickness • How long you are likely to be absent • Agree with the manager when you will be making contact again • What action you are taking to mitigate your sickness i.e. visiting GP • Details of any work related commitments affected by your absence i.e. meetings e.t.c. and • If you believe your absence is a result of injury at work, then you must inform your line manager who will take advice from HR/Health and Safety. 	<p>Discuss the nature of the absence and the estimated date of return:</p> <ul style="list-style-type: none"> • consider whether the member of staff requires any additional support, discussing the opportunities available through the Occupational Health Service, IPRS or Employee Counselling service, as appropriate; • agree with the member of staff when they will be making contact again. • Contact SASAM to advise of staff members absence (as per Appendix 4). <p>Inform the member of staff's colleagues of their absence from work and re-allocate or postpone any commitments, as appropriate.</p> <p>Note:</p> <p>1) In accordance with the Attendance Management Policy, where the member of staff is absent due to stress or other mental health problems, or musculo-skeletal conditions, they should be referred to the Occupational Health Service from day one of absence because of the likelihood that these conditions will either be recurrent or develop into long-term health problems. A referral to IPRS for musculo-skeletal conditions should also be considered. Please contact the HR department for further guidance.</p>

	<p>Your manager may also ask you for a contact number if not already known.</p> <p>It is the responsibility of each member of staff to personally report their absence. It is not acceptable for someone to phone on your behalf, unless the illness is of such severity that you are physically unable to do so, for example, hospitalisation. Neither is it appropriate to report sickness by text or email.</p> <p>Staff will then receive a phone call from SASAM to provide advice and support.</p>	<p>2) If a member of staff has reported their sickness absence, they should not be required to attend work nor undertake work. It follows that it is not appropriate to authorise that a member of staff work at home as an alternative to attending work.</p>
<p>Second to Seventh day</p>	<p>Contact your line manager as agreed on your first day of absence.</p> <p>As per section 5 of the policy, failure to follow reporting process may result in occupational sick pay being withheld.</p>	<p>If the member of staff has failed to contact as per agreed on the first day, contact them to enquire about their health and to ascertain if there is any help/advice that the Service could provide and remind them of their responsibility to keep in regular contact. This information should be recorded and kept on file.</p>
<p>Eighth day and continuing absence</p>	<p>If you are absent from work for 7 calendar days (including weekends and bank holidays) on the 8th day notify your line manager of your continued absence, obtain a medical certificate from your GP and forward to your line manager as soon as possible.</p> <p>Continue to ensure that an up to date medical certificate covers your sickness.</p> <p>Attend occupational health, physio and counselling appointments, where relevant, as organised by your line manager.</p> <p>It is important that you keep your manager informed about your general condition and progress towards recovery. When you become well again you must phone your line manager, or other designated person, and provide an</p>	<p>Contact the member of staff and again discuss:</p> <ul style="list-style-type: none"> • the continuing nature of their absence; • the availability of support services (advise of intention to refer member of staff to the Occupational Health Service, if the absence is expected to continue beyond 4 weeks); and • agree on-going contact, including the need to advise of any progress or developments concerning their sickness. <p>In addition, and as necessary, remind the member of staff of their obligation to submit medical certificates.</p> <p>Consider further support in accordance with the Attendance Management Policy as appropriate, seeking advice from the relevant HR contact.</p>

VERSION 2

	<p>indication of your likely return to work date.</p> <p>Note: if you feel fit enough to return to work before your medical certificate ends, you must provide your manager with a final certificate from your GP saying that you are fit to return to work.</p>	
<p>Return to work meeting</p>	<p>When you return to work, you should report to your line manager before you begin work (recognising this will not always be possible in operational departments), who will undertake a return to work meeting with you in accordance with the Attendance Management Policy.</p> <p>As part of the return to work meeting, your manager will ask you to complete a self certification form for the first seven days of your illness.</p>	<p>Conduct a Return to Work Meeting with the returning member of staff at the earliest opportunity in accordance with the Attendance Management Policy, completing the Return to Work Meeting Record (Appendix 1), and ensuring the member of staff completes a Self-certification Form (Appendix 1) for the first seven days of absence.</p>

Annex B

Scottish Ambulance Service

1. Persistent Short Term Absence

Absence has a direct impact on Service delivery and it is essential that managers and staff members take the necessary steps to maximise attendance at work. Where a staff member's sickness absence gives cause for concern managers should take appropriate action to ensure the policy is applied robustly and full support is given to enable staff members to return to work at the earliest opportunity.

