

Partnership review of
ill health retirement,
NHS injury benefit scheme
and sickness absence:
summary of joint proposals

Joint statement from review partners

In 2005, we began a joint review of the ill health retirement benefits, the NHS injury benefit scheme and the management of sickness absence across the NHS at the request of the Department of Health and the National Assembly for Wales. This desire to take a holistic approach to tackling illness and injury in the NHS came about through the work of the review partners (representing both staff and employers) involved in the review of the NHS Pension Scheme, which aimed to ensure that the Scheme meets the needs of a modern NHS and its staff by making pensions more appropriate for today's workforce.

Our current consultation exercise is the culmination of 18 months of joint working between management and staff side representatives and builds on the views of both staff and employers gathered during the lifetime of the review through established networks and a number of well attended

stakeholder events. It contains a number of proposals that we are now seeking views on.

The jointly agreed proposals contained in this document focus on the ill health retirement benefits and the management and prevention of absences. We are confident that they meet the wishes expressed by staff and support the affordability requirements of the NHS Pension Scheme for both employers and the tax payer by mitigating long term risks to the scheme by premature and unnecessary ill health retirements.

These proposals aim to create the right set of incentives to ensure that staff are supported and remain in work where at all possible, in recognition that staff will have longer working lives, allowing employers to sustain a workforce that supports their primary objective of providing effective healthcare for patients.

We believe that these proposals will ensure that the NHS Pension Scheme and employers' approaches to managing sickness absence continue to play an important part in recruiting and retaining the staff the NHS needs.

The review

NHS Employers is leading the review of ill health retirement, NHS injury benefit scheme and sickness absence in partnership with the NHS Trade Unions. The review is looking at how staff sickness and ill health retirement is managed in the NHS in England and Wales. In particular, it is identifying clear processes and procedures for handling absence and supporting staff through rehabilitation, redeployment or ill health retirements, in line with current good practice across the NHS.

Your views on the proposals

This document summarises the proposed changes to ill health retirement benefits and managing sickness absence. The consultation runs from **22 October 2007 to 21 January 2008**. We are asking staff and employers for their views on these proposals.

Your views will help shape the final recommendations for Health Ministers.

Further information is available on the NHS Employers website at www.nhsemployers.org/illhealthreview

including how to respond, the full consultation document *Partnership review of ill health retirement, NHS injury benefit scheme and sickness absence: joint proposals for consultation*, and an online response form. Please ensure that you submit your response by **21 January 2008**.

Why review?

Ill health retirement benefits are an integral part of the NHS Pension Scheme which has also been reviewed. Scheme members who retire early because of permanent ill health may receive their pension benefits early, when they retire.

The changes to the NHS Pension Scheme were announced in September 2007 and introduce a new normal pension age of 65 for new members from April 2008. The new Scheme offers more flexibilities for new members in their final working years. However, there are extra costs to the Scheme if new members are compensated for loss of pensionable service to age 65 rather than age 60. The proposed changes to managing sickness absence and the ill health retirement benefits will ensure that the NHS continues to support staff who are living and working longer and this mitigates the risk. The focus is on proactively supporting and managing staff through preventative measures. It will also better support those who want to carry on working but are unable to do so in their current role, as well as care for those who are unable to continue working.

Focus for the review partners

Ensuring that the NHS continues to provide high quality ill health retirement benefits is key to the review, alongside how the NHS continues to support staff who are able to

return to work. The review partners have also considered how the NHS manages the longer term costs of ill health.

Proposed changes

Supporting the new arrangements – a collective agreement

Much of the review has focused on identifying clear processes for managing sickness absence, rehabilitation, redeployment and ill health retirements that reflect good practice across NHS organisations. The review partners are proposing a new NHS Staff Council enabling agreement that outlines the minimum standards for employers in managing sickness absence and ill health retirement.

The NHS Staff Council aims to ensure that employers consider the broad range of options before ill health retirement and in doing so, manages the risks for employers and the NHS Pension Scheme. If agreed, it will be part of the NHS terms and conditions handbook and will be implemented alongside any agreed changes to ill health retirement benefits.

