ATTENDANCE MANAGEMENT POLICY
Managing Health at Work

Responsible Director	Director of Human Resources
Approved By	Area Partnership Forum
Equality Assessed	We are working to ensure that no-one is treated in an unlawful and discriminatory manner in the workplace because of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity status, race, religion or belief, sex, sexual orientation and/or socio-economic status.
Date First Approved	December 2008
Date(s) Reviewed	May 2011
Date for Further Review	30 June 2014
Other Relevant Policies	Disciplinary Policy and Procedure Employee Capability Policy and Procedure

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Agreed at Area Partnership Forum on 18 May 2011

<u>Appendices</u>:

Agreed at Area Partnership Forum on 18 May 2011

1. Introduction

Greater Glasgow Health Board (NHS Greater Glasgow and Clyde) has a duty of care towards its employees for ensuring good standards of health, fitness and wellbeing and to provide appropriate support, intervention and treatment where required.

The employees of NHS Greater Glasgow and Clyde are its greatest resource and through them all services are delivered and improved. Promoting attendance is crucial in the development of an efficient service.

This document therefore aims to give all those working in the service (managers or those being managed) clear guidance and support on the issues relating to promoting employee health and attendance.

2. Principles and Values

The Board is seeking to create and maintain a working culture in which maximum attendance at work is the expectation. This will be facilitated by the introduction and development of:

- a way of dealing with the circumstances in a sympathetic and fair way, achieving the right balance between managing absence efficiently and providing support and help to an employee who has health problems or is experiencing personal difficulties
- effective absence data monitoring and management procedures to identify situations where an employee's attendance falls below the expected standard
- a culture of promoting the health and wellbeing of our employees

Attendance levels provide a potential picture of employee wellbeing, levels of morale and health and safety management performance. Monitoring attendance levels is a critical tool in assessing the above factors and in deciding where appropriate management action is required.

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The importance of regular and sustained communication in creating such a working culture cannot be underestimated. Ensuring employee awareness of the importance of regular and sustained attendance at work is an essential prerequisite to everything that follows in this Policy.

The objectives of this Attendance Management Policy will only be achieved if a proactive, consistent and effective approach is adopted throughout the Board.

This approach relies on:

- Compliance with the relevant legislation and read across to the other key policy areas including the Board's duty of care;
- Involvement of critical groups such as the Occupational Health Service, the Employee Counselling Service, Infection Control and Trade Union/Professional Organisation representatives in attendance management goals;
- Providing effective guidance and support to individual employees and managers;
- Effective joint training of managers and Trade Union/Professional Organisation representatives in the implementation of the Attendance Management Policy for consistency.

3. Aims of the Policy

The aim of the Attendance Management Policy is to help the Board make the most of employee attendance by reducing both short and long-term absence through promoting positive attitudes to work and effectively working in partnership with all parties to reduce employee absence to the minimum levels possible.

Specifically, the Attendance Management Policy aims to:

- enable the delivery of consistently high quality services by achieving the maximum possible levels of employee attendance at work;

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- provide procedures and guidelines communicated to and understood by all employees which make sure that everyone is dealt with in a fair and consistent manner;
- comply with current Employment Legislation, including the Disability Discrimination Act 1995 (and Part 3 of the DDA from October 2004) (to make sure that reasonable adjustments to duties are made, or other suitable employment is offered through redeployment where necessary), and meet legal requirements relating to employee consent to the appropriate handling of sensitive personal data;
- make sure that managers / supervisors communicate regularly and effectively with employees, and where possible, offer appropriate professional support and help to get them back to work (see the "Carrying out the Return to Work Discussion" checklist at Appendix 2);
- facilitate the availability of resources and support to employees with health problems through the Occupational Health Service, Employee Counselling Service, employee support services and other specialist agencies;
- seek redeployment if appropriate. The Board will use its best endeavours to redeploy employees to an equivalent grade. Active consideration may be given to protection of earnings where the specific circumstances warrant it;
- make sure that the organisation's Employment Policies are based on best practice;
- improve employee retention and prevent any form of discrimination;
- enable the Board to take a proactive approach to promote the health and well being of employees, equally employees will be encouraged to adopt a positive healthy lifestyle;
- assist managers to effectively monitor sickness absence/attendance levels by provision of management information systems and regular reports which provide relevant, up to date information on individual and departmental absence and provide analysis which may assist to identify possible work related illnesses;
- ensure all employees are entitled to be represented by a Trade Union/Professional Organisation representative (including full-time Trade Union Officers), or accompanied by a

fellow member of staff, or a friend or relative not acting in a legal capacity, at all stages of the procedure.

