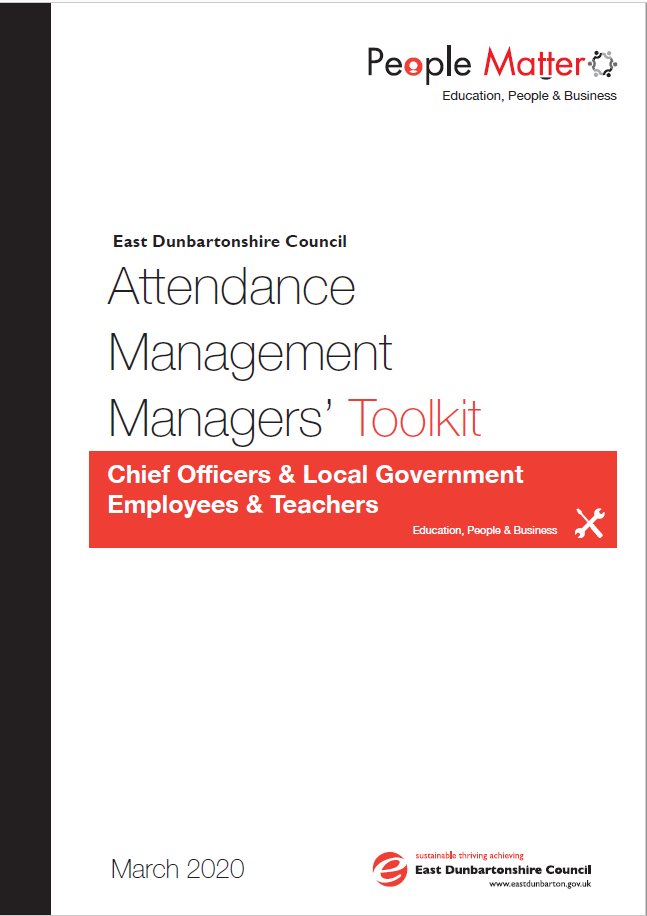
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## **SECTION 1**

# **Purpose**

This toolkit is designed to support managers to provide assistance to employees during times of ill health and provide information that will support them achieving optimum attendance at work.

This toolkit should be read in conjunction with Attendance Management policy.

# **Scope**

The Attendance Management toolkit applies to all employees of the Council including Local Government Employees, Chief Officers, Teachers and those on SNCT Condition of Service.

# **Underpinning principles and objectives**

To outline the framework for dealing with a variety of circumstances and the relevant steps that a Line Manager should undertake in line with the Attendance Management policy.

To provide comprehensive guidance on the process of dealing with attendance management through the stages of the procedure.

To implement a framework that ensures a fair and consistent approach to absence management across the Council, the paperwork included within this toolkit will provide standard formats for implementing practices which take account of legislative compliance and best practice.

The approach of the Council will be through the following principles:

• Confidentiality

• Person Centred

• Solution Focused

• Fair and Consistent

Attendance Management matters should be dealt with in the following way:-

• Early Intervention

• Consideration to reasonable adjustments

# **Process Overview**

The Toolkit will support the **Line Managers** understanding of their responsibilities, the process and how to manage absence including:-

• Sickness Absence Reporting Procedure

• Absence Certification

• Contact during absence

• Return to Work Discussions

• Attendance Support meetings

• Outcomes

# **Associated Policies/Documents**



The Wellbeing Strategy encompasses a number of policies to support employee health and wellbeing, the following policies/documents can be accessed via the HUB:-

* [Flexible Working policy](http://thehub.eastdunbarton.gov.uk/sites/default/files/documents/about-edlc/Flexible%20Working%20Policy%20August%202014.pdf)
* [Career Break Scheme](http://thehub.eastdunbarton.gov.uk/sites/default/files/documents/about-edlc/CAREER%20BREAK%20SCHEME.pdf)
* [Special Leave policy](http://thehub.eastdunbarton.gov.uk/council/plans-policies-and-strategies/work-life-balance/special-leave-policy)
* [Domestic Abuse policy](http://thehub.eastdunbarton.gov.uk/sites/default/files/documents/about-edlc/Domestic%20Abuse%20Policy.pdf)
* [Managing Critical Incidents and Trauma policy](http://thehub.eastdunbarton.gov.uk/sites/default/files/documents/about-edlc/Trauma%20Policy.pdf)
* [Drug, Alcohol and Substance Misuse policy](http://thehub.eastdunbarton.gov.uk/council/plans-policies-and-strategies/drug-alcohol-and-substance-misuse-policy)



* [Discipline at Work policy](http://thehub.eastdunbarton.gov.uk/council-hub/plans-policies-and-strategies/discipline-work-policy)
* [Healthy Working Lives Strategy](http://thehub.eastdunbarton.gov.uk/sites/default/files/documents/EDC%20HWL%20STRATEGY%202017%20-%202020%20Final.pdf)

## **SECTION 2**

# **Reporting Procedure**

* Employees are required to notify their Line Managers of absence in line with the Attendance Management policy (**Notification of Absence form Section A, appendix 1**)
* An employee should report their absence as early as possible to their Line Manager in line with service requirements (please ensure employees are aware of service requirements) or **within one hour of the normal start time** and outline the reason for their sickness absence, how long they anticipate the absence to last and any urgent work that requires cover
* Email or text messages are not accepted as an appropriate method of communication
* Where the relevant Line Manager is not available, employees should speak to another appropriate alternative manager and leave a contact number to enable the Line Manager to contact them later that day, or as soon as possible thereafter
* Ensure that employees keep appropriate contact in line with the Attendance Management policy
* Employees must contact their Line Manager prior to expiry of a Fit Note to provide an update
* It is important to be aware of the sensitivities around communication while an employee is absent
* Where the absence continues to a 4th day the employee, or in exceptional circumstances, the person acting on their behalf, must notify their Line Manager of the continuing absence and confirm if it’s likely to continue beyond a 7th day
* If the absence continues beyond 7 days the employee must speak to their Line Manager every 7 days throughout the duration of the absence, unless agreed otherwise with the Line Manager
* In exceptional circumstances the frequency and method of contact can be varied, as agreed, when the absence is first notified and depending on the reason for the sickness absence, ensuring contact is maintained at regular periods, and adequate support is provided
* You may wish to discuss whether the employee wishes to be sent any relevant information to keep them updated while they are absent
* The employee must make the Line Manager aware of their intention to return to work as soon as they consider themselves fit.

**Part Time/Job Share or Shift workers**

Should follow the same procedure for full time employees, however, you should notify their Line Manager (nominated person) as soon as they become aware that they will be absent from work.

**Exceptional Circumstances**

In exceptional circumstances i.e. hospitalisation, the employee may arrange for someone on their behalf to speak directly to the Line Manager (nominated person).

**Part day Absence**

If the employee becomes ill and is unable to complete a full day at work (either leaving early or coming in later) they should discuss the circumstances surrounding this with their Line Manager (nominated person) at the earliest opportunity to ensure appropriate support arrangements are put in place.

Such absences will be recorded as **Permissible – part day sickness on i-Trent.**

If the Line Manager has concerns around the pattern of part day absences, this should be addressed in accordance with the Short Term or Persistent Absence procedure.**to**

# **Failure to Notify/Unauthorised Absence**

**Absence**

Unauthorised absence is when an employee does not come to work and gives no reason for their absence or does not contact their Line Manager.

The Line Manager should try to contact the absent employee as soon as possible, to establish if they are safe and well and to determine the background of the failure to report the non-attendance. If you are unable to make contact or there is concern regarding the employees welfare, contact will be made with the emergency contact, as recorded on i-Trent. If you remain unable to make contact and continue to have concerns regarding the employees’ welfare, contact your HR Adviser for further guidance.

If contact cannot be made, the Line Manager should write out to the employee (**Absence Without Leave, Section A, appendix 17)**, discuss with the HR Adviser and discuss this with the employee at the Return to Work meeting.

Failure to report an absence will be classed as unauthorised absence and may impact on the employee’s entitlement to sick pay and could lead to disciplinary action if the employee cannot provide good reason for the absence and lack of contact.



# **Certification**

For absences of 7 calendar days or less, a **Self-Certificate** should be completed on the employees return to work (**Self-Certificate form, Section A, appendix 2**)

For an absence continuing for more than 7 calendar days, the employee must consult a GP and obtain a [Fit Note](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/578032/fit-note-guidance-for-employers-and-line-managers.pdf). The certificate must be immediately forwarded to the Line Manager. If the absence is likely to continue beyond the date shown on the Fit Note the employee should consult their GP again and submit any consecutive Fit Notes timeously to cover the absence. Employees are required to discuss with their Line Manager any delay in submitting their Fit Note.

When an employee submits a Fit Note this should be reviewed by the Line Manager, logged on i-Trent accordingly, and returned to the employee. There is no requirement for the Line Manager to retain a copy of the Fit Note and should therefore not be stored in any filing system.

As with any information relating to an employee’s absence, confidentiality should be maintained at all times.

The GP may make recommendations around phased return, amended duties, altered hours, workplace adaptations.

As a Line Manager you should take account of the information outlined in Fit Notes where proposed changes to be implemented are reasonable and practical. These adjustments may be a simple measure for a temporary period and will vary across individual cases.

In considering altered duties, where the employee’s role does not accommodate lighter duties an alternative should be considered within the service to support the employee to return to the workplace. In these instances advice should be sought from the relevant HR Adviser.

If you feel that adaptations or reasonable adjustments cannot be accommodated, you must seek the advice of the relevant HR Adviser to have specific justification prior to discussing the matter with an employee.

If it is not possible to support an employee in the Fit Note recommendations, this must be discussed with the employee, with the employee then being treated as though they are ‘not fit for work’.

## **SECTION 3**

# **Return to Work Meeting**

The employee must make contact with the Line Manager (other nominated person) immediately (or as soon as reasonably possible) on their return to work.

You will be required to make arrangements for a ‘Return to Work’ meeting; this meeting should normally take place on the day of the employees return, if this is not possible, within 2 working days of the employees return to work.

Return to work meetings represent best practice, the discussion will follow the format as outlined in the Return to Work form (**Section A, appendix 3**)

# **Adjustments Relating to Capability**

Some cases of absence may require alternatives to be explored due to an employee being unable to return to their normal duties. There may be opportunity to explore other solutions for the employee to return to another form of work.

# **Phased Return Guidance**

Phased returns are beneficial for employees to regain their confidence and ability to carry out the full duties related to their role and facilitate an earlier return to work.

A medical report **must** be sought where appropriate from the employees GP, which may be outlined in the Fit Note or appropriate Council Occupational Health support for advice on the benefit to the employee and recommendations on how this should be implemented

A phased return can be around hours of work, days and patterns of work which should increase each week. These can also be about the duties that an employee carries out and looking at the best way to ensure that employees are supported in their return to work for a period up to 4 weeks. A phased return may be extended on the basis of medical evidence which suggests that the extension of the phased return will have a positive impact on an employee returning to work.

Phased return proposals should be discussed within Attendance Management meetings or may be proposed by an employee prior to attending a Return to Work meeting. Arrangements should be recorded with the agreement of the employee and where time allows, should be supported by a report from the Council Occupational Health support. In normal circumstances one period of phased return to work will be agreed in a rolling 12 month period. Where a second period of phased return is recommended by a GP, advice and authorisation must be sought from the local HR Adviser.

Ongoing communication and increased support may be required in the period of their phased return as circumstances or requirements may change when the employee returns to work.

**Payment during phased return**

All Employees will be paid for the period of their phased return at full pay for a period of no longer than 4 weeks. This period may be extended on the basis of medical evidence for a maximum of a further 4 weeks.

For Teachers and those on SNCT Terms and Conditions any accrued compensatory leave should be used in the first instance towards the phased return being accommodated.

If a phased return extends beyond 4 weeks, there should be a review of the agreement to allocate the employee’s accrued/annual leave allowance for the remaining days when they are not at work.

