

Attendance Management Guide

Manager's guidance

At Carnival UK, we're working hard to shape a positive working environment where everyone can do their best work and be safe and well. This guide explains how we'll support colleagues if sickness impacts attendance at work.

Everybody must take responsibility for their own health and wellbeing, but equally, we expect anyone who is a line manager to be both proactive and supportive when it comes to the wellbeing of their team members to ensure support is sought early.

It's therefore essential that our line managers are knowledgeable about our policy and process for managing people with a disability or health condition and understand their role within that. This includes the organisation's responsibility to make reasonable adjustments. The type of relationship that a manager builds with their team members is also key. A management style based on trust is essential if someone with a disability is going to feel comfortable and empowered to discuss their condition and receive the support they need.

This approach will also help to develop an open and inclusive culture based on respect. This means you are having regular one-to-ones with those in your team, being comfortable having sensitive conversations and asking how people are on a regular basis. If people in your team know you have a positive approach to equality and inclusivity, they will be much more likely to tell you about their disability or health condition.

When your team member lets you know they aren't well enough to work

On the first day that someone is absent from work due to sickness, you need to enter the start date of their absence and the reason for the absence in myHR portal. You should have access to see all of your direct reports so that you can log their absences.

If your team member isn't sure when they will be back at work, you can tick the open-ended absence box in myHR portal.

When your team member is off work, you should keep in touch with them daily unless they are signed off for a week or more. Then you can then agree on either a weekly or twice weekly catch up. Find a time that is mutually acceptable, remembering your team member may be resting during the day.

Once they are back at work, this box should be unticked, and the absence end date added to myHR portal. It's really important this is done on the day they return to ensure their sick pay is correct. Our payroll system is linked to myHR portal.

A return to work discussion should be conducted on the first day your team member returns to work following a period of sickness absence. This is to check how they are feeling, whether they are well enough to be back at work and whether they need any support following their absence. If your team member is nearing the Bradford Factor trigger, this should be mentioned during the Return to Work interview. The Return to Work interview questions are now kept on myHR portal to ensure they are stored safely.

As a manager you should be aware of the benefits and support available at Carnival UK:

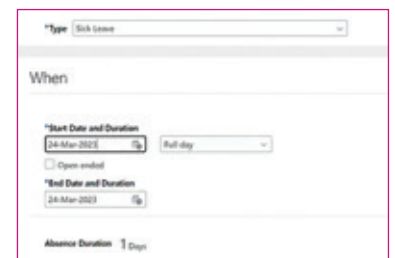
- Employee Support Line
- Occupational Health Service
- Mental Health First Aiders
- Digital GP
- Health Cash plan / Private Medical insurance
- Funded eye tests
- Dental cover
- Free probate support and bereavement counselling
- Health assessments.

Please ensure your team member is also aware of the support they can access as it may help them recover more quickly.

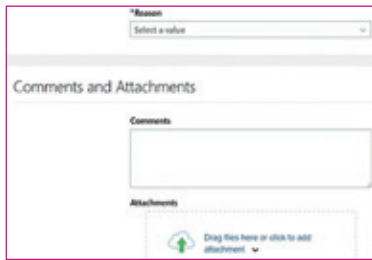
High levels of absence and in turn a high Bradford Factor may result in the need for an Absence Review meeting. This meeting should not be held during the Return to Work interview, although it should be held within seven calendar days of returning.

If your team member's absence relates to an accident at work or whilst driving on company business, please report this to the Facilities team.

Your team member can self-certify for up to seven calendar days. If they are absent from work for eight days or more, they will need a fit note from their GP or allied health professional. From July 2022, fit notes can now be signed by nurses, occupational therapist, physiotherapists and pharmacists. Fit notes can also be provided and purchased following online consultations. If you are unsure of the origin of the fit note, please speak to the Employee Relations team.



The fit note needs to be attached to the episode of sickness absence on myHR portal.



If your team member fails to provide a fit note or does not stay in touch, the AWOL (Absent without leave) process can be followed. Please speak to the Employee Relations team in these instances.