4. Scope of the Policy

This Policy applies to all employees of the Board, including employees seconded from the organisation.

The Attendance Management Policy in Practice

1. Responsibilities

In putting the Attendance Management Policy into practice it is vital that all those involved are fully aware of their roles and responsibilities as defined below:

1.1 The Employee:

- has a contractual obligation under their contract of employment to attend work;
- must comply at all times with the documented sickness absence reporting procedures; (see section 3 below)
- on returning to work after an absence, is required to attend a Return to Work Discussion with their line manager;
- The Board may at any time require an employee absent from work due to illness to attend an examination by a medical practitioner. Furthermore, employees do not need to be off sick to be referred by the Board for a medical. The Board will meet the cost of any medical examination.
- when not able to attend a set Occupational Health appointment, must communicate this with Occupational Health prior to the appointment date / time, with a further appointment being agreed. Occupational Health will advise the manager of cancelled appointments;
- will be requested to attend a management meeting to discuss sickness absence and must, if unable to attend for an acceptable reason, inform the manager / supervisor prior to the date / time of that meeting and if acceptable a further meeting may be convened at an alternative location / date.
- on sick leave is required to maintain a level of contact / communication with their manager, appropriate to their medical condition.

1.2 The Manager:

- has a responsibility for the effective management of attendance for their area of responsibility and to be aware the

importance of the Board's duty of care, commitment to the delivery of a high quality service and the importance of employee well being;

- must ensure that all employees have been issued with and fully understand instructions on sickness absence reporting (see Appendix 1). Managers must also ensure that sickness absence reporting procedures are documented and fully explained to any new employee during departmental induction, with further planned annual training and/or awareness being undertaken and documented;

- should be in regular contact with the employee, particularly during long-term absence, to make sure they are fully aware of any health progress and the likely duration of the absence. Managers should be sensitive to the employee's circumstances and while it is important to demonstrate real and proper concern for the employee, the level of contact should be at a level which is appropriate to the circumstances and avoids being intrusive. Managers should provide regular updates on departmental issues and provide any appropriate documentation including pay slips etc;

- is expected to record and document accurate individual absence information for all employees including the duration (start and end dates) and reason for absence, and a note of all discussions relating to this. In addition they will maintain statistical information on absence rates within their department;

- is responsible for ensuring that sickness absence levels are reviewed on a regular basis (monthly) and to quickly address any problem areas;

- is responsible for maintaining an overall acceptable attendance level within their own department;

- must ensure that all employees have a Return to Work Discussion (see Appendix 2) whenever they return from a period of sickness absence. Managers should ensure that the absence is sickness related or if it is more appropriately covered by other Board policies. Return to Work Discussions may be delegated for practical reasons (if the service is dispersed, for example);

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- where persistent frequent absences, continuous absence or an inability to perform acceptable duties due to ill health are causing problems in the workplace, will discuss this with the employee at an arranged meeting that may result in a formal hearing in accordance with either the Capability Policy or Disciplinary Policy;
- should seek, at an early stage where appropriate, professional advice from Human Resources and / or Occupational Health Services;
- must always inform, and, if possible, should discuss with the employee when a referral to the Occupational Health Service is being made before the referral takes place;
- should in determining the action to be taken, take account of what is fair and reasonable, given the individual circumstances of the case (including such as work related injury, disability and terminal illness), and taking into account length of service, frequency (episodes), length (days lost) and any pattern / trend of the absences, medical advice and service needs;
- should ensure the employee is fully aware of the advice provided from Occupational Health Services and should make sure at all stages the employee has had the opportunity to discuss their health and point of view / reasons for the absence;
- will ensure that following a management referral to the Occupational Health Service the response letter will be shared with the employee;
- must recognise their duty of care. If, in the opinion of the manager, an employee is unfit to continue working whilst on duty, the employee should be advised to leave work and seek appropriate medical advice. In other circumstances where employees report for duty and state that they are unwell the decision to leave work and go on sick leave is entirely the employee's decision;
- must ensure that confidentiality is maintained throughout all discussions and relevant documentation relating to sickness absence;
- should ensure that when employees are on long term sick leave, prior notification of impending ½ pay and nil pay situations are communicated at least 1 month in advance to

the employee to advise of the financial situation. Managers are required to request this information from Payroll / HR for long term sickness. In exceptional circumstances consideration may be given to the extension of sick pay with prior approval of the Director of Human Resources;

1.3 Human Resources

- Management of ill-health problems is a management function, however Human Resources will provide assistance, advice and support to managers and employees at all stages of managing ill-health, including analysing absence records and investigating particular cases to ensure fairness and consistency throughout the Board, with further support extending to communications – i.e. standard letters, meetings etc.
- As part of our Performance Management Framework Human Resources will collect, analyse and report, where appropriate, relevant departmental and organizational absence management information.
- Human Resources will ensure line managers and Trade Union / Professional Organisation representatives are adequately trained in Attendance Management and that guidance will be available to ensure consistency of approach.