Persistent short term absence (lasting less than 28 days) is characterised by a pattern of absence due to minor illnesses that are usually not connected. Such patterns could vary from single days of absence, to fewer occasions of absence involving a loss of up to a week or more, or a combination of both. High levels of this type of absence may indicate problems which need to be explored and resolved.

2. Review Trigger Points

Managers have the responsibility to ensure that absence is reviewed on a regular basis and this can be achieved through the use of review trigger points. It is important to have in place clear trigger points for the review of sickness absence and that these are applied consistently throughout the Scottish Ambulance Service. Trigger points for the purpose of this policy will include:

- Patterns/trends;
- Nature of absence e.g. stress/mental health issues;
- Persistent Short Term Absence – four periods or eight days, over a rolling twelve month period;
- Any other cause for concern.

Managers may also take action at any time where there is a suspected misuse or abuse of the policy.

3. Management Review

Where a trigger point has been reached managers will review all relevant information from, for example, return to work interviews, absence records and any other information which is appropriate to consider the best course of action. Options available to managers for consideration are as follows:

- No further action necessary
- Counselling the staff member in relation to their absences which may include referral to OHS or other support services such as fast track physiotherapy or Employee Counselling.

- Progress to a Stage 1 meeting.

4.0 Short Term Absence Procedure

Where absence is giving cause for concern and the manager has decided to move to a formal meeting the following procedure should be followed.

For all levels of attendance management meetings the format highlighted below should be followed. In addition OHS referrals should be undertaken as appropriate.

Stage 1

Where the need for a meeting has been identified the staff member should be invited to attend a Stage 1 Attendance Management meeting with their line manager. An HR representative would not normally be present at this meeting except in exceptional circumstances. The staff member should be given a minimum of 5 days notice, in writing, of the time, date and reason for this meeting and be advised of their right to have representation. This meeting should be held within a reasonable timescale and within 14 days of most recent absence occurring. However, it is recognised that on some occasions, due to shift patterns, meetings may occasionally need to take place out with this timescale. If this occurs, the reason should be recorded on the return to work form.

A copy of the Attendance Management Policy and a summary of the staff members sickness absence should be included in all initial correspondence.

This meeting should aim to:

- update the staff member on their absence, highlighting the areas of concerns.
- consider any mitigating circumstances the staff member may have that are impacting upon their attendance and explore what options may be available to support them;
- ensure the staff member is fully aware of the contents of the policy and explain what action could be taken should attendance levels not improve;
- consider if a monitoring period is required;
- agree a reasonable period of time over which the staff member's attendance will be monitored and detail the level of improvement expected, including interim reviews.

The discussion should be recorded using the appropriate documentation and, the staff member should have the outcome of the meeting confirmed in writing.

Where a monitoring period is necessary the staff member's attendance would normally be monitored for an agreed period of up to 6 months (at the discretion of the manager and depending on individual circumstances). A review meeting may be agreed, held, and documented, mid-way through the monitoring period, where appropriate, to ensure continued support and to discuss the staff members progress. If the staff member's attendance is satisfactory at the end of the review period the staff member and HR should be informed of this and no further action taken.

Where the staff member achieves and maintains the expected level of attendance at

VERSION 2

work after the agreed monitoring period following the meeting, the manager should inform the staff member accordingly in writing and that normal arrangements will apply thereafter.

Stage 2

Where the staff member has failed to achieve and maintain satisfactory attendance levels during the Stage 1 monitoring period or sooner (i.e. if there is continued absence/concern then the manager does not need to wait until the end of the monitoring period before moving to the next stage), the line manager should meet with the staff member under Stage 2 of the procedure, having considered all information including OHS reports where appropriate. The staff member should be given a minimum of 5 days notice, in writing, of the time, date and reason for this meeting and be advised of their right to have representation. An HR representative should attend this meeting.

