Human Resources Policy

Policy title: Sickness Absence

Policy section: Promoting Attendance

Prepared by: HR Management

Review / development group composition: HR, OHS, Operational Management, Staff side

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Cross reference to: Management of Employee Conduct Policy; Management of Employee Capability Policy; Referrals to OHS Policy; Induction Policy; Redeployment Policy; Annual Leave Policy; Guidance on Case Management

Signed: Chief Executive and Employee Director
### Policy statement

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Sickness Absence Policy – v4.3

Sickness Absence policy statement

Introduction

The aim of this policy is to make sure that all those working within NHS Borders adopt a fair, consistent and supportive approach to staff with genuine health problems and to make sure that sickness absence levels are maintained within levels acceptable to NHS Borders. The completion of a Return to Work Discussion after every period of absence will be key to the successful application of this policy.

While NHS Borders aims to secure the attendance of all staff, we recognise that a certain level of absence due to sickness may occur and that the sensitive management of health problems and the promotion of good health contributes to the retention of staff. We also recognise that there will be occasions where, after consideration, staff who cannot attend work due to their health problems may not be able to continue working.

In accordance with the Equalities Act 2010, a person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

As a “Two Ticks – Positive About Disabled People” employer, NHS Borders has made five employment commitments. In particular, the third of these commitments states that we will:

‘make every effort when employees become disabled to make sure they stay in employment.’

To meet this commitment and help us to promote equality of opportunity and meet our legal duties under the Equalities Act, NHS Borders will where practicable:

✦ Implement reasonable adjustments; or
✦ Offer other suitable employment by moving them to a different job or another part of the organisation where possible

This policy and protocol has been developed and agreed through the Area Partnership Forum.

Scope

This policy and protocol is based on the Managing Health at Work PIN Guideline and takes account of NHS Circular: PCA(M)(2010)1 and PCS (AFC)2008/2.

The policy and procedures apply to all managers and staff within NHS Borders. Failure to comply with this policy may result in absences being recorded as unauthorised in which case NHS Borders will withhold pay.

Calum Campbell
Chief Executive

Edwina Cameron
Employee Director
Sickness Absence Policy

1 Current NHS provisions

All staff have an entitlement to sick leave and pay in accordance with their terms and conditions of service. Under current terms and conditions, NHS staff are entitled to sick pay as follows:

<table>
<thead>
<tr>
<th>Length of service</th>
<th>Full pay</th>
<th>Half pay</th>
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<tbody>
<tr>
<td>0 months to 1 year</td>
<td>1 month</td>
<td>2 months</td>
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<td>1 - 2 years</td>
<td>2 months</td>
<td>2 months</td>
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<tr>
<td>2 - 3 years</td>
<td>4 months</td>
<td>4 months</td>
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<tr>
<td>3 - 5 years</td>
<td>5 months</td>
<td>5 months</td>
</tr>
<tr>
<td>5 years or more</td>
<td>6 months</td>
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Sick pay is calculated on the basis of what the member of staff would have received had he/she been at work.

Staff will have no loss of pay during an appropriate and defined rehabilitation period which will be agreed between the manager and the member of staff and will take account of advice received from the GP ‘fit note’ or Occupational Health and Safety (OHS). More information on fit notes can be found at: http://intranet/new_intranet/resource.asp?uid=8371

Annex Z of the AfC Terms and Conditions Handbook states that sick pay entitlements should be considered when setting review and decision dates – there should be a review meeting before sick pay ends. There will not normally be any extension of sick pay provisions - exceptions may apply if a manager fails to arrange a final review meeting before sick pay entitlements run out or within 12 months of the start of the sickness absence.

Staff members must not undertake any other paid employment of a similar nature during periods of sickness absence e.g. bank shifts.