2. Types of Absence – Definitions

There are many reasons why employees are unable to attend work and fulfil their contract of employment. It is essential that employee absences are given the correct categorisation for monitoring and management information purposes.

- **Short–Term Sickness Absence** (uncertified, self certificated or covered by a doctor's certificate). All absences from day 1 up to 27 calendar days. (An employee leaving work without completing 50% of their normal working shift will be recorded as having a ½ day's sickness absence.)

- **Long–Term Sickness Absence** (covered by a doctor's certificate) All absences of 28 or more calendar days.

- **Unauthorised absence** - absence which is not supported by medical evidence as required under Absence Reporting Procedures; absence which has not previously been reported; absence which has not been authorised by the appropriate level of management or has not been communicated using the correct procedure as outlined in Appendix 1.

Other authorised absences are covered separately by Board Policies.

3. Absence Reporting Procedure

All employees are responsible for making every effort to communicate with their line manager whilst on sick leave:

- Employees who are unable to attend work or fall ill during a period of leave, must tell their line manager at the earliest opportunity before their starting time and no later than within one hour after their scheduled starting time. Where the line manager is out of the office notification to a suitable alternative manager is required in accordance with local procedures;
- It is the employee's responsibility to make contact personally with their line manager. Only in exceptional circumstances, where the employee is unable to phone personally, a relative or friend may phone on their behalf, but the responsibility remains with the employee. Where the line manager is not available, it is essential that contact is made with an alternative senior staff member who will be responsible for taking the information and passing it to the line manager. Messages should not be left on voice mail, with the hospital switchboard or with other wards or departments. Mobile phone text messages are also not acceptable and will result in the employee having an unauthorised absence;
- Failure to make contact in time may lead to:
  - o the absence being treated as unauthorised;
  - o an appropriate deduction being made from the employee's pay;

- o action under the Disciplinary Policy;
- It is important that the employee communicate all relevant details when making contact, including:
  - o the reason for absence;
  - o an indication of when the employee expects to be fit to return to work; and
  - o details of any appointments with the employee's GP.
- Personal information will be kept in accordance with the Data Protection Act 1998;
- At this stage, the employee's line manager will tell the employee when they should get in touch and when an appropriate certificate must be submitted (as detailed in Appendix 1);
- It is the employee's responsibility to keep the line manager informed of progress and, in particular, should the employee be unable to return when anticipated. If the employee is absent immediately before leave days or days off, they must tell the line manager when they will be fit to come back to work;
- If the sickness is 4 or more calendar days, then the employee is required to submit a self-certificate to their line manager within 7 days of the start of the absence. If the absence continues for more than 7 days the employee will be required to submit a medical certificate. Any subsequent certificates should be submitted as quickly as possible, ensuring all days in the absence period are covered. Failure to submit a certificate may result in pay being withheld;
- If an employee falls ill at work or has to go home due to sickness or other reasons, the employee must discuss this with their line manager before leaving unless they require urgent treatment, in which case the employee should tell their line manager at the earliest opportunity.

Employees will be required to comply with local sickness absence reporting procedures. Local sickness absence procedures must be compliant with the principles of this Policy.

4. Return to Work

After any period of absence an employee's return to work should be acknowledged through a documented Return to Work Discussion. This may be delegated to another manager or supervisor as appropriate. In many cases, this may involve little more than a courteous enquiry as to whether the employee is now well. In other cases, for example, where a pattern of short term absence is developing, or following a period of longer term absence the meeting will explore this more fully: any action the Board has taken to prevent a recurrence of any work-related injury;

- the reasons for absence;
- the employee's fitness for work;
- if the cause of the absence may recur and whether a referral to Occupational Health/GP report is necessary.

At this meeting the employee should be given the opportunity to raise any issues they have about their absence and to get help from the organisation.