## **SECTION 4**

# **Procedure for Absence Monitoring – Short Term or Persistent Absence**



The procedure will be initiated and you will invite the employee to attend an Attendance Support meeting on their return to work when they have:-

* 3 occurrences of absence within a rolling 12 month period or;
* absences totalling 8 working days in a rolling year (pro-rated for part time employees/full time employees working non-standard working patterns\*) or;
* absence that causes concern

\*Number of days trigger will be pro-rated as follows:

| **Number of days worked per week** | **Trigger** |
| --- | --- |
| 2 | 3 working days |
| 3 | 5 working days |
| 3.5 (7 day fortnight) | 6 working days |
| 4 | 6 working days |
| 4.5 (9 day fortnight) | 7 working days |
| 5 | 8 working days |

Other examples include:

Employees working 9 day fortnights the trigger would be 7 working days

Employees working shift patterns of 7 days on/7 days off the trigger would be 6 working days

Employees working different hours per week on a rota basis, the trigger would be calculated on the paid days worked per week

**Line Management Discretion**

Dependent on the individual circumstances the Line Manager may feel that it is not appropriate to progress to a Stage 1 Attendance Support meeting. In such circumstances the Line Manager in consultation with their HR Adviser will consider whether it is appropriate to apply discretion. **(Managers** **Discretion form,** **Section A, appendix 4**)

**Attendance Support Meeting**

You will invite the employee to attend an Attendance Support meeting; the HR Adviser may also be in attendance (**Section A, appendix 5**)

The employee will be provided with at least 5 working days’ notice of the meeting and notified in writing of the following:-

* the date, time and location of the meeting
* the reason for concern
* who will be in attendance
* the right to be accompanied by a companion/employee representative
* where appropriate, the possible outcome/s
* provided with a copy of the Council’s Attendance Management policy



# **Stage 1**

The primary purpose of this meeting is to support the employee to remain at work and identify if there are any underlying medical conditions

This will be an opportunity for you to:

* discuss and explore the absence
* highlight areas of concern
* discuss likelihood of further absences
* offer support
* explore reasonable adjustments
* confirm in writing a summary of the discussions and any agreed actions (Section A, appendix 5i)
* commence a **12 month review period** from the last date of the absence which triggered this process
* advise that a further absence will result in Stage 2 of the procedure being initiated

Examples:

* + **Employee A** a full time (Monday to Friday) employee is absent from 1st until 12th May 2020 (8 working days), therefore the 12 month review period will commence with effect from 12th May 2020 until 11th of May 2021
  + **Employee B** an employee is absent on 3 occasions in a rolling year: 7th – 14th January 2020, 27th March 2020, 16th-18th September 2020, therefore the 12 month review period will commence with effect from 18th September 2020 – 17th September 2021

# **Stage 2**

This meeting will be initiated when the employee has a further absence within the rolling 12 month period, from the date of the first absence and/or the pattern of absence continues to cause concern. (**Section A, appendix 6)**

Examples:

* + **Employee A** (as before) has a further absence on 15th December 2020
  + **Employee B** (as before) has a further absence on 6th - 9th April 2021

This will be an opportunity for you to:

* investigate the circumstances/reasons surrounding the absence and any mitigating factors/diagnosed underlying health conditions
* discuss and explore the absence
* highlight areas of concerns
* review support
* identify any further support required including reasonable adjustments
* advise that failure to achieve a sustained improvement will result in Stage 3 of the procedure being initiated.
* provide an outcome letter advising effect of a formal improvement notice. (**Section A, appendix 6i)**
* commence a **6 month** **review period** commencing from the last date of the absence which triggered this process

Example:

* + **Employee A** 15th December 2020 – 14th June 2021
  + **Employee B** 9th April 2021 – 8th October 2021

# **Stage 3**

This meeting will be initiated when the employee has a further absence which continues to reach the trigger levels and/or the pattern of absence continues to cause concern within the 6 month review period. (**Section A, appendix 7)**

Example:

* **Employee A** (as before) has a further absence on 20th May 2021 on review of absence they are not in breach of trigger levels, therefore continue to monitor at Stage 2 and up until the 14th June 2021.
* **Employee B** (as before) has a further absence on 25th August 2021 on review of absence they continue to be in breach of trigger levels, therefore progress to Stage 3

This will be an opportunity for you to:

* investigate the circumstances/reasons surrounding the absence and any mitigating factors/diagnosed underlying health conditions
* discuss and explore the absence
* highlight areas of concern
* discuss likelihood of further absences
* review and offer further support
* explore reasonable adjustments
* advise that failure to achieve a satisfactory improvement, further action under the procedure may lead to dismissal
* provide an outcome letter advising effect of a formal improvement notice (**Section A, appendix 7i)**
* commence a **12 month review period** commencing from the last date of the absence which triggered this process
* formally record the outcome

Example:

* + **Employee B** (only) will commence review period with effect from 25th August 2021 – 24th August 2022

# **Stage 4**

A Capability Hearing for Short Term or Persistent absence may be arranged if there is any further absenceand/or the pattern of absence continues to cause concern within the **12 month review period**. (**Section A, appendix 8)**

Example:

* + **Employee B** (only) has a further absence on 13th July 2022 on review of absence they had the following periods of absence, continue to Stage 4:-
    - 7th – 14th January 2020
    - 27th March 2020
    - 16th-18th September 2020 (point where Stage 1 was triggered)
    - 6th – 9th April 2021 (point where Stage 2 was triggered)
    - 25th August 2021 (point where Stage 3 was triggered)
    - 13th July 2022 (progress to Stage 4)

The arrangements for the Capability Hearing are detailed in **Section 6.**

## **SECTION 5**

# **Procedure for Absence Monitoring – Long Term Absence**





# **Initial Long Term Absence Meeting**

The procedure will be initiated and the employee will be invited to attend an **Initial Long Term Attendance** meeting when the absence has or is likely to last over 21 days, however, individual circumstances will be taken into consideration around the appropriateness of this. (**Section A, appendix 9)**

The employee will be provided with at least 5 working days’ notice of the meeting and notified in writing of the following:-

* the date, time and location of the meeting
* the purpose of the meeting
* who will be in attendance, including the HR Adviser
* the right to be accompanied by a companion/ employee representative
* provided with a copy of the Council’s Attendance Management policy

This will be an opportunity for you to:

* discuss and explore the background surrounding the absence
* establish if there are any underlying health conditions
* explore options of support
* explore early interventions
* explore the potential return to work date
* explore reasonable adjustments that can facilitate a return to work
* consider Occupational Health referral
* provide an outcome letter summarising the discussion and any agreed -actions, and where necessary discuss arrangements for an **Ongoing Long Term Attendance** meeting (**Section A, appendix 9i)**



# **Ongoing Long Term Attendance Meeting/s**

Where it has been identified that the employee is unlikely to be able to return to work within a reasonable timescale, you will arrange to meet with the employee throughout the absence. (**Section A, appendix 10)**

This will be an opportunity for you to:

* review the employees progress, including any up to date medical information
* ensure appropriate support is being offered and provided, including Occupational Health referral
* establish if there are any underlying health conditions
* continue to explore reasonable adjustments that can facilitate a return to work
* provide an outcome letter summarising the discussion and any agreed actions, and where necessary discuss arrangements for a further **Ongoing Long Term Attendance** meeting. (**Section A, appendix 10i)**

Where it has been identified that a return to work is unlikely within a reasonable timescale, further discussion will take place with the employee to discuss available options, as detailed within section 5.19.3 of the Attendance Management policy.

# **Capability Hearing for Long Term Absence**

A Capability Hearing for Long Term absence will be arranged when it has been identified that a return to work is unlikely or medical advice indicates that a return to work is unlikely in the foreseeable future. (**Section A, appendix 11)**

The arrangements for the Capability Hearing are detailed in **Section 6**

## **SECTION 6**



# **Capability Hearing**

The employee will be provided with at least 7 calendar days’ notice of the Hearing and notified in writing of the following:-

* who will Chair the Hearing
* who will be in attendance
* the reason for the Hearing
* the date, time and location of the meeting
* the reason for concern
* the right to be accompanied by a companion/ employee representative
* the possible outcome/s
* provided with a copy of any supporting documents that will be referred to during the Hearing
* provided with a copy of the Council’s Attendance Management policy

The format of the Hearing is detailed within the policy under **Section 5.21.5**



# **Rescheduled Hearing/Non Attendance**

Where either party requires to reschedule the Hearing, this will be accommodated as far as is reasonably possible. It will be assumed that the employee is fit to attend a Hearing unless they or their GP advises that they are unfit to participate in the process, in such circumstances a GP letter or Occupational Health report may be requested to confirm this.

Employees will be given up to a maximum of 2 rescheduled Hearings. Where an employee is persistently unable or unwilling to attend without good cause, the relevant Officer should make a decision on the evidence available. The decision should then be confirmed in writing within 7 calendar days.

## **SECTION 7**

# **Authority to Take Action**

|  | **Chief Officers, Craft & Local Government** | | **Teaching Staff** | |
| --- | --- | --- | --- | --- |
| **Meeting** | **Hearing** | **Appeal** | **Hearing** | **Appeal** |
| Stage 1 | Appropriate Line Manager |  | Appropriate Line Manager |  |
| Stage 2 | Appropriate Line Manager | Manager senior to Line Manager or suitable depute | Appropriate Line Manager | Manager senior to Line Manager or suitable depute |
| Stage 3 | Appropriate Line Manager | Manager senior to Line Manager or suitable depute | Appropriate Line Manager | Manager senior to Line Manager or suitable depute |
| Stage 4  Dismissal/Summary Dismissal | Executive Officer | Human Resources Appeals Board | Chief Education Officer | Education Committee |



# **Appeals**

The employee has a right to appeal the outcome of the Capability Hearing within 14 calendar days of the outcome where the outcome is dismissal or an alternative to dismissal only. Details of the right of appeal will be contained within the outcome letter following the Hearing.

## **SECTION 8**

# **Supporting Agencies and Key Contact Details**

Line Managers have a key role in promoting the support mechanisms in place to employees. If Line Managers promote the support and assistance, under the Wellbeing Strategy, to the team as a whole as well as through the various Attendance Management meetings, employees will be more aware of what is available.

The Council offers a number of methods of support for employees which may include:

* Occupational Health Provision
* Employee Assistance Programme (Time for Talking)
* Osteopathic/Physiotherapy Assistance
* Other support appropriate to individual circumstances



# **Occupational Health Provision**

The Council Occupational Health provision will be offered as part of the relevant Attendance Management meetings to encourage employees to utilise the assistance available in sustaining wellbeing and to minimise any absence from work. This provision will be key in assisting Line Managers in facilitating employees in remaining in/or returning, to work and will be promoted through various methods including the meetings associated with the policy.

**Referrals**

Employees also have the opportunity to request to be referred to Occupational Health as a way of managing their wellbeing.

Employees can access Occupational Health by contacting the HR Team or via their Line Manager who will discuss the information required for the appointment and where appropriate, will arrange a suitable time for employees to attend.

In the first instance a medical referral will need to be made through the Medigold on-line system which can be accessed via the following link:

|  |
| --- |
| **East Dunbartonshire Council Management Referral** |
| <https://www.medigoldone.com/Responses/5275> |
| EDC-MR |

The content of the referral should be discussed with employee however Medigold will collect the relevant consent for processing their information under GDPR at the relevant stages.

Once submitted to MedigoldOne your HR Adviser will be able to review the referral and approve it for submission. The HR Adviser will also have the option to edit the referral however your HR Adviser will contact you to discuss prior to submission.

# **Employee Assistance Programme**

**Time for Talking** offers a free 24 hour confidential helpline/support service which can be accessed by all employees.

This service offers a wide range of support available to meet individual employee needs including access to self-help resources

In addition to the website, email and telephone counselling employees there is access to live web chat through the website and the password is provided below.

Face to face counselling can be provided via referral through the HR Advisers where criteria is met. In the first instance employees are encouraged to try the telephonic counselling and live web chat. The contact details for employees looking for immediate support are as follows:

Telephone: 0800 9703980

Email: [admin@timefortalking.co.uk](mailto:admin@timefortalking.co.uk)

Website: [www.timefortalking.co.uk](http://www.timefortalking.co.uk)

Live Web Chat: Accessed via website. Password: TfTnow (case sensitive)

# **Osteopathic/Physiotherapy Assistance**

Osteopathic/physiotherapy assistance is available to employees where the circumstances indicate that this will be of benefit to the recovery and/or managing the condition.

The referral to osteopathic/physiotherapy assistance may be part of, or the outcome of a referral to Occupational Health Support.

**The Kirkintilloch Health and Care Centre (KHCC), 10 Saramago Street, Kirkintilloch operate a Physiotherapy Self Referral System. Forms are available at the KHCC Reception.**

Employees should in the first instance attempt to source Physiotherapy through either the KHCC or their own GP.

Employees should provide a Fit Note or letter from their GP stating that physiotherapy or osteopathy will be of benefit to the recovery and/or managing the condition and employees will have the opportunity to discuss this assistance at the earliest opportunity or as part of the Attendance Management meetings.

Please note there will be a maximum of 6 sessions funded by East Dunbartonshire Council to allow for NHS waiting times.

In line with the established strategic principles, there will be no internal charging for the provision of internal Occupational Health and Employee Assistance Programme.

# **Other Support Appropriate to Individual Circumstances**

**Access to Work**

Access to Work is a publicly funded employment support programme that aims to help more disabled people start or stay in work. It can provide practical and financial support for people who have a disability or long term physical or mental health condition. Support can be provided where someone needs help or adaptations beyond reasonable adjustments.

Access to Work may provide grants towards practical support to help the employee stay in work. The employee can apply for Access to Work if they need help and support to get them back to work.

**The quickest and easiest way to apply is online at** [**www.gov.uk/access-to-work**](http://www.gov.uk/access-to-work)

**They can also apply by phoning Job Centre Plus on:**

**Telephone: 0800 121 7479**

**Textphone: 0800 121 7579**

**Disability Employment Advisers**

Disability Employment Advisers (DEA’s) within Job Centre Plus can provide specialist advice, information and support to those employees who are disabled, have recently become disabled or for those whose condition has deteriorated. Employees should contact their local Job Centre Plus direct.

**Money Advice Service**

Financial concerns can affect employee mental and physical health. The Money Advice Service, set up by the Government, provides free and impartial money advice. Employees can contact the Service themselves.