1.1 Annual leave

Staff on long-term sickness absence are entitled to carry over the balance of their statutory annual leave entitlement (28 days) under the Working Time Directive. Staff are not entitled to an additional day off if sick on an allocated public holiday. Managers should refer to NHS Borders Annual Leave policy for further guidance on the above.
2 Standards of attendance

All NHS Scotland Health Boards attendance rates are monitored and national targets set. The current national standard is to have no more than 4% sickness absence. To keep within this, the points at which managers should review their staff’s attendance record with them are:

- 4 episodes of absence; or
- More than 8 days sickness absence in a rolling 12 month period

Managers should also review their staff’s attendance record with them when:

- Absence is not satisfactorily explained
- Absence is linked to certain shift patterns; and
- Absence is linked to certain days or times

Where there is any doubt about a person's fitness for work; whether or not this is reflected in their level of attendance at work, help and advice should be sought from OHS. At the same time, the manager should stress the importance of regular attendance at work and reaffirm NHS Borders expected level of attendance.

If these levels are not achieved, it may be necessary to formally set an expected level of attendance for individual members of staff. The manager should meet with the staff member (and their representative if they choose to have one) to advise that the situation is unsatisfactory and let him or her know that:

- The level of attendance must improve
- The level of attendance will be closely monitored
- This monitoring will continue for an appropriate period of time according to individual circumstances; and
- If there has been no improvement, or a deterioration in their level of attendance by the end of the monitoring period, the appropriate policy may be applied which could lead to the termination of the employee’s contract of employment

Staff who do not meet these standards and whose health problems give cause for concern may be dealt with under the Management of Employee Capability Policy.

Staff who fail to adhere to absence reporting procedures; do not meet the expected standard of attendance where frequent short term absences are not related to an underlying health condition; or, abuse the sick leave provisions in any other way may be dealt with under our policy for the Management of Employee Conduct.

Any cases involving alcohol, drug or substance abuse should be dealt with under NHS Borders Substance and Alcohol Misuse policy.
3 Managers' Responsibilities

The responsibility for management of attendance ultimately lies with the manager for his or her own area. Managers will be aware of the importance of our commitment to deliver a high quality service, and clearly unacceptably high absence levels can hinder this by disrupting the department's work progress.

Managers should make sure that staff have been issued with and understand instructions for how to report absence (Appendix 1). Managers should also make sure that the absence reporting procedure is fully explained to new staff during departmental induction.

3.1 Recording absence

Managers are ultimately responsible for the accurate recording of individual absence information for their staff; this includes recording discussions relating to sickness absence and maintaining statistical information on absence rates within their department. All absences must be recorded on the Staff Governance Information System (SGIS) and the Record of Discussion (RoD) template (available on the HR intranet) used to record any discussions other than the formal Return to Work Discussion. Entry of sickness absence data on SGIS (including the duration and reason for absence) can be delegated to an appropriate person within the team. All paper based records should be kept in the personal files maintained by the manager.

Managers must forward sickness absence self-certificates or GP certificates (known as the Form Med 3 or ‘fit note’) to Payroll as soon as possible to ensure that staff are paid appropriately.

Absences as per section 3.2 should be recorded on SGIS as Sickness Excluded as absences which fall into this category are not taken into consideration when calculating an employee’s sick pay entitlement. It is therefore very important that the correct Sickness Absence Category is selected when inputting Sickness Absence Categories/Reasons to SGIS.

Any absence resulting from an injury sustained at work must also be record via the electronic Datix Incident Recording system – failure to do so may impact on any subsequent sickness absence payment or injury benefit claim.

3.2 Health exclusion / medical suspension

It may be necessary for an employee to be excluded from work, or aspects of their work, when:

- There is a risk of spread of infection e.g. an employee has, or has been exposed to an infectious illness
- A manager has immediate concerns about an employee’s health and/or fitness to carry out their contracted duties and/or is awaiting OHS advice
- Continuing with normal duties could pose a risk to an employees health e.g. exposure to hazards during pregnancy and/or when breastfeeding

Managers should seek advice from OHS and their nominated HR Manager as soon as possible in any of the above circumstances. Further information is available in the OH&S or Infection Control manuals.
3.3 Reviewing absence

Managers are responsible for making sure that sickness absence levels are reviewed on a regular basis, to be able to address problem areas and maintain acceptable sickness absence levels within their own department.

