

Attendance Toolkit

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1. **Introduction**

The purpose of this documentation is to provide a framework which compliments [**NHS Scotland’s Attendance Policy**](https://workforce.nhs.scot/policies/attendance-policy-overview/)**.**

The contents page outlines the purpose of each document and contains a range of supporting documentation which should be used to promote a culture of attendance and person centred approaches, and be utilised for all levels of staff within NHS Greater Glasgow and Clyde.

It is important that managers and employees are aware of their roles and responsibilities in relation to Attendance, which are detailed in Section 1.4 (page 3) of [**NHS Scotland’s Attendance Policy**](https://workforce.nhs.scot/policies/attendance-policy-overview/)**.**

1. **Injury Allowance**

Line managers should be mindful in circumstances where the employee’s absence is due to a work related injury, disease or health condition that could result in them suffering a reduction in their pay. In these circumstances the individual may be entitled to an Injury Allowance payment and in such case the line manager should discuss this with them at the earliest opportunity and refer them to the Board’s[**Injury at Work Procedure**](https://www.nhsggc.scot/staff-recruitment/hrconnect/policies-and-staff-governance/polices/illness-and-injury-at-work/)**.** It is important that where the employee wishes to make an application for Injury Allowance that this is submitted timeously, and in advance of the individual reaching a half pay situation to avoid financial detriment. An up to date Occupational Health assessment is required including, but not restricted to, the following questions:

* Is the injury, disease or health condition wholly or mainly attributable to the employee’s NHS employment,
* Does the individual suffer from a pre-existing or non-work related condition which could be contributing to the current injury or health condition?

Further information regarding Injury at Work is detailed in Section 1.5.4 (pages 4-5) of [**NHS Scotland’s Attendance Policy**](https://workforce.nhs.scot/policies/attendance-policy-overview/)**.**

If the employee has been injured at work, please follow NHS Greater Glasgow & Clyde Health & Safety Guidance and ensure a Datix is completed. Seek further advice from the Health and Safety Service regarding RIDDOR reporting. You do not require to report injuries at work to Occupational Health unless the employee has had a needlestick or similar injury and these should be reported via the OHS needlestick & similar injury line on 0141 201 0595.

1. **Pregnancy Related Absence**

Under the Equality Act (2010) pregnant employees have special protections in the workplace against all discrimination.

* Pregnant employees are covered by a ‘protected period’ which starts from the beginning of pregnancy and ends at the expiry of the maternity leave period or, when the employee returns to work, whichever is sooner
* Pregnant employees are protected against less favourable treatment on grounds of pregnancy-related illness
* There will be no discrimination on grounds of pregnancy if the manager is not aware of the pregnancy
* Any absences related to pregnancy included in any assessment of the employee’s sickness record which leads to detrimental treatment, for example non-selection for a promoted post, disciplinary action, dismissal, redundancy or demotion will be vulnerable to a claim of sex discrimination

Therefore, you should ensure any absence as a result of pregnancy-related illness that occur between the beginning of pregnancy until the end of maternity leave, is recorded as pregnancy-related sickness absence. It is appropriate to record this separately from other absences.

You should not count pregnancy-related sickness absence for the purposes of assessing Trigger Points in which to conduct an Attendance Meeting or in undertaking formal processes under the Attendance Policy. However, Return to Work Discussions should still be held with the employee and if required a formal discussion with the employee regarding any support required.

An employee who is absent due to a pregnancy-related illness during the four weeks period prior to her expected week of childbirth can be required to start her maternity leave early and will be entitled to maternity pay and not sick pay. Odd days of pregnancy-related illness during this period may be disregarded if the employee wishes to defer the start of her maternity leave period and a risk assessment does not indicate that carrying out work will endanger the pregnancy.

Further information regarding Pregnancy Related Absence is detailed in Section 1.5.7 (page 5) of [**NHS Scotland’s Attendance Policy**](https://workforce.nhs.scot/policies/attendance-policy-overview/)**.**

Further information regarding Maternity Leave is available on[**HR Connect**](https://www.nhsggc.scot/staff-recruitment/hrconnect/policies-and-staff-governance/polices/family-leave-and-work-life-balance/)

1. **Occupational Sick Pay Entitlements**

In accordance with Section 14 of [**Agenda for Change Terms and Conditions of Service**](https://www.msg.scot.nhs.uk/wp-content/uploads/AfC-Handbook-Master-Scottish-Nov-2021.pdf)**,** employees absent from work owing to illness will be entitled, subject to the conditions of the agreement, to receive sick pay in accordance with the scale below (see Section 12 for provisions governing reckonable service):

* during the first year of service - one month full pay and two months half pay;
* during the second year of service - two months full pay and two months half pay;
* during the third year of service – four months full pay and four months half pay;
* during the fourth and fifth years of service – five months full pay and five months half pay;
* after completing five years of service – six months full pay and six months half pay

If an employee is absent due to ill health and their pay status is due to change to half pay or nil pay they must be advised in advance of the adjustment taking place. Information regarding pay status can be sought from Payroll Department.

The entitlement for Medical and Dental staff is the same as above. Further details can be found via [**Medical and Dental**](https://www.msg.scot.nhs.uk/pay/medical)

Further information regarding Pay During Sickness Absence is detailed in Section 1.5.10 (page 6) of [**NHS Scotland’s Attendance Policy**](https://workforce.nhs.scot/policies/attendance-policy-overview/)**.**

1. **Work Related Stress**

If an employee reports the reason for absence as work related stress it is important an Attendance Meeting is convened as a priority. If the stressors are as a result of relationship difficulties in the workplace Mediation should be explored as an option. If it is identified that the stress-related illness is caused by work, for example, as a result of alleged bullying and harassment or, trauma or, workload, you should complete a Datix record. A further Attendance Meeting should be convened to explore the reasons for the stressors further.  A trigger does not have to be reached to schedule a meeting. This will enable the manager to explore further the reasons, identify supports and agree a way forward.

The Attendance Meeting will also provide the opportunity for discussion with regard to potential options for addressing or resolving the stressors and whether a management referral to the Occupational Health department would be beneficial (if no resolution can be reached). In the OHS referral it is important manager’s note any interventions that have been attempted to date. Managers should also refer to the Board policy and information on [Stress in the Workplace](https://scottish.sharepoint.com/%3Au%3A/r/sites/GGC-SHaW/SitePages/Health%20%26%20Safety/A-Z%20Pages/StressintheWorkplace.aspx?csf=1&web=1&e=EmCKgn) for guidance.

There is no automatic requirement for a manager to refer an employee who has presented a ‘fit note’ advising that they have work related stress. When an employee contacts their manager to advise that they have been deemed unfit for work due to stress; the manager should discuss further with the employee the perceived causes of stress and seek to reach a resolution as quickly as possible. A stress risk assessment should be undertaken if required. Further guidance can be found in the stress in the workplace section of HRConnect.

1. **Occupational Health Services**

**Occupational Health Management Referral**

A manager can use a management referral to request advice in relation to an

employee’s health and work.

**Situations where a management referral may be appropriate:**

* In cases of long-term sickness absence- where the employee has been absent from work for 29 days or more, for advice on likely return to work and rehabilitation
* In some (but not all) cases of frequent, short-term sickness absence or where there are patterns of absence for advice on whether there is an underlying health condition and / or work is adversely affecting health
* In cases where advice on the possible rehabilitation or redeployment of an employee particularly with reference to the Equality Act 2010 is required.
* In cases where advice on the possible Ill Health Retirement of the employee is required.
* To seek advice to explore any concerns that may be impacting on the employee’s health and work
* To seek advice and support for employees who are on Stage 3 of the

Attendance Policy

**Referral Advice**

It is important to note that not all long term absences require referral to Occupational

Health at 4 weeks absence. Examples of this are: routine surgery where an expected recovery of 6+ weeks has been identified or complex fractures where the employee has restricted movement.

Full details regarding making a referral to OHS can be found in [**Management Referrals - NHSGGC**](https://www.nhsggc.scot/staff-recruitment/hrconnect/occupational-health/management-referrals/)

1. **Supportive Interventions**

**Return to Work Discussion**

When an employee returns to work following any episode of sickness absence the manager and employee must have a return to work discussion as soon as possible and ideally within 2 working days of the employee’s return. The return to work discussion will take place with the manager or designated deputy. The expectation is that this is a face-to-face discussion. Telephone or video conference facilities should only be used where the employee and manager are content that all other options have been fully explored.

The aim of the return to work discussion is to check that the employee is ready to return to work with any necessary revisions, amendments or support in place. It is also an opportunity to have a meaningful conversation about how the employee can be supported to maintain and improve their attendance. The Return to Work Discussion Form will be used to inform and record the discussion. The manager and employee should discuss and agree arrangements taking into account any professional advice e.g. from the employee’s GP or from OHS. This may include a phased return to work and / or other adjustments that should, where possible, be considered and discussed prior to an employee’s return to work. Subsequent meetings may take place following the employee’s return to review the effectiveness of any support mechanisms.

Further information regarding Return to Work Discussion is detailed in Section 1.5.15 (page 7) of [**NHS Scotland’s Attendance Policy**](https://workforce.nhs.scot/policies/attendance-policy-overview/)

[**Return to Work discussion template**](https://workforce.nhs.scot/supporting-documents/?query=&policies=1126&contentType=1161&role=0&ordering=relevant)

**A**

1. **Triggers**

Triggers are prompts to initiate supportive intervention at either 4 separate episodes of absence or short term absences totalling 8 or more working days within a rolling 12 month period or for longer term absence 29 calendar days or more.

1. **Supportive Discussion (informal stage)**

When managing employees’ frequent absences before referring individuals to Formal Stage 1:

1. Supportive Discussions (informal stage) needs to take place
2. [**Managers Checklist**](https://workforce.nhs.scot/media/vj0jslr1/attendance-policy-managers-checklist-prior-to-formal-stages-last-updated-march-2020.docx) – address all points prior to moving employee to formal stage

Supportive Discussions can form part of Return to Work discussions (or separate if being addressed by alternative manager to those undertaking return to work discussion). Return to Work discussion paperwork can be utilised to document supportive discussions as long as all sections are covered and completed during the discussion. It must document:

* supportive action discussed and agreed;
* recommendations discussed and/or any adjustments agreed;
* if Occupational Health referral was agreed,
* confirm absence reporting/certification procedures been followed or not and be specific if non-compliance;
* confirm if employee has reached trigger;
* summary of other outcomes discussed e.g. expectation with absences and potential outcome if not achieved.

If employee reaches an attendance trigger then a return to work discussion/supportive discussion should take place. Employee should be advised of expectation that absences will continue to be monitored and a significant and sustained improvement is expected and if not achieved they will be referred to Formal Stage of policy.