If your team member is on annual leave or due to go on annual leave when they become unwell, provided they have followed the usual absence reporting process (contacting you on the day they are unwell), the annual leave can be reinstated on myHR portal.

If your team member is unwell, we wouldn't encourage them to work when not feeling well enough to complete a full day's work. We know that sometimes your team member may feel unwell but still want to work i.e., attend meetings with their camera turned off or just send a few emails during the day. In these situations, your team member should be encouraged to take a day of sickness absence to rest and recover. You can reassure them at this point that any urgent work will be picked up by colleagues during their absence. We wouldn't encourage 'working from home' if they aren't well enough to come into the office.

What if my team member needs to see a GP or specialist?

We would encourage flexibility to help your team member attend appointments related to their health. GP appointments can often be more flexible and therefore the team member can usually make this time up. Specialist appointments tend to be less flexible so you may wish to allow time for them to attend.

What sick pay is my team member entitled to?

During the probationary period, your team member is not entitled to sick pay. Once they have completed their probationary period they are entitled to sick pay. The amount and duration depends on their length of service and will be included in their terms and conditions documents.

Length of Service	Full Salary	Two-thirds Salary
Less than 2 years	4 weeks	9 weeks
2 – 5 years	9 weeks	9 weeks
5 – 10 years	13 weeks	13 weeks
10 years +	26 weeks	

Sick pay entitlement is based on a 12 month rolling period. It's important to note that as they approach the end of their sick pay entitlement, any payroll deductions are typically processed one month in arrears. You will be notified if your team member's pay will be impacted by this.

What action do I need to take if my team member needs reasonable adjustments?

If a member of your team wants to discuss their disability or health condition, conversations should be private and in a place where the individual is comfortable. Listen with empathy and respond with openness and common sense. You may also start to discuss possible adjustments and support.

A good way to start the conversation could be 'What do you find difficult at work (barrier) and how can I make that easier for you (adjustment)?'

If your team member discloses a disability or health condition to you and you aren't sure what support to offer, you can refer them to the Occupational Health Service (OHS) for advice on adjustments.

We have a legal obligation to consider and make reasonable adjustments where possible for those covered under the disability provisions of the Equality Act. Please contact the Occupational Health Service or the Employee Relations team for further advice.

If they are not covered under Equality Act, then we should still consider reasonable adjustments to support them where possible.

An adjustment is usually considered to be reasonable if it does not have a significant impact to the business, other team members or guests.

Examples might include:

- a more flexible working arrangement, for example, allowing someone to work from home or changing their hours so they don't have to travel to work in the rush hour
- arranging more one-to-one supervision, additional training, or providing a mentor
- making a physical change to the workplace or workstation, for example, changing a desk height, or moving office furniture to improve access
- altering assessment procedures – such as giving extra time, providing assistive technology or offering a 'work trial' instead of a traditional formal interview
- providing extra equipment or assistance, for example, a new chair or specific software.

You should keep agreed adjustments under review to see how well they are working and if any others are needed. Once an adjustment has been agreed, it should be implemented as soon as possible. Keep a written record of any agreed adjustments. This will help you and your team member to review the adjustments made.

When would I need to refer a member of my team to the Occupational Health Service?

The Occupational Health Service (OHS) advises line managers on a range of issues such as whether an individual is fit to attend work, if any medical condition is affecting their ability to carry out their role, prognosis for recovery and if you should be considering reasonable adjustments. OHS also undertakes preventive work, improving the overall health of our teams.

A referral to the OHS would be appropriate for anyone who is absent for 14 days or more and anyone who is absent due to:

- the absence relates to any psychological condition, for example stress
- the line manager suspects the absence may relate to substance abuse
- an individual informs their line manager they are about to have any surgical procedure
- the absence relates to any fracture, back pain or any other musculoskeletal illness
- absence occurs during any disciplinary investigation or if the individual is being managed through the unsatisfactory conduct or capability procedure and it is unclear whether they are well enough for the process or advice is needed about adjustments during this process
- where the employee declines to discuss their medical condition; or
- an opinion is needed if an employee is medically fit to attend management meetings.