**Contact**

[**www.moneyadviceservice.org.uk**](http://www.moneyadviceservice.org.uk)

**Telephone: 0800 138 7777**

**Reading Materials to support wellbeing**

The Council in working with partners aims to promote reading materials which are aimed to support wellbeing. These cover a number of areas and can assist employees in different ways at different stages of their lives. Reading materials are available through the Community Health Partnership under the Healthy Reading Scheme aimed to assist individuals who are experiencing stress or other emotional difficulties. Employees can access these materials at East Dunbartonshire Council libraries.

The [Wellbeing at Work tile](http://thehub.eastdunbarton.gov.uk/council-hub/plans-policies-and-strategies/wellbeing-work) on the HUB provides information relating to the management of absence and wellbeing including relevant policies and toolkits, forms and details of support mechanisms and/or details of where to signpost. Medigold have also provided an A-Z of information leaflets for support with common medical conditions which employees and managers will be able to reference.

**Health Promotion and Improvement**

The Council will take a proactive approach to promoting healthy working lives and positive wellbeing amongst employees. The promotion of local and national campaigns and the assistance offered to employees is key to maintaining and improving the health and wellbeing of the workforce.

**Reduced rate Leisure Facilities**

Employees of the Council can enjoy reduced rates at [East Dunbartonshire Leisure and Culture (EDLC)](http://www.edlc.co.uk) Leisure Centres. These are available by contacting the relevant facility:

Kirkintilloch Leisure Centre on 0141 578 8222

Leisuredrome Bishopbriggs on 0141 777 3060

Allander Sports Centre based in Bearsden can be contacted on 0141 777 3070

# **Human Resources**

Further information in relation to the Attendance Management policy and Managers Toolkit advice and/or support is available from your local HR Adviser at:

| **Wellbeing and Attendance Improvement Adviser** | | | |
| --- | --- | --- | --- |
| **Name** | **Job Title** | **Email** | **Ext No** |
| Shona Diack | Wellbeing and Attendance Improvement Adviser | [shona.diack@e](mailto:shona.diack@e)astdunbarton.gov.uk | 3463 |

|  |  |  |  |
| --- | --- | --- | --- |
| **HR Advisers** | | | |
| **Name** | **Job Title** | **Email** | **Ext No** |
| Nikki Edgar | HR Adviser | [nikki.edgar@eastdunbarton.gov.uk](mailto:nikki.edgar@eastdunbarton.gov.uk) | 5647 |
| Lorna McLaughlin | HR Adviser | [lorna.mclaughlin@eastdunbarton.gov.uk](mailto:lorna.mclaughlin@eastdunbarton.gov.uk) | 3243 |
| Susie Andrews | HR Adviser | [susie.andrews@eastdunbarton.gov.uk](mailto:susie.andrews@eastdunbarton.gov.uk) | 5608 |
| Susan Hamilton | HR Adviser | [susan.hamilton@eastdunbarton.gov.uk](mailto:susan.hamilton@eastdunbarton.gov.uk) | 5628 |
| Natalie Moyes | HR Adviser | [natalie.moyes@eastdunbarton.gov.uk](mailto:natalie.moyes@eastdunbarton.gov.uk) | 3172 |
| Anne Marie Cunningham | Team Leader HR Operations | [annemarie**\_**cunningham@eastdunbarton.gov.uk](mailto:annemarie_cunningham@eastdunbarton.gov.uk) | 5535 |

Contact details can also be found on the Hub at: [Workforce Strategy Contact List](http://thehub.eastdunbarton.gov.uk/sites/default/files/documents/council/plans-policies-and-strategies/workforce_strategy_contact_list.pdf)

## **APPENDICES SECTION A**

## **Appendix 1 – Notification of Absence Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Part 1 – Initial Contact** | | | | |
| Employee name | | |  | |
| Initial details of absence taken by | | |  | |
| Date and time of call | | |  | |
| Details and reasons for reported absence | | |  | |
| Employee informed that Line Manager will call back same day if appropriate | | | Yes/No | |
| **Part 2 –To be completed by the Line Manager** | | | | |
| Reason for Absence | | |  | |
| How long is absence likely to last | | |  | |
| Details of any GP appointments | | |  | |
| Date agreed when employee is to contact Line Manager with an update on illness and return to work | | |  | |
| Employee informed Return to Work meeting will be conducted on return to work | | |  | |
| Dates of previous absence in 12 month rolling period | | | Number of Days  Number of episodes | |
| Attendance management policy trigger Reached | | | Yes / No | |
| HR advice sought? | | | Yes/No | |
| live formal improvement notice /review period | | | Yes / No  Dates | |
| Absence Reason Code recorded on i-Trent | | |  | |
| **Part 3 – Follow up contact To be completed by the Line Manager** | | | | |
| Date |  | How long is absence likely to continue  GP Appointment?  Agreed date of next contact by employee to Line Manager | |  |
| Date |  | Continue to record accordingly | |  |

## **Appendix 2 – Self-Certification Form**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Self-Certificate Form** | | | | |
| **This form should be used for absences of 7 calendar days or less** | | | | |
| Forename |  | | | |
| Surname |  | | | |
| Employee Reference Number |  | | | |
| Designation |  | | | |
| Location |  | | | |
| Start Date |  | Start Day | |  |
| End Date |  | End Day | |  |
| Total Days |  | | | |
| Did you visit a GP or hospital during the absence? | Yes/No | | | |
| Was the absence a result of an injury at work? | Yes / No | | Details: | |
| Recorded | Date: | | Contact: | |
| Details |  | | | |
| **Additional Information that you wish to inform us of:** | | | | |
| **Employee Declaration**    I declare that the information within this Self Certificate as accurate and true to the best of my knowledge. I will inform the Council if any information has changed since completing this. I understand that any false or misleading information may give reason for disciplinary action which could lead to dismissal. | | | | |
| **Signature:** | | **Date:** | | |
| **Line Manager Signature:** | | **Date:** | | |

## **Appendix 3 – Return to Work Form**

| **Form RTW: Return to Work Meeting Recording Form** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Face to Face discussion: Yes/No | | | Telephone discussion: Yes/No | | | |
| Section A Employee Details and Details of Absence Period | | | | | | |
| Employee Name: | | | Job Title: | | | |
| Employee Number: | | | Department: | | | |
| First Day of Sickness Absence: | | | Last Day of Sickness Absence: | | | |
| Reason for Absence:  (Fully insert the reason for absence) | | |  | | | |
| Are there any underlying health conditions that may result in further absences? | | |  | | | |
| Section B How was notification of absence reported: | | | | | | |
| Supervisor/Manager advised:  Yes/No | | Method of reporting: | | Absence Certification viewed:  >7 days – self-certificate □  <7 days – Fit Note □ | | |
| Section C Ensure these areas are/have been talked about: | | | | | | |
| Is the employee fit to return to work? | | | Yes/No | | | |
| Explain the aims of the discussion to the employee. Ask the employee if they have understood the explanation.  Have they understood? | | | Yes/No | | | |
| Section D Employees comments on return to work discussion: | | | | | | |
|  | | | | | | |
| Section E Line Manager’s comments on return to work discussion: | | | | | | |
|  | | | | | | |
| Section F Detail Next Steps – refer to checklist | | | | | | |
|  | | | | | | |
| If the employee requires further support, or a pattern of absences continues to cause concern the Line Manager should note this in section E. Further action should be taken as appropriate, involving Humans Resources. The employee should be advised of this. | | | | | | |
| What ongoing support do you feel can be provided?  Detail the range of services which are available (where appropriate) | | |  | | | |
| Section F Return to work completed by: | | | | | | |
| Highlight that the employee can contact you in the future should they feel that further support would assist in their attendance at work. | | | | | | |
| We have read the above and accept the comments made as accurate | | | | | | |
| Employee Signature: |  | | Date | |  | |
| Line Manager Signature: |  | | Date | |  | |
| Any part of the above not used, should be short ruled (i.e. draw a line through it) | | | | | | |
| Copy to: Employee | Yes/No | | Copy to: Employee File | | | Yes/No |

## **Appendix 3i – Return to Work Line Manager’s Checklist**

**Line Manager’s Checklist for conducting a supportive Return to Work Discussion:-**

The Return to work discussions represents best practice and is key to supporting employee’s wellbeing and attendance at work

| Preparation | Completed |
| --- | --- |
| Review the individual’s sickness record, ensuring you are familiar with the history |  |
| Identify any trigger points reached (3 occurrences or absences totalling more than 8 working days within a rolling 12 month period) )  Identify any patterns or trends  Is there anything that concerns you |  |
| Disability/Pregnancy Related absences |  |
| Consideration to reasonable adjustments |  |
| Return to Work Discussion meeting |  |
| Arrange to meet with the employee at the earliest opportunity – preferably on the day of return, if this is not possible, within 2 days of the individual returning – preferably face to face but if this is not operationally possible within the required timeframe, telephone contact can be made. |  |
| Choose a quiet/private/comfortable place to conduct the meeting – ensuring no interruptions |  |
| Welcome the employee back to work |  |
| Explain that he purpose of the discussion is in line with the Attendance Management policy |  |
| Confirm that the employee is aware of their requirements in line with the Attendance Management policy |  |
| Do they need a copy of the Attendance Management policy |  |
| Confirm the reason for the absence |  |
| Self-Certification / Fit Note received/ returned to employee |  |
| Ask how they are feeling and confirm that they are fit to be back at work |  |
| Discuss any patterns of absence asking if there are any underlying issues that we should be aware of |  |
| Ask if any further support is required to assist an improvement in their attendance – refer to support mechanisms detailed below |  |
| Advise of next steps   1. No further action 2. Continued monitoring 3. Referral to OH 4. Reasonable adjustments 5. Progress to next stage of the procedure 6. Follow up of any agreed actions |  |
| Explain EDC position around Attendance Improvement and the impact non-attendance has on service provision |  |
| Ask employee to complete Section D |  |
| Complete Section E |  |
| Both parties are required to sign Section F as an acceptance of the comments and their accuracy  (employee resistance to sign off – confirm signature is in acceptance of accuracy of comments made during the discussion) |  |
| Update the employee on any changes within the workplace since their absence |  |
| Conclude the discussion on a positive note, advising further support is available if required |  |
| Support Mechanisms Available | |
| Risk Assessment  Reasonable Work Place Adjustments  Rehabilitation based on medical advice  Occupational Health Referral  Employee Assistance Programme -Time to Talk |  |
| Recording | |
| Ensure the absence has been input and closed on i-Trent |  |
| Ensure a copy of the completed RTW form is retained in the employee’s personal file |  |

## **Appendix 4 – Managers Discretion Form**

Discretion Request Form

(To be completed by the Line Manager)

| To: |  | From: |  |
| --- | --- | --- | --- |
| With reference to the information detailed below, I am formally requesting discretion to vary from the prescribed Attendance Management policy as follows: | | | |

| Name |  | Service |  |
| --- | --- | --- | --- |
| Employee Number |  | Job Title |  |
| Directorate |  |  |  |

Employee

Previous Absence Record – Rolling 12 months

| Dates of previous absence | Reason for absence | Total days absent |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Current Absence Details

| First day of absence |  |
| --- | --- |
| Return to Work date (if applicable) |  |
| Reason for absence |  |

Action

| Has the trigger point for further action been reached i.e. Stage 1, 2 or 3? If yes please provide detail and confirm the employee has been made aware of this. | Detail: |
| --- | --- |
| Please detail the discretion request i.e. how long and reason | Detail: |
| Is there any further action/advice required to manage the employee’s absence? |  |

Signed (Line Manager)…………………………………………………………Date………………..

Discretion Request Granted

Signed (Service Manager)…………………………………………………..….Date……………….

## **Short Term Persistent Absence Templates Attendance Support meeting invitation templates**

## **Appendix 5 - Stage 1**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Attendance Support meeting - Stage 1**

I refer to your recent absence/s and return to work meeting. In line with the Council’s Attendance Management policy advise that your absence has met the following triggers:

**(please complete with one of the options below)**

* you have had 3 occurrences of absence within a rolling 12 month period
* your absences have totalled 8 working days in a rolling year (pro-rated for part time employees/full time employees working non-standard working patterns)
* your absence level is of concern.

You are therefore required to attend an Attendance Support meeting on **(date)** in **(location)** at **(time)** with **(Line Names).**

The purpose of the meeting is to provide an opportunity to discuss and explore your absence levels, including any underlying medical conditions you may have in order to identify any way in which I can support you to achieve an improvement in your attendance at work.

Although the meeting is aimed to support you, you may wish to be accompanied by a companion for example a fellow worker or Trades Union representative. Please note it is your responsibility to arrange their attendance at the meeting.

Should you be unable to attend for any reason please contact me as soon as possible in order that alternative arrangements can be made/a further meeting can be arranged.

Please find enclosed a copy of the Council’s Attendance Management policy, which details the Councils approach for absence monitoring.

I hope the above is clear, however, should you have any queries in the interim, please do not hesitate to contact me on the above number.

Yours sincerely

[Insert Name]

Designation

Enc.

## **Appendix 6 – Stage 2**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Attendance Support meeting - Stage 2**

I refer to our meeting on **date,** Stage 1 of the Council’s Attendance Management policy. At our meeting you were informed that failure to achieve a sustained improvement in your attendance over the 12 month review period, **date to date**, would initiate Stage 2 of the procedure.

Following on from the recent Return to Work meeting it is noted that you have had a further absence within the review period and your absence continues to cause concern.