If no improvement is demonstrated, i.e. there have been additional absences, then a further return to work discussion/supportive discussion should take place and employee advised they are being referred to Formal Stage of policy. This discussion should be documented clearly in relevant paperwork (e.g. Return to Work discussion template).

1. **Frequent Sickness Absence**

**Preparing for a meeting under the Formal Stages:**

On reaching a trigger point, and following Return to Work Discussions/ Supportive Interventions, the appropriate line manager will arrange to meet with the employee to discuss their level of attendance for the previous 12 month period if there continues to be concerns.

The line manager is responsible for ensuring that an Attendance Meeting invite letter is sent to the employee at least 14 calendar days prior to the meeting. It is recommended that this letter should enclose details of the absences as recorded on SSTS or from a timeline of absences including reasons and highlight any other attendance related issues. This is to ensure that the employee is aware of which absences the manager wishes to discuss and to ensure that the absence details being discussed are correct.

**Attendees**

An HR Representative will not routinely attend Attendance Meetings regarding frequent absences unless the case is progressed to Stage 2.

HR advice is available via the HRSAU Enquiry Team to discuss any cases. Furthermore, local training and informal coaching can be requested.

It is important for the manager to share all relevant information with HRSAU team at the time of submitting a request for HR support.

Please note that if a meeting date has already been scheduled prior to requesting HR support, HRSAU cannot guarantee that an HR Representative will be available.

If the employee has indicated they have a member of a Trade Union/ Professional Organisation Representative it would be appropriate to include the representative in communications for arranging any meetings, wherever possible.

**Requesting HR Support:**

When contacting the HR Support and Advice Unit to request HR support for a Stage 2 attendance meeting (either via Service Now or telephone), managers will need to ensure they have the following information available:

Name: (employees details)
Payroll Number: (employees details)
Band: (employees details)

Job Family: (employee’s details)

Category: (Attendance)

Sub Category: (Formal Stage 1, 2 or 3)

Type: (Frequent absence or continued pattern of absence)

Total number of episodes in 12 months:

Number of days absent in 12 months:

Case Manager: (manager who will be chairing meetings)

Case Manager Contact Number: (manager who will be chairing meetings)

Please note that as per OfS Attendance Policy, HR support is generally only available for the Formal Stage 2 process.

Managers should ensure that any supporting documentation (as detailed in the section below) relating to the employees absences should be attached when using the HR Self Service Portal.

**Supporting Documentation:**

An SSTS print-out or a timeline of absences including reasons and any other relevant information should be discussed with the employee to ensure that the reasons and circumstances surrounding each episode of absence are fully explored and understood. If applicable, any Occupational Health reports should also be discussed with the employee. Previous support measures should be reviewed and any required additional support measures explored further.

The line manager should make any relevant notes to ensure all the pertinent points are included in an Attendance Meeting outcome letter. The outcome letter will detail the discussion that took place at the meeting, including any discrepancies with recorded dates of absence and the outcome decision**.** See template pro forma for taking notes during the attendance meetings appendix 8.

The line manager is responsible for sending the employee the outcome letter as soon as possible following the meeting. It is recommended that the outcome letter is sent within 7 working days following the meeting.

Example outcome letters can be found in appendix 9.

**Non-Attendance at meetings:**

An employee will have a maximum of two opportunities to attend an Attendance Meeting. Although, when scheduling meetings line managers should ensure that the employee does not have planned leave or off-duty. If an employee is unable to attend the meeting they should contact their manager at the earliest opportunity, explain the reasons and offer an alternative time and date they are able to attend. If an employee fails to attend two meetings, with no exceptional mitigating circumstances, the line manager should advise that this may be addressed through the NHS Scotland Conduct Policy and/ or escalated via Formal Stages.

If an employee states that they are unfit to attend an Attendance Meeting within any NHS location or a home visit a management referral should be made to the Occupational Health Service. Furthermore, the Attendance Meeting can also be conducted virtually via Microsoft Teams or Conference Calls. The Occupational Health Practitioner will be able to provide an indication of when the employee will be fit to attend an Attendance Meeting and provide information on health status.

It is beneficial to confirm with the employee if they will be accompanied by a Trade Union/ Professional Organisation Representative. If so it would be appropriate to include the representative in communications for re-arranging any meetings, where ever possible.

Further information regarding Frequent Absences are detailed in:

Section 1.5.18 (page 8: Formal Procedure)

Section 1.5.19 (page 8: Stage 1)

Section 1.5.20 (page 10: Stage 2)

Sections 1.5.21 to 1.5.23 (pages 10 to 12: Stage 3)

[**NHS Scotland’s Attendance Policy**](https://workforce.nhs.scot/policies/attendance-policy-overview/)

1. **Long Term Sickness Absence:**

**Preparation:**

Once an employee has reached the 29 day trigger the appropriate line manager will convene an Attendance Meeting. The line manager is responsible for ensuring that an invite letter is sent to the employee at least 14 working days prior to the meeting.

**Attendees:**

The line manager may be accompanied by an HR representative.However, not all Attendance Meetings to discuss long term absence require an HR representative to be present. For example, if an employee has a fracture or undergone surgery there is no requirement for an HR representative to be present unless the recovery period becomes longer than the anticipated. The manager would still be required to discuss the absence with the employee and agree any reasonable adjustments to support the employee back to work in the absence of HR support.

However, it is recommended that if an employee has been absent for 6 months with no likely indication of a return to work, HR support should be sought. If line managers want to discuss whether an HR representative should be in attendance they should contact the HR Support & Advice Unit on 0141 278 2700 for further guidance. Managers should have the information available as detailed in the Requesting HR Support Section below.

If the employee has indicated they have a member of a Trade Union/ Professional Organisation Representative it would be appropriate to include the representative in communications for arranging any meetings, where ever possible.

**Requesting HR Support:**

When contacting the HR Support and Advice Unit to request HR support for a long term sickness meeting, managers will need to ensure they have the following information available:

Name: (employees details)
Payroll Number: (employees details)
Band: (employees details)

Job Family: (employee’s details)

Category: (Attendance)

Sub Category: (long term sickness meeting)

Type: (long term absence, work related stress or injury at work)

Date Absence commenced:

Reason for absence: (as per SSTS codes)

Occupational Health Involvement:

Current Fit Note Expiry Date:

Case Manager: (manager who will be chairing meetings)

Case Manager Contact Number: (manager who will be chairing meetings)

**Review Meetings**

Review meetings should be arranged with the employee every 4-6 weeks; this could vary depending on the reason for the absence i.e surgery or if awaiting reports from the Occupational Health Service.

If the employee has indicated they have a member of a Trade Union/ Professional Organisation Representative it would be appropriate to include the representative in communications for arranging any meetings, where ever possible.

The line manager is responsible for ensuring that an invite letter is sent to the employee at least 14 working days prior to the meeting.

**Documentation:**

If applicable, any Occupational Health reports including recommendations or reasonable adjustments, should be discussed with the employee at the formal absence review meeting.

**Non-Attendance at meetings:**

An employee will have a maximum of two opportunities to attend an Attendance Meeting. Although, when scheduling meetings line managers should ensure that the employee does not have planned leave or off-duty. If an employee is unable to attend the meeting they should contact their manager at the earliest opportunity, explain the reasons and offer an alternative time and date they are able to attend.

If an employee states that they are unfit to attend an Attendance Meeting within any NHS location or a home visit a management referral should be made to the Occupational Health Service. Furthermore, the Attendance Meeting can also be conducted virtually via Microsoft Teams or Conference Calls. The Occupational Health Practitioner will be able to provide an indication of when the employee will be fit to attend an Attendance Meeting and provide information on health status.

It is beneficial to confirm with the employee if they will be accompanied by a Trade Union/ Professional Organisation Representative. If so it would be appropriate to include the representative in communications for re-arranging any meetings, where ever possible.

Further information regarding Frequent Absences are detailed in:

Section 1.5.18 (page 8: Formal Procedure)

Sections 1.5.21 to 1.5.23 (pages 10 to 12: Stage 3)

[**NHS Scotland’s Attendance Policy**](https://workforce.nhs.scot/policies/attendance-policy-overview/)

**[Flow Chart](https://workforce.nhs.scot/media/aofo13wa/flowchart-attendance-policy-flowchart-last-updated-march-2020.pdf)**

1. **Final Review Meeting**

In accordance with [**Agenda for Change Terms and Conditions of Service**](https://www.msg.scot.nhs.uk/wp-content/uploads/AfC-Handbook-Master-Scottish-Nov-2021.pdf), sick pay for those who have exhausted sick pay entitlements should be reinstated at half pay, after 12 months of continuous sickness absence, in the following circumstances:

* staff with more than 5 years reckonable service:- sick pay will be reinstated if sick pay entitlement is exhausted before a final review meeting for long term absence has taken place;
* staff with less than 5 years reckonable service:- sick pay will be reinstated if sick pay entitlement is exhausted and a final review does not take place within 12 months of the start of their sickness absence.

Reinstatement of sick pay should continue until the final review meeting has taken place. Reinstatement of sick pay is not retrospective for any period of zero pay in the preceding 12 months of continuous absence.

These arrangements will be in accordance with local sickness absence procedures and will only apply where the failure to undertake the final review meeting is due to delay by the employer. This provision will not apply where a review is delayed due to reasons other than those caused by the employer.

Therefore, an employee on long term sickness absence should be invited to attend a Final Formal Meeting prior to exhausting half Occupational Sick Pay. The purpose of this meeting is to discuss and facilitate a return to work or if this is not possible the case may be referred to General Manager/ Head of Service to consider the impact of the continuing absence and employment options.

The line manager is responsible for ensuring that an invite letter is sent to the employee at least 14 working days prior to the meeting.

1. **Dying to Work Charter**

The Dying to Work Campaign was setup by a trade union member who received a terminal illness diagnosis and went on to try and ensure support for others in the workplace. The name was established by the campaign and supported by the TUC. You can see more of how it came about and those supporting through information available on [**HR Connect: Dying to Work Charter**](https://www.nhsggc.scot/staff-recruitment/hrconnect/policies-and-staff-governance/polices/illness-and-injury-at-work/)**.**

In addition, further information regarding supporting an employee’s Death in Service is available on [**HR Connect: Death in Service**](https://www.nhsggc.scot/staff-recruitment/hrconnect/policies-and-staff-governance/polices/retirement-and-leaving-employment/)**.**

1. **Employee Support & Reasonable Adjustments**

**Offering Employee Support and Reasonable Adjustments**

Managers should consider each absence case individually when considering what type of employee support, assistance and reasonable adjustment may help improve the employee’s attendance. This will involve careful consideration of the reasons, causes, length of absence and surrounding circumstances of each case using information provided by the employee on fit notes and from Occupational Health.