It will cover:

- the legal responsibilities of employers towards staff
- the key behaviours for employers and staff when managing sickness absence
- a framework for the management of absences, which will include:
 - structured review processes: assessing, monitoring and supporting staff on an on-going basis
 - rehabilitation: supporting staff to remain in work or return to work
 - phased return: enabling staff to return to their role over a period of time

- redeployment: offering alternative employment to staff who cannot continue in their current role
- sick pay entitlements: ensuring that staff are reviewed before their sick pay ends
- occupational health support: getting expert advice on the likely outcome of an application for ill health retirement and supporting staff in work
- risk management: including robust arrangements for reporting incidents and injuries that lead to sickness absence
- data collection: supporting the effective management of sickness absence
- monitoring and reviewing of policies: identifying where and how policies can be improved, in partnership with the trade unions.

Putting the right financial incentives in place

The review partners are proposing that, going forward, employers are responsible for the full cost of ill health retirement benefits unlike now, where the costs are funded by the NHS Pension Scheme. To support this, the review partners are also proposing a range of financial incentives for employers to improve the management of sickness absence and to support staff. Under the new arrangements, employers who manage sickness absence most effectively will reduce their costs.

The proposed options for recharging the cost of ill health retirements back to NHS organisations are detailed in options 1, 2 and 3. Each approach is cost neutral for the NHS but it ensures that employers recognise and have better ownership of the cost of their organisation's ill health retirements. It

aims to encourage employers to proactively intervene to manage sickness absence which in turn will manage the Scheme costs.

Option 1: Using a mutual insurance scheme, similar to the NHS Litigation Authority (NHSLA), to manage ill health retirements. This would replace current arrangements where costs are funded by the NHS Pension Scheme.

The NHSLA manages negligence claims against NHS bodies in England and has a proactive risk management programme to help raise standards of care in the NHS.

The review partners believe that a 'mutual' approach could be developed to support a more proactive way of managing ill health benefits in the NHS.

Currently employers pay a flat rate of 0.6 per cent of the 14 per cent of the overall cost that they contribute to the NHS Pension Scheme that in turn funds ill health retirement benefits. This proposal would remove the cost of ill health retirements from the NHS Pension Scheme and pass the responsibility and costs back to the employer, via a reduction in the employer contribution rate.

This approach aims to incentivise employers to put in place a robust set of standards to support the effective management of ill health.

Option 2: Different contribution rates for employers where rates reflect the use of the ill health retirement Scheme and the type and size of organisation.

If agreed, there are a number of ways that differential contribution rates could be

determined. The figures outlined below illustrate how this could be done.

- a) Find out the average incidence and cost of ill health retirement across the NHS, using three-year rolling averages (this is approximately 2.5 cases for every 1,000 employees per annum, at an average cost of £50,000 per individual case). This would form the basis of the employer's contribution rate. At the end of each year, the Scheme would recharge any over or underspend back to the employer, based on the employer's actual usage of the Scheme.

For example, based on current averages, in an organisation of 4,000 staff, we would expect ten ill health retirements per annum at a total cost of £500,000. If 12 occur, the employer would need to pay an additional £100,000 but if only nine occur, the underspend of £50,000 would be refunded to the employer.

- b) Find out the incidence of ill health retirement for each organisation and then allocate organisations to pre-agreed bands of contribution rates eg 13.8 per cent, 14 per cent, 14.2 per cent. However, this approach would mean that high Scheme users like ambulance and mental health trusts, would inevitably pay a higher contribution rate, compared to current arrangements.

The review partners recognise that the differential rates for employers, outlined in point a) above, is the simplest to introduce. This option would require organisations to proactively manage ill health retirements and focus on preventative measures.

Option 3:

Retain the current funding regime but with the addition of a smaller one-off charge to employers for every early retirement.

This would involve a reduction in the employer contribution rate to the NHS Pension Scheme, which would then be recycled to pay for any subsequent payments for ill health retirements.

The review partners understand that this approach would be easier to introduce than options 1 and 2. However, it is recognised that any reduction in rates may not be invested in managing ill health but diverted to other areas, particularly in times of financial difficulties.

Managing long term absence

The review aims to support employers in improving working practices to reduce sickness absence in the NHS. The review partners are proposing the following options.