You are therefore required to attend an Attendance Support meeting (Stage 2) on **(date)** in **(location)** at **(time)** with **(Line Names).** The meeting will provide an opportunity to have a further discussion around your attendance levels, investigate the circumstances surrounding the absence and identify any way in which I can further support you achieve an improvement in your attendance at work. You should be aware this meeting may lead to the implementation of a formal improvement notice.

Although the meeting is aimed to support you, this is a formal Attendance Support meeting and you may wish to be accompanied by a companion for example a fellow worker or Trades Union representative. Please note it is your responsibility to arrange their attendance at the meeting.

Should you be unable to attend for any reason please contact me as soon as possible in order that a further meeting can be arranged.

Please find enclosed a copy of the Council’s Attendance Management policy, which details the Councils approach for absence monitoring.

I hope the above is clear, however, should you have any queries in the interim, please do not hesitate to contact me on the above number.

Yours sincerely

[Insert Name]

Designation

Enc.

## **Appendix 7 Stage 3**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Attendance Support meeting - Stage 3**

I refer to our meeting on **date,** Stage 2 of the Council’s Attendance Management policy. At our meeting you were informed that failure to achieve a sustained improvement in your attendance over the 6 month review period, **date to date**, would initiate Stage 3 of the procedure.

Following on from the recent Return to Work meeting it is noted that you have had a further absence within the review period and your absence continues to cause concern.

You are therefore required to attend an Attendance Support meeting (Stage 3) on **(date)** in **(location)** at **(time)** with **(Line Names).** The meeting will provide an opportunity to have a further discussion around your attendance levels, investigate the circumstances surrounding the absence and identify any way in which I can further support you achieve an improvement in your attendance at work. You should be aware this meeting may lead to the implementation of a formal improvement notice.

Although the meeting is aimed to support you, this is a formal Attendance Support meeting, you may wish to be accompanied by a companion for example a fellow worker or Trades Union representative. Please note it is your responsibility to arrange their attendance at the meeting.

Should you be unable to attend for any reason please contact me as soon as possible in order that a further meeting can be arranged.

Please find enclosed a copy of the Council’s Attendance Management policy, which details the Councils approach for absence monitoring.

I hope the above is clear, however, should you have any queries in the interim, please do not hesitate to contact me on the above number.

Yours sincerely

[Insert Name]

Designation

Enc.

## **Appendix 8 – Stage 4 Capability Hearing Invitation**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Capability Hearing - Stage 4**

I refer to the Attendance Support meeting held on **date,** Stage 3 of the Council’s Attendance Management policy. At our meeting you were issued with a formal improvement notice and informed that failure to achieve a sustained improvement in your attendance over the 12 month review period, **date to date**, would initiate Stage 4 of the procedure.

Following on from the recent Return to Work meeting it is noted that you have had a further absence within the review period and your absence continues to cause concern.

I am aware, from the information held, that despite the discussions and support made available to you throughout the Attendance Support meetings there has been no sustained improvement in your attendance.

You are therefore required to attend a Capability Hearing on **(date)** in **(location)** at **(time).** Name, DESIGNATION will Chair the Hearing, Name, DESIGNATION will also be in attendance**.**

Please find enclosed a copy of the Council’s Attendance Management policy, details for the format of the Capability Hearing are specified in Section 5.21.

A copy of the applicable documents in relation to your attendance that will be referred to during the Hearing are **also enclosed/will be shared with you at least 7 calendar days in advance of the Hearing.**

Should you wish to put forward your case please can you ensure this is made available to the Chair of the panel 7 days in advance of the Hearing.

I would like to highlight that repeated unacceptable absence levels could result in further action, within the Attendance Management policy, being taken against you, up to and including dismissal.

You may wish to be accompanied by a companion for example a fellow worker or Trades Union representative. Please note it is your responsibility to arrange their attendance at the meeting.

Should you be unable to attend for any reason please contact me as soon as possible in order that a further meeting can be arranged.

I hope the above is clear, however, should you have any queries in the interim, please do not hesitate to contact me on the above number.

Yours sincerely

[Insert Name]

Designation

Enc.

## **Attendance Support Meeting Outcome Letter Templates**

## **Appendix 9 – Stage 1**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Attendance Support meeting - Stage 1**

I refer to the Attendance Support meeting held on **(date)** at which time we discussed your attendance levels between **(date)** and **(date). (**NAME) was also in attendance, you were accompanied by representative/although advised of your right to be accompanied you chose to attend alone.

We took the opportunity to discuss and explore the reasons for your absence, highlight areas of concern and identify any necessary support and adjustments in order to support the improvement of your health and attendance at work.

At the meeting, it was agreed that there were actions that could be taken to improve your attendance levels. I have enclosed an overview of these for your reference.

I informed you of the need for a sustained improvement in your attendance at work. You were advised that Stage 2 of the procedure would be initiated should you have a further absence within the rolling 12 month period commencing DATE (the first absence which initiated the process) or if your pattern of absences continues to cause concern.

I hope the above is clear, however, should you wish to discuss any aspect of this further or if I can offer any further support to ensure your achieve optimum attendance levels please do not hesitate to contact me.

Yours sincerely

[Insert Name]

Designation

Enc.

## **Appendix 10– Stage 2**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Attendance Support meeting - Stage 2 – Formal Improvement Notice**

I refer to the Stage 2 Attendance Support meeting held on **(date)** at which time we discussed your attendance levels between **(date)** and **(date) and that Stage 2 of the procedure had been initiated as you had a further absence during the 12 month review period**

We took the opportunity to discuss and explore the reasons for your absence, highlight areas of concern and identify any necessary support and adjustments in order to support the improvement of your health and attendance at work.

At the meeting, it was agreed that there were actions that could be taken to improve your attendance levels. I have enclosed an overview of these for your reference.

I informed you of the need for a sustained improvement in your attendance at work and therefore issued you with a formal improvement notice for a 6 month period commencing DATE to DATE. You were advised that Stage 3 of the procedure would be initiated should you have a further absence within the 6 month formal improvement notice period commencing DATE to DATE (the last date of the absence which triggered this process) or if your pattern of absences continues to cause concern.

I hope the above is clear, however, should you wish to discuss any aspect of this further or if I can offer any further support to ensure your achieve optimum attendance levels please do not hesitate to contact me.

If you feel that this action is unfair, you have the right to appeal using the Appeals form, within 14 calendar days of receipt of this letter. Your appeal should be addressed to the Manager senior to your Line Manager, or suitable deputy.

A copy of this letter has been forwarded to your Trades Union representative (if appropriate).

Yours sincerely

[Insert Name]

Designation

Enc.

## **Appendix 11 – Stage 3**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Attendance Support meeting - Stage 3 – Formal Improvement Notice**

I refer to the Stage 3 Attendance Support meeting held on **(date)** at which time we discussed your attendance levels between **(date)** and **(date) and that Stage 3 of the procedure had been initiated as you had a further absence during the 6 month review period.**

We took the opportunity to discuss and explore the reasons for your absence, highlight areas of concern and identify any necessary support and adjustments in order to support the improvement of your health and attendance at work.

At the meeting, it was agreed that there were actions that could be taken to improve your attendance levels. I have enclosed an overview of these for your reference.

I informed you of the need for a sustained improvement in your attendance at work and therefore issued you with a formal improvement notice for a 12 month period commencing DATE to DATE. This formal improvement notice will remain live on your personal record for the duration of this period. You were advised should you have any further absence during the 12 month review period DATE to DATE (from the last date of the absence which triggered this process) and/or your pattern of absence continues to cause concern Stage 4 of the procedure will be initiated and you would be invited to attend a Capability Hearing at which time further action under the procedure may be taken up to and including dismissal.

I hope the above is clear, however, should you wish to discuss any aspect of this further or if I can offer any further support to ensure your achieve optimum attendance levels please do not hesitate to contact me.

If you feel that this action is unfair, you have the right to appeal using the Appeals form, within 14 calendar days of receipt of this letter. Your appeal should be addressed to the Manager senior to your Line Manager, or suitable deputy.

A copy of this letter has been forwarded to your Trades Union representative (if appropriate).

Yours sincerely

[Insert Name]

Designation

Enc.

## **Short Term or Persistent Absence – Capability Hearing – Stage 4**

Please seek guidance from your HR Adviser.

## **Long Term Absence Templates**

Long Term Attendance meeting Invitation template

## **Appendix 12 – Initial Long Term Attendance Meeting Invitation**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Initial Long Term Attendance meeting**

I write in accordance with the Council’s Attendance Management policy and note that you have been absent since Date.

In order to ensure appropriate support is in place, I invite you to attend an Initial Long Term Attendance meeting on (date) in (location) at (time) with (Line Names)

The meeting is not intended to encourage you to return to work until you are fit to do so, however, it is an opportunity for me to discuss and explore your absence and establish if there are any underlying health conditions and identify any required support to support an early return to work.

Although the meeting is aimed to support you, you may wish to be accompanied by a companion for example a fellow worker or Trades Union representative. Please note it is your responsibility to arrange their attendance at the meeting.

Should you be unable to attend for any reason please contact me as soon as possible in order that alternative arrangements can be made/a further meeting can be arranged.

Please find enclosed a copy of the Council’s Attendance Management policy, which details the Councils approach for absence monitoring.

I hope the above is clear, however, should you have any queries in the interim, please do not hesitate to contact me on the above number.

Yours sincerely

[Insert Name]

Designation

Enc.

## **Appendix 13 – Ongoing Long Term Attendance Meeting Invitation**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Ongoing Long Term Attendance meeting**

I refer to our meeting on date, in light of your ongoing absence and in accordance with the Council’s Attendance Management policy I invite you to attend an Ongoing Long Term Attendance meeting on (date) in (location) at (time) with (Line Names)

This meeting is not intended to encourage you to return to work until you are fit to do so, however, it is an opportunity for me to review your progress and ensure appropriate support is in place to facilitate an early return to work.

Although the meeting is aimed to support you, you may wish to be accompanied by a companion for example a fellow worker or Trades Union representative. Please note it is your responsibility to arrange their attendance at the meeting.

Should you be unable to attend for any reason please contact me as soon as possible in order that alternative arrangements can be made/a further meeting can be arranged.

Please find enclosed a copy of the Council’s Attendance Management policy, which details the Councils approach for absence monitoring.

I hope the above is clear, however, should you have any queries in the interim, please do not hesitate to contact me on the above number.

Yours sincerely

[Insert Name]

Designation

Enc.

## **Appendix 14 – Capability Hearing Invitation – Long Term Absence**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Procedure for Absence Monitoring – Long Term Absence**

**Capability Hearing**

I refer to the Ongoing Long Term Attendance Support meeting held on **date** where it had been identified that a return to work within a reasonable timescale was unlikely to be achieved.

You are therefore required to attend a Capability Hearing on **(date)** in **(location)** at **(time).** Name, DESIGNATION will Chair the Hearing, Name, DESIGNATION will also be in attendance**.**

Please find enclosed a copy of the Council’s Attendance Management policy, details for the format of the Capability Hearing are specified in Section 5.20.

A copy of the applicable documents in relation to your attendance that will be referred to during the Hearing are **also enclosed/will be shared with you at least 7 calendar days in advance of the Hearing.**

Should you wish to put forward your case please can you ensure this is made available to the Chair of the panel 7 days in advance of the Hearing.

I would like to highlight that in accordance with the Attendance Management policy a possible outcome of the Hearing may be dismissal on the grounds of capability in conjunction with the long term absence procedure.

You may wish to be accompanied by a companion for example a fellow worker or Trades Union representative. Please note it is your responsibility to arrange their attendance at the meeting.

Should you be unable to attend for any reason please contact me as soon as possible in order that a further meeting can be arranged.

I hope the above is clear, however, should you have any queries in the interim, please do not hesitate to contact me on the above number.

Yours sincerely

[Insert Name]

Designation

Enc.

## **Attendance Support Meeting Outcome Letter Templates**

## **Appendix 15 – Initial Long Term Attendance Meeting**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

I refer to our meeting on DATE, which had been arranged in accordance with the Council’s Attendance Management policy in light of your long term absence that commenced on DATE. NAME was also in attendance *and you were accompanied by/although advised of your right to be accompanied you chose to attend alone.*

I informed you that the purpose of the meeting was not intended to encourage you to return to work until you are fit to do so, however, it was an opportunity for me to discuss and explore your absence and establish if there are any underlying health conditions and identify any required support to facilitate an early return to work.

You confirmed….detail employees’ progress around their health, medical condition, medical interventions, any further support required and their view as to whether a return to work in some capacity is achievable now or in the foreseeable future.

At the meeting we explore all available options **detail according**…..to facilitate your return to work.

* **Change to working pattern**
* **Reasonable adjustments**
* **Occupational Health Referral**
* **Redeployment**
* **Career Break**
* **Ill health retiral**

Confirm return to work arrangements if a return to work is agreed

Advise that an Ongoing Long Term meeting will be arranged to review their progress should a return to work not be achieved by DATE (agreed timeframe).

I hope the above is clear, however, should you wish to discuss any aspect of this further or there is a change in your circumstance and I can offer any further support to assist you to return to work please do not hesitate to contact me.