Failure to make a reasonable adjustment for a disabled employee amounts to discrimination in its own right as this failure places the disabled employee at a disadvantage when compared to a non-disabled employee. It is important that managers take the initiative to identify any support and measures that will assist the disabled employee in the workplace. This is because there is a duty on employers to know or, to ought to know that the employee is disabled.

You should explore directly with the employee the advice on reasonable adjustments and measures that are likely to be effective in supporting them in the workplace. The employee is also likely to have a much clearer and more in-depth knowledge and understanding of what changes to working practices would be most helpful.

[Reasonable Adjustments for staff with disabilities or long term Conditions - NHSGGC](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nhsggc.scot%2Fstaff-recruitment%2Fhrconnect%2Fgrowing-our-great-community-through-equality-diversity-and-inclusion%2Freasonable-adjustments%2F&data=05%7C02%7Cemma.kelly5%40nhs.scot%7Cc875440b796c4190945808dd7384048e%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638793733035478851%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=859jLWZISYK2dQiwaXe55vrbo%2BiLXf8lHsLPqACYVWI%3D&reserved=0)

Further information regarding examples of reasonable adjustments is available in Appendix 6.

1. **Absence Without Official Leave (AWOL)**

AWOL or unauthorised absence is when someone does not come to work and gives no reason for their absence or does not contact their employer. The manager should try to contact the employee at the earliest opportunity and if unable to reach the employee, contact should be made with any known emergency contact.

Further information regarding AWOL is available by accessing the following flowchart[appendix 8](#App7).

1. **Additional Support & Learning**

HR advice is available via the HRSAU Enquiry Team to discuss any cases. Furthermore, local training and informal coaching can be requested. Contact and additional information for HRSAU Enquiry Team is available on [**HR Connect: Contact HR Support & Advice Unit.**](https://www.nhsggc.scot/staff-recruitment/hrconnect/contact-hr-support-advice-unit/)

You can also contact HR via[**HR Self Service Portal**](https://nhsnss.service-now.com/ggc_hr) or access our knowledge base for additional information.

Attendance Management Training will soon be re-established, details of which can be found [**here**](https://www.nhsggc.scot/staff-recruitment/hrconnect/learning-education-and-training/learning-education-and-training-catalogue/adult-support-and-protection-second-worker-investigative-training/)**.**

NHS Scotland have released an eLearning Module in relation to Attendance Management which is available via the following link:

[**Scorm Player - Workforce policies : attendance (nhs.scot)**](https://learn.nes.nhs.scot/Scorm/Launch/59521)

1. **Reflective Account**

Background to the case:

* The case was a long-term sickness that commenced on the 18th August 2019 due to leg/back pain. These symptoms were long-term and resulted in 2 surgical procedures.
* Although the absence commenced pre-pandemic, treatment and surgery for the employee was delayed as a result of cancelled operations during the pandemic.
* During the employee’s absence, the employee failed to maintain appropriate levels of communication and not the standard expected of NHS GG&C employees. The employee had periods of non-engagement and non-submission of medical certificates over the length of absence.
* Also during this time, the management structure within the Acute Sector had changed resulting in 5 different managers supporting the employee during their absence which was ultimately unavoidable.
* Due to changes in management and COVID-19 restrictions, there were various delays in long-term sickness meetings which resulted in the employee’s absence not being progressed or concluded within an appropriate time period. The employee was offered 2 extensions to their absence monitoring period to allow for the delay as well as having time to receive and recover from planned surgery.
* The employee was dismissed from NHS GG&C on the 8th December 2021 in which they failed to participate in the Stage 3 hearing after being offered 2 attempts.

Concerns/ Reflections:

* The employee’s total length of absence was 2 years and 4 months. This should have been addressed and progressed at a much earlier timeframe.
* The employee’s non-attendance at long-term sickness meetings was not addressed properly in line with the current NHS Once for Scotland (OFS) Conduct Policy, nor the NHS Attendance Policy in which the employee’s absence was initially covered under. An agreement was reached to move the employee over to the OFS Conduct policy, however old letters were still in use and sent to the employee.
* Management failed to arrange follow-up calls to the employee nor send out letters for failure to engage or non-submission of medical certificates. Should this have happened, it is likely the case would have been escalated quicker.
* Long-term sickness meetings letters under the attendance management policy were not issued within the expected timescales following the meeting. During the Stage 3 hearing, copies of letters included ‘drafts’ in which sections were highlighted for management to confirm the details, however these were sent out to the employee without being reviewed or amended with requested information.
* Long-term sickness outcome letters did not detail a full summary of the discussion that had taken place with the employee at the meeting. The content of such outcome letters was poorly drafted and had no link in with appropriate HR colleague for support and checking.
* There was no centralised/ final copy of long-term sickness meeting outcomes/ letters contained locally in the employee’s files. File & letters from previous management involvement had not been passed on to new management who was supporting the case.
* Follow-up meetings with the employee had fallen away during the management structure change over. A lot of emails and calls were undertaken by HR colleagues chasing updates and progress reports.
* The employee’s occupational health referrals were not stored in their personal file and due to there being different management involved, this had not been updated to OHS who under confidentiality were unable to provide reports to management and HR taking forward under the Stage 3 hearing.
* The employee had missed various occupational health appointments and correspondence of this had not been challenged with the employee directly nor stored in their personal file.

Recommendations:

* HR representative involved in Stage 3 hearing arranged for case to be reflected back to the service as a learning guide in which all management were made aware of how to avoid similar circumstances.
* General Manager of the service arranged an immediate meeting with the management team to address the failings directly.
* Management felt the expectation of the ‘mid & final review meetings & outcome letters’ was unclear for them despite management having training delivered.
* Management within the service are in benefit of HR colleagues assisting checking outcome letters for review and approval. It has been noted to management the importance of these letters to be reviewed and to take ownership of the overall management of the employee’s absence instead of placing the expectation on HR colleague.
* Highlighting the importance of missing steps within a process are likely to have an impact upon the attendance management process e.g. appeals/ progression through the stages.

**18.** **FAQ’s**

|  |
| --- |
| **Q. Should the Return to Work be recorded on eESS or paper form?** |
| *A. The*[*Return to Work Discussion Form*](https://workforce.nhs.scot/supporting-documents/form/attendance-policy-return-to-work-form/)*will be used to inform and record the discussion. This form should be also be recorded on eESS where possible.* |
| **Q. Is there a template to record the supported discussion/ informal stage?** |
| *A. The* [*Return to Work Discussion Form*](https://workforce.nhs.scot/supporting-documents/form/attendance-policy-return-to-work-form/) *should be used to record any discussions held at the informal stages of the attendance process.* |
| **Q. What happens if an employee fails to attend a meeting arranged in accordance with NHS Scotland Attendance Policy?** |
| *A. If the employee is unable to attend and the rationale offered is considered reasonable, another date will be given with a minimum of 7 calendar days’ notice. If an employee fails to attend the second meeting without any rationale offered, this may be addressed through the NHS Scotland Conduct Policy and/ or escalated via Formal Stages. Further advice regarding this should be sought via HR Support & Advise Unit to ensure the correct process is followed for individual cases.* |
| **Q. Can the same manager chair Formal Stage 1 and Formal Stage 2 meetings?** |
| *A. Yes, unless there is a specific reason why this would not be appropriate.* |
| **Q. The NHS Scotland Attendance Policy doesn’t mention the requirement for a Final Review meeting, is this meeting still required?** |
| *A. Yes, an employee on long term sickness absence should be invited to attend a Final Formal Meeting as per Agenda for Change Terms & Conditions.* |
| **Q. What happens if an employee’s attendance improves during the Formal Stage 1 process but following this has an increase in absences?** |
| *A. If the Stage 1 process has ended over 6 months ago, a new Stage 1 process should commence. However if the absences have increased within 6 months of the end of the Stage 1 process, consideration could be made to progressing to the Stage 2 process. Further advice regarding this should be sought via HR Support & Advise Unit to ensure the correct process is followed for individual cases.* |
| **Q. What is a reasonable timescale and measurement for an improvement in an employee’s attendance?** |
| *A. This is dependent on the employee’s frequency of absences, absence reason(s) and whether there are any underlying conditions which support may be required for. It is suggested that 3 months may be a reasonable timescale, however a longer timescale may be appropriate for other cases such as when the employee has underlying health conditions. Each case should be considered individually depending on the reasons and frequency of absences.*  |
| **Q. What stage does HR become involved for frequent absence?** |
| *A. At Stage 2 of the formal process.* |
| **Q. What stage does HR become involved for long term absence?** |
| *A. HR support may be requested once an employee has reached the long term absence trigger of 29 calendar days, if there is no imminent return date expected. HR involvement is not required for cases of post-surgery recovery or fractures, where it is already known that the employee will be absent for a number of weeks for recuperation. However, should such an absence continue beyond the initial expectedrecovery period, HR support can then be arranged.* |