It is important that managers and staff keep in regular contact, particularly during long-term absence, to make sure that the manager is fully aware of progress. The manager should be sensitive to the staff member's circumstances and while it is important to demonstrate real and proper concern for the staff member, the level of contact should be at a level which is appropriate to the circumstances and avoids being intrusive. The purpose of the contact is to:

- Reflect the genuine concern of a caring employer
- Find out the nature and progress of the illness and recovery
- Make sure the staff member knows they must supply medical certificates; and
- Explain and try to provide any support that may improve the staff member's health

No matter the reason for sickness absence; after four weeks’ all staff should be referred to OHS with clear questions about the likely impact on their attendance or ability at work, and to make sure that s/he is receiving all the support that s/he needs. If a manager needs more advice about referring someone to OHS, they should check with their nominated HR Manager or with OHS. If a manager has queries or concerns about the OH report or does not understand the content, they should contact the appropriate OH clinician concerned as soon as possible.

3.4 Return to work

All managers must make sure that a discussion takes place with staff when they return from a period of absence to discuss their absence and sign the Return to Work Discussion form (Appendix 2). It may be appropriate to use delegated responsibility for practical reasons e.g. if the service is dispersed. The date of the discussion and who conducted it must be entered on SGIS.

Staff may return to work with a ‘may be fit for work’ Statement if their GP considers that the staff member is fit to return to work but cannot carry out their full range of duties (either in the short or longer term).

In this case, every effort should be made to give them the opportunity for an earlier return to work. This might include reducing or amending their range of duties or utilising some accrued annual leave. Professional advice should be sought from the Occupational Health Service (OHS) before determining a course of action (please refer to NHS Borders Referrals to OHS Policy). Managers should always discuss the referral to OHS with the staff member before the referral takes place.

Managers should make the staff member aware of the medical advice and should make sure at all stages that staff have the opportunity to discuss their health and point of view.

A rehabilitation programme will typically last for 4 – 6 weeks, dependant on the specific
health needs of the individual and the working environment. Accrued annual leave can be used to facilitate rehabilitation beyond this. A clear written programme, including timescales and review period, must be agreed with the manager and staff member before any return to work can take place.

Managers will act on the information available to him/her, even if this is of a limited nature, if the staff member has not kept their OHS appointment.

3.5 Attendance standards not met

Where NHS Borders expected level of attendance has not been met and frequent absences, continuous absence or inability to perform duties due to ill health are causing problems in the workplace, the manager will discuss this with the staff member, either at a return to work meeting or at another arranged meeting before any proposed action takes place. If a meeting is to be held, the staff member should be asked if they wish to be accompanied by a colleague or Trade Union/Professional Organisation representative. A representative from HR may also attend to give advice to the manager and the staff member.

At this meeting, the manager will explore whether the member of staff has an underlying problem, including health, and to identify what support can be put in place. An attendance meeting checklist to help managers prepare for this meeting is attached at Appendix 3. The outcome of this meeting will be confirmed in writing.

3.6 Sickness absence case management

In the case of complex or long term sickness absence cases there is an opportunity for the manager to seek a sickness absence case review. The manager, HR manager and an appropriate OH representative will examine the issues surrounding the absence, and agree an action plan to appropriately manage the sickness absence. The manager will discuss the meeting and the actions agreed with the individual member of staff. There should also be a date by which the action plan is subsequently reviewed.

In addition, or as an alternative, to the case review discussion a sickness absence case conference can be requested by the manager or member of staff. The manager is responsible for convening this and communicating the meeting arrangements to OH, the HR manager and the employee (and their representative if they choose to have one). The relevant persons will meet to discuss the issues surrounding the absence, and agree on the way forward. Additional Guidance on Case Management is available on the HR intranet.

3.7 Changes to a staff member’s job

It is important that all managers discuss ill-health issues including any agreed variation to contract and pay, with Human Resources (HR) to make sure that consistent standards are applied.