Managers should discuss the failure to achieve expected attendance levels and the reason(s) for recent absences. Again this may be an ideal time to offer assistance/support as appropriate to the staff member.

At the conclusion of the meeting the manager should again inform the staff member that his/her level of absence remains unacceptable, an improvement is required that their attendance will be monitored for a period of up to 9 months. The manager should offer the appropriate assistance/support during the meeting including referral to OHS if needed. The manager should advise of potential consequences if the level of attendance does not improve.

Where the staff member achieves and maintains the expected level of attendance at work for a period of 9 months following the meeting, the manager should inform the staff member accordingly in writing and that normal monitoring arrangements will apply thereafter.

Stage 3

Where it has been determined that at the end of the monitoring period under Stage 2 of the procedure (or sooner if there is continued absence/concern then the manager does not need to wait until the end of the monitoring period before moving to the next stage), there is no improvement in attendance, a further meeting should be arranged between a senior manager and the staff member. The staff member should be given a minimum of 5 days notice, in writing, of the time, date and reason for this meeting and be advised of their right to have representation. An HR representative should attend this meeting.

Prior to the meeting all of the information being considered by management should be made available to the staff member.

At the meeting the senior manager will discuss with the staff member his/her continuing failure to achieve or maintain the appropriate the expected attendance levels and the reasons for recent absences. If appropriate, the possibility of alternative employment should also be considered at this stage.

VERSION 2

At the conclusion of the interview, the senior manager will inform the staff member that:

- his/her level of absence remains unacceptable
- close monitoring of his/her absence will continue, and
- should the staff member fail to achieve and maintain the expected level of attendance at work a report should be compiled by the line manager detailing the absence and steps taken and submitted to the most senior manager in the department (i.e General Manager level) for consideration for termination on the grounds of incapability due to ill health.

Where the staff member achieves and maintains the expected level of attendance at work for a period of up to 12 months following the meeting, the senior manager should inform the staff member accordingly in writing and that normal monitoring arrangements will apply thereafter.

5.0 Further Health Referral

Following the meeting with the senior manager, where it is determined, following a further review of the absence record during (if there is continued absence/concern then the manager does not need to wait until the end of the monitoring period before moving to the next stage) or at the end of the specified period of close monitoring, that the staff member remains unable to achieve and maintain an acceptable level of attendance at work, the staff member should be referred again to OHS for an up to date health assessment.

The manager should provide the OHS with details of the staff member's sickness absence since the last referral. The manager should request OHS opinion, in particular, on whether the specific health disorder has improved, deteriorated or remain unchanged. In addition, OHS should be requested to consider, in cases where the staff member's health has deteriorated, whether the staff member is now permanently unfit for his/her duties, or when they are likely to be fit for full range of duties, and if in their opinion the criteria detailed in the disability discrimination legislation applies.

6.0 Potential Dismissal Meeting

Where the standards/improvement in attendance have not been met the staff member's line manager will provide a report to the General Manager (or equivalent), detailing the absence and steps taken, for consideration. The General Manager will convene a meeting to discuss the report and give consideration to terminate employment on the grounds of capability due to ill health. Further details in regard to dismissal are contained in section 16 of the Attendance Management policy.

For persistent short term absence an updated OHS report should be included to ensure that up to date information is considered.

At each stage of the process the staff member should be given a minimum of 5 days notice, in writing, of the stage, time, date and reason for the meeting being held, and advised of the right to representation. An HR representative should attend this meeting.

VERSION 2

Similarly, the outcome of the meeting should be confirmed in writing within 7 days, at which time the staff member should be advised of the right to appeal.

7.0 Previous Monitoring Periods

Where the monitoring period has lapsed and the staff member, within a short time scale, reports sick and again reaches the trigger point. Where this occurs it may be appropriate to reinstate the previous stage/level of monitoring. However, where this pattern is recurrent Managers should give consideration of progression to the next stage of the process.