**APPENDIX 1 – Index of Attendance Templates**

|  |  |  |
| --- | --- | --- |
| **Stage**  | **Documents required** | **Link** |
| **Absence Reporting** –Employees must report their absence on the first day of illness, following local procedures. Ongoing contact with their line manager must be maintained throughout the absence. Failure to do so may breach the *Once for Scotland Attendance Management Policy* and could lead to further action. | * Failure to Comply with absence reporting procedures.
 | [Appendix 6 – Letter A](#App6)[Appendix 6 – Letter B](#App6)  |
| **Absence Certification** -Where an absence period lasts more than 7 calendar days, a medical certificate (e.g. a Fit Note / Med 3 or Med 10 certificate) issued by a General Practitioner or other Medical Practitioner is required. | * Failure to submit fit note letter templates
 | [Appendix 6 – Letter C](#App6)[Appendix 6 – Letter D](#App6)  |
| **Return to Work** – When an employee returns to work following any sickness absence the manager and employee must have a return to work discussion as soon as possible and ideally within 2 working days of the employee’s return. | * Return to Work Document
* Attendance flowchart
 | [Return to Work Discussion Form](https://workforce.nhs.scot/supporting-documents/form/attendance-policy-return-to-work-form/)[Flow Chart](https://workforce.nhs.scot/supporting-documents/flowchart/attendance-policy-flowchart-text-alternative/) |
| **Manager’s checklist prior to formal stages** –A tool for the manager to check appropriate steps have been taken before moving to formal stages. | * Manager’s Checklist prior to formal stages
 | [Manager's Attendance Checklist](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fworkforce.nhs.scot%2Fmedia%2Fvj0jslr1%2Fattendance-policy-managers-checklist-prior-to-formal-stages-last-updated-march-2020.docx&wdOrigin=BROWSELINK) |
| **Long term sickness** –When an employee has been absent for 28 days or more | * Long term sickness meeting invite letter
* Long term meeting pro-forma
* Management referral to Occupational Health
* Long term sickness meeting outcome letter
 | [LTS Invite Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-long-term-sickness-meeting-invite-letter/)[Long-term Meeting Pro-forma](#attendanceproformaLTS)[OHS Management Referrals - NHSGGC](https://www.nhsggc.scot/staff-recruitment/hrconnect/occupational-health/management-referrals/)[LTS Outcome Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-long-term-sickness-meeting-outcome-letter/) |
| **Case Review with Occupational Health** -Where there is a single period of absence, periods of frequent short term or recurrent periods of long-term absence and there is no indication of a return to work within a reasonable time period it may be appropriate to arrange an absence case review meeting with occupational health to ensure that all possible support mechanisms have been considered to facilitate a return to work. | * Case review meeting invite and outcome letters
 | [Case Review Meeting Invite Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-case-review-meeting-invite-letter/)[Case Review Meeting Outcome Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-case-review-meeting-outcome-letter/) |
| **Stage 1** – Where the employee has triggered either 8 or more days of absence or 4 occasions | * Stage 1 invite and outcome letters
* Frequent Absence Meeting Pro-forma
 | [Stage 1 Invite Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-stage-1-invite-letter/)[Frequent Absence Meeting Pro-forma](https://workforce.nhs.scot/supporting-documents/guide/attendance-policy-guide-for-managers/%22%20%5Cl%20%22frequentorpatternsofsicknessabsence15)[Stage 1 Outcome Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-stage-1-outcome-letter/) |
| **Stage 1 Mid Review** – To be conducted half way through the review period agreed at Stage 1 or sooner if employee continues having periods of absence | * Stage 1 Mid Review Invite and Outcome Letters
 | [Stage 1 Mid Review Invite Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-stage-2-invite-letter/)[Stage 1 Mid Review Outcome Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-paper-based-appeal-outcome-letter/) |
| **Stage 1 Final Review** – At the final Stage 1 review meeting, the outcome and next steps will be discussed. | * Stage 1 final review invite and outcome letters
 | [Stage 1 final review invite](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-stage-1-final-review-invite-letter/)[Stage 1 final review outcome](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-stage-1-final-review-outcome-letter/) |
| **Stage 1 Paper Based Appeal** – Employees will have the right of appeal at all formal stages of this policy. An appeal at the first formal stage will be a paper-based appeal and will not involve attendance at a hearing. | * Stage 1 Paper based appeal form
* Stage 1 Paper based appeal acknowledgment letter
* Stage 1 Paper based appeal outcome letter
 | [Stage 1 Paper-based Appeal Form](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fworkforce.nhs.scot%2Fmedia%2Fepvnz1qk%2Fattendance-policy-stage-1-paper-based-appeal-form-last-updated-march-2020.doc&wdOrigin=BROWSELINK)[Paper-based Appeal Acknowledgement Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-paper-based-appeal-acknowledgement-letter/)[Paper-based Appeal Outcome Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-paper-based-appeal-outcome-letter/)  |
| **Stage 2** - When employee has not shown an improvement in their absence, for a review of support put into place during Stage 1 and discussions around further support during Stage 2 review period | * Stage 2 invite letter
* Management referral to Occupational Health (if appropriate)
* Stage 2 outcome letter
 | [Stage 2 Invite Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-stage-2-invite-letter/)[OHS Management Referrals - NHSGGC](https://www.nhsggc.scot/staff-recruitment/hrconnect/occupational-health/management-referrals/)[Stage 2 Outcome Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-stage-2-outcome-letter/) |
| **Stage 2 Mid Review** - To be conducted half way through the review period agreed at Stage 2 or sooner if employee continues having periods of absence | * Stage 2 mid review invite and outcome letters
 | [Stage 2 Mid Review Invite Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-stage-2-invite-letter/)[Stage 2 Mid Review Outcome Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-appeal-hearing-outcome-letter/)  |
| **Stage 2 Final Review** – At the final Stage 2 review meeting, the outcome and next steps will be discussed. | * Stage 2 final review invite and outcome letters
 | [Stage 2 final review invite letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-stage-2-final-review-invite-letter/)[Stage 2 final review outcome letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-stage-2-final-review-outcome-letter/) |
| **Stage 2/ 3 Appeal -** Employees will have the right of appeal at all formal stages of this policy. At stages 2 and 3, the appeal panel Chair, in accordance with the scheme of delegation, will be responsible for identifying members of the appeal hearing panel. | * Appeal hearing invite and outcome letters
 | [Appeal Hearing Invite Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-appeal-hearing-invite-letter/)[Appeal Hearing Outcome Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-appeal-hearing-outcome-letter/) |
| **Stage 3** – Where the required level of improvement is not achieved, a Stage 3 hearing will be convened. The Stage 3 hearing panel will consist of a Chair with the authority to dismiss in line with the scheme of delegation and an HR representative | * Management Statements of Case
* Stage 3 hearing invite letter
* Stage 3 hearing outcome letter
 | [Long Term - management statement of case](https://workforce.nhs.scot/supporting-documents/guide/workforce-policies-investigation-process-guide-for-investigators/)[Frequent Absence – management statement of case](https://workforce.nhs.scot/supporting-documents/guide/attendance-policy-guide-for-employees/)[Stage 3 Hearing Invite Letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-stage-3-hearing-invite-letter/)[Stage 3 hearing outcome letter](https://workforce.nhs.scot/supporting-documents/letter-template/attendance-policy-stage-3-hearing-outcome-letter/) |

**APPENDIX 2 – Case Example (frequent absence)**

Informal supports:

Ms Walters reached a trigger of 4 periods of absence at 11 days following her absence in September 2020. Management at that time met with Ms Walters to advise both triggers within the NHSScotland Attendance Policy had been reached and to offer any supports in supporting Ms Walters remain at work.

Ms Walters was met with informally on the 5th October 2020. At that time it was identified there were different reasons for absence however Ms Walters advised there were pressures at home and as her son had started a new school, she had picked up some general bugs from him. It was discussed if there were any supports which the service could offer. Ms Walters advised at this time she could not think of any supports but would be looking at her vitamin intake. Ms Walters did advise she felt the ward was quite warm at times however was unable to advise on any supports which might help her improve her attendance at work. Management agreed in respect of the general bugs there was nothing which could be offered, however suggested the supports of Occupational Health’s counselling service and financial assistance supports through the Board. Ms Walters was advised that should her pattern of absence continue, management may need to consider the formal stages of the NHSScotland Attendance policy.

Following a period of absence in November 2020, Ms Walters was met with for a return to work meeting. Ms Walters at the return to work was advised she had continued to hit the trigger points. Ms Walters was unable to advise on any supports which might help her improve her attendance at work. It was agreed that Ms Walters’s attendance would continue to be monitored.

Following a period of absence in February 2021, Ms Walters was advised she had continued to hit the trigger points as outlined in the NHSScotland Attendance policy and would be invited to attend a Stage 1 meeting as her levels of absence continued to cause concern and had not improved.

Stage 1:

A Stage 1 meeting was re-arranged to the 16th March 2021. Ms Walters was accompanied at the meeting by Mr Brian Cox. Ms Walters advised that she had increased her gym activity and was taking a new multivitamin that she felt was having a positive impact on her. Mr Cox asked the manager to be mindful she was a parent of a young child which may mean she picks up bugs from time to time. It was agreed that Ms Walters’s levels of attendance would be monitored over the next 3 month period and an improvement was expected.

At the mid-point review meeting on the 10th June 2021, Ms Walters advised she was feeling good. It was noted there had been a recent period of sickness absence. Ms Walters advised this was again due to picking up general bugs from her son. No other supports were identified or offered from Ms Walters to support her in her attendance at work.

A final Stage 1 meeting was held on the 27 September 2021. Ms Walters was accompanied by Mr Brian Cox. It was noted there had been a recent period of sickness absence. Ms Walters advised this was due to headaches/ migraines. It was discussed that Ms Walters’s attendance had not improved, instead Ms Walters had continued to hit the trigger points as outlined the NHSScotland Attendance policy. It was agreed that Stage 1 had not met its desired aim as Ms Walters attendance had not improved and a Stage 2 meeting would be arranged.

Stage 2:

A Stage 2 meeting was arranged for the 19th October 2021. Ms Walters was accompanied by Mr Brian Cox. Ms Walters explained since the last meeting she had received private counselling support and was feeling better. These sessions concluded the previous month. Ms Walters advised there were no other supports she could think would help support her and was keen to improve her attendance at work. Mr Cox asked if the manager could again be mindful she was a parent of a young child but also agreed there were no other supports which could be offered. Management were in agreement with this view. It was agreed by all parties that it was reasonable for there to be no absences aside normal annual leave. Management also encouraged Ms Walters to space out her annual leave more throughout the year as in previous discussions for the benefit of a rest and a break from work. It was agreed to meet again for a review in 3 months’ time.

At the mid-point review meeting on the 27th January 2022, Ms Walters advised she was feeling good. It was noted there had been a recent period of absence from November until January 2022. Ms Walters advised this was again due to picking up general bugs from her son. There were no treatment options and she had liaised throughout with her GP who put her on a couple of different medications. This was now resolved. No other supports were identified or offered from Ms Walters to support her in her attendance at work. Management agreed there were no other supports which they could put in place. It was noted that the last 3 periods of absence were related to Gastro-Intestinal problems. It was agreed a referral to Occupational Health would be made. A report was completed and response returned from Occupational Health that following a discussion with Ms Walters on the 14th February 2022 there were no other supports which management could put in place and noted the Gastro-intestinal issues had been resolved.

A final Stage 2 meeting was held on the 27 September 2021. Ms Walters was accompanied by Mr Brian Cox. Ms Walters advised she was feeling better and had had no further periods of absence since the last review meeting. It was discussed that although there were no recent absences, overall the pattern of absences had been consistent. The manager noted the possible outcomes of the Stage 3 hearing which had been discussed at the last meeting. It was noted Ms Walters was currently at a trigger point of 7 periods of absence totalling 112 days. It was again highlighted the impact on the ward and management had exhausted all options of support for Ms Walters. Ms Walters was advised that the Stage 2 process would be extended for a further 3 months.