If a staff member has been identified as unfit to return to their current post, NHS Borders must, within reason, offer other suitable employment, although a job does not have to be created. The line manager should fully discuss with the staff member and HR all the options for redeployment.
In all cases the overriding criteria for deciding appropriate action is what is fair and reasonable given the individual circumstances of the case and taking into account the frequency, length and pattern of absences, medical advice and service needs.

Once all of the appropriate options have been considered and termination of employment is the only available option, the staff member should be invited in writing to attend a meeting to discuss the termination of their employment on grounds of incapacity due to ill health. HR should support this process at the earliest possible opportunity. The staff member must be offered the opportunity to be accompanied by a colleague or Trade Union/Professional Organisation representative at this meeting.

4 Staff responsibilities

If a staff member becomes unwell during the working day s/he must speak to an appropriate manager before leaving work. However, if the person suffers a needlestick injury, s/he must contact OHS as soon as possible. Please refer to the separate OH&S Policy - Prevention and Management of Accidental Exposure to Blood Borne Infection by Needlestick/Sharps or Body Fluid Exposures in Health Care Workers.

Staff members must not undertake any other paid employment of a similar nature during periods of sickness absence e.g. bank shifts.

4.1 Reporting absence

Staff must keep to our absence reporting procedures:

Day one
✧ Tell your manager (or nominated person) about your absence as early as possible. Wherever possible, this should be before your scheduled start time, and no later than within an hour of your normal start time

Between 4 and 7 calendar days
✧ Fill in a sickness absence self-certificate when you return to work

More than 7 calendar days
✧ Give your manager a medical certificate from your GP to cover the period of absence
✧ Advise your manager of any delays in obtaining a GP appointment and ensure the certificate is sent in as soon as possible

Staff will not get paid without this medical certificate

Staff are expected to contact their manager on return from sick leave and complete a Return to Work Discussion form. Wherever possible, this should be done face-to-face with the line manager.
4.2 Referral to Occupational Health

Staff have the right to self-refer to OHS; if they do so, the Occupational Health feedback is only given to them i.e. the manager does not routinely receive a copy. If managers require Occupational Health advice, they must make a management referral with the staff members informed consent. If referred by their manager, it is in staff's best interests to attend OHS. If a member of staff declines the referral or does not attend an OHS appointment, management decisions may have to be made based on the information available.

4.3 Injury benefits scheme

All NHS employees, whether or not they are members of the superannuation scheme, are entitled to apply for compensation for loss of pay if they are absent from work as a result of an injury or illness sustained either at work; or, whilst carrying out their contractual duties. Applications should be made to the Scottish Public Pensions Agency (SPPA) on the appropriate forms. More information on this can be obtained from the HR Manager for your area.

Employees are advised to notify their line-manager if they are claiming third party damages; the line manager should then notify the Pay Office accordingly.

5 Human Resources responsibilities

Management of attendance problems are a line management function. However, HR staff will provide assistance, advice and support to managers and staff at all stages of managing attendance problems, including analysing absence records and investigating particular cases to ensure fairness and consistency throughout NHS Borders.

The HR department will collect, analyse and publish, where appropriate, departmental and organisational absence statistics.

6 Occupational Health Service responsibilities

For information about preventing illness/injury at work please refer to the Occupational Health and Safety Policy and the Prevention & Management of Stress at Work Policy and associated guidelines.

The Occupational Health Service provides supportive confidential advice and counselling to all staff. Although not a replacement for the family doctor, any staff member can arrange an appointment if they feel their work is affecting their health or vice versa. Referrals can be made directly by the staff member to OHS (a self referral), and can also be made at the request of the manager via HR.