This discussion may cover some or all of the following, depending on the circumstances of each case (see the 'Carrying out the Return to Work Discussion checklist at Appendix 2)

- Welcome the employee back to work and provide a work update.
- Ask after their health.
- Ensure that the employee has provided or filled in a self-certificate and/or provides a medical certificate as appropriate (see Appendix 1).
- If attendance levels suggest that there may be an underlying health problem, discuss referring them to the Occupational Health Service.
- If the pattern or frequency of absence is causing concern, the employee should be advised of this, explaining what the organisation considers to be a reasonable standard of attendance and what may happen if this is not met.

- Offer support, guidance and advice to help the employee to attend more regularly, for example, a temporary change in hours or duties, training, etc.
- Set up a regular review process, set attendance standards and offer special or unpaid leave if this is appropriate.
- Any cases involving alcohol, drug or substance misuse should be addressed under the procedure set out in the appropriate policy (Alcohol and Substance Abuse Guideline).
- Encourage involvement and commitment to solutions.

This discussion should not be confrontational in any way. It should rather be an exploration into any underlying problems - medical, work-based or domestic / personal - which may be affecting attendance.

The employee has the right to be represented by a Trade Union/Professional Organisation representative (including fulltime Trade Union Officers), or accompanied by a fellow member of staff, or a friend or relative not acting in a legal capacity.

The Board understands that some issues may be very personal or sensitive, the employee should discuss with their manager how they can be supported. However the employee may prefer to talk to someone outside the immediate situation, such as the Employee Counselling Service. (The Employee Counselling Service is an independent, confidential service, offering a range of services for employees experiencing personal problems.)

These discussions should form part of local training on promoting attendance issues.

5. Phased Return to Work and Adjustments

When an employee is fit to return to work but cannot carry out their full range of duties (either in the short or longer term), every effort should be made to give them the opportunity for an earlier return to work. This might include reducing or amending their range of duties.

A clear written programme, including timescales and review period, must be agreed with the line manager and employee before any

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return to work can take place. Human Resources advice should be sought on any agreed variation to contract and pay policy, to ensure that the policy is applied consistently. Employees may be encouraged to use flexible working arrangements and Work-life Balance Policies to support their return to work as set out in paragraph 14.10 of the Agenda for Change Handbook (except medical staff – see PCS(DD)20 07/10).

Phased returns to work must be organised with the line manager and individual. Advice may be sought to support the return to work plan.

To comply with the Disability Discrimination Act 1995 (as amended), the Equality and Human Rights Commission recommends that organisations:

"take any steps which it is reasonable for it to have to take, to reduce or remove any substantial disadvantage which a physical feature of the premises or of the organisation's employment arrangements causes a disabled member of staff compared to a non-disabled person".

In short, reasonable adjustments to an employee's job can include:

- changes to duties, shifts or hours;
- changing the place of work; and
- making adjustments to the features of a building or access to it, including its fixtures, fittings and design.

Although this list is not definitive, adjustments should only be made after:

- receiving the advice and recommendations of Occupational Health;
- discussing the matter with the employee; and
- carrying out a review of their skills and abilities and the likely needs of the service.

Assistance is available from the Disability Employment Advisers based within the Department of Works & Pensions Jobcentre Plus

locations and other agencies. They can support the employee and the workplace with respect to carrying out needs assessments, and they can advise on any equipment and modifications that might be required for the working environment.

6. 'Trigger Points'

It is important that line managers have clear 'trigger points' in place for reviewing sickness absence. These 'triggers' are:

- four or more episodes
- more than eight days short term sickness absence within a 12-month period.

On hitting a "trigger point" line managers must consider all the facts available and be aware of the circumstances of the particular employee's situation, prior to organising any formal hearings. However line managers must give consideration to absences linked to certain shift patterns, known accidents or injuries sustained at work or incidents or serious illness which may have resulted in the employee requiring time off work.

7. Management Referral to the Occupational Health Service

Line managers can refer employees to the Occupational Health Service in order to provide assistance to an employee on a health-related matter, or to enable the Occupational Health Service to provide the line manager with advice about the employee's health in relation to their work.

Line managers should make a referral to the Occupational Health Service once the employee is off more than 28 days (long term sick) or will decide on an individual, case by case basis when to refer the employee.