OHS operates standard and fast-track referrals. Standard referrals result in the individual being contacted within three days for an appointment and an appointment being made within seven days. Fast-track referrals will result in the individual being contacted the same day for an appointment with an appointment scheduled within 48 hours.

A fast track referral is appropriate where:

- the absence relates to any psychological condition, for example stress or anxiety;
- the line manager suspects the absence may relate to substance abuse;
- a line manager is advised by a member of their team that they are about to have any surgical procedure;
- the absence relates to any fracture, back pain or any other musculoskeletal illness.

A standard referral is appropriate where:

- an absence occurs during any disciplinary investigation or if the team member is being managed through the Performance Improvement process; or
- where the team member declines to discuss their medical condition or the line manager needs other health related advice.

An occupational health referral will also be used in cases where your team member may be dismissed due to frequent absence and where it's appropriate to check there is no underlying medical reason for the absences or that something has been missed.

An occupational health referral form can be emailed to **OHS@carnivalukgroup.com**. It is helpful for OHS to be provided with a background to your team member's health/condition, for example, have they had a diagnosis, are they taking medication, the impact on their work.

The referral form needs to be completed in full including their date of birth, address, telephone number and email. All of this information is needed to process the referral, arrange an appointment and complete data checks. The form will be returned to you if this information is missing.

If your team member does not wish to be referred, you will need to manage the situation based on the evidence you have available. In these situations, the Employee Relations team should be contacted.

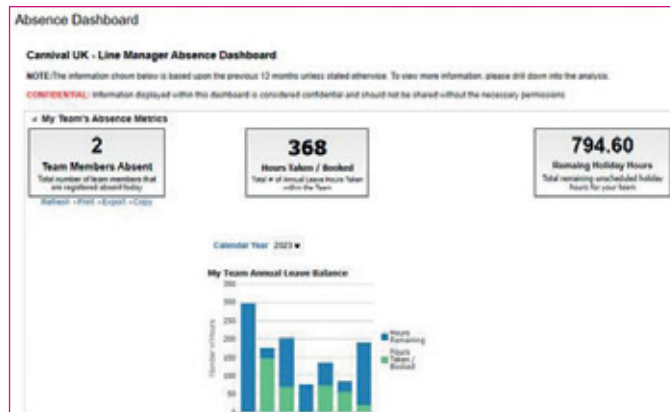
When would a member of my team trigger the Bradford Factor?

There will be occasions when sickness absence may be unavoidable. While we would not want to encourage anyone to attend work if they do not feel well enough to do so; equally we cannot ignore the effects that poor attendance may have on the business and the rest of the team. As such we need to record it accurately, manage it appropriately and as early in the absence as possible.

A Bradford Factor trigger mechanism is used to help identify anyone whose level of absence is considered to be unacceptable.

The Bradford Factor is a system used to calculate a score for someone's absence in a rolling year and assists in identifying those with high absence levels and patterns of absence that need further investigation.

All Line Managers have access to an Absence Dashboard within myHR portal which categorizes absence using a RAG (Red, Amber, Green) status. Any team members who have triggered the Bradford Factor will appear in red (a score of 150+ over a rolling 12 month period or 40+ over a rolling three month period); an Absence Review meeting should be conducted for any team member who has moved from amber to red status, unless agreed otherwise following discussion with the Employee Relations or Occupational Health Service.



A Bradford Factor score of either 150 and above over a rolling 12 month period or 40 and above over a three month rolling period (pro-rata for part time employees) is the benchmark for unacceptable absence. The Bradford Factor calculation places more emphasis on short-term frequent absence than on long-term sickness. A Bradford Factor of 5 is applied for those in their probationary period.

The Bradford Factor score is calculated as "Number of occasions of absence" multiplied by the "Number of occasions of absence" multiplied by the "Number of days absent".

Pregnancy related absence (including fertility treatment, miscarriage and baby loss) is automatically excluded from the Bradford Factor calculation.

When should I undertake an Absence Review meeting?

When a member of your team has triggered the Bradford Factor or when there appears to be a pattern to the absence (e.g. regularly off sick the day before/after a period of annual leave, or often absent before or after a weekend etc) an Absence Review meeting needs to be conducted using the template meeting form.