Staff may be referred to OHS if they return to work with a fit note that indicates that they ‘may be fit for work’. OHS should provide advice to managers on the available options.
OHS will:

- Support the development of a healthier workforce by delivering pro-active programmes to promote staff health and well-being
- Provide clear advice to line managers and staff on the effect health problems have on the working environment and the effects of work on health
- Help manage the absence process by working with GPs and other agencies to make sure that all relevant and appropriate information is available concerning a staff member's health
- Become involved in the earliest stages of staff absence to reduce the length of absence as far as possible and help the staff member return to work, acknowledging that this may depend on how soon a management or self-referral is made
- Encourage and take part in discussions about health problems and their causes, and work with managers to identify and put appropriate solutions into place by:
  - telling managers about any ways in which a staff member's medical condition might affect their performance or limit their ability to perform their normal duties
  - advising managers on the length of time the staff member's ability to perform their normal duties might be limited once they have returned to work
  - advising managers on the employment implications of any continuing disability, including recommendations on adjustments to their work, redeployment and legislative obligations
  - advising on when and how in certain circumstances Disability Employment Advisors, should be involved; and
- Advise on eligibility for ill-health retirement, acknowledging that the Scottish Public Pensions Agency makes the final decision

7 Ending employment

If returning to work is not feasible within the appropriate timescales, the manager may have to end the staff members employment for reasons of ill health. The manager and staff member should maintain contact throughout the illness, and the longer-term options (including possible termination of the employment contract) should be discussed as soon as it becomes apparent that there is no reasonable prospect of the employee returning to work.

NHS Borders has the option to terminate employment before the employee has reached the end of the contractual paid sickness absence period. For specific advice on the management of any long-term sickness situation please contact your nominated HR Manager.
7.1 Ill-health retirement

If the staff member is in the NHS superannuation pension scheme, s/he may apply for early retirement on the grounds of ill-health and get their pension early. Employees are advised that this process can take several months and NHS Borders cannot guarantee that the employee will receive an ill-health pension as the final decision on such matters rests with Scottish Public Pensions Agency (SPPA). There is now a 2 tier pension payment system in place; more detailed information can be found on the SPPA website - http://www.sppa.gov.uk/nhs/home.htm. The HR Manager for the area will be available to assist the employee with the application process. If s/he is not in this pension scheme, the employment will be terminated and s/he may be entitled to claim state benefits.

**Note:** The employment contract must be terminated before SPPA will process an application for ill-health retirement.

8 Education and training

To promote attendance positively, NHS Borders will raise awareness of this policy and its standards as part of departmental and organisational induction for new staff (please refer to NHS Borders Induction policy on the HR intranet micro-site). We will also provide training for staff, managers and Trade Unions/Professional Organisations which will include, as a minimum, the following issues:

- The benefits of good attendance at work
- Roles and responsibilities of staff, managers, HR, OHS and Trade Unions/Professional Organisations
- The procedure for reporting absence
- Appropriate points for reviewing absence in NHS Borders
- Return to work discussions
- Referrals to OHS; and
- Recording and monitoring attendance levels

9 Monitoring and reviewing

The outcomes which result from the introduction of this policy will be examined and the activities of each component part monitored. This review process will lead to a regular revision of the policy.

Regularly reviewing sickness absence rates, staff turnover, levels of redeployment and the number of terminated contracts and ill-health referrals will also contribute to the evaluation and audit of the policy.
Appendix 1

Reporting absence: Guide for staff
Reporting absence: Guide for staff

1  Who should report my absence?

You are responsible for making contact personally with your manager. Only in exceptional circumstances where you are unable to phone personally, a relative or friend may phone on your behalf, but the responsibility remains with you. If your manager is not available, contact must be made with another senior manager who will be responsible for taking the information regarding your sickness absence and passing it to your manager. If this is not possible due to departmental structure; another member of staff should be nominated. This must be made known to staff in that area of work.

Wherever possible, you should not leave messages on voice-mail, with the switchboard or with other wards or departments. If you don’t make contact in reasonable time, your absence may be treated as unauthorised. This may lead to your pay being stopped or even disciplinary action.

2  When should I report my absence?

If you can’t attend work, you must tell your manager as soon as you can. Wherever possible, this should be before your scheduled start time, and no later than within an hour of your normal start time.