The employee must be informed of their management referral in advance and, if possible, the referral should be discussed with the employee. It is essential that such a referral is not portrayed as a punishment, and that the reasons for it are fully explained to the employee. The reason for referral should be clearly set out in the

referral document along with any specific issues which the line manager wishes to receive advice. In general, the types of issues about which questions might be asked include:

- whether there is an underlying medical problem/condition, which could affect work performance;
- the prognosis and likely effect on fitness for work;
- restrictions to, or adaptations needed for, work;
- the need for, and nature of, a programme of support;
- recommendations for rehabilitation into work and ill-health retirement issues, if relevant

8. Self Referral

Employee can self-refer to the Occupational Health service for any health related matter, particularly if it relates to, or is affecting their work. No communication to any third party should result from a self-referral unless the member of staff concerned requests it. Self-referral des not preclude an employee having a management referral.

9. Contact with Absent Employees

It is essential for the health and well being of all employees within the Board that regular contact is maintained between the employee and line manager during any periods of sickness absence. This contact is required to ensure that the employee is receiving the best possible support and assistance to ensure a speedy return to full fitness.

During periods of long term sick this contact is critical to ensure that the absence is being managed correctly and where appropriate additional support mechanisms have been put in place to help in the recovery process.

Employees, who are off work sick, should therefore expect regular and appropriate contact by letter from the line manager requesting a sickness absence review meeting to discuss the situation and help / support required. This meeting will also cover Occupational Health referral reports received.

In certain circumstances, it may be appropriate for the employee to be visited at an alternative location outside the workplace. This will be discussed and agreed in advance with the employee and where appropriate, Human Resources and/or Trade Union / Professional Organisation representative or a colleague or friend, not acting in a legal capacity, may also be in attendance.

Employees are also required to maintain accurate and up to date telephone contact details. Again in certain circumstances line managers may be required to contact employees by telephone.

Where the employee is off on long term sick it is also important to keep the employee updated with any changes in their department.

10. Failure to Attend a Management Meeting / Occupational Health Appointment

The Board may at any time require an employee to attend a management meeting. Where an employee fails to attend an Occupational Health appointment without prior notification then a further appointment will be offered and the line manager will write to the employee to advise that further failure to attend the appointment without due cause may result in the withdrawal of occupational sick pay and a decision being made with regards to the employee's continuing sickness absence based on the information available.

11. Redeployment

If an employee has been identified as unfit to return to their current post, then the Board will make every effort to find suitable alternative employment opportunities, although a job does not have to be created.

The line manager must fully discuss with the employee and Human Resources all the potential options for suitable redeployment.

Redeployment may mean changing career direction and must include the assessment and identification of the employee's training needs. This may include providing training opportunities from:

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- within NHS Scotland;
- the Employment Service Work Preparation Scheme;
- Disability Employment Advisers; and
- other appropriate Agencies.

12. Education and Training

To promote attendance positively, the Board will raise awareness of this policy and its standards as part of departmental and the Board's induction for all new employees and ensure all existing employees are made aware of the policy by providing training for employees, line managers and Trade Unions/Professional Organisations which will include, as a minimum, the following issues:

- the benefits of good attendance at work;
- roles and responsibilities of employees, line managers, Human Resources, Occupational Health Services and Trade Unions/Professional Organisations;
- the procedure for reporting absence;
- trigger points for reviewing absence;
- return to work interviews;
- referrals to Occupational Health Services; and
- recording and monitoring attendance levels.

13. Ending Employment and Retirement

The option to terminate employment on the grounds of incapacity due to ill health should only be considered when all options for reasonable adjustment or redeployment have been fully investigated and exhausted by the line manager and normally within the timescale of the employees Occupational Sick Pay.

If an employee is superannuated, advice should be provided in relation to applying for premature retirement on the grounds of permanent ill health. Information on this is contained in the Scottish Public Pensions Agency "Guide to the Scheme for NHS Employees in Scotland". There are qualifying criteria and appropriate forms to complete, and assistance from Human Resources should be offered to help employees fill in such application forms.

Information should also be given on 'Injury Benefits', payable where an accident (or disease) occurs in the course of work. Advice is available in the same SPPA Guide. These benefits apply even if an individual is not superannuated. Human Resources should offer to help employees fill in the appropriate application forms.

In considering termination of employment on the grounds of ill health, the Board requires to demonstrate that it has:

- taken account of written advice from the Occupational Health Service recommending this;
- consulted with the employee and discussed the position with them;
- made a thorough investigation of the medical and other facts;
- balanced the employee's likely future health against the Board's needs;
- considered offering the employee other employment; and
- fully explored other employment options and found these to be unavailable or not practical.

The decision to terminate employment on the grounds of ill health or incapacity must always be based on medical factors, and is not directly linked to the employee's pay situation.