**APPENDIX 3 - Examples of Reasonable Adjustments**

A list of possible reasonable steps which is not exhaustive would include;

* Changes to premises, such as relocating shelves for ease of reach, re design of workstation, installing a handrail, putting in ramps, widening doorways
* Modified or, Specialist equipment, such as adjustable desk, voice-activated software, dyslexia software, touchpads, ergonomic keyboard, screen magnifiers or, large print material
* Technical Communication Aids, such as amplified telephone, text phone or, radio microphone
* Provision of a Reader, Interpreter or Note-Taker
* Modified instruction or reference manuals
* More frequent breaks from sitting at a desk or using a computer where the employee suffers from a musculo-skeletal condition
* More frequent rest breaks where the employee is taking medication and tires easily
* Altering working hours/pattern
* Temporary or permanent change in working hours or pattern, such as later start and finish time, change from night shift to day shift where the employee has mobility impairment and this would help with travelling or, if the employee has a mental illness, for example
* Temporary or permanently reduced hours, for example, part time employment or job sharing
* Temporary change to tasks or duties
* Permanent re-allocation of tasks or some tasks to another employee where the task is only a minor element of the employee’s job or if it is only carried out occasionally
* Change of place of work or training, where it is feasible to move the employee’s job to another work location in such circumstances where the employee has limited mobility or uses a wheelchair
* Time off to attend medical appointments, therapy and treatment or, alternatively, altering the employee’s working hours (temporarily or permanently) to fit in with scheduled appointments or with the availability of a carer
* Permanent Redeployment to another suitable alternative post where the current post is unable to be adjusted to meet the needs of the employee. You should liaise with your HR representative prior to proceeding. Where there is redeployment to a post on a lower grade, the new post will not attract protection but will be subject to the salary, terms and conditions applicable to the new post
* Provision of additional supervision, mentor or buddy may be appropriate to support an employee with a mental impairment or physical condition.

**APPENDIX 4 - Occupational Health Example Questions**

**Long term absence:**

1. Currently the employee is off citing XX, are there any other health factors which management need to be aware of?
2. Is the employee currently fit to undertake their substantive role?
3. Does Occupational Health advise the employee may be fit to return to work in the foreseeable future?
4. If so, when would be a likely timescale for the employee to be able to return to work? i.e. weeks / months?
5. Is there any further support or adjustments that can be offered/ implemented to assist the employee to return to work?
6. If the employee is not fit to return to their role would reduction of working hours / redeployment be an appropriate option?
7. If redeployment is an appropriate option, can Occupational Health advise the grounds on which redeployment is being recommended?
8. Is the employee currently fit to participate in the redeployment process?
9. If not currently fit to participate in the redeployment process, what would be a likely timescale for the employee to be fit to participate in this process? i.e. weeks / months?
10. On return to work, will the employee require a phased return? If so, what would be a reasonable timescale for the phased return? Any factors which management should bear in mind when agreeing a phased return?
11. Given the duration of the employee’s absence, will the employee benefit from a period of refresher training?
12. Are there any reasonable adjustments that can be put in place to improve employee’s attendance and enable him/her to provide regular and effective service? If so, how long should these be implemented for prior to review?
13. Is there any other type of duties employee would be fit to undertake on return? If so, how long should these be implemented for prior to review?
14. Does employee’s condition mean employee is permanently unfit for his/her role as <<job title>>?
15. If Occupational Health considers the employee to be permanently unfit for any role, would Occupational Health consider eligible an application for ill-health retirement?
16. If permanently unfit to resume to any role, is ill health retirement an option (if staff member is a member of the NHS pension scheme)?

**Frequent/ short term absences**

1. Currently the employee has an underlying health condition XX, are there any other health factors which management need to be aware of?
2. Is the employee fit to undertake their substantive role?
3. Is the employee fit to provide regular and effective service?
4. If not, what are the medical reasons for this and what are the limitations of undertaking the role?
5. Are there any medical reasons to support redeployment as a suitable option? If so, what are the medical reasons and what areas would be suitable for redeployment?
6. Is there any support that can be put in place to support the employee to provide regular and effective service?
7. Are there any health factors preventing the employee providing regular and effective service?
8. Are there any personal or other factors preventing the employee providing regular and effective service?

**Employee absent during a conduct investigation**

* 1. Is the employee fit to be at work?
	2. Are there any further support/adjustments that can be offered?
	3. Is the employee receiving the appropriate medical care and support?
	4. Does the employee understand the allegations against them?
	5. Does the employee have the ability to understand the proceedings?
	6. Is the employee fit to attend a meeting under NHS Scotland’s Conduct Policy and procedure?
	7. Will it be detrimental to the employee’s health to attend a meeting?
	8. Can you provide guidance as to how best to proceed with the meeting whilst supporting the employee?
	9. If the employee is not fit to attend a meeting, can you please advise when they are likely to be fit to attend?
	10. If the employee is currently not fit to participate in attending the meeting, would the employee be fit to participate in any other capacity, i.e. submitting a statement in response to the allegations?

**Alcohol/Substance abuse**

* + 1. Does the employee feel they have an alcohol/ substance dependency?
		2. Has the employee received support / treatment relating to alcohol dependency?
		3. Does the employee have any underlying health issues?
		4. What support can the service provide to the employee whilst receiving treatment for alcohol dependency?
		5. Is it likely the employee will be able to provide regular and effective service following treatment?
		6. Is the employee willing to engage with support services?
		7. Is the employee fit to attend an investigatory meeting relating to allegations that they attended for work without being free from the effects of alcohol/substances?
		8. If not fit to attend, can you advise of a likely timescale for the employee to be fit to attend an investigatory meeting?
		9. What further support can be offered to the employee during the investigation process?

|  |
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| **APPENDIX 5a– Attendance Pro Forma – Frequent Absence** |
| **Formal Absence Review Meeting Notes – Frequent Absence**The below form can be used for Formal Absence Review Meetings regarding frequent absences: 4 or more episodes of absence or 8 days or more for short term absence. Line managers conducting the Formal Absence Review Meeting can use the below form to make notes throughout the meeting and ensure appropriate information is discussed and recorded. This information can then be used by the Line Manager for completing the appropriate Formal Absence Review Outcome Letter Template. |
| **1** | **Employee’s Details** |  |
|  |  |  |
| 1.1 | Employee’s Name: |  |
|  |  |  |
| 1.2 | Employee’s Pay Number: |  |
|  |  |  |
| 1.3 | Job Title & Band: |  |
|  |  |  |
| 1.4 | Place of Work: |  |
|  |  |  |
| 1.5  | Employee’s Start Date with NHSGGC: |  |

|  |  |  |
| --- | --- | --- |
| **2** | **Meeting Details****Stage 1** **Stage 2****Stage 3** |  |
|  |  |  |
| 2.1 | Manager’s Name Conducting Meeting: |  |
|  |  |  |
| 2.2 | Manager Accompanied: | Yes No  |
|  |  |  |
| 2.3 | Name of Companion/Representative: |  |
|  |  |  |
| 2.4 | Employee Accompanied: | Yes No |
|  |  |  |
| 2.5 | Name of Companion/Representative: |  |
|  |  |  |
| 2.6 | Relationship to Employee (if applicable): |  |
|  |  |  |
| 2.7 | Name of Trade Union/ Professional Organisation (if applicable): |  |
|  |  |  |
| 2.8 | Date of Meeting: |  |
|  |  |  |
| 2.9 | Time of Meeting: |  |
|  |  |  |
| 2.10 | Location of Meeting: |  |

|  |  |  |
| --- | --- | --- |
| **3** | **Short-term / Frequent Absence Checklist** |  |
|  |  |  |
| 3.1 | Absence Reporting Procedures followed: | Yes No |
|  |  |  |
| 3.2 | Fit Notes submitted on time:*(if applicable)* | Yes No |
|  |  |  |
| 3.3 | Return to Work Interviews Completed: | Yes No |
|  |  |  |
| 3.4 | Return to Work Interviews Documented: | Yes No |
|  |  |  |
| 3.5 | Employee aware of Attendance Management Policy: | Yes No |
|  |  |  |
| 3.6 | Trigger Point discussed: | Yes No |

|  |  |
| --- | --- |
| **4. Absences** |  |
|  | From: | To: | Total Consecutive Days: | Reason: |
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| 4.1 | Employee confirmed absences are recorded above were correct?  | Yes No*If no, please detail the amendments to be made and ensure these are corrected on SSTS:* |
|  |  |  |
| 4.2 | Total number of episodes:Total number of days: |  |

|  |  |  |
| --- | --- | --- |
| **5** | **Summary of Discussions:** |  |
|  |  |  |
| **5.1** | Does the employee have any underlying medical conditions? | Yes No *If yes, please detail:* |
|  |  |  |
| **5.2** | Have any of the absences in the last 12 months been related to the underlying medical condition? | Yes No *If yes, please detail:* |
|  |  |  |
| **5.3** | Is the employee currently going through and treatment or investigations for the underlying medical condition? | Yes No *If yes, please detail:* |
|  |  |  |
| **5.4** | If no underlying medical conditions, were the absences unrelated and self limiting? | Yes No *If yes, please detail:* |
|  |  |  |
| **5.5** | Are there any patterns regarding the employee’s absence? | Yes No *If yes, please detail:* |
|  |  |  |
| **5.6** | Management Referral to Occupational Health:*If yes, please ensure employee is aware of reasons for referral* | Yes No OHS Physio Counselling |
| **5.7** | **Discuss and agree any support that could be offered to assist:***Please record specific details under ‘Additional Information’* | Change of hoursYes No Change of shift patternYes No Change of duties (perm/ temp)Yes No Equipment requiredYes No Other: |

|  |  |
| --- | --- |
|  |  |
| **6. Additional Information:** |  |
|  |  |
| **7. Next Steps:** | Expected attendance levels met, process concluded.Expected attendance levels not met due to extenuating circumstances. Extend review period until …………… Expected attendance levels not met, progress to next stage:Refer to Formal Stage 2:Refer to Formal Stage 3: Other – please detail:  |
|  |  |

|  |  |
| --- | --- |
| **8. Outcome Letter:** | ***Link to template letter*** Date sent to employee:  |