Annex C

Scottish Ambulance Service

1. Long Term Absence Procedure

If a staff member has been absent for four consecutive weeks and is not due to return to work imminently, the line manager should arrange a one to one meeting with them to find out more about the absence and how the staff member can be helped to return to work, for example, a referral to OHS or any other appropriate support service.

It may be appropriate to refer an individual prior to 4 weeks and an OHS referral can take place at any stage during the procedure. An early referral to Occupational Health should be considered where the absence relates to stress/mental health issues or to IPRS for musculoskeletal problems in order that appropriate support can be provided at the earliest opportunity.

A record of the meeting should be recorded as a file note with a copy sent to the staff member. In exceptional circumstances, where a meeting is not appropriate at this stage, the line manager should note this and the reasons for this decision.

2. Initial Long Term Absence Meeting

Where a manager has met a staff member following four weeks of absence, a further date should be arranged to review the situation. Where possible this meeting should be on a face to face basis and should take place within eight weeks of commencement of the absence.

Although it is anticipated that all meetings will take place on Service property, in some circumstances it may be appropriate to consider a neutral venue. Home visits should only be considered with the agreement of the staff member and in those circumstances, the line manager would normally be accompanied. Confirmation of this meeting should be given in writing, giving at least 5 days notice and advising of the right to representation.

The aim of this meeting is to:

- keep the staff member in touch with work issues;
- explore the current reason for their absence and establish if they need any support or adjustments to the work environment in order to help them return e.g. through use of the rehabilitation/phased return procedures;
- find out how long they are likely to be absent;
- inform the staff member of the next steps;
- agree regular face to face contact arrangements;
- discuss the need for a referral to OHS or any other support service where appropriate.

A record of each meeting should be recorded and confirmed in writing to the staff

member.

Regular meetings are crucial to maintaining a relationship with the staff member whilst they are off ill.

It is important to note that it is more difficult for a staff member to return to work after a lengthy absence if regular contact is not maintained. It is the responsibility of both the staff member and the line manager to ensure that this is not an issue.

3. Occupational Health Referral

In all cases of long term absence or where an underlying health problem is suspected, a referral should be made to the Occupational Health Service. This referral should be made as soon as the absence is identified as being long term or is of concern, where appropriate. The referral should be discussed with the staff member, and where a staff member declines to attend for a referral to the Occupational Health Service, any necessary decisions will have to be taken without the benefit of medical advice.

An Occupational Health Referral Form should be completed by the line manager and submitted to OHS. OHS will then send an appointment date to the staff member, a copy of which will be sent to the line manager.

The purpose of the referral to OHS is:

- to establish if any additional support can be offered to assist the staff member with their health problems;
- to obtain as full a picture as possible of the nature and extent of the illness and its relation or relevance to the employment circumstances of the staff member;
- to be able to make an informal prognosis of the likely outcome of the illness to enable the manager to plan the workload of the department accordingly;
- answer any specific questions the line manager may have e.g. with regard to reasonable adjustments or whether absences are linked, and to assess what, if any, rehabilitation would be necessary.

Following the appointment with OHS a report will be submitted to the manager and copied to the relevant local HR contact.

4. Action Following the Referral

Following the receipt of the Occupational Health Report the staff member should be invited to attend a meeting with their manager to discuss the report. The individual should be provided with a copy of the report prior to the meeting.

Individuals will be entitled to be accompanied by a staff representative or colleague and should be informed that a member of the HR team may also be in attendance at the interview.

During discussions with the staff member the manager should consider the following:

- whether a further referral to the Occupational Health Service is necessary
- measures for phased return to work

VERSION 2

- return to existing or suitable alternative duties which may include a change of location or function at work in an alternative grade. This should be discussed with Occupational Health and the relevant HR Adviser
- if the staff member is unlikely to return to work in the foreseeable future
- whether the staff member is permanently unfit to return to work

5. **Staff Members Returning to Work - Phased Return to Work**

When a member of staff is able to return to work after a period of long term absence, the manager should meet with the staff member prior to their return date. During the meeting the manager and staff member should agree a clear written programme including timescales and the nature of duties to be undertaken during the phased return, including monitoring arrangements (with OHS advice being taken as appropriate).