If termination of employment is the only available option, the employee should be invited, in writing, to attend a formal meeting to discuss the termination of their employment on grounds of incapacity due to ill health. Human Resources will support this process at the earliest possible opportunity. Employees are entitled to be represented by a Trade Union/Professional Organisation representative (including Full-Time Officers), or accompanied by a fellow member of staff, or a friend or relative not acting in a legal capacity, at all stages of the procedure.

The meeting should be handled in a sympathetic and understanding way, making sure that the employee is given time to discuss their point of view and that they have a clear understanding of the outcome. They should also be offered the opportunity to meet again if

they would find it helpful to have some days thinking time to weigh up the options.

Where the employee is superannuated, they must be advised that the decision to terminate is based on their continuing incapacity and is separate from any ill-health pension application. The decision to terminate will therefore be unaffected by the outcome of such an application.

In accordance with local arrangements for delegated responsibility for dismissal and related procedures, Human Resources will support the appropriate line manager to write to the employee confirming the termination date, taking into account the relevant period of notice. The termination letter should also set out the employee's right to appeal against the decision.

14. Support and Well Being

As a progressive and supportive employer, the Board will provide support and well being for all employees during periods of ill health and absence from work. In some situations, the cause of this ill health may be out with the control of the organisation. However, having a duty of care towards its employees, every effort and assistance will be provided where possible to assist the employee back to work.

The list at Appendix 3 is a directory of Support Agencies and is not intended to be an exhaustive list, but simply a reference point for employees and line managers seeking assistance and support on a particular subject matter.

15. Monitoring and Review

The application of this Policy will be monitored jointly by the Director of Human Resources and the Area Partnership Forum to ensure equitable treatment of all employees.

The Board is required by Law and under the European Union Employment regulations, to gather monitoring information relating to ethnicity, religion and faith, sexual orientation, age, disability and

gender for all aspects of employee relations. You may be asked for information relating to the above in connection with this policy.

You do not have to give the monitoring information if you do not wish to. However, for some of the above diversity strands it is a legal requirement that we ask you for it, and good practice to ask for monitoring information for all diversity strands.

Any equalities monitoring information will be held separately and not used to inform any proceedings that occur in relation to this Policy.

The operation of this Policy will be regularly reviewed by the Area Partnership Forum to ensure its continued effective operation.

Agreed at Area Partnership Forum on 18 May 2011

APPENDIX 1

Reporting Absence Procedure

Absence Reporting Procedure above sets out the full procedure for employees to follow when reporting absence and line managers must ensure that all employees are aware of these arrangements within their Department. The reporting arrangements for sickness absence are summarized below:

On day 1- Employees must tell the appropriate line manager or supervisor about their absence as early as possible and in accordance with the Reporting Absence Procedures outlined in Appendix 1 and local departmental procedures.

More than 3 days and up to and including 7 calendar days - Employees must complete a sickness absence self certificate form and provide this to their line manager within 7 calendar days of the first day of absence.

More than 7 calendar days - A medical certificate is required. If an employee does not return to work when the certificate ends then further consecutive certificates must be provided.

A final medical certificate confirming fitness to resume duties must be sent in before or on the day of return to work, with advance communication being received from the employee confirming their proposed Return to Work (RTW) date.

Failure to adhere to absence reporting procedures may be dealt with under the Disciplinary Policy and Procedure (Management of Employee Conduct).

Agreed at Area Partnership Forum on 18 May 2011

APPENDIX 2

Checklist for Carrying out the Return to Work Discussion

1. Preparation for the Meeting

    - Gather together all medical reports (if any) and copies of any correspondence relating to the employee's recent period of absence.
    - Gather details of the employee's length of service and any record of previous absences. Compare the length of all absence(s) or the number of absence episodes within the last 12 months against the Trigger Points.
    - Where there is a history of previous periods of sickness absence, look further at the pattern of absences. Is there a regular pattern? Are the absences always or mostly on the same day of the week e.g. a Monday or Friday? Or when the individual is rostered to work backshift / nightshift? During school / public holidays? etc.
    - If you need any more information or help, discuss the matter with someone from your HR team.
    - Arrange a time and suitable venue for the meeting, somewhere you both can discuss the matter in private without being overheard or interrupted by others. Let the employee know beforehand.
    - Prepare an introduction for the meeting (see section 2 below).
    - Look at your checklist for structuring the meeting (see section 3 below).