I would like to take the opportunity to remind you of the support available in respect of the Council’s Wellbeing Strategy, further information can be obtained from the Wellbeing and Attendance Improvement Adviser.

Yours sincerely

[Insert Name]

Designation

Enc.

## **Appendix 16 – Ongoing Long Term Attendance Meeting**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Procedure for Absence Monitoring – Ongoing Long Term Absence meeting outcome**

I refer to our meeting held on **(date).** NAME was also in attendance, you were accompanied by/*although advised of your right to be accompanied you chose to attend alone.*

I informed you that the purpose of the meeting was not intended to encourage you to return to work until you are fit to do so, however, it is an opportunity for me to discuss and explore your absence further and establish if any further support is required to facilitate your return to work.

You confirmed….detail employees’ progress around their health, medical condition, medical interventions, any further support required and their view as to whether a return to work in some capacity is achievable now or in the foreseeable future.

At the meeting we revisited all available options detail according…..

* **Change to working pattern**
* **Reasonable adjustments**
* **Occupational Health referral**
* **Redeployment**
* **Career Break**
* **Ill health retiral**

Based on our discussions and the supporting medical information it was identified that a return to work was unlikely to be achieved within the next (PERIOD).

In light of our discussions, I informed you that in accordance with the Council’s Attendance Management policy (section 5.20), arrangements would be made for your case to be considered at a Capability Hearing at which time further action under the procedure may be taken up to and including dismissal.

I hope the above is clear, however, should you wish to discuss any aspect of this further or there is a change in your circumstance and I can offer any further support to assist you to return to work please do not hesitate to contact me.

I would like to take the opportunity to remind you of the support available in respect of the Council’s Wellbeing Strategy, further information can be obtained from the Wellbeing and Attendance Improvement Adviser

Yours sincerely

[Insert Name]

Designation

Enc.

## **Long Term Capability Hearing**

Please seek guidance from your HR Adviser.

## **Appendix 17 – Attendance Support/Long Term Meeting Recording Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Attendance** **Support/Long Term Meeting Recording Form** | | | | | | |
| The Line Manager should be aware of the support options available in advance of the meeting to ensure a proactive approach is adopted in managing attendance.  **Guidelines for the agenda of a Attendance Support meeting:**   * all parties are aware of the purpose of the meeting and confirm the Stage of the procedure * the employees right to be accompanied by a companion * why the procedure has been initiated * the employees awareness around the Council’s Attendance Management policy and their responsibilities * opportunity to discuss and explore the absence * highlight areas of concern * discuss likelihood of further absence * offer support/explore reasonable adjustments * expectation around attendance at work * summarise the background to the meeting taking place * inform the employee that notes will be taken as a record if the discussion and both the employee and Line Manager will sign for agreement of accuracy of the content of the note at the end of the meeting (or when notes are available if typing required) * ensure that any actions, arrangements for support or any review meeting outcomes are followed up within the agreed timescales * confirm the review period * inform the employee that failure to achieve a sustained improvement will result in progressing to the next Stage of the procedure * At Stage 3 inform the employee that if there is any further absence during the 12 month review period, Stage 4 of the procedure will be initiated - Capability Hearing which could result in further action being taken against them, up to and including dismissal. * Thank the employee for attending and outline that the employee can contact you should they feel that there are any further concerns in relation to their ability to attend work. | | | | | | |
| **Employee Name** | | |  | | | |
| **Service** | | |  | | | |
| **Employee Representative (If present)** | | |  | | | |
| **Date of Attendance Support Meeting** | | |  | | | |
| **Stage** | | |  | | | |
| **Periods of Absence** | | | | | | |
| **From** | **To** | | **No of Days** | **%** | | **Reason** |
|  |  | |  | (See Absence Summary Guidelines) | |  |
| **Discussions around the reasons for absence concern** | | | | | | |
|  | | | | | | |
| **Employee offered support to assist in improved absence levels/wellbeing**  **If this is not appropriate please state why this is the case.** | | | | | | |
|  | | | | | | |
| **Have any adjustments been identified to support the employee in the workplace or in returning to work?** | | | | | | |
|  | | | | | | |
| **Actions/Levels of Improvement Required** | | **Deadline** | | | **Responsibility** | |
|  | |  | | |  | |
|  | |  | | |  | |
|  | |  | | |  | |
| **Actions Following Meeting** | | | | | | |
| |  |  | | --- | --- | | No assistance required, monitor and review in accordance with the relevant Stage |  | | No further action required, employee advised must make every effort to sustain improved level of attendance (only applicable in follow up interview) |  | | Underlying health problem confirmed |  | | Refer/continue referral to Employee Assistant Programme other (specify) …………………………………………. |  | | Write to GP to confirm underlying health problem/ further medical information (HR Team to arrange) |  | | Referral to Occupational Health to determine/confirm underlying health problem. |  | | Grounds to proceed to Capability Hearing (short term/persistent absence) |  | | Grounds to proceed to Capability Hearing (follow up to Long Term Attendance meetings) |  | | Other action/Continuation of other action (specify) |  | | | | | | | |
| **Employee Signature:**  **Date:** | | | **Line Manager Signature:**  **Date:** | | | |

WHEN COMPLETED, THIS DOCUMENT SHOULD BE RETURNED TO THE APPROPRIATE HR ADVISER AND MARKED “*CONFIDENTIAL*”

## **Appendix 18 – Capability Hearing Recording Form**

**Capability Hearing Recording Form**

**Preparation**

* All previous meeting information reviewed for background information
* Confirmation and justification of the need for a Capability Hearing – Short Term/Persistent absence or Long Term Absence has identified that a return to work is unlikely within a reasonable timescale
* Date, time and location arranged for the meeting to take place
* Employee invited to attend the Hearing using the appropriate standard letter
* Employee aware of their right to be accompanied/represented
* Outline the proactive, preventative approach that the Council is taking to attendance management
* Summarise the background to the Capability Hearing taking place
* The employee is aware that the outcome of this Stage could result in further action being taken against them, up to and including dismissal
* Copies of information made available for the Hearing

|  |  |
| --- | --- |
| **Employee Details** | |
| **Name:** |  |
| **Designation:** |  |
| **Location:** |  |
| **Employee Reference Number:** |  |

|  |  |
| --- | --- |
| **Hearing Details** | |
| **Date of Hearing:** | **Date(s) of Previous Attendance Support Meetings/ Long Term Attendance Meetings:** |
| **Name of Attendee** | **Designation of Attendee** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **Was the employee advised of right of representation?** | **Yes/No** (please delete where appropriate) |
| **Reason for Hearing:** (tick where appropriate) | |  |  | | --- | --- | | Short Term/Persistent Absence - trigger levels initiated the process and there has been no sustained improvement during the review period(s) |  | | Long Term Attendance meeting has identified that a return to work is unlikely within a reasonable timescale |  | | Unauthorised absences with no explanation |  | |
| **Detail absences over last rolling year or since previous interview:** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date From** | **Date To** | **No of Days Lost** | **Reason** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Absence %** | |  | |

|  |  |  |
| --- | --- | --- |
| **Line Manager:**  **Explore the reasons for the absences and whether there may be any underlying factors.** | | |
|  | | |
| **Explore whether any workplace issues are having an impact of levels of absence or whether there are any preventative measures that could be implemented to avoid further absences.** | | |
|  | | |
| **Discuss any supports that have been implemented and how the employee feels these have had an impact** | | |
|  | | |
| **Discuss what the employee feels could be done to improve absence levels** | | |
|  | | |
| **Does the employee require support to achieve this?** | | |
|  | | |
| **Indicate Action(s) to be taken: (if necessary select more than one)** | | |
| |  |  | | --- | --- | | No further action, employed advised of need for sustained improvement in attendance levels |  | | Extension to absence review period |  | | Dismissal; or alternative to dismissal |  | | Underlying health problem confirmed |  | | Refer/continue referral to Employee Assistance Programme other (specify) |  | | Write to GP to confirm underlying health problem/ further medical information (HR Operations Team to take forward) |  | | Referral to Occupational Health to determine/confirm underlying health problem. |  | | Arrange review medical (HR Operations Team to arrange) |  | | Other action/Continuation of other action (specify) |  | | | |
| **Other Comments:** | | |
|  | | |
| **Review or Referral Arrangements: (include dates where appropriate)** | | |
|  | | |
| **Actions/Levels of Improvement Required** | **Deadline** | **Responsibility** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Confirmation** | | | |
| **Line Manager**  **Signature** |  | **Employee Signature** |  |
| **HR Adviser**  **Signature** |  | **Employee Designation** |  |
| **Date** |  | **Date** |  |

**WHEN COMPLETED, THIS DOCUMENT SHOULD BE RETURNED TO THE HR ADVISER AND MARKED “*CONFIDENTIAL*”**

## **Appendix 19 – Meeting Checklist: Hints & Tips**

|  |
| --- |
| **Meetings Checklist : Hints and Tips** |
| The Line Manager will be required to conduct meetings under the Attendance Management policy. There will be some key aspects to meetings related to the Attendance Management policy that a line manager will require to adapt depending on the circumstances of each individual case.  The checklist below provides guidance with consideration to the procedures and relevant legislation.   * Giving appropriate notice of meetings through the established letters * Flexibility in meeting times and locations * Preparation prior to the meeting taking place * Explanations of the format and reasons for the meeting * Handling each case with the appropriate levels of sensitivity * The right to representation highlighted and used by the employee where appropriate * Recording information and keeping accurate audit trails * Accurate and appropriate detail of the meeting recorded * Recording of the actions set and any other outcomes of meetings * Follow up undertaken and continual dialogue with the employee on progress as appropriate |

## **Appendix 20 – Disability Passport**



Make **TIME** for Disability

Talk, Inform, Manage, Empathise

Disability Passport

Tailored Adjustment Agreement

| **Employee Name** |  |
| --- | --- |
| **Job Title** |  |
| **My Disability** | |
| Please detail | |

| **My Disability has the following impact on me at work** |
| --- |
|  |

| **My reasonable adjustments** | | **Comments** |
| --- | --- | --- |
| Location |  |  |
| Hours |  |  |
| Job Content |  |  |
| Furnishings/ Equipment |  |  |
| Personal Support |  |  |
| Transport |  |  |
| Other (e.g. agreed disability leave) |  |  |

| **In order to support me, my colleagues should be aware of the following details about my disability** |
| --- |
|  |

| Employee signature |  | Date |  |
| --- | --- | --- | --- |
| Manager Name |  | Date |  |
| Manager signature |  | Date |  |

## **Appendix 21 – Work Stress Risk Assessment**

**(Please read the guidance notes carefully prior to completing the attached form. Where possible, please type your answers into the form, expanding Columns & Box 7 as required. If you are completing the form by in writing, please expand Columns/Box 7 as required, prior to printing the form.)**

Although some people may be more vulnerable to developing work related stress problems than others, any individual could be working under conditions that could cause undue pressure and so be at risk from work-related stress.

There are key work related factors with potential to cause stress related illness, these risk factors will be covered in this assessment and are:

a. Demands

b. Control

c. Support

d. Relationships

e. Role

f. Change

The Stress Risk Assessment will ordinarily be carried out by the Line Manager and the subject of the assessment and can form part of the normal line management process and/or a wellbeing support meeting/process. Where appropriate or necessary the work related stress risk assessment process may also involve the relevant HR Business Partner and the employee’s trade union representative.

The completed form is designed to support both the employee and manager to evaluate and discuss the identified issues and agree an action plan to address these, reduce the work related stress and set the timescales for implementing any control measures. The Stress Risk Assessment and the implementation of control measures should be reviewed with the employee on an ongoing basis during Attendance Management meetings.

**Completion of the work related stress risk assessment form**

In the first instance the employee should answer the questions in **Column 2**. Where the employee identifies there is an issue they should tick the relevant box in **Column 3** and leave those questions blank, where no issues exist. For each tick in **Column 3** the employee must write an actual example/explanation in **Box 7** at the end of each section. Where an employee has identified a risk they should also give a suggestion in **Column 4**, for how the situation might be improved and the stress reduced.

The form will then be submitted to the line manager and/or HR Business Partner to support the Work Related Stress Risk Assessment process. They will then arrange an Attendance Support meeting with the employee to discuss the issues identified and agree actions/control measures to reduce the stress. **Columns 5 and 6** will be completed by the Line Manager during the Attendance Support meeting and a date to review the support plan will also be set at that meeting.