A phased return to work (either reduced hours and /or alternative duties) should be for up to a maximum of 12 weeks; the first 4 of which normal salary will apply. This may be extended in exceptional circumstances, and only with the approval of the relevant senior manager. Following this an individual may use their annual leave entitlement to offset reduced hours or adjust pay accordingly.

When the staff member has completed the phased return, and has resumed to normal working patterns and duties, the manager will continue to monitor as appropriate.

6. **Return to work (operational staff)**

There may be a requirement on occasion to refer operational staff to the Education and Professional Development (EPPD) as part of the return to work process. This may result either through recommendations contained within an OH report, or through discussion between the staff member and the manager.

This normally occurs when a staff member has been absent long term and there may have been changes to practice, there is a potential for skills atrophy, or loss of confidence as a result of the absence.

The referral is made by the line manager, to the local EPPD administrator, using a standard pro-forma (**Appendix 3**) and a member of the EPPD team will be allocated to complete the return to work process.

The process is designed to support the staff member in returning to normal operational duties at the earliest opportunity, by ensuring that they are up to date with current practices. Staff will be notified by their line manager that a referral request is being made to the EPPD, the reason for the referral and the staff member's consent to disclose relevant information, to ensure the staff member's needs are met.

The referral appointment will generally involve some form of skills/knowledge assessment, which may be carried out in a classroom setting, or in the operational environment allowing an individual development/support action plan to be tailored to the specific needs of the staff member.

Prior to the appointment, the staff member will be contacted by the EPPD to discuss the staff member's anticipated needs and to agree the date, time, location and content

to be covered during the process. On completion, a report, including recommendations on any additional support or development needs/action plans will be produced for the staff member and the referring manager.

7. Alternative Employment

Depending on the nature of the staff member's illness, the manager should give consideration at all stages in the management process to the possibility of a staff member being offered (a suitable) alternative post before a decision is taken to dismiss a staff member on health grounds.

Where appropriate, OHS should be requested to provide an indication of whether a staff member is able to undertake alternative employment and, if so, the nature of any such alternative employment. This consideration should apply equally to cases of long term and short term sickness absence. Where consideration of alternative employment is deemed appropriate the terms and conditions of the new post should be applied, and a trial period may be considered to establish the suitability of the post.

8. Referral Outcomes Which Could Lead to Dismissal

Where the manager is advised by OHS that the individual is now permanently unfit for duty, or unfit for the foreseeable future, or unfit for a lengthy period of time then the provisions outlined in Section 16 of the Attendance Management policy, in relation to Termination on the Grounds of Ill Health should be followed i.e. the staff member would be dismissed on the grounds of capability due to ill health.

THE SCOTTISH AMBULANCE SERVICE

SELF CERTIFICATON/RETURN TO WORK

PERSONAL DETAILS

NAME :
 DEPARTMENT/STATION :
 EMPLOYEE PAY NO :
 POSITION HELD :

ABSENCE DETAILS

PERIOD OF ABSENCE: FROM TO:
(please state actual day(s) involved only e.g. Monday 06.01.03 - Friday 10.03.03)

SHIFT PATTERN DUE TO WORK (for Vehicle Crew Staff only)

TOTAL NO. OF DAYS ABSENT ACTUAL DATE OF RETURNING TO WORK

NATURE OF ABSENCE:

DID MEMBER OF STAFF PROPERLY NOTIFY OF ABSENCE? YES/NO

WAS MEDICAL CERTIFICATION RECEIVED FOR PERIOD OF ABSENCE (IF REQUIRED)? (PLEASE ATTACHED AS NECESSARY) YES/NO

DID MEMBER OF STAFF INDICATE THAT FACTORS AT WORK MAY HAVE CONTRIBUTED TO ABSENCE? YES/NO

DOES MEMBER OF STAFF HAVE A DISABILITY? YES/NO

IF INJURY, IS IT WORK RELATED: YES/NO

IF INJURY, IS IT RELATED TO REGULAR SPORT/LEISURE ACTIVITY: YES/NO

* If illness is flu please tick this box if received flu jab prior to absence

HOME VISITS/CONTACTS DIARY (Include failed attempts)

Date	Method	Comments

PREVIOUS 12 MONTHS ABSENCE DETAILS

Dates From:	To:	No of Days	Reason for Absence	Self or GP Cert?