Extension of sick pay

The review partners are proposing clarifying the current arrangements for the extension of sick pay entitlements in the collective agreement (see page 3) as follows:

- where a member of staff with the maximum entitlement for sick pay under NHS Staff Council terms and conditions reaches a 'no pay' situation without having a final review because of administrative/organisational delay, sick pay should be extended. This extension would be until the final review has been completed. This will cover staff with less than five years' service and where a final review

has not happened, 12 months after their absence commenced

- where the individual is expected to return to work in the short term and an extension would support a return and/or assist recovery, it would be discretionary as is currently the case. Particular consideration should be given to those staff who do not have full sick pay entitlements.

Improving rehabilitation arrangements for staff

The review partners are proposing a clearer framework for rehabilitation arrangements for NHS organisations, again through the proposed collective agreement. This recognises the need to identify how employees can be supported in getting swift treatment, so that they can remain in work.

This will cover the appropriate use of:

- rehabilitation – for example cognitive behavioural therapy (CBT)
- dedicated resources for NHS staff – early intervention such as occupational therapy, physiotherapy or counselling
- phasing the individual's return – enabling staff to work towards fulfilling all their duties and responsibilities within an appropriate time period
- integrated management practices – ensuring good co-operation between line managers, HR, occupational health staff and senior management, supported by appropriate absence management training for staff and managers.

Management information

The review partners believe that NHS organisations should have robust systems for

identifying sickness absence incidences across their workforce, with detailed information on the type of absences, at both organisation-wide and individual line manager level.

Again, the review partners are proposing that the proposed collective agreement includes the type of information that organisations should collect, to help them manage sickness absence and return to work.

Focusing the process on the individual

These proposals aim to balance the sensitive nature of an individual's sickness and ill health against the needs of the employer to proactively manage these areas.

The review partners recognise the need to carry out absence management procedures with tact and sensitivity but also recognise that managing attendance is a joint responsibility between the line manager and member of staff.

Line manager roles

The role of the line manager, supported by other key staff such as occupational health advisors, is key in the successful implementation of organisational initiatives that deal with the management of sickness absence.

The review partners are proposing that the collective agreement clarifies and emphasises the role of the line manager in the management of sickness absence.

Ill health retirement

The introduction of tiered arrangements for assessing cases

At present, enhanced retirement benefits are awarded for life, regardless of future

health and employment prospects. The review partners are proposing a two tier arrangement to determine individual ill health retirement benefits. This will provide a broader range of ill health benefits that better meet the needs of individual applicants.

This approach recognises that the different levels of benefits should depend on the

severity of the applicant's condition and the likelihood of them being able to work again. The proposed tiered arrangements are set out in the table below.

A range of case studies illustrating the impact of the proposed arrangements against the current benefit structure are available on the NHS Employers website at www.nhsemployers.org/illhealthreview

	Definition	The aim of this tier
Tier 1	<p>The individual is assessed as being unable to do their own job</p> <p>Staff are entitled to benefits where:</p> <p>The Secretary of State is satisfied that the member is suffering from mental or physical infirmity that makes them permanently incapable of efficiently discharging the duties of that employment.</p>	<p>This recognises the specific requirements of different roles in the NHS.</p>
Tier 2	<p>The individual is assessed as being unable to do any regular employment</p> <p>Staff are entitled to benefits where:</p> <p>The Secretary of State is satisfied that the member is suffering from mental or physical infirmity that makes them permanently incapable of regular employment.</p> <p>Being 'incapable of regular employment' will include:</p> <ul style="list-style-type: none"> • Unable to take on any substantial employment that is similar to their job as a Scheme member, either full or part time. They could not reasonably be expected to do work across a general field of employment, bearing in mind their physical and mental capacity, and their training and experience to date. • But recognising that work could be beneficial for therapeutic purposes to help the individual manage their condition. 	<p>This aims to give a greater level of benefit to those who are permanently incapable of working again. It also recognises the need for some flexibility to allow for the possibility of therapeutic or voluntary employment within certain limits.</p>

The proposed accrual rates, which is how a member builds up their pension benefits, for each of the tiers, are as follows:

	Entitlement
Tier 1	Benefits based on accrued service only, with no actuarial reduction ie a member's benefits will not be reduced to take into account the fact that they are accessing benefits before normal pensionable age.
Tier 2	<p>In addition to the tier 1 award members will receive an enhancement of two-thirds prospective service to NPA.</p> <p>The enhancement for a part time member will be in the proportion that their service at whole time equivalent length to their service at calendar length.</p> <p>For members that remain in the existing Scheme (amended), a minimum enhancement of four years will apply. This arrangement will remain in place until 2016 when it shall be reviewed.</p> <p>For help with pension terms, see the glossary of the main consultation document, available at www.nhsemployers.org/illhealthreview</p>

Movement between tiers

Movement from tier 1 to tier 2

The review partners propose that the Scheme's medical advisers will have the option of deferring a decision on entitlement to a tier 2 pension through a review process. In these instances the medical adviser will be satisfied that the member meets the tier 1 criteria, but that the nature of the condition makes it difficult to assess the longer term outcome in terms of ability to permanently undertake any regular employment. This review would consider the condition(s) upon which the original decision was made and would be informed by further medical evidence. Subsequent conditions or deterioration related to ageing would not be taken into account. The review would take place within a limited time period of no more than three years

after approval of a tier 1 pension. This decision would be made at the time of initial application.

Any decision to award a tier 2 pension would take effect from the date of the review. Pensioners will also have the opportunity to bring forward the date of review if they feel that they have sufficient medical evidence.

Movement from tier 2 to tier 1

The review partners propose that those in receipt of tier 2 pensions will be able to undertake some employment to support rehabilitation. However, these earnings may impact upon pension entitlement. The pensioner will be subject to an annual earnings declaration. This process would continue until age 60 for those who remain members of the current scheme and 65

for new entrants and members who transfer to the new scheme. Members affected would also be subject to abatement described above.

It is proposed that two separate approaches are necessary in this arrangement, depending upon the nature of the employer.

Members in receipt of tier 2 benefits who return to substantive employment outside of the NHS:

- A pensioner has the ability to earn up to the equivalent of the National Insurance Lower Earnings Limit (LEL) each tax year without losing access to a tier 2 pension. In tax year 2007/08 this stands at £4,524;
- If pensioners exceed the LEL they will move down to tier 1 entitlements at the point the limit is exceeded.

Members in receipt of tier 2 benefits who return to substantive employment within the NHS:

The review partners agree that there should be an arrangement that would allow a member to continue to work within the NHS, who has met the Scheme's criteria for being permanently incapable. This would be in a very limited number of situations. The rules for re-employment within the NHS therefore need to maintain the integrity of the Scheme. Different arrangements would apply in these circumstances:

- Where a pensioner earns below LEL in any tax year from any NHS employment, entitlement to tier 2 will only remain for 12 months from the start of that employment. After that time any NHS earnings will lead to a reduction to a tier 1 pension;

- If pensioners exceed the LEL during this 12 month period they will move to a tier 1 pension at the point the limit is exceeded.

In each scenario the following arrangements will apply:

- Pensioners will be afforded one opportunity before NPA to re-access (or maintain, in respect of working within the NHS) tier 2 benefits if it subsequently proves that they are unable to continue in that employment. This would be restricted to a period of 12 months from the first date of re-employment;
- The pensioner would have to apply to the NHS BSA Pensions Division within this 12 month period to re-access or maintain tier 2 entitlements;
- To support a reinstatement of tier 2 benefits an individual must supply supporting medical evidence. The purpose of the medical evidence is to confirm that the individual is unable to continue in that employment.

Rules governing abatement

Abatement is the method of restricting the amount of pension NHS pensioners can secure if they return to NHS employment. The review partners accept the requirement to follow the same rules as contained in the main NHS Pension Scheme with regard to abatement. This allows for the abatement of the actuarially enhanced proportion of any benefits accessed by members ie any benefit above which could be accessed via voluntary early retirement arrangements (where the member's pension and lump sum are

reduced by actuarial factors provided by Government Actuary's Department) on return to work within the NHS. Such abatement will apply up to age 60 for those who remain members of the current Scheme and 65 for new entrants and existing members who transfer to the new Scheme.

Criteria for reviewing entitlements

The review partners propose that those who are receiving tier 2 awards will be subject to an annual earnings declaration, to ensure that they have not earned any more than the lower earnings limit for national insurance contributions (currently £4,524). This would continue until age 60 years for those in the NHS Pension Scheme and 65 years for members of the New NHS Pension Scheme. If members exceed the annual limit, they will move to the tier 1 pension.