**STRESS RISK ASSESSMENT FORM**

**Subject of risk assessment (Individual/Role/Team/Location/Job Type. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**Reason/Trigger for Risk Assessment . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .**

**Assessor’s Name/Title (NB, the Stress Risk Assessment will ordinarily be carried out by the Line Manager & where appropriate the HR Business Partner)**

**. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . Assessment Date . . . . . . . . . . . .**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Column 1 – Potential causes of stress** | **Column 2 – Consider each question** | **Column 3 – Tick as instructed in Column 1** | **Column 4 – What actions by you or your employer might help in response to areas ticked in Column 3** | **Column 5 – Control measures/actions to be taken to reduce stress & include timescales (to be completed by manager)** | **Column 6 – Outcome (completed at review meeting)** |
| **DEMANDS**  If the answer to these questions is YES, tick Column 3. | Do different people at work demand things from you that are hard to combine? |  |  |  |  |
|  | Do you have unachievable deadlines? |  |  |  |  |
|  | Do you have to work very intensively most of the time? |  |  |  |  |
|  | Do you have to neglect some tasks because you have too much to do? |  |  |  |  |
|  | Are you unable to take sufficient breaks? |  |  |  |  |
|  | Do you feel pressured to work long hours? |  |  |  |  |
|  | Do you feel you have to work very fast most of the time? |  |  |  |  |
|  | Do you have unrealistic time pressures? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation /example and the impact this has on you. | | | | | |
| **CONTROL**  If the answer to these questions is NO, tick Column 3. | Do you feel that you have a choice in deciding how you do your work? |  |  |  |  |
|  | Can you decide when to take a break at work? |  |  |  |  |
|  | Do you feel you have a say in your work speed? |  |  |  |  |
|  | Do you feel you have a choice in deciding what you do at work? |  |  |  |  |
|  | Do you feel that your work time is flexible? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation/example and the impact this has on you. | | | | | |
| **SUPPORT**  **(Manager)**  If the answer to these questions is NO, tick Column 3. | Do you feel your Manager encourages you through emotionally demanding situations at work? |  |  |  |  |
|  | Do you feel you can rely on your Manager to help you with a work problem? |  |  |  |  |
|  | Do you feel that your manager gives you enough feedback on the work that you do? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation/example and the impact this has on you. | | | | | |
| **SUPPORT**  **(Peers)**  If the answer to these | Do you get the help and support you need from your colleagues? |  |  |  |  |
| questions is NO, tick Column 3. | Do you feel your colleagues would help you if work became difficult? |  |  |  |  |
|  | Do you get the respect at work you deserve from your colleagues? |  |  |  |  |
|  | Are your colleagues willing to listen to your work-related problems? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation /example and the impact this has on you. | | | | | |
| **RELATIONSHIPS**  If the answer to these  questions is YES, tick  Column 3. | Are relationships strained or is there friction or anger between colleagues? |  |  |  |  |
|  | Are you subject to unkind words or behaviour at work? If so, do you feel bullied? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation /example and the impact this has on you. | | | | | |
| **ROLE**  If the answer to these  questions is NO, tick Column 3. | Are you clear about what is expected of you at work? |  |  |  |  |
|  | Do you know how to go about getting your job done? |  |  |  |  |
|  | Are you clear about what your duties and responsibilities are? |  |  |  |  |
|  | Are you clear about the goals and objectives for your team or department? |  |  |  |  |
|  | Do you understand how your work fits into the overall aim of the organisation? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation /example and the impact this has on you. | | | | | |
| **CHANGE**  If the answer to these questions is NO, tick | Do you have enough opportunity to question Managers about change? |  |  |  |  |
| Column 3. | Do you feel consulted about change at work? |  |  |  |  |
|  | When changes are made at work. Are you clear about how they will work out in practice? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation/example and the impact this has on you. | | | | | |
| **OTHER ISSUES**  If the answer to this question is YES, tick Column 3 | Is there anything else that is a source of stress for you at work? |  |  |  |  |
| **Box 7.** If you ticked any of the above sections in Column 3, please provide an explanation /example and the impact this has on you. | | | | | |

**FACTORS OUTSIDE WORK**

This list of questions mainly focussed on factors at work. However, there may be factors outside work, for example your family life or personal circumstances, which may contribute to or add the pressures at work. These may make it harder to cope with demands at work that you would normally be able to cope with.

It is useful, if you can, to discuss any concerns you have outside work with your Manager or other trusted colleague in the workplace as your organisation may be able to support you through these difficult times as well as address the sources of pressure at work.

**ACTION PLAN**

Agree an action plan using the template below:

|  |  |  |
| --- | --- | --- |
| Stressor/area of concern | Agreed action | Review date |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## **Appendix 22 – Other Letter Templates**

## **Absence without Leave (AWOL)**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Absence Without Leave**

I write with reference to your absence from work since XXXXX to date. You have not made contact with me since XXXX. I have attempted to contact you on numerous occasion and left messages requesting you to contact me with no response. As you are aware you are required to speak to me every 7 days throughout the duration of your absence.

I am now concerned for your wellbeing and ask that you contact me by DATE, TIME.

I must also highlight that whilst absent from work you are obliged to comply with the Council’s Attendance Management policy, including compliance with the absence reporting procedure and making yourself available to attend Attendance Support meeting. I have enclosed a copy of the Attendance Management policy for your information.

I therefore request your attendance at an Attendance Support meeting with myself on DATE, TIME, VENUE. The meeting will provide an opportunity to discuss your on-going absence from work and any supports/measures or adjustments that we can offer to help support you at this time.

Please note that continued failure to make contact and comply with the Council’s Attendance Management policy will result in your absence being treated as unauthorised and may impact on your Occupational sick pay entitlements and could also result in the Council’s disciplinary procedures being invoked.

I hope to hear from you by the above date.

Yours sincerely

[Insert Name]

Designation

Enc.

## **Suspension of Occupational Sick Pay**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Suspension of Occupational Sick Pay**

I write further to my letter dated (date) inviting you to attend an Attendance Support meeting on (date). You failed to attend this meeting and failed to contact me to advise you were unable to attend, despite my request for you to do so in my previous correspondence.

During your absence I have tried to contact you on several occasions via (e.g. telephone and letter to no avail). I am concerned that, despite me making it clear what your responsibilities are regarding compliance with the Attendance Management policy during your absence, you have failed to engage, have yet to respond to my requests for you to contact me and have now failed to attend an Attendance Support meeting.

I must highlight the importance of your responsibility to maintain communication whilst you are off and remind you again of your requirement, in accordance with the Attendance at Work policy, to speak to me every 7 days for the duration of your absence.

I am extremely concerned about your wellbeing. Your failure to engagement with me has prevented me from being able to manage your absence appropriately. I would, therefore, request that you contact me as soon as possible, and no later than [insert date], in order to gain assurance around your wellbeing and in order to receive an update regarding your current health position to allow me to ensure appropriate support is in place. Should there be exceptional circumstances as to why you cannot contact me then I would request that you arrange for someone to contact me on your behalf so that I can understand your situation.

In addition, I also request your attendance at a rescheduled Attendance Support meeting on **DATE, TIME AND VENUE**. The meeting has been arranged to support you, however, you may choose to be accompanied by a companion (Trade Union Representative or colleague). I would be grateful if you could contact me by [insert date] to confirm your attendance. Should you for any reason be unable to attend this meeting I would request that you, or someone on your behalf, contact me to advise.

Should you require any support in the meantime, please note the Employee Assistance Programme, Time for Talking, is available, details of which I have provided below:

Telephone: 0800 9703980

Email: [admin@timefortalking.co.uk](mailto:admin@timefortalking.co.uk)

Website: [www.timefortalking.co.uk](http://www.timefortalking.co.uk)

Live Web Chat: Accessed via website. Password: TfTnow (case sensitive)

Please note this does not substitute the requirement for you to contact me.

I must also inform you that, following my previous correspondence, you have failed to provide a Fit Note covering your absence from (date), therefore, this has been categorised as unauthorised and any statutory occupational sick pay you received will be recovered from your next scheduled pay. That period of unauthorised absence as well as your continued failure to fully comply with the Attendance Management policy will now be considered and progressed in line with the Discipline at Work Policy and you will be invited to attend a fact finding meeting regarding this in due course.

I hope the above is clear, however, should you wish to discuss anything further in the interim, please do not hesitate to contact me.

Yours sincerely

[Insert Name]

Designation

Enc.

## **Fit Note Reminder**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Fit Note Reminder**

I write in line with the Council’s Attendance Management policy to request that you provide a Fit Note to cover the following absence **period(s):**

**XXXXXXX**

As part of Council’s Attendance Management policy, for an absence continuing for more than 7 calendar days, employees must consult with a GP and obtain a Fit Note. The certificate should be immediately forwarded to your Line Manager.

Where employees fail to comply with any of their obligations in line with the Attendance Management policy then the Council’s Disciplinary Policy and Procedures may be invoked and could result in the removal of Occupational Sick Pay.

I hope the above is clear, however, should you have any queries in relation to this matter please do not hesitate to contact me on **(Tel No)**.

Yours sincerely

[Insert Name]

Designation

Enc.

## **Arrangements for Assistance/Support Letter**

**Private and Confidential**

NAME

ADDRESS

POSTCODE

Date:

Dear [Insert employee name]

**Appointment for Assistance/Support**

I refer to the recent meeting for your (Return to Work / Attendance Support/ Long Term Attendance meeting) at which time we discussed the provision of assistance and support under the Council’s Attendance Management policy. At the meeting the range of support and assistance offered by the Council was outlined and it was felt that an appointment with (the type of support/treatment) may be of benefit to you at this time.

As discussed and agreed at the meeting, an appointment has been made for you to attend on (date) at (time) in (location).

***If absent from work***

In line with the Attendance Management policy, this support and assistance is provided to support and protect employees and their wellbeing.

***If at work***

In line with the Attendance at Work policy, you will have the relevant paid time off to attend this (appointment/treatment.)

I hope the above is clear, however, should you wish to discuss anything further in the interim, please do not hesitate to contact me.

Yours sincerely

[Insert Name]

Designation

Enc.

## **APPENDICES SECTION B**

## **Manager Do’s & Don’ts**

|  |  |
| --- | --- |
| MCj04338000000[1]**Do** | **j0431521Don’t** |
| Make support a two way process: Listen to employees. | Assume that employees are coping with work or other pressures. |
| Resolve issues as they arise or are raised by employees. | Avoid issues and just aim to keep the peace. |
| Remain transparent and open at all times. | Say one thing then do something different. |
| Give employees appropriate updates while they are absent. | Make assumptions about an employees’ abilities, capability or reasons for absence without engaging with them. |
| Engage with employees. | Be afraid to ask open questions. |
| Remain positive: Don’t always focus on the negative impact of absence. | Rely solely on email to communicate with employees. |

## **How can I support employees**

|  |  |
| --- | --- |
| Focus on the employee remembering the impact on the employee of being absent. | Focus on costs, resources and pressures in discussions with employees. |
| Ask for assistance if you are unsure of any action being taken. | Label the person and only look at the condition, issue or reason for absence. |
| Treat each case individually. | Don’t leave issues until the PDR. .Deal with matters at the right time, as and when they arise. |
| Be prepared to have difficult conversations and seek support in doing so i.e. stress or serious illness. |  |

## **Key Skills for Supporting Attendance Management**

|  |
| --- |
| **The Essentials** |
| * Ensure that you take a sensitive approach to individual circumstances * Be open in discussion and recognise the possibility of work related causes * Be respectful and non-judgemental * Give employees the opportunity to be accompanied for support * Conduct all related meetings and reviews in private * Keep accurate, confidential records of any issues raised as employees have the right to access this information. * During any meetings gather as much factual information on the issue as possible * Offer and promote available support and assistance in line with the Wellbeing Strategy and related policies * Agree future actions with the employee and confirm understanding of expectations * Highlight that the employee can request a meeting at any point to discuss their attendance at work * Follow up on actions and arrange further meetings as appropriate |

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| **Communication** |
| * Home visits or meeting at another Council office are an option, on mutual agreement, for keeping in touch with employees who are unable to travel to the workplace to attend an Attendance Support meeting. It should be noted that meetings should not be conducted in public places e.g**.** Coffee Shops due to the confidential nature of the meeting. * In some cases of deteriorating or terminal conditions, extra care over communication may be appropriate. In this situation advice should be sought from the relevant HR Adviser. * In working with an employee who is absent long term or is dealing with a long term condition, it will be essential to agree with the employee what information they wish to share with their colleagues. In some cases, they may wish for no information to be disclosed and this must be respected. |

|  |
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| **Listening Skills** |
| * Agree appropriate private location with no distractions * Ensure that the employee is aware of their right to representation. Allow ample time for the meeting to take place * Chair meeting professionally, ensure employee is at ease and show empathy * Discuss matters confidentially and use appropriate levels of sensitivity * Be patient throughout the meeting/conversation * Control your own feelings * Do not try to listen and speak at the same time * Do not interrupt the employee * Use appropriate responses such as nodding and asking further questions where necessary * Use open questions |

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| **Dealing with Sensitive Cases** |
| Line Managers may be required to support employees at particularly difficult times in the employee’s life. There may be cases relating to bereavement, terminal illness or a deteriorating condition that has a long term effect on an employees’ life. The behaviour and approach of a Line Manager will be of particular importance in such times.  Line Managers should always ensure that they make contact with an employee to ensure that they are aware that support is available.  It is essential that the Line Manager does not inadvertently isolate an employee but should create a reasonable balance of approach that does not place any undue pressure on an employee at a particularly difficult time.  The Line Manager should seek the advice of their HR Adviser where they require support in dealing with the case or are unsure about the best way forward. |