If you fall ill at work or have to leave due to sickness or any other reason, you must discuss this with your manager before leaving. If you need to leave work due to a needlestick injury, you must contact the Occupational Health Service as soon as possible.

3  What information do I need to pass on?

Your manager needs to know:

* The reason for your absence
* An indication of when you expect to be fit to return to work; and
* Details of any appointments with your GP or Specialist

4  What happens next?

At this stage, your manager will agree with you when you should next get in touch about your absence.

It is your responsibility to keep your manager informed of your progress, and in particular, if you are unable to return when anticipated. If you are absent immediately before annual leave or days off, you must make sure you tell your manager when you become fit again and/or if you will be fit to return after your leave or days off.

5  What certificates do I need to provide?

If you are absent between 4 and 7 calendar days (inclusive), your manager will give you a self-certificate to fill in.

If your sickness is more than seven calendar days, you need to provide a medical certificate from your GP (known as Form Med 3 or ‘fit note’) to cover all the days in your absence period.

Remember… without a medical certificate, we can’t pay you...
Appendix 2

Return to work discussion template and guide
**RECORD OF RETURN TO WORK DISCUSSION**

To be completed by the line manager (or delegated deputy) after every occasion of absence. Wherever possible this should take place on the first day back at work.

### EMPLOYEE DETAILS:

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<tr>
<th>Name:</th>
<th>Pay number:</th>
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<tr>
<td>Post title:</td>
<td>Dept/Ward/Team:</td>
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### ABSENCE DETAILS:

<table>
<thead>
<tr>
<th>Date employee returned to work:</th>
<th>No. of working days off (this episode):</th>
</tr>
</thead>
<tbody>
<tr>
<td>No certificate received: □</td>
<td>Total absences in rolling 12 month period -</td>
</tr>
<tr>
<td>Reason:</td>
<td>Days:</td>
</tr>
<tr>
<td>Self certificate received (SC1): □</td>
<td></td>
</tr>
<tr>
<td>In-patient certificate received: □</td>
<td>Episodes:</td>
</tr>
<tr>
<td>GP certificate received: □</td>
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**Type of absence:**

Reason for absence:

### DETAILS OF DISCUSSION:

- How is the staff member feeling..?
- Details of absence
- Underlying factors..?
- Was the Policy followed..?
- Employee concerns/feedback
- Support - agreed action

I have read understood and agreed the above is an accurate account of the discussion.

Employee Signature: ……………………………. Date: ……………………

Line Manager Signature: ……………………….. Line Manager Name (please print): …………………

If you would like any HR advice or guidance regarding this, then please contact your nominated HR Manager.

**Members of staff can ask their manager for a copy of this form for their own records.**
**RECORD OF RETURN TO WORK DISCUSSION**

To be completed by the line manager (or delegated deputy) after every occasion of absence. Wherever possible this should take place of the first day back at work.

**EMPLOYEE DETAILS:**

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<th>Name:</th>
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<td>Dept/Ward/Team:</td>
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**ABSENCE DETAILS:**

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<th>Date employee returned to work:</th>
<th>No. of working days off (this episode):</th>
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<td>No certificate received:</td>
<td>Total absences in rolling 12 month period -</td>
</tr>
<tr>
<td>Reason:</td>
<td>Days:</td>
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<tr>
<td>In-patient certificate received:</td>
<td>Episodes:</td>
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<td>GP certificate received:</td>
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**Type of absence:** (e.g. sickness absence; authorised/unauthorised)  
**Reason for absence:**