2.   The Meeting

- Explain the aims of the meeting. Obviously, if the most recent period of absence is an isolated occurrence of say one or two days with no previous history of absence(s) then the meeting will probably be a short one and not require any follow up.
- Discuss the most recent period of absence and highlight any previous absences. If there appears to be a regular pattern to the employee's absences, discuss this and explore whether there are other problems, either within or outwith the workplace, which are/may be causing difficulties in relation to the employee's attendance.
- If a Trigger Point has been reached, consideration should be given at this stage as to whether a formal review of the individual's attendance would be more appropriate rather than a Return to Work discussion. If so, the employee should be so advised and the meeting ended at this point. Arrangements should then be made to hold a formal meeting to discuss the matter at which the employee may be accompanied and/or represented by a trade union/professional organisation representative. Otherwise,

  o any action the Board has taken to prevent a recurrence of any work-related injury.
  o be clear that the employee's attendance must improve.
  o ask the employee for suggestions on how they could improve attendance.
  o agree an action plan, with timescales, for this improvement.
  o outline next steps if performance does not improve.
  o set a date for a review.

3.   Structure

The following structure will help you to manage the interview sensitively and cover all the issues you need to look at. You should begin each item with an open-ended question to gain information and to open up the discussion. Remember to use only those sections or questions which are relevant to the

individual circumstances - this is simply a list of prompts. (For example, you may already know that the person may not have any domestic issues related to their absence, so do not use these questions.)

Introduction

"What do you think about this report?"
"How do you feel about your health?"
"How do you feel about your work in relation to your health?"

Domestic issues

Work issues

"Is there anything worrying you about your work?"
"Is there anything we could look at to change?"
"So you feel the problem has been ..."
"You have also suggested ... could be a solution."

Summary

"If, together, we can find a way to achieve this do you agree
we could sort this problem out?"

Next steps

- Agree action
- Agree attendance target
- Set a date and venue for a further review

These techniques should help you to promote attendance in a structured and fair way, and create a healthy and supportive working atmosphere. Showing a genuine concern for your employees will make them all the more willing to talk to you openly, before their problems keep them off work.

APPENDIX 3

<div align="center">Support and Well Being Agencies</div>

<u>Child Care</u>

The SureStart ChildcareLink is funded by the Scottish Executive as part of their national childcare strategies and provides helpful information for parents on the availability of a range of childcare services including childminders; nurseries; pre-school education; outof- school care; holiday play schemes; playgroups etc. Employees can access this service on www.childcarelink.gov.uk or by phone on the following:

Glasgow City Childcare Information Service
0141 287 5223

South Lanarkshire Childcare Information Service
01698 527 154

North Lanarkshire Childcare Information Service
01236 812 281

Inverclyde Childcare Information Service
0800 052 9126

Childcare and Recreation Service Ayrshire (CARIS)
0845 351 3000

East Dunbartonshire Childcare Information Service
0141 570 0091

West Dunbartonshire Childcare Information Service
0800 980 46883

East Renfrewshire Childcare Information Service
0141 577 3990

Childcare in Renfrewshire Childcare Information Service
0141 840 3853

Carer Contact Agencies

The following list of contact agencies may be of some assistance in providing a starting point for working carers to identify services and support available to them:

Glasgow Carers Support Line
0141 353 6504
www.crossroadsscotland.co.uk

Glasgow North West Carers Project
0141 945 4532

Glasgow North East Carers
Development Unit
0141 781 0728

Glasgow North Carers Support Team
0141 558 6296

Princess Royal Division Glasgow
Eastend Community Carers Centre
0141 764 0050

Princess Royal Division
West Glasgow Carers
0141 950 1144

Princess Royal Division
Glasgow South Community Carers
0141 423 0728

Glasgow South East
Carers Network
0141 533 2013

Lanarkshire Carers Centre
01698 428090

West of Scotland Carers Forum
0141 353 2726

Alzheimer's
0141 226 3793
www.alzscot.org

Dementia 24 hour helpline
0808 808 3000

Chest, Heart & Stroke
0141 633 1666

Crossroads
0141 226 3793

Glasgow Association for Mental Health
(GAMH)
0141 550 8822
www.gamh.org.uk

Carers Scotland
0141 221 9141

Carers Net Coalition
of Carers in Scotland
coalition@carers.net

Elderly Care Organisation
Glasgow City Council
Social Work Services
0800 811 505
 www.glasgow.gov.uk

CareAware 08705 134925
www.careaware.co.uk

NHFA Care Fees Advice
0800 99 88 33
www.nhfa.co.uk

The Employee Counselling Service (ECS) is a free confidential service, independent of NHSGG&C. The ECS offers advice, support and or structured counselling to help with personal or emotional difficulties, relationship or family concerns, stress, harassment or bullying, bereavement or addiction. Employees can access the service by calling 0800 389 7851 or to arrange an appointment call – 0800 435 768