**APPENDIX 5b –** **Attendance Pro Forma – Long Term Absence**

|  |
| --- |
| **Formal Absence Review Meeting Notes – Long Term Absence**The below form can be used for Formal Absence Review Meetings regarding long term absences: absent for 29 calendar days or more.Line managers conducting the Formal Absence Review Meeting can use the below form to make notes throughout the meeting and ensure appropriate information is discussed and recorded. This information can then be used by the Line Manager for completing the appropriate Formal Absence Review Outcome Letter Template. **1 Employee’s Details** |
|  |  |  |
| 1.1 | Employee’s Name: |  |
|  |  |  |
| 1.2 | Employee’s Pay Number: |  |
|  |  |  |
| 1.3 | Job Title & Band: |  |
|  |  |  |
| 1.4 | Place of Work: |  |
|  |  |  |
| 1.5 | Employee’s Start Date with NHSGGC: |  |

|  |  |  |
| --- | --- | --- |
|  | **2 Meeting Details** |  |
|  |  |  |
| 2.1 | Manager’s Name Conducting Meeting: |  |
|  |  |  |
| 2.2 | Manager Accompanied: | Yes No  |
|  |  |  |
| 2.3 | Name of Companion/Representative: |  |
|  |  |  |
| 2.4 | Employee Accompanied: | Yes No |
|  |  |  |
| 2.5 | Name of Companion/Representative: |  |
|  |  |  |
| 2.6 | Relationship to Employee (if applicable): |  |
|  |  |  |
| 2.7 | Name of Trade Union/ Professional Organisation (if applicable): |  |
|  |  |  |
| 2.8 | Date of Meeting: |  |
|  |  |  |
| 2.9 | Time of Meeting: |  |
|  |  |  |
| 2.10 | Location of Meeting: |  |

|  |  |
| --- | --- |
| **3 Trigger** |  |
|  |  |
| Long-term Absence (more than 29 calendar days): |  |
|  |  |
| Other (please detail): *(work related stress etc)* |  |
|  |  |

|  |  |
| --- | --- |
| **4 Absences** |  |
|  | From: | To: | Total Consecutive Days: | Reason: |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| 4.1 | Confirm dates and reason for current episode of absence: |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **5** | **Long-term Absence Checklist** |   |
|  |  |  |
| 5.1 | Absence Reporting Procedures followed: | Yes No |
|  |  |  |
| 5.2 | Employee aware of Attendance Policy: | Yes No |
|  |  |  |
| 5.3 | Fit Notes submitted on time: | Yes No |
|  |  |  |
| 5.4 | Date next Fit Note due: |  |
|  |  |  |
| 5.5 | First Day of Absence: |  |
|  |  |  |
| 5.6 | Reason for Absence: |  |
|  |  |  |
| 5.7 | Half Pay Date: |  |
|  |  |  |
| 5.8 | Employee Aware of Half Pay Date: | Yes No |
|  |  |  |
| 5.9 | Nil Pay Date: |  |
|  |  |  |
| 5.10 | Employee Aware of Nil Pay Date:Date of half and nil pay if known | Yes No |
|  |  |  |
| 5.11 | Management Referral to Occupational Health: | Yes No |
|  |  | OHS Physio Counselling |
| 5.12 | Date Referred |  |
|  |  |  |
| 5.13 | Self-referral to Occupational Health: | Yes No |
|  |  | OHS Physio Counselling |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **6** | **Summary of Discussions:** |  |
|  |  |  |
| 6.1 | Does the employee have any underlying medical conditions? | Yes No *If yes, please detail:* |
|  |  |  |
| 6.2 | Have there been any other absences in the related to the underlying medical condition? | Yes No *If yes, please detail:* |
|  |  |  |
| 6.4 | Is the employee currently going through any treatment or investigations for the underlying medical condition? | Yes No *If yes, please detail:* |
|  |  |  |
| 6.5 | Is the absence work related? | Yes No *If yes, please detail:* |
|  |  |  |
| 6.6 | Is the absence a result of an accident at work? | Yes No *If yes, please detail:* |
|  |  |  |
| 6.7 | If yes to 6.6, has a DATIX been completed? | Yes No *If no, please detail why:* |
|  |  |  |
| 6.8 | If absent due to work related stress, has a date been arranged to complete a stress risk assessment?[Stress in the Workplace](https://scottish.sharepoint.com/%3Au%3A/r/sites/GGC-SHaW/SitePages/Health%20%26%20Safety/A-Z%20Pages/StressintheWorkplace.aspx?csf=1&web=1&e=EmCKgn) | Yes No *If yes, add date:**If no, please detail why:* |
|  |  |  |
| 6.9 | **Discuss and agree any support that could be offered to assist a return to work:***Please record specific details under ‘Additional Information’* | Change of hoursYes No Change of shift patternYes No Change of duties (perm/ temp)Yes No Equipment requiredYes No Other: |

|  |  |
| --- | --- |
| **7. Additional Information:****7.1 Check annual leave entitlement has been discussed?** | *Includes if there has been any organisational or departmental updates for you to give to the employee if appropriate:**Staff must have received the Statutory Entitlement of leave of 28 days, including Public Hols, (pro-rata for part time):**Statutory Entitlement is calculated as follows:* *Contracted weekly hours x 5.6 weeks = X hours* |

|  |  |
| --- | --- |
|  |  |
| **8. Next Steps:** | Date of next formal absence review meeting (if required): |

|  |  |
| --- | --- |
| **9. Outcome Letter:** | ***Link to template letter*** ***Final absence review*** ***Ill-health***Date sent to employee:  |

**APPENDIX 6 – Compliance Letters**

**Letter A - Template-1-failure-to-comply-with-absence-reporting-procedures-awol-1-v2**

|  |  |
| --- | --- |
|  | <<Department>> |
|  | <<Address 1>> |
|  | <<Address 2>> |
|  | <<Address 3>> |
|  | <<Postcode>> |
|  |  |
| Private and Confidential | Direct Line: |  |
| <<Employee Name>> | Fax: |  |
|  |  |  |
|  | Date: |  |
|  | Your ref: |  |
|  | Our ref: |  |

Dear **<<INSERT NAME>>,**

**Failure to comply with Absence Reporting Procedures**

You have been absent from work since **<<ENTER DATE>>.** I am concerned that, to date, no notification has been received as to why you have not reported for work and I am worried regarding your safety and welfare.

I attempted to contact you on the first day of your absence and telephoned you at **<<INSERT TIME>>** however you **were unavailable/the number was not obtainable** and **I** **left a message on your voicemail / left a message with your spouse, mother, father etc. <<DELETE AS REQUIRED>>.**

I would ask that you contact me as soon as possible to discuss the reason you have not attended work and your likely return to work date in order that I may support you in returning to work. My contact details are noted above.

Please contact me by **<< INSERT DATE>>** to discuss the reasons for your absence and to confirm your safety and welfare.

Please be aware that continued failure to make contact will result in your absence being recorded as unauthorised, and your pay will be stopped. The matter will then be formally investigated in accordance with the Once for Scotland Conduct Policy, due to non-compliance with the Once for Scotland Attendance Management Policy. This is considered a breach of a contractual requirement of your employment with NHS Greater Glasgow and Clyde.

Furthermore, failure to respond to this letter may be regarded as non-compliance with a reasonable management request

Whilst I have no indication at this time as to the reason for your absence, please find enclosed details of the Occupational Health Services if you wish to make a self referral or an appointment with the Counselling Services: telephone number **0141 201 0600.**

A copy of the Board’s Attendance Management Policy and Procedure isavailable on HR Connect.

If you have any queries regarding the content of this letter, please do not hesitate to contact me on **<<INSERT TEL NO>>**.

Yours sincerely,

**<<LINE MANAGER NAME>>**

**<<JOB TITLE>>**

**<<SERVICE AREA >>**

**APPENDIX 6 – Compliance Letters**

**Letter B - Template-2-failure-to-comply-with-absence-reporting-procedures-awol-1-v2**

|  |  |
| --- | --- |
|  | <<Department>> |
|  | <<Address 1>> |
|  | <<Address 2>> |
|  | <<Address 3>> |
|  | <<Postcode>> |
|  |  |
| Private and Confidential | Direct Line: |  |
| <<Employee Name>> | Fax: |  |
|  |  |  |
|  | Date: |  |
|  | Your ref: |  |
|  | Our ref: |  |

Dear **<<INSERT NAME>>**

**Failure to comply with Absence Reporting Procedures**

I refer to my previous letter dated **<<INSERT DATE>>**

Unfortunately you have not responded to my request that you contact me. I remain concerned about your safety and welfare and that you have failed to comply with the absence reporting procedures.

I attempted to contact you by telephone on **<<ENTER DATE>>** at **<<INSERT TIME>**> however you were unavailable. I left a message **on your voicemail / left a message with your spouse, mother, father etc. <<DELETE AS REQUIRED>>**

As advised in my previous letter, you have been absent from work since **<<INSERT DATE>**> and failure to provide notification of your absence at work is a breach of the Absence Reporting Procedures under the Board’s Attendance Management Policy. Therefore, your current absence period is deemed unauthorised. As explained in my previous letter, as I have not received any communication from you, I have notified Payroll to stop your pay from the date your unauthorised absence commenced.

I would ask that you contact me as soon as possible to discuss the reason you have not attended work and your likely return to work date in order that I may support you in returning to work. My contact details are noted above.

Please contact me by **<< INSERT DATE>>** to discuss the reasons for your absence and to confirm your safety and welfare.

I also stated in my previous letter that failure to report your reason for absence, in line with the Once for Scotland Attendance Management Policy, is viewed by the organisation as a failure to comply with a contractual requirement. Additionally, failure to respond to my initial letter may be considered a failure to comply with a reasonable management request.

Your actions may be deemed misconduct under the Once for Scotland Conduct Policy, which could lead to disciplinary action. The matter will now be formally investigated in accordance with the Once for Scotland Conduct Policy, and you will receive further details in due course.

A copy of the Once for Scotland Conduct Policy and Attendance Management Policy and Procedure is available on HR Connect.

Whilst I have no indication at this time as to the reason for your absence, please find enclosed details of the Occupational Health Services if you wish to make a self referral or an appointment with the Counselling Services: telephone number **0141 201 0600.**

If you have any queries regarding the content of this letter, please do not hesitate to contact me on **<<INSERT TEL NO>>**.

Yours sincerely,

**<<LINE MANAGER NAME>>**

**<<JOB TITLE>>**

**<<SERVICE AREA >>**

**Letter C - Template-3-non-submission-of-fit-note-1st-letter**

|  |  |
| --- | --- |
|  | *<<Address 1>>* |
|  | <<Address 2>> |
|  | <<Address 3>> |
|  | <<Postcode>> |
|  |  |
| Private and Confidential | Direct Line: |  |
| <<Employee Name>> | Fax: |  |
| <<Address 1>> |  |  |
| <<Address 2>> | Date: |  |
| <<Address 3>> | Your ref: |  |
| <<Postcode>> | Our ref: |  |

Dear <<INSERT NAME>>

**NON SUBMISSION OF FIT NOTE**

I am contacting you in relation to your current period of sickness absence which commenced on **<<INSERT DATE>>.**

I am concerned that you have failed to provide a fit note**/or**, your last fit note expired on  **<<INSERT DATE>>** and I have not yet received a further fit note covering absence from this date. I attempted to contact you on **<<INSERT DATE>>** and telephoned you at **<insert time> however you were unavailable/ I left a message on your voicemail / left a message with your spouse, mother, father etc. <<DELETE AS REQUIRED>>**

I would urge you to contact me immediately on **<<INSERT NUMBER>>** to confirm that you have obtained appropriate medical certification and that it is in the process of being submitted.

I would like to remind you that in terms of the Attendance Management Policy you are required to ensure that periods of absence of 8 days or more are covered with the appropriate fit note and when this expires, another is needed if you have not returned to work. Failure to submit a fit note may result in your absence being recorded as unauthorised leave for which you will not receive occupational sick pay.

I trust that this is an oversight and that you will make arrangements to submit your fit note by return. Equally, if your certificate has now been sent can you please ensure future certificates are posted / submitted timeously to avoid any misunderstanding.