**DETAILS OF DISCUSSION:**

<table>
<thead>
<tr>
<th>How is the staff member feeling..?</th>
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<tr>
<td>Details of absence</td>
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<tr>
<td>Underlying factors..?</td>
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<thead>
<tr>
<th>Was the Absence Policy followed..?</th>
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<tr>
<td>Any elements of the policy protocol to discuss (i.e. does the employee need reminding of the process for reporting absence)?</td>
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<tr>
<td>Any concerns re absence to discuss (i.e. frequency, patterns, standards exceeded)?</td>
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<th>Employee concerns/feedback</th>
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<tr>
<td>A chance for the employee to respond</td>
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<tr>
<td>Does the employee have any concerns about their return to work (i.e. workload, missed deadlines)?</td>
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<th>OH referral required..?</th>
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<tbody>
<tr>
<td>Are there any relevant or significant changes to their health</td>
</tr>
<tr>
<td>What support, if appropriate, could be offered (e.g. employee counselling)?</td>
</tr>
<tr>
<td>Obtain informed consent prior to any referral</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support - agreed action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Update on what employee has missed whilst absent (where appropriate)</td>
</tr>
<tr>
<td>Any action/next steps to be taken (i.e. improvements to be made)?</td>
</tr>
<tr>
<td>Review and agree how to utilise any accrued annual leave</td>
</tr>
</tbody>
</table>

I have read understood and agreed the above is an accurate account of the discussion.

Employee Signature: ......................... Date: .....................

Line Manager Signature: ......................... Line Manager (please print): .........................

If you would like any HR advice or guidance regarding this, then please contact your nominated HR Manager.
Appendix 3

Attendance review meeting checklist
## Attendance review meeting checklist

### 1 Preparation

<table>
<thead>
<tr>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get together Return to Work Discussion forms, OHS reports and copies of previous correspondence with the staff member</td>
</tr>
<tr>
<td>Get details of his/her length of service (to establish sick pay entitlements) and previous record of absence</td>
</tr>
<tr>
<td>Look at the pattern of absence. Is it regular or unusual?</td>
</tr>
<tr>
<td>If you need any more information or help, who can give you this?</td>
</tr>
<tr>
<td>Arrange a time and private place for the meeting</td>
</tr>
<tr>
<td>Notify the member of staff in writing</td>
</tr>
<tr>
<td>Prepare an introduction (see section 2 below)</td>
</tr>
<tr>
<td>Familiarise yourself with the checklist for the meeting (see section 2 below)</td>
</tr>
<tr>
<td>Is there anything else..?</td>
</tr>
</tbody>
</table>
2 The meeting

The following may help you to manage the meeting sensitively and cover all the issues. You should begin each item with an ‘open’ question to gain information and open up the discussion.

Remember only to use the sections or questions which are relevant to the individual circumstances – these are simply prompts. (For example, the person may not have any domestic or work issues related to their absence, so simply leave these sections out.)

Introduction
The attendance standards in the Managing Sickness Absence policy are 4 episodes; or more than 8 days short-term sickness absence in a rolling 12 month period.

Highlight the absence record and pattern (if any)

Agree the initial aim that his/her attendance must improve

Health issues
How do you feel about your health?
How do you feel about your work in relation to your health?
What do you feel about the report from OHS (if appropriate)?

Domestic issues
How do you feel your domestic situation is affecting/may affect your work in the future?
What can we do to help?

Work issues
Is there anything worrying you about your work?
Is there anything we could look at changing?

Ask him/her for suggestions on how s/he could improve attendance

Summarise
So you feel the problem has been...
You have also suggested … could be a solution

Next steps
Agree the expected standard of attendance, with timescales, for this improvement
Outline next steps if attendance does not improve
Set a date for another review

Confirm the details in writing to the staff member

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

"Welcome back"/Return to work discussion between manager and staff member.

Is further action needed?

No

Continue to monitor their absence. Does the absence continue?

No

No further action.

Yes

A standard is set.

No

Refer to OHS. Is other action necessary?

Yes

Ill health confirmed. Consider changing the staff member's duties, hours of work, working environment etc.

Yes

Set standards.

No further action.

No

Consider action under the 'Management of Employee Conduct' policy.

Yes

Continue to monitor their attendance. Does the absence continue?

No

Is there a medical condition for the absence?

Yes

Adjustments made to post.

No

Is the staff member able to return to their post?

Yes

Successful return to post. Monitor and review the situation.

No

Staff member retires or the contract ends for reasons of ill health.

Staff member starts their new post.