Domestic Abuse

Women's Aid
National Domestic Violence Helpline
0345 023 468
www.womensaid.org.uk

Careline
0181 514 1177
www.carelineuk.org

Childline
0800 1111
www.childline.org.uk

Everyman Project
0207 263 8884
www.everymanproject.co.uk

Families Anonymous
0800 735 0671
www.famanon.org.uk

Family Services Units
020 7428 5405

National Domestic Violence Helpline
0808 2000 247
www.crimereduction.gov.uk

NSPCC
0800 800 500
www.nspcc.org.uk

Samaritans
08457 909090
www.samaritans.org.uk

Scottish Women's Aid
0131 475 2372
www.scottishwomensaid.co.uk

Scottish Domestic Abuse Helpline
0800 027 1234
www.domesticabuse.co.uk

Darnley Street Family Centre
0141 424 3920

Strathclyde Police
0141 532 2000
www.strathclyde.police.uk

Crimestoppers
0800 555 111
www.crimestoppersscotland.com

The Hideout
0808 2000 247
www.thehideout.org.uk

Sexual Abuse

Central Scotland Rape Crisis &
Sexual Abuse Centre
01786 471 771
www.rapecrisiscentralscotland.co.uk

Women's Aid
0345 023468
www.scottishwomensaid.co.uk

Samaritans
08457 90 90 90
www.samaritans.co.uk

Victim Support
0845 603 9213
www.victimsupport.org

Brook Advisory Service
0131 229 3596
www.brook.org.uk

Rape & Sexual Abuse Support Centre
08451 221 331
www.rapecrisis.co.uk

Rape Crisis Scotland
0141 248 8848
www.rapecrisisscotland.org.uk

Depression

Samaritans
08457 90 90 90
www.samaritans.org

The Royal College of Psychiatrists
www.rcpsych.ac.uk

Depression Alliance
0845 123 23 20
www.depressionalliance.org

Agreed at Area Partnership Forum on 18 May 2011

Fellowship of Depressives Anonymous
0870 774 4320
www.depressionanon.co.uk

Post Traumatic Stress Patient UK
www.patient.co.uk

National Phobics Society
0870 122 2325
www.phobics-society.org.uk

ASSIST
01788 560 800
www.traumaticstress.freeserve.co.uk

Traumatic Stress Clinics
www.traumaclinic.org.uk

Traumatic Stress Centre
www.trauma999.co.uk

The Birth Trauma Association
www.birthtraumaassociation.org.uk

NHS Direct
0845 46 47
www.nhsdirect.nhs.uk

Alcohol or Drug related problems

Glasgow City Council Community Addiction Teams
0141 276 4330
www.glasgow.gov.uk

Know the Score
0800 587 587 9
www.knowthescore.info

Scotland Against Drugs
www.sad.org.uk

The Drugs Warehouse
www.hebs.scot.nhs.uk

Crew 2000
www.crew2000.co.uk

The facts of drugs: a parents guide
0141 300 10 10
www.hebs.scot.nhs.uk

Talk to Frank
0800 77 66 00
www.talktofrank.com

Scottish Drugs Forum
0141 221 1175
www.sdf.org.uk

Drug Misuse Information Scotland
www.drugmisuse.isdscotland.org

Alcoholics Anonymous
0845 76 97 555
www.alcoholicsanonymous.org.uk
www.aa-uk.org.uk

Freshknowledge
01937 579 777
www.freshknowledge.co.uk

Alcohol Focus Scotland
0141 572 6700
www.alcohol-focusscotland.org.uk

<u>Gambling</u>

Gamblers Anonymous
0870 050 88 80
www.gamblersanonymous.org.uk

Gamcare
0845 600 01 33
www.gamcare.org.uk

<u>Financial Problems</u>

UK Insolvency Helpline
0800 074 69 18
www.insolvencyhelpline.co.uk

Money Matters
0141 445 52 21

Drumchapel Law & Money Advice Project
0141 944 05 07

Greater Easterhouse Money Advice Project
0141 773 58 50

Haghill Money Advice Project
0141 556 30 88

<u>Bereavement</u>

CRUSE (Glasgow Branch)
0141 248 16 02/21 99
www.crusescotland.org.uk

SANDS (Still Birth and Neo-natal Death Society)
0141 563 89 08/020 7436 5881
www.uk-sands.org