Please note that failure to submit fit notes, in line with the Once for Scotland Attendance Management Policy, is viewed by the organisation as a breach of a contractual requirement. Additionally, failure to respond to this letter may be considered non-compliance with a reasonable management request.

Both matters may be regarded as misconduct and could result in further action in accordance with the Once for Scotland Conduct Policy and Procedure.

A copy of the Attendance Management Policy and Procedure is available on HR Connect.

If you have any queries regarding the content of this letter, please do not hesitate to contact me on **<<INSERT TEL NO>>**.

Yours sincerely,

**<<LINE MANAGER NAME>>**

**<<JOB TITLE>>**

**<<SERVICE AREA >>**

**Letter D - Template-3-non-submission-of-fit-note-1st-letter**

|  |  |
| --- | --- |
|  |  |
|  | Direct Line: |  |
| Private and Confidential | Fax: |  |
| <<Employee Name>> |  |  |
|  | Date: |  |
|  | Your ref: |  |
|  | Our ref: |  |
|  |  |  |

Dear <<INSERT NAME>>

**FAILURE TO SUBMIT FIT NOTE**

Further to my letter of **<<INSERT DATE>>** I have still not received your fit note due on **<<INSERT DATE>>** to cover the period from **<<INSERT DATE>>.** I did request that you can contact me and you have failed to do so. I therefore write to advise you that your absence has been deemed unauthorised and I have notified the Pay Office to stop your Occupational Sick pay.

I remain concerned about your welfare and by your failure to maintain contact with the department. I attempted to contact you on **<<INSERT DATE>>** and telephoned you at **<<INSERT TIME>>** **however you were unavailable/ I left a message on your voicemail / left a message with your spouse, mother, father etc.** **<<DELETE AS REQUIRED>>**

As advised in my previous letter, failure to submit a fit note is a breach of your responsibilities under the absence reporting procedures as outlined in the Attendance Management Policy.

As stated in my previous letter, failure to report your absence in line with the Once for Scotland Attendance Management Policy is considered a breach of a contractual requirement.

Failure to respond to both my initial letter and this letter may also be regarded as non-compliance with a reasonable management instruction.

Both matters may be deemed misconduct and could result in further action under the Once for Scotland Conduct Policy and Procedure.

**DELETE AS APPROPRIATE:**

**For employees who have now resumed to work:**

In order that I can understand your reasons for failing to follow the policy, I would request that if you would attend an investigation meeting at **<<INSERT TIME>>** on **<<INSERT DAT**E**>>** in **<< INSERT LOCATION>>** convened under the Board’s Disciplinary Policy.

**For employees remain on sick leave:**

In order that I can understand your reasons for failing to follow the policy and to discuss your continuing episode of absence, I would request that if you would attend a Formal Absence Review meeting at **<<INSERT TIME>>** on **<<INSERT DAT**E**>>** in **<< INSERT LOCATION>>** convened under the Board’s Attendance Policy.

Please confirm your attendance at this meeting by contacting **<<INSERT NAME>>** by telephone on **<<INSERT NUMBER>>.**

You are entitled to be represented by a Trade Union / Professional Organisation representative or accompanied by a colleague, friend or relative not acting in a legal capacity.

Please let me know before the meeting if you need me to make any special arrangements to enable you to attend the meeting.

A copy of the *Once for Scotlan’s Conduct Policy* and *Attendance Management Policy and Procedure* is available on HR Connect.

If you have any queries regarding the content of this letter, please do not hesitate to contact me on **<<INSERT TEL NO>>**.

Yours sincerely

**<<LINE MANAGER NAME>>**

**<<JOB TITLE>>**

**<<SERVICE AREA>>**

# APPENDIX 7 – Example Outcome Letters

# Letter A

**STRICTLY PRIVATE & CONFIDENTIAL**

Mr Paul Potter

4 Privet Drive

Little Whining

Nimbus

HP 2000

Dear Mr Potter

**Attendance Meeting - Outcome**

Thank you for meeting with me and Barry Allen, HR Assistant on 5th April 2021 via MS Teams, to discuss how you can be supported during your absence.

At the meeting I was supported by Barry Allen, HR Assistant. At the meeting you were not represented and you were happy to proceed on that basis.

Here is a summary of the discussion and actions agreed:

* In accordance with NHS Scotland Attendance Policy and Procedure we met to review your current period of absence and provide you with the necessary support as your absence has continued beyond 29 days.
* The purpose of this meeting was to discuss your current episode of long term sickness absence for which you have been absent since 1st March 2021 due to anxiety/ stress/ depression.
* You confirmed your current fit note is dated until the 30th May 2021 and the reason stated is anxiety and stress, which relates to personal circumstances and is not work related.
* You highlighted you are still struggling with your mental health which is stopping you living a normal life and undertaking daily tasks.
* You confirmed you attended Occupational Health on the 23rd January 2022 who have directed you to do the CBT, and you are now awaiting an appointment to undertake this.
* Occupational Health had also discussed counselling with you but as you had been undertaking this privately felt it would be beneficial to stay with the service you are with.
* You were attending private counselling but had to stop this due to some personal circumstances. You are hoping to restart this again soon.
* You believe that you are unable to return at present and are aware you are currently in a half pay situation from the 15th February and go on to a nil pay date on the 15th June.
* You have started struggling with panic attacks this year, which have delayed you returning to work.
* You stated your GP has started you on medication which can help with these panic attacks but it does not always work.
* You also informed us that your GP has referred you to a Psychologist, for which you are currently awaiting an appointment
* It was agreed that we would meet again within 4 to 6 weeks to review your progress and any further support that can be offered to support your rehabilitation and return to work. We agreed to meet again on 2nd March and an Attendance Meeting invite letter will be sent to you confirming the arrangements for this meeting.

If you have any queries or would find it helpful to discuss these issues further, please do not hesitate to contact me.

Yours sincerely

Susan Snape

Lead Nurse

CC Barry Allen, HR Assistant

**Letter B**

**STRICTLY PRIVATE & CONFIDENTIAL**

Mr Paul Potter,

4 Privet Drive

Little Whining

Nimbus

HP 2000

Dear Mr Potter

**Attendance Meeting - Outcome**

Thank you for meeting with me and Barry Allen, HR Assistant on 2nd July 2021 to discuss how you can be supported during your absence.

At the meeting I was supported by Barry Allen, HR Assistant. At the meeting you were not represented and you were happy to proceed on that basis

Here is a summary of the discussion and actions agreed:

* In accordance with NHS Scotland Attendance Policy and Procedure we met to review your current period of absence and provide you with the necessary support as your absence has continued beyond 29 days.
* We have previously met on 5th April 2021 to discuss your absence and any support required.
* The purpose of this meeting was to discuss your current episode of long term sickness absence for which you have been absent since 1st March 2021 due to anxiety/ stress/ depression, which relates to personal circumstances and is not work related.
* You highlighted that at present your health is improving and are now managing to get out yourself at times, but you do occasionally have dizzy spells and are now getting your bloods taken for this.
* You confirmed that you have started undertaking CBT and are finding this useful.
* You highlighted that you are now attending a counsellor you had previously been involved with and feel this is more beneficial.
* You have been attending with this counsellor for around 3 weeks and feel that with more time working with them it will eventually help you return to work which you do not feel you are presently ready for, but may be in a further few weeks.
* We agreed that it was beneficial to give you more time with your counsellor in the hope this improves you to a point to return to work.
* You stated that you are beginning to feel an improvement from the medication you have been taking and hope this leads you back to work as this is your aim to get some normality in your life.
* It was agreed that we would meet again within 4 to 6 weeks to review your progress and any further support that can be offered to support your rehabilitation and return to work. We agreed to meet again on 1st September 2021 and an Attendance Meeting invite letter will be sent to you confirming the arrangements for this meeting.

If you have any queries or would find it helpful to discuss these issues further, please do not hesitate to contact me.

Yours sincerely

Susan Snape

Lead Nurse

CC. Barry Allen, HR Assistant

**Letter C**

**STRICTLY PRIVATE & CONFIDENTIAL**

Mr Paul Potter

4 Privet Drive

Little Whining

Nimbus

HP 2000

Dear Mr Potter

**Attendance Meeting - Outcome**

Thank you for meeting with me and Barry Allen, HR Assistant on 5th April 2022, in Meeting Room 1, New Victoria ACH to discuss how you can be supported during your absence.

At the meeting I was supported by Barry Allen, HR Assistant. At the meeting you were not represented and you were happy to proceed on that basis.

Here is a summary of the discussion and actions agreed:

* In accordance with NHS Scotland Attendance Policy and Procedure we met to review your current period of absence and provide you with the necessary support as your absence has continued beyond 29 days.
* We have previously met in April, July, September, December 2021 and also lastly on 15th February 2022 to discuss your absence and any support required.
* The purpose of this meeting was to discuss your current episode of long term sickness absence for which you have been absent since 1st March 2021 due to anxiety/ stress/ depression.
* You confirmed your current medical certificate is dated until the 10th May 2022 and the reason stated for the absence is anxiety and stress, which relates to personal circumstances and is not work related.
* You highlight how you are still continuing to attend your counsellor and between yourself and the counsellor are aiming at a return to work at the beginning of May 2022.
* You believe you have made more progress since you returned to this counsellor who you have previously worked with.
* You stated you are feeling better in yourself and are beginning to undertake more normal activities in your daily life.
* We informed you that if you return to work then you will be entitled to a phased return to ease you back in to the working environment. This would consist of up to 4 weeks special leave and then utilising annual leave to extend, if required.
* We agreed to do an Occupational Health referral in relation to any other supports and adjustments that may benefit you and also to help plan a phased return to work.
* You stated at present there was no further support we could offer you at this time.
* We agreed to meet again on the 6th May 2022 to hopefully discuss a planned phased return for you.
* However, I must advise that if you remain unfit to return to work, based on your continued episode of long term absence, senior management will be asked to consider whether your level of attendance can continue to be sustained by the service and that one potential cause of action considered may be a referral to a Stage 3 hearing in accordance with NHS Scotland’s Attendance. This may include termination of your Contract of Employment on the grounds of ill-health.

If you have any queries or would find it helpful to discuss these issues further, please do not hesitate to contact me.

Yours sincerely

Susan Snape

Lead Nurse

CC Barry Allen, HR Assistant

**Letter D - Stage 1 Initial Example**

STRICTLY PRIVATE & CONFIDENTIAL

John Smith

42 Wallaby Way

Sydney

Date of issue: 12/03/2025

Dear John,

**Stage 1 Meeting - Outcome**

Thank you for meeting with me on 01/03/2025.

At the meeting you were not represented or accompanied and you were happy to proceed on that basis.

During the meeting we reviewed and discussed your level of absence from work and how the expected attendance level can be achieved.