OCCUPATIONAL HEALTH SERVICE

HAS THE EMPLOYEE BEEN REFERRED TO OHS: YES/NO, (If yes please complete box below)

Date	Outcome

FOLLOW UP ACTION REQUIRED (IF APPLICABLE)

HAS THE EMPLOYEE BEEN COUNSELLED IN RELATION TO PREVIOUS ABSENCE? YES/NO
(If Yes, please give details)

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RETURN TO WORK INTERVIEW CONDUCTED BY:.....

SIGNATURE OF EMPLOYEE:

SUPERVISOR/MANAGER SIGNATURE:

DATE:

Appendix 2

SICK PAY ENTITLEMENT CHART

DURING THE 1 ST YEAR OF SERVICE	ONE MONTHS' FULL PAY AND TWO MONTHS' HALF PAY
DURING THE 2 ND YEAR OF SERVICE	TWO MONTHS' FULL PAY AND TWO MONTHS' HALF PAY
DURING THE 3 RD YEAR OF SERVICE	FOUR MONTHS' FULL PAY AND FOUR MONTHS' HALF PAY
DURING THE 4 TH AND 5 TH YEARS OF SERVICE	FIVE MONTHS' FULL PAY AND FIVE MONTHS' HALF PAY
AFTER COMPLETING 5 YEARS OF SERVICE	SIX MONTHS' FULL PAY AND SIX MONTHS' HALF PAY



**Scottish Ambulance Service
Education and Professional Development Department**

Operational Staff Return to Work Referral Request

Section to be completed by Line Manager	
Name of Staff:	
Location:	
Designation:	
Date absence commenced:	
Projected date of return:	
Date of this referral:	
Name and designation of referring Manager:	
Reason for referral:	
Consent of staff member for referral and disclosure of relevant information: <i>(delete as appropriate.)</i>	Yes (written) Yes (verbal) No
Staff member has been brought up to date with all relevant bulletins/information:	Yes No
Brief descriptor of illness/injury: <i>(do NOT include clinically sensitive or confidential information that has not been consented to.)</i>	
Reference number of any RIDDOR or DATIX report linked to the illness/injury:	
Action taken to date <i>(e.g attending OHS, GP, IPRS Physio, ergonomics assessment etc.)</i> Please state if any relevant treatment is ongoing or whether they have been discharged	
If a 'phased return' is advised, over what period:	
Is there any management report from a healthcare provider which will assist in the assessment process:	Yes (enclosed/attached) Yes (not enclosed/attached) No

Section to be completed by Education and Professional Development Department	
Date referral request received:	
Supporting documents stated as “attached/enclosed” received	Yes No
Case review recommended:	Yes No
If case review recommended indicate actions to be taken: <i>(e.g. participants, date, location.)</i>	
Name of PDE the assessment is allocated to:	
Date allocated:	

Section to be completed by allocated PDE	
Date of initial contact with staff member	
Agreed assessment date(s)	
Name of Assessor(s)	
Agreed assessment topics: <i>(competency sign-off sheet to be included for each topic – e.g. driving, ALS, moving and handling etc.)</i>	
Assessment outcome/recommendations: <i>(supporting evidence MUST be provided, including development action plans, review dates and/or other referral recommendations.)</i>	<ol style="list-style-type: none"> 1. Resume full duties with immediate effect. 2. Resume full duties with development action plan. 3. Resume duties with supervision and review. 4. Not ready to resume full duties. 5. Other specialist intervention required.
Name of manager completed assessment report sent to:	
Date sent:	

SASAM Process Flowchart