## **Positive Management behaviours**

|  |  |
| --- | --- |
| **HSE Management Standard**  **Positive Management Behaviours** | |
| Demands | * Awareness of team member ability and capacity in their role * Monitoring workload and reacting to change * Dealing with problems rationally and realistically * Developing realistic action plans to address problems * Proactive approach to working * Reviewing and identifying process improvements |
| Control | * Appropriate responsibility to team members * Coaching employees to empower them * Listen, consult and seek feedback * Demonstrating best practice in dealing with and resolving issues with team members |
| Relationships | * Respecting privacy and confidentiality * Promoting a culture of respect and building supportive team relationships |
| Change | * Identifying issues as early as possible in the change process * Promoting the benefits, key messages and taking feedback * Keep teams informed and acknowledge efforts |
| Role | * Provide clarity on objectives of the team and expectations of individual team members * Communicate clearly and consistently * Encourage feedback and discuss issues in an open and constructive way |
| Support | * Promote an open door policy and encourage employees to raise concerns * Empower employees through supporting them to take decisions * Treat mistakes as learning opportunities and review this learning * Provide coaching and mentoring where employees require learning |

## **Monitoring Absence: How to…**

|  |
| --- |
| **Monitoring Absence: How To …..** |
| Monitoring absences allows for accurate absence figures, costs and areas of concern to be highlighted for action to be taken. Monitoring absence is both a formal and informal process which is essential to protect, address and ensure optimum attendance at work is achieved.  Line Managers must take account of all reasons for absence thus reinforcing the importance of **Return to Work and Attendance Support meetings** in ensuring information is available to support employees accordingly and manage attendance effectively.  The accurate recording of absence is essential for the Council to have a true reflection on the types, trends and ultimately the costs of absence. Employees may be requested to attend an Attendance Support meeting to discuss absence from work, future expectations and any support that could be offered.  However, absences included in monitoring for the purposes of implementing disciplinary procedures should **not** include:   * absences related to a disability * pregnancy related absences * accidents at Work * terminal Illness and any associated treatments (chemotherapy, radiotherapy) * life threatening conditions * leave granted in line with the Councils Special Leave policy * hospitalisation (excludes elective surgeries)   Hospitalisation due to participation in professional or other sports and/or as a result of contributory negligence are excluded from this statement and should be treated in line with other sickness reasons. |

## **What if…Guide for Absence Recording**

1. Employee presents for work and becomes unwell?

If the Line Manager agrees employee can go home this should be recorded as Part Day sickness. It is also recommended that the time the employee was sent home is recorded. Sickness category would only be recorded from the next day.

2. Employee phones in sick?

Line Manager should be notified as soon as possible to record on the system. The end date should not be completed but left open. In some cases, the category may be sensitive although available, this should be recorded as other but the name of Line Manager should be recorded in the comments box. Please note the reason unwell is not an acceptable comment for recording absence.

3. Employee phones in sick but reports for work later that day?

The absence would be treated as a half day absence and not a full day. This would only be the case where an employee has reported for work after having phoned in sick.

4. Recording the Self Certification and GP Fit Note – i-Trent

When recording a sickness absence, the start date and reason for absence should be updated on the Sickness Absence Details screen. When the employee returns to work the absence end date should be updated on the Sickness Absence Details screen. The Self-certification screen should be updated with start and end dates and comments when completed. Should the employee then acquire a fit note then the Fit Note screen should be completed with start and end dates, reason for Fit Note and any comments.

5. Employee sends in second or subsequent fit notes?

The same line of absence is used, however the fields within the information screen that requires amending are the date the fit note signed and number of days certificate for. Unless fit notes have a break no other information is required i.e. the comments box should not hold a list of fit note dates.

6. Employee’s original reason for absence changes?

The reason for the absence on the absence history screen should be amended to new reason; however initial condition should be recorded in the comments box.

7. Employee is part time and one of their days is less than the normal working day?

Example: an employee works Monday, Tuesday 9.00 am – 5.00 pm and Wednesday 9.00 am – 1.00 pm and is off sick on the Wednesday this should be recorded as a full day sickness and not a half day. i-Trent will show employee working patterns.

8. Employee phones in stating they are unwell but wishes to take absence as annual leave?

This should not be encouraged as this then creates a false record of sickness absence.

9. Employee returns to work after a sickness absence?

The end date of a sickness absence should not be completed until employee has returned to work.

10. Employee goes home without authorisation from their Line Manager?

This should be recorded as unauthorised leave and after appropriate investigations, if there are no underlying reasons for the unauthorised leave, the employee must be asked to complete an ‘Authorisation to Deduct from Salary Form’. Pay Office should then be notified to deduct from salary.

For more information on recording absences please refer to i-Trent Manager Self Service User Guide available on the Hub.

## **APPENDICES SECTION C**

## **Management of Particular Types of Sickness Absence/Related Absences**

**1.0 Disability**

The Council is obliged to make reasonable adjustments to accommodate an employee’s disability as defined by the Equality Act 2010. Reasonable adjustments will depend on the effects of and severity of a disability. Some people will experience little effect on their day-to-day activities and will manage those effects in different ways.

Some reasonable adjustments will cost nothing. It is important to discuss these with an employee and avoid making assumptions on what the employee is likely to need.

Where workplace practice or feature of premises that puts a disabled employee at a disadvantage then reasonable adjustments should be considered and made where possible to remove the disadvantage. Each case should be reviewed individually, the **Disability Passport form (Section A, Appendix 15~~)~~** can be used to facilitate and record this discussion.

Examples could include:

• Flexible hours, work schedules and breaks

• Home working

• Disability Leave for the purposes of ongoing treatment, appointments.

• Phased Return to duties

• Reallocation of some duties

• Alternative Employment opportunities

• Acquiring or modifying equipment

Line Managers must be aware of the range of support mechanisms available through Job Centre Plus initiatives such as Access to Work and Disability Employment Adviser (DEA).

In assessing individual cases, Line Managers can contact their HR Adviser for specialist advice and guidance.

All outcomes should be discussed in consultation with the employee and recorded appropriately.

Line Managers must be aware of the need to separate absences related to disability when reviewing the period of absence. However, the processes for Attendance Support meetings must be implemented to ensure support mechanisms are available for example give consideration whether to progress through the stages or extend review periods where absences are related to disability.

Absences related to disability should be considered with sensitivity and with the possibility of reasonable adjustments being implemented.

**1.1 Pregnancy/Maternity Related**

Line Managers must be aware of the need to separate absences related to pregnancy when reviewing the period of absence. Absences related to pregnancy must be discounted from any periods for review however; the processes for Attendance Support meetings must be implemented to ensure support mechanisms are available.

Line Managers should refer to the HSE booklet ‘A guide for New and Expectant Mothers Who Work’ <https://www.aber.ac.uk/en/media/departmental/healthsafetyenvironment/indg373hp.pdf>

Any absences which are unrelated to pregnancy should be included within the process and monitored in the established methods outlined.

**1.2 Stress**

**Work Related Stress**

If the absence is related to Work Related Stress (or similar i.e. anxiety or debility), a Work Stress Risk Assessment form should be completed to identify and agree actions of support. (**Section A, appendix 16)**

**Reactive Stress**

If the absence is stress related to an ongoing disciplinary or grievance process etc. the absence will continue to be managed under the Attendance Management policy.

**1.3 Musculoskeletal Condition or Injury**

If the absence is related to a musculoskeletal condition or injury, advice can be sought directly from Occupational Health or the local HR Adviser.

**1.4 Industrial Injury/Accidents at Work and Workplace Incidents**

If the absence is as a result of sickness or disablement following a confirmed work related accident or illness arising out of and in the course of employment, or due to industrial disease, which has been reported and investigated, the employee will be entitled to a separate allowance. The employee can seek guidance from their Line Manager, Health and Safety Representative or HR Adviser.

***The reporting of an injury or accident at work must be made as a matter of urgency to the Health and Safety team.***

**1.5 Accidents (outwith employment)**

Employees who are paid damages in respect of an accident outwith employment will be required to repay any sickness allowance advanced either in total or as a proportion of compensation. Where a refund of the advance of sickness allowance is made in full by the employee to the Council, this will not be treated as sickness absence.

**1.6 Assault at Work**

Employees who are absence as a result of an assault in the course of their employment will have the period of absence treated as Special Leave. Absences related to a violent incident at work will be separated from any periods for review however; the processes for Attendance Support meetings must be implemented to ensure support mechanisms are available.

Where violence at work is the direct result of a work issue, this should be discussed with the Health and Safety Adviser in the first instance.

**1.7 Certified and Notifiable Infectious Disease**

If the employee is prevented from attending work because of contact with an infectious disease (confirmed by a Fit Note) they must notify their Line Manager immediately. This should be discussed with the Health and Safety Adviser in the first instance.

**1.8 Diarrhoea and Vomiting**

In line with Food Standards Agency guidelines if the employee has suffered diarrhoea and/or vomiting and work with or around food they must notify their Line Manager immediately and should refrain from working in that area for 48 hours from when the symptoms stop.

**1.9 Drugs, Alcohol and Substance Misuse**

If you are dealing with an issue of suspected impairment or the absence is directly as a result of alcohol and/or substance misuse this will be managed in accordance with the [Drug, Alcohol and Substance Misuse policy](http://thehub.eastdunbarton.gov.uk/council/plans-policies-and-strategies/drug-alcohol-and-substance-misuse-policy)

**1.10 Planned Sickness Absence**

If the employee requires time off to attend a planned medical appointment/treatment and therefore knows in advance that they are going to be absent from work they should advise their Line Manager as soon as possible of when they are expecting to be off and expected return to work date. This will be managed in accordance with the [Special Leave policy](http://thehub.eastdunbarton.gov.uk/council/plans-policies-and-strategies/work-life-balance/special-leave-policy)

If the employee is subsequently unfit to attend work on the following day(s) this will be managed in accordance with the Policy.

**1.11 Elective Cosmetic Surgery/Procedure Absence**

If the employee is planning an elective cosmetic surgery or procedure, for which they will be absent from work, any entitlement to Occupational Sick pay will be subject to receipt of satisfactory medical evidence confirming they are undergoing the procedure on medical advice.

The employee may be required to take annual leave for any absence related to a purely elective cosmetic procedure.

**1.12 Serious Ill Health**

If the employee is diagnosed with an illness or medical condition that has life debilitating consequences, the case will be dealt with the utmost of sensitivity, the employee will be treated with dignity and respect at all times and the most appropriate course of action will be considered with input from Occupational Health and local HR Adviser.

**1.13 Respiratory Tuberculosis**

**Respiratory Tuberculosis (Teaching Employees only) -** In cases of an employee suffering from respiratory tuberculosis, and where this is supported by a GP statement, full salary will be payable for any period of absence up to a maximum of 12 months plus half salary up to a maximum of a further 6 months

**Respiratory Tuberculosis (Non-Teaching Employees) -** In cases of an employee suffering from respiratory tuberculosis where the role involves direct contact with children, full salary will be payable for any period of absence up to a maximum of 12 months plus half salary up to a maximum of a further 6 months. This must be supported by a Fit Note where and temporary redeployment/amendments to the role are unable to be accommodated/not considered appropriate and the employee is deemed fit to return to work in some capacity.

## **APPENDICES SECTION C**

## **Addiction Support**

**This Section of the toolkit should be read in conjunction with the Council’s Alcohol, Drug and Substance Misuse policy.**

The Council aims to protect the health and wellbeing of all employees and recognises that in some cases, people with addiction issues will require treatment. In accessing support:

* employees who suspect or know that they have an addiction problem are encouraged to seek help and treatment voluntarily, either through the Council’s support mechanisms, or through resources of the employees' own choosing
* employees who come to the authority’s attention, through observation or through the Discipline at Work Policy, as a result of an addiction problem will be offered the opportunity immediately to seek assessment and, if necessary, treatment from appropriate agencies under the Wellbeing Strategy
* referrals for support will be made to the appropriate agencies based on health grounds and/or work capability or conduct. Medical information may be requested in order to support this referral
* the encouragement, or offer of an opportunity, to seek and accept help and treatment is made on the clear understanding that the employee will be granted, if necessary, leave to undergo treatment and such leave will be treated as sick leave within the terms of the sick pay scheme
* where possible, employees will be granted paid time off to attend counselling sessions to support recovery from addiction
* depending on the circumstance, either prior to/or on returning to work, following a related absence, employees will be seen in accordance with the appropriate **Attendance Management meeting** to ensure that discussions take place between the Line Manager and employee. This meeting will allow for any adjustments, assistance or support to be discussed and considered to encourage ongoing recovery from the addiction
* on resuming to duties/or on return to work following a period of treatment, every effort will be made to ensure that the employee returns to the same job. This may not be possible where it is decided that the effects of the employee's addiction problem renders them unfit or unsuitable to resume the same job or where resumption of the same job would be inconsistent with the long term resolution of the employee's addiction problem. This may be informed by medical information and/or Occupational Health support.
* when the same job cannot be resumed, every consideration will be given to finding alternative employment.
* confidentiality by all parties will be maintained throughout implementation and following the conclusion of treatment.

**Types of Addiction Support**

With reference to **Section 8 of the toolkit**, employees will be offered support in accordance with the Wellbeing Strategy and are able to self-refer directly to access one or more of the services, provided by the Council, for help depending on their individual circumstances. Such referrals are confidential and don’t involve management. Management will only be passed information of a personal or confidential nature with the employee’s consent.

The employee will be required to seek permission to attend any counselling appointments that are during working hours, noting that all offers of support are made on the basis that employees will be granted appropriate time off to attend counselling and other related support to encourage recovery or ongoing management of a mental health condition.