Those in receipt of benefits will be required to notify the Scheme administrators of annual earnings. If they do not do this, their benefit entitlements could be reduced until their current situation is clarified.

Arrangements for specific groups

Terminal illness

Where a member becomes terminally ill and medical evidence is available to support this, they will continue to have access to a lump sum calculated on tier 2 benefits. Under New Pension Scheme arrangements members will be able to exchange their entire pension for a one-off lump sum.

Death in service

Death in service survivor pension entitlements will use the tier 2 arrangements for

calculating benefits. Benefits will be calculated in the same way, where death occurs within 12 months of deferment.

Treatment of deferred members

Former NHS Pension Scheme members will be able to apply for early payment of preserved benefits as they can under the current scheme arrangements. The tier 2 definition will apply, but they will only be able to access the tier 1 benefits of accrued service only, with no actuarial reduction.

Transition to new scheme arrangements

Applications for ill health retirement received by 31 March 2008 will be treated under the rules of the 1995 scheme.

NHS injury benefit scheme review

As part of this review, the review partners are also looking at injury benefits.

The injury benefit scheme part of the review is working to a later timescale than the ill health retirement benefits work. Although a full consultation is planned on the injury benefit scheme, at this stage, there are no jointly agreed proposals.

Any future arrangements will consider both the individual's needs and the funding implications for employers.

The current scheme

The injury benefit scheme provides benefits for NHS employees who, because of an injury, disease or condition which is caused by their NHS employment:

For NHS Temporary Injury Allowance:

- there has been a reduction in the pre-injury pay

For Permanent Injury Benefit:

- have had their earning ability permanently reduced by 11 per cent or more, or
- die, leaving a spouse and/or dependants.

For more details about how this Scheme currently works, please see Annex E in the full consultation document *Partnership review of ill health retirement, NHS injury benefit scheme and sickness absence: joint proposals for consultation* at www.nhsemployers.org/illhealthreview

Get involved and next steps

We are asking employers and staff to give us their views on these proposals.

The NHS Trade Unions will be inviting their members' views on these proposals and NHS Employers will be seeking the views of NHS organisations. Local staff side and employers are encouraged to submit partnership responses. The consultation on these proposals closes on **21 January 2008**.

In addition, staff and employers can complete a questionnaire online at www.nhsemployers.org/illhealthreview, or by posting a copy of the response form to NHS Ill Health Review, NHS Employers, 2 Brewery Wharf, Kendell Street, Leeds LS10 1JR.

Your views will help shape the joint recommendations for Health Ministers for changes to the ill health retirement benefit arrangements in the NHS.

We look forward to hearing your views.

More information

The proposals are set out in more detail in the full consultation document *Partnership review of ill health retirement, NHS injury benefit scheme and sickness absence: joint proposals for consultation* which is available at www.nhsemployers.org/illhealthreview

- If you are an employer – please email illhealthretirementreview@nhsemployers.org
- If you are a member of staff – please talk to your local trade union representative or your local employer.

Ill health consultation questionnaire

We want your views

The review partners, on behalf of the NHS Staff Council, have now agreed a set of proposed changes to the ill health retirement benefit scheme in the NHS. They are also proposing some changes in the arrangement for managing sickness absence.

As part of the consultation running from 22 October 2007 to 21 January 2008, the review partners are seeking the views of both staff and organisations, but are seeking joint responses (agreed by staff representatives and organisations in partnership) wherever possible.

We would like your feedback on all the areas outlined below so please ensure that you give a response to all the questions. Thank you for your interest in the review of ill health retirement benefits and managing sickness absence in the NHS.

Please tick the relevant box below detailing the nature of the response:

- Joint organisational response representing staff and employer views
- Employers – completing the questionnaire as an employer on behalf of your organisation?
- Trade union representative
- Staff – completing the questionnaire as a member of staff?

Consultation questions

- 1 Do you support the introduction of an enabling agreement as described by the review partners?
 Yes No

- 2 Do you support the proposal that employers should be recharged the cost of ill health retirements?
 Yes No

- 3 If yes, which option do you think is the most appropriate for recharging these costs – please tick your preferred option?
 Option 1 Option 2 Option 3

- 4 If not, can you suggest an alternative mechanism that would incentivise the system as required?