The purpose of an Absence Review meeting is to formally discuss your concerns with the member of your team regarding their attendance record. During the meeting you should discuss any support that has been put in place to date and any additional support or adjustments that can be offered to improve their future attendance at work. You should also discuss the reason for each of the absences and allow them an opportunity to advise if there are any mitigating circumstances or underlying reasons that may be contributing to their high level of absence. You can also discuss if they are receiving any medical treatment or are currently undergoing any tests.

The outcome of an Absence Review meeting will be either a first or final absence warning. An outcome letter should be sent to the individual, Occupational Health Service and to the Shore Employee Admin team to be kept on record.

Once a first absence warning has been issued the Bradford Factor score resets to zero and is reduced by 25% (30 in a three month period and 113 in a 12 month period). If your team member triggers the Bradford Factor score again, they will usually be issued with a final absence warning. The score will again reset to zero and the trigger score will remain the same (25% lower). If they trigger the Bradford Factor again the Employee Relations team should be contacted as this is the point where a consideration of dismissal meeting is held. The Bradford Factor score should be calculated manually once a warning has been issued as the Bradford Factor cannot be reset on MyHR.

During probation, if the trigger of five is reached, the probation period is usually extended by three months. The trigger is then reset to 0. If the trigger of five is reached again, the Employee Relations team should be contacted for advice on next steps.

Each situation should be managed on a case-by-case basis. Any extenuating circumstances should be discussed with the Occupational Health Service and Employee Relations team prior to an outcome being delivered to ensure fair and consistent messages are given across the business. The meeting can be adjourned to seek advice.

Team members should be invited in writing to Absence Review meetings with 48 hours notice. The outcome of the meeting should also be documented in letter format once the Absence Review meeting is complete. Template letters are available from the Employee Relations team.

There is a right to appeal against warnings and dismissal.

What happens if my team member is absent for a long period of time?

A long term period of absence is one which reaches 14 consecutive calendar days. During any long term absence, both the line manager and team member should work together to explore what they can do, or might be capable of doing with help and support, to return to work as soon as they are able.

There are two types of meetings that should be held during long term sickness absence:

- An Informal Review should be held after 14 days continuous absence, regardless of the reason. You should discuss a referral to OHS with your team member. The purpose of this review is to keep in touch with the team member and explore the support needed to help them return to work. This review can be held over the phone.
- A Long-term Absence Review Meeting – after 28 consecutive calendar days absence and every 28 days thereafter. The purpose of this review is to explore the support needed and to help understand whether they are likely to return within a reasonable time frame, and therefore whether the Company can continue to support the absence. These review meetings are usually held face to face in person or on Teams.
- Following a Long-term Review Meeting, advice should be sought from the Occupational Health team and Employee Relations team. They will help you decide whether the sickness absence can continue to be supported, except when the sickness absence is pregnancy-related (including fertility, miscarriage and baby loss). The Occupational Health team will also be able to let you know any adjustments that might be needed on their return.

Can a team member be redeployed to another role?

Redeployment needs to be considered if they are covered by the Equality Act and only if confirmed by Occupational Health Service that they cannot return to their existing role or are not expected to be able to in the foreseeable future.

We're not required to create a new role but if there is a suitable role that they can undertake, that would facilitate a return to work, then this needs to be explored. We will support you should this scenario arise.

At what stage might we have to consider dismissal?

It's a last resort to hold a medical capability hearing and this is only when all other options have been explored, including reasonable adjustments and redeployment, and medical confirmation has been received that the team member is not fit to return to work in any capacity or within a timeframe that can be supported.

It can be difficult to know when a long-term absence starts to become unsustainable, and there is no absolute answer as to when that happens. It's important to look at the individual circumstances of each case and take advice from the Employee Relations team.

Dismissal can be considered on capability grounds, but must be for good reason i.e. there really is no alternative, and on conclusion of a formal absence management process.

If there is no realistic prospect of a return to the substantive post in the foreseeable future, these are some of the factors that can be considered in order to evidence a decision to propose dismissal on medical capability grounds.