## **APPENDICES SECTION E**

## **Mental Wellbeing and the Workplace**

The Council seeks to promote a culture and environment in which mental wellbeing and resilience are encouraged and supported.

Issues relating to mental wellbeing will be effectively managed by taking appropriate action, at the earliest stage possible to prevent, reduce, minimise and/or eliminate any impact on employee wellbeing.

Employees will be supported appropriately in the management of their mental wellbeing and managers will handle all such matters with sensitivity and with due regard to the need for confidentiality.

The Council will also engage proactively in the promotion of positive mental health and the removal of stigma associated with mental health issues, in line with local and national initiatives and guidelines.

**Mental Health**

Mental Health difficulties may present in a number of different ways. They may range from mild to severe, may be acute or chronic, short-term or long-term. Some conditions may arise as a reaction to specific circumstances or may be related solely to the workplace. Life experiences may have an impact on employee wellbeing which may include loss or bereavement.

Managers should note that some mental health conditions may be considered as a disability under the Equality Act 2010.

The Wellbeing and Attendance Improvement Adviser will undertake a range of promotion and prevention activities in line with the principles and approach to mental health and wellbeing.

**Support for Employee Mental Wellbeing**

With reference to **Section 8 of the toolkit**, employees will be offered support in accordance with the Wellbeing Strategy and are able to self-refer directly to access one or more of the services provided by the Council for help depending on their individual circumstances. Such referrals are confidential and don’t involve management. Management will only be passed information of a personal or confidential nature with the employee’s consent.

The employee will be required to seek permission to attend any counselling appointments that are during working hours, noting that all offers of support are made on the basis that employees will be granted appropriate time off to attend counselling and other related support to encourage recovery or ongoing management of a mental health condition.

Employees are encouraged to seek support at the earliest stage possible. However, it is recognised that there may be other related support which the employee chooses to access to assist in managing/ or in the recovery of their mental wellbeing.

In all cases of managing mental wellbeing in the workplace, the process of conducting **Return to Work meetings** and appropriate **Attendance Management meetings** should be applied.

**Managing an ongoing mental wellbeing while at work**

Employees who have ongoing mental health issues may have already developed coping strategies. Employees may be aware of their own signs and symptoms of a relapse and may take pre-emptive actions. Employees are encouraged to speak with their Line Manager or Occupational Health to discuss support if there are signs of relapse. The Council will encourage employees to develop and maintain coping strategies as part of awareness raising in accordance with the Wellbeing Strategy.

## **APPENDICES SECTION F**

## **Stress in the workplace**

**Supporting Employees and Stress in the Workplace**

In all cases of an employee raising issues of work related stress, whether at work or while absent from work, the Line Manager must seek to address this as a matter of urgency. This may require guidance from a member of the HR Team to ensure that the employee is not placed in circumstances that would further impact on their wellbeing.

In all cases of work related stress, there is a need to minimise the stress through the Risk Assessment form (appendix ?), deal with this with sensitivity at all times and create communication with the employee which is appropriate in the circumstances. The HR Team should be the first point of contact for all reported cases of work related stress.

**Risk Assessment Procedures**

The appropriate risk assessments must be carried out to ensure that any identified potential or current causes of stress are addresses and minimised as far as practicably possible. The Risk Assessment form should be completed when an employee highlights an issue while at work or before the employee returns to work.

Employees are encouraged to complete the Risk Assessment form to outline the factors which are having an impact on their wellbeing.

The risk assessment process is in place within the Council to ensure that any issues within the workplace are highlighted and addressed through the appropriate mechanisms. This will involve the Line Manager and employee and will consider the 6 elements of the Health and Safety Executive Management Standards in the context of the employees’ role and environment in which they work.

The information contained within the risk assessment must be monitored and reviewed to ensure actions required are taken forward.

Attendance Management support processes will be implemented either by the Line Manager or in some circumstances it may be appropriate for another designated officer. This will involve the identification of the stressors with the employee and discussing methods to address these.

Referral to appropriate internal and/or external resources to address the stressors may be an appropriate outcome] of the Risk Assessment process.

**Stress Audit Processes**

A system of monitoring, reporting, reviewing and developing of organisational action plans will be put in place. Where this process identifies a problem or difficulty, measures will be put in place to deal with the issue and review the effectiveness of the action. The HR Team can also provide consultancy and support in conducting stress audits within specific services.

**Attendance Management meetings**

It is important that an employee is aware of the support available from the Council in addressing stress in the workplace. Employees must be requested to attend or can request an Attendance Support meeting in order to determine the support required, implement any pre-agreed plans for supporting an ongoing condition and/or to address any issues related to the workplace. This must take account of the information contained within any Fit Note.

The **Return to Work** process should provide a method of ensuring that employees are ready to return to their role and that they feel confident to do so.

It is essential that Line Managers meet with employees on their return to discuss the appropriateness of support offered, phased return being implemented and/or any other workplace adjustments that would be beneficial to the employee’s full return to their role.

In some instances, due to the nature of the individual circumstances, it may be more appropriate to also arrange a follow-up **Ongoing Attendance meeting.**

**Traumatic Stress**

The policy and procedures for **Managing Critical incidents and Trauma** provide the guidelines around the prevention and reduction of traumatic stress and the guidance for all employees concerning their role in managing traumatic stress reactions.

In some cases it may be appropriate to follow this policy where a previous traumatic incident continues to have an impact on an employee.

This policy must be referred to in cases of traumatic incidents to ensure that support and any required action is taken in line with the established policy timescales.

## **APPENDICES SECTION G**

## **Payment and Period of Sickness Entitlement**

Where an officer satisfies the qualifying conditions as set out by the Scottish Joint Council for Local Government employees, entitlements to Sickness Absence Allowance will depend on length of continuous service as detailed in the table below:-

| **Continuous Service at Commencement of Absence from duty** | **Full Allowance for** | **Half Allowance for** |
| --- | --- | --- |
| Less than 26 weeks \* | Nil | Nil |
| 26 weeks or more but less than 1 year | 5 weeks | 5 weeks |
| 1 year but less than 2 years | 9 weeks | 9 weeks |
| 2 years but less than 3 years | 18 weeks | 18 weeks |
| 3 years but less than 5 years | 22 weeks | 22 weeks |
| 5 years and over | 26 weeks | 26 weeks |

\*Employees with less than 26 weeks’ service may be eligible for Statutory Sick Pay if the employee satisfies the criteria under applicable legislation in force at the time of the absence and complies with the notification and certification requirements.

**Teaching Employees**

| **Continuous Service at Commencement of Absence from duty** | **Teachers Full Allowance for** | **Teachers Half Allowance for** |
| --- | --- | --- |
| Less than 18 weeks | Nil | Nil |
| 18 weeks or more but less than 1 year | 1 month | 1 month |
| 1 year but less than 2 years | 2 months | 2 months |
| 2 years but less than 3 years | 4 months | 4 months |
| 3 years but less than 5 years | 5 months | 5 months |
| 5 years and over | 6 months | 6 months |

Teaching Employees – a week’s qualifying service will comprise any week regardless of hours worked including annual leave, sickness absence, maternity leave or special leave.

**Annual Leave**

All employees are entitled to take in full, or in part, the appropriate balance of leave up to the statutory minimum during a period of sickness absence. Employees are able to request reinstatement of ‘lost’ holiday entitlement due to sickness whilst on annual leave.

The employee is required to provide a Fit Note as evidence of sickness and follow the reporting procedure as outlined in the Policy.

If the employee is going to be unavailable, for a period of time, to attend work place meetings they must inform their Line Manager, this will include going on holiday.

**Abatement of Annual Leave**

Where an employee has been absent through illness for a period exceeding three months, the Council will limit the annual leave to an amount equal to the period of actual service given during the leave year. Employees are only entitled to accrue annual leave at 28 days per year (pro-rata) including public holidays during the sick leave period. Where an abatement results in an amount less than 28 days (pro-rata) the annual leave will be increased to meet the statutory minimum.

Teaching employees will be entitled to a statutory minimum of 28 days over the year taking into account the planned leave year.

**Calculation**

| Completed month attendance at work @ Annual Leave entitlement + all public holiday outwith sick leave period = Leave entitlement |
| --- |

Teachers should refer to the SNCT Terms and conditions (Part 2, Section 6 – Sickness Allowances and Notification Arrangements)

**Over time**

To support the employees’ recovery, recuperation and to ensure that the employee has regained full and sustainable fitness before taking on any additional workload, it may not be appropriate for the employee to work any additional hours or overtime for a period of seven days during the week following the employees return to work or during any phased return period.

Consequently they will not be asked to work and will be removed from additional working rotas where these are in operation.

**Withholding Sickness Allowance**

An employee will not be entitled to sickness allowance (occupational and statutory sick pay) when:

* the employee has less than 26 weeks continuous service (18 weeks in respect of Teachers)
* if the first day of sickness has already exhausted or subsequently exhausts sickness allowance entitlement
* withholding of sickness allowance will continue until the day that the employee satisfies the procedures for reporting absence.
* Line Managers must gather the facts relating to the case prior to deducting from salary.

Other reasons for withholding occupational sick pay entitlement may be:

* failure to adhere to or continued failure to adhere to the required notification and certification requirement as detailed in the Attendance Management policy.
* conduct which has a detrimental impact upon recovery
* is absent due to their misconduct or negligence resulting from active participation in a professional sport
* absence attributable to employees own misconduct or neglect
* injury sustained while working in their own time for another employer or for private gain
* conduct which has a detrimental impact upon recovery
* fails without good reason to attend a medical examination with Occupational Health
* any other abuse of the provisions of this policy

**Right of Appeal**

In the case of allowance potentially being suspended, an employee will have the opportunity to appeal against the decision. Details of the appeal will be contained within the letter confirming the decision to suspend Occupational Sick pay.

**Misuse of Self-Certificate Process**

Where there is evidence to suggest that a member of staff may be misusing the self-certificate process this will be dealt with through the Council's Discipline at Work Policy. This facility can be withdrawn, requiring the member of staff to submit a Fit Note covering every sickness absence.

**Long Term Medical Conditions**

Where an employee is suffering from a long-term medical condition, the Council will give due regard to the consideration of extending the period of sickness allowance, particularly where the prognosis indicates that the employee will be able to return to work or where the illness will bring the employee under the terms of the Equality Act 2010. This will involve medical information and assessment.

**Time off to attend support sessions**

Employees will be granted paid time off in the normal working day to attend welfare support, counselling, and other related support and assistance under the Wellbeing Strategy and related support mechanisms.

**Taking Annual Leave during Sickness**

All employees are entitled to take in full, or in part, the appropriate balance of leave up to the statutory minimum during a period of sickness absence.

**Impact on Annual Leave and Public Holidays**

Employees will continue to accrue annual leave throughout their sickness absence subject to the statutory leave entitlement of 28 days. The 28 days is inclusive of the Council’s 6 designated public holidays.

Employees must be allowed to take their statutory leave entitlement during their sick leave or upon their return to work.

An employee should be offered the right to take their annual leave in the current leave year where possible. If an employee has not been offered the right to take annual leave in the leave year in which they return, there must be an opportunity to take this leave in the following leave year. The taking of the additional annual leave will be encouraged to be taken in the first quarter of the employees return to work date and should also be taken in line with the needs of the service.

If an employee under teaching conditions returns following sickness, additional leave should be taken in the term in which they return to work or the following term.

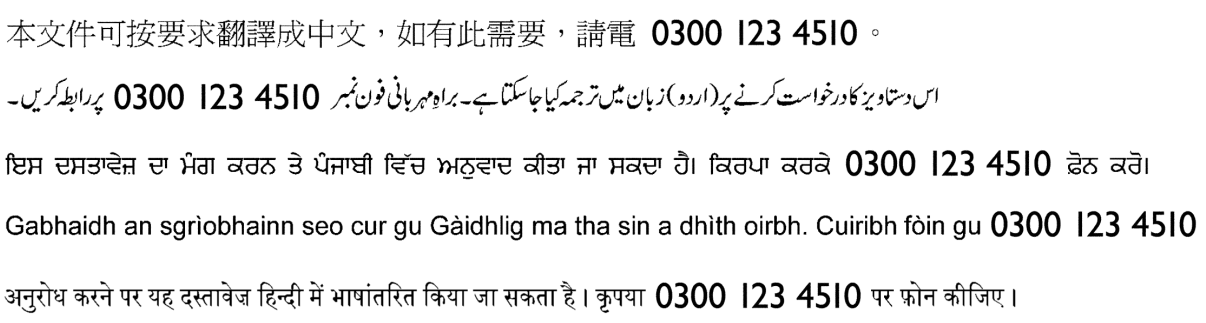
Employees who have been on sick leave for an entire leave year will receive the statutory minimum of 28 days (pro-rated for part time staff). Teachers who have had shorter periods of absence in the year may not have any additional entitlement as they may have had 28 or more days leave during the period when they were not sick.

Guidance on Term Time employees’ allocated annual leave following long term absence can be obtained from the HR Adviser.

**Other Formats & Translations**

This document can be provided in large print, Braille or on audio cassette and can be translated into other community languages. Please contact the Council’s Corporate Communications Team at:

East Dunbartonshire Council, 12 Strathkelvin Place, Southbank

**Kirkintilloch G66 1TJ Tel: 0300 123 4510**