- 5 Do you support the clarification of sick pay entitlements?
 Yes No Don't know

- 6 Do you agree with improving rehabilitation arrangements for staff?
 Yes No Don't know

- 7 Do you think there are any other key elements that should be considered to improve rehabilitation arrangements for staff? Please summarise below.

8 Do you agree that individual organisations should have systems in place for identifying sickness absence at organisation and line manager level?
 Yes No Don't know

9 Do you think there are any other key elements that need to be considered? Please summarise below.

10 Do you agree with the views of the review partners on the role of the line manager?
 Yes No Don't know

11 If yes, what would you like to see included in the list of key competences for line managers?
Please list below:

12 Do you support the creation of a tiered approach for determining ill health retirement benefits?
 Yes No Don't know

13 Do you agree with the definitions proposed by the review partners?
 Yes No Don't know

14 Do you support the proposal to review the medical condition within three years of the granting of a pension on tier 1 if the medical condition worsens, with a view to seeing if they qualify for tier 2?
 Yes No Don't know

15 Do you support the proposed arrangements to allow those in receipt of tier 2 pensions to undertake some employment to support rehabilitation?
 Yes No Don't know

16 Do you support a review of entitlements based on the lower earnings limit for members receiving tier 2 awards?
 Yes No Don't know

17 Do you support a review process that requires the individual to notify the scheme administrator of their annual earnings?
 Yes No Don't know

18 Do you support the proposed methods for calculating benefits for the following groups, please tick as appropriate:

terminal illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
death in service	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
deferred members	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

19 If no to any of the groups, please give further details below:

Profile information

- A** If you are completing the questionnaire as a joint organisational response representing staff and employer views.

Employer lead contact name _____

Staff side lead contact name _____

Organisation you are responding on behalf of (please choose from list below).

Mental Health Trust

Ambulance/Emergency Care Trust

Acute Trust

Primary Care Trust

General Practice

Other

- B** If you are completing the questionnaire as an employer on behalf of your organisation.

Name _____

Organisation you are responding on behalf of (please choose from list below).

Mental Health Trust

Ambulance/Emergency Care Trust

Acute Trust

Primary Care Trust

General Practice

Other

Job title _____

Are you a member of an NHS Trade Union?

Yes

No

- C** If you are completing the questionnaire as a staff representative on behalf of your members.

Name _____

Job title _____

Trade union represented _____

Organisation you are responding on behalf of (please choose from list below).

National trade union

Regional representative

Branch/local representative

or members of an NHS organisation (please choose from list below).

Mental Health Trust

Ambulance/Emergency Care Trust

Acute Trust

Primary Care Trust

General Practice

Other

D If you are completing the questionnaire as a member of staff:

Name _____

Organisation (please choose from list below).

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Mental Health Trust | <input type="checkbox"/> Ambulance/Emergency Care Trust | <input type="checkbox"/> Acute Trust |
| <input type="checkbox"/> Primary Care Trust | <input type="checkbox"/> General Practice | <input type="checkbox"/> Other |

Are you a member of an NHS Trade Union?

- Yes No

Occupational group (please choose from list below).

- Doctors eg doctors, surgeons, psychiatry
- Dentists
- Nursing
- Midwifery
- Ambulance staff
- Wider healthcare team, administration eg clerks, medical record keepers, secretaries
- Corporate services eg architects, chaplains, engineers, human resources
- Domestic services eg catering managers, chefs, housekeepers
- Estates caretakers eg estate managers, plumbers, grounds staff
- Support services eg AV technicians, drivers, porters, storekeepers
- Clinical support services eg art therapy assistants, assistant technical officers, maternity support workers
- Allied Health Professionals eg physiotherapists, psychologists, radiographers
- Healthcare scientists eg audiologists, pathologist
- Managers eg chief executives, directors, general managers
- Health infomatics eg technical and IT staff, librarians
- Other

Thank you for completing the questionnaire. Your views on the proposals for changing ill health retirement benefits and for managing sickness absence will help inform the final recommendations for Health Ministers.

Please return your completed form to

NHS Ill Health Review
NHS Employers
2 Brewery Wharf
Kendell Street
Leeds LS10 1JR

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