Have the following alternatives to dismissal been exhausted:

Retirement: Note, we cannot insist on an individual retiring and we have no ill health provision within our Pension scheme, but the individual may want to explore this option if they are approaching an age where they can access their pension.

Redeployment: Have we signposted any roles within the business that could be a feasible alternative? We have an obligation to explore all potential redeployment options, including offering a trial period and suitable training if reasonable to do so.

Flexible working: Will a reduction or change in hours worked help manage the individual's attendance at work? If number of hours worked is an issue then potentially – but be mindful that hours shouldn't be reduced if that in itself won't alter an individual's ability to complete the role in the main.

Reasonable Adjustments: Has the individual's GP or our own OHS team suggested adjustments for consideration? If so, is it reasonable for us to implement them? Are they permanent or temporary adjustments? How will they enable the role to be completed to an acceptable level? Are the costs and impacts of the adjustments reasonable? If the above have been exhausted and haven't enabled a return or sustained return to substantive post, it may be that dismissal appears the only possible outcome. In this case, the Employee Relations team will help you identify and evidence why this is the case, and the impact on the business of maintaining the absence. This is especially important where an individual has a disability and is likely to be covered under the Equalities Act 2010.

You'll need to prepare some of the below to help articulate a business case:

- 1) Do we have recent medical evidence to support an unknown prognosis or a prognosis that means there is no feasible prospect of a return in the near future?
- 2) Are there any statistics that will illustrate an impact? Eg in the Contact Centre; identify gaps on rotas as a result of an individual being absent; translate this into percentage of team absence; percentage of coverage lost on the phones for that shift an ongoing, therefore impact on customer service.
- 3) What is the financial cost of the absence to date and ongoing? If sick pay is being paid, are we doubling up on salary by paying someone to back fill the role?
- 4) How critical is the role? Can it be covered at all/to the same extent as if the role holder were in the role? If not, describe the impact of not having that role being undertaken for any period of time. Consider the business impact, impact on customers, and impact on surrounding colleagues/team. Is the work stopping whilst the individual is absent? Are team members picking this up? What impact does that have on individual workloads and team morale?
- 5) Have we considered the cost of recruiting a replacement and the time/cost taken to train them and at what point the new recruit will become effective in their role? Is the cost and likely length of the absence greater than recruiting afresh?
- 6) If the individual is at work but not completing all of their role (or saying they could return to parts of their role): Have you looked at the Job description in detail to work out what portion they are or are not able to complete? Will the bits they can't complete be a permanent restriction or are they likely to be able to complete all of their substantive duties within a reasonable timescale? What percentage of their role can/can't they complete and what is the impact of the elements not being completed? Ways that may help to quantify absence: - Highlight on an A4 planner the number of days out of the business – it's a good visual aid to help individuals see the extent of their absence - Make it a percentage; which then gives an idea of the portion of work which has either not been completed or has been passed to colleagues adding pressure elsewhere - Put a value on it; if full pay sick pay has been paid to the individual who is absent, what is the value of that to the business for no return whilst the individual has been absent? Have we been paying a temp to replace them? In which case, how much was this?

Confidentiality

If a team member has told you about their disability or health condition, as with any personal information, this should be treated as confidential. You should give all members of your team reassurance of this. Consent to share information about a disability or health condition must always be sought from the individual concerned. If a person doesn't give you consent to share their information, this must be respected. If your team member gives permission for information about their disability to be shared, discuss with them who will be told and by whom, and what they want and don't want colleagues to know.

The same applies to written information, the occupational health referral and the report received shouldn't be shared without permission from the individual concerned. The information should also be stored appropriately.

Who can I speak to for advice?

Every two weeks Occupational Health Services and the Employee Relations team hold a shore clinic. This is an opportunity to chat through any situations you may need support with. It can relate to a variety of issues:

- Absence management and the Bradford Factor
- When to issue an Absence warning
- Absence alongside performance concerns
- Absence alongside misconduct concerns

To arrange an appointment at shore clinic, please email the Employee Relations team - HRServices.EmployeeRelations@carnivalukgroup.com



Heroes of 'safe and well'