We confirmed that all return to work documentation had been completed following any period of sickness absence and you note that you are aware of the NHSScotland Attendance Policy and how to access it.

We discussed the expected standards of attendance for the NHS in Scotland and that where these levels are not achieved, this may lead to decisions being made in relation to employment status including dismissal, if appropriate. The following triggers are outlined in the NHSScotland Attendance Policy to prompt a review of support required:

* 4 separate episodes of absence in a rolling twelve month period, OR
* short term absences totalling 8 or more working days within a rolling 12 month period, OR
* longer term absence of 29 calendar days or more.

Over the past 12-rolling months you have had 8 episodes of absences totalling 66 days. I have included a table overleaf of your sickness absence history over the previous 12-rolling months.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Absence Commenced:** | **Date Absence Ended:** | **Total Duration of Absence:** | **Reason for Absence:** |
| 25/03/2024 | 25/03/2024 | 1 Day | Gastro |
| 15/04/2024 | 19/04/2024 | 5 Days | Migraine |
| 30/04/2024 | 30/04/2024 | 1 Day  | Migraine  |
| 30/06/2024 | 15/08/2024 | 46 Days  | Stress/Anxiety |
| 01/09/2024 | 03/09/2024 | 3 Days  | Gastro  |
| 10/11/2024 | 14/11/2024 | 4 Days | Migraine  |
| 24/12/2024 | 28/12/2024 | 5 Days | Cold/Flu |
| 14/02/2025 | 14/02/2025 | 1 Day | Tooth Ache |

We discussed your absences in the last 12 months. You advised that you have suffered with Migraines since you were 21. Recently you have changed your medication and you now take Amitriptyline as a preventative measure. Since starting Amitriptyline in November 2024, you have noted an improvement in your migraines. We discussed a DSE assessment due to the strain that screen time may put on your eyes. I have encouraged you to take regular screen breaks and to also ensure that you have regular appointments with the opticians. You advised that you have an appointment at the opticians on 16/03/2025.

You also note that you have a diagnosis of stress, anxiety and depression. This is a recent diagnosis which you advised followed the breakdown in your marriage. You have sought support from your GP and local support services to help you to manage your mental health conditions at this time. Recently your GP added you to the waiting list for counselling but you were advised that there would be a significant wait time for an appointment. The GP has also prescribed 20mg Fluoxetine which you feel has been beneficial at this time. Wellbeing tools and resources can be found via the Occupational Health webpage on HR Connect. I advised that our Occupational Health service may be able to see you sooner than the normal NHS waiting list. To make a self-referral to our Occupational Health counselling services, please call: 0141 277 7623. You advised that you will make a self-referral tomorrow. If you require any support to make this referral, please let me know.

You were also advised of the Workplace Adjustments Passport. The Workplace Adjustment Passport aims to support employees with a disability, health condition or diversity in the workplace to have a great experience at work. This can be used to support employees within their current workplace or when moving between departments and / or roles. A copy of the Workplace Adjustments Passport can be found here: <https://www.nhsggc.scot/downloads/workplace-adjustment-passport-3/>

At this meeting we agreed:

* You suffer with migraines but since starting Amitriptyline in November 2024 they have been better managed.
* You have an upcoming optician’s appointment on 16/03/2025.
* We agreed to carry out a DSE Assessment.
* I have encouraged you to take regular screen breaks.
* You have underlying mental health conditions and you are currently receiving support and treatment.
* We discussed a self-referral to our Occupational Health Counselling service and you plan to make a self-referral.
* We discussed the workplace adjustments passport which may be beneficial to document any ongoing reasonable adjustments to support you in the workplace.
* You feel that no additional supports or adjustments would allow you maintain and improve your attendance at work at this time.
* I advised that your period of review will start from today (01/03/2025) and your attendance will be monitored for the next six months over which time I expect to see a reasonable and significant improvement in your attendance. We will meet for a mid-review meeting at 3 months. Your Formal Stage 1 Mid-Review meeting is scheduled for 12/06/2025 at 1pm. This meeting will be held in my office.
* In the event that your absences continue to be of concern, your Final review may be brought forward and should there not be a reasonable improvement in your attendance, your case may be progressed to a Stage 2.

In line with our discussion we will meet again in June 2025 to review progress. If in the meantime you have any queries, please do not hesitate to contact me.

Yours sincerely

Susan Snape

Lead Nurse

# Letter E - Stage 1 Mid Example

STRICTLY PRIVATE & CONFIDENTIAL

John Smith

42 Wallaby Way

Sydney

Date of issue: 12/06/2025

Dear John Smith

**Stage 1 Mid Review Meeting – Outcome**

Thank you for meeting with me on 12/06/2025 to discuss your attendance at work.

At the meeting you were not represented or accompanied and you were happy to proceed on that basis.

During the meeting we reviewed and discussed your level of absence from work and how the expected attendance level can be achieved.

We discussed the expected standards of attendance for the NHS in Scotland and that where these levels are not achieved, this may lead to decisions being made in relation to employment status including dismissal, if appropriate. The following triggers are outlined in the NHSScotland Attendance Policy to prompt a review of support required:

* 4 separate episodes of absence in a rolling twelve month period, OR
* short term absences totalling 8 or more working days within a rolling 12 month period, OR
* longer term absence of 29 calendar days or more.

Since our last meeting on 01/03/2025 there has been 3 further occasions of absence totalling 13 days.

I have included a table below of your sickness absence history over the previous 12-rolling months. I have also highlighted your two additional absences since we last met.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Absence Commenced:** | **Date Absence Ended:** | **Total Duration of Absence:** | **Reason for Absence:** |
| 30/06/2024 | 15/08/2024 | 46 Days  | Stress/Anxiety |
| 01/09/2024 | 03/09/2024 | 3 Days  | Gastro  |
| 10/11/2024 | 14/11/2024 | 4 Days | Migraine  |
| 24/12/2024 | 28/12/2024 | 5 Days | Cold/Flu |
| 14/02/2025 | 14/02/2025 | 1 Day | Tooth Ache |
| 04/03/2025 | 17/03/2025 | 7 Days | Stress/Anxiety  |
| 18/04/2025 | 21/04/2025 | 4 Days | Stress/ Anxiety  |
| 29/05/2025 | 30/05/2025 | 2 Days | Gastro  |

Since our last meeting, you have had no further episodes of migraines. You also had your eyes tested on 16/03/2025 and you picked up a new pair of prescription glasses. We completed the DSE assessment shortly after your last meeting and you have been taking regular screen breaks which has been beneficial.

One of your further absences has been related to your underlying health condition of stress/anxiety. You confirmed that your stress/anxiety is not work-related and you have also made a self-referral to our Occupational Health Counselling service. Last week you were triaged by the counselling service and you have now been added to the waiting list. You also advised that your GP has recently changed your anti-depressants. You started taking 40mg Fluoxetine as of last week. Since changing your medication, you have experienced increased anxiety but your GP notes that this is normal when changing medication.

I note that you have had numerous periods of absence relating to Gastro illnesses. You advised that you have had food positioning and you also caught a few viruses. I re-iterated the importance of good hand hygiene with the use of proper hand washing techniques.

We have also completed the Workplace Adjustments Passport which can be reviewed yearly or when there has been a change to your underlying health conditions. You agreed that it has been beneficial to document your underlying health conditions and reasonable adjustments in place. We explored if there were any further reasonable adjustments that could be put in place to maintain your attendance at work, you advised that no additional adjustments are required at this time. I have outlined your current adjustments below:

* Regular screen breaks to reduce strain on your eyes.
* Switch to non-computerised duties during heightened periods of migraines.
* Time away for counselling appointments when required.
* Hybrid working when required to support your mental health.

We agreed that I would make a management referral to Occupational Health in addition to your self-referral to the counselling service. This is to establish if there are any further reasonable adjustments that may aid you to maintain your attendance at work.

I asked if a change to work pattern or hours would be beneficial to you at this time. You advised that this is not something you wish to consider as this would have too much of a financial impact.

At this meeting we discussed:

* Supports and adjustments listed above may help you to maintain your attendance in the workplace.
* There has been a change to your treatment for your mental health. Whilst you have noted an increase in your anxiety, your GP notes that this is often an initial side effect of changing medication.
* You have made a referral to our Occupational Health Counselling Service and you’ve recently been triaged. I will support you with time off for these appointments once they have been scheduled.
* We agreed that a management referral will be submitted to Occupational Health to explore any additional reasonable adjustments.
* We will meet again for your Stage 1 Final Absence review. This meeting has been scheduled for 12/09/2025 at 1pm. This meeting will be held in my office.

In line with our discussion we will meet again on 12th September 2025 to review progress. If in the meantime you have any queries, please do not hesitate to contact me.

Yours sincerely

Susan Snape

Lead Nurse

Letter F - Stage 1 Final Example

STRICTLY PRIVATE & CONFIDENTIAL

John Smith

42 Wallaby Way

Sydney

Date of issue: 12/09/2025

Dear John Smith,

**Stage 1 Final Review – Outcome**

Thank you for meeting with me on 12/09/2025. We reviewed and discussed the agreed expected levels of attendance and whether these have been achieved, and the impact of any support on your attendance.

At the meeting you were not represented or accompanied and you were happy to proceed on that basis.

Since our last meeting on 12/06/2025 there has been 4 further occasions of absence totalling 24 days.

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Absence Commenced:** | **Date Absence Ended:** | **Total Duration of Absence:** | **Reason for Absence:** |
| 10/11/2024 | 14/11/2024 | 4 Days | Migraine  |
| 24/12/2024 | 28/12/2024 | 5 Days | Cold/Flu |
| 14/02/2025 | 14/02/2025 | 1 Day | Tooth Ache |
| 04/03/2025 | 17/03/2025 | 7 Days | Stress/Anxiety  |
| 18/04/2025 | 21/04/2025 | 4 Days | Stress/ Anxiety  |
| 29/05/2025 | 30/05/2025 | 2 Days | Gastro  |
| 13/06/2025 | 13/06/2025 | 1 Day | Tooth Ache |
| 16/06/2025  | 01/07/2025 | 16 Days | Musculoskeletal |
| 23/07/2025 | 25/07/2025 | 3 Days | Stress/Anxiety |
| 02/09/2025 | 05/09/2025 | 4 Days | Cold/Flu |

Over the last 12 rolling months you have had 10 Occasions of absences totalling 47 days. Your Formal Stage 1 Review commenced on 01/03/2025, during this review period you have had 7 occasions of absence totalling 37 days.

We have explored numerous supports and adjustments such as:

* Regular screen breaks to reduce strain on your eyes.
* Switch to non-computerised duties during heightened periods of migraines.
* Time away for counselling appointments when required.
* Hybrid working when required to support your mental health.

Despite these adjustments being in place since May 2025, there has been no improvement in your attendance. Further to your appointment with Occupational Health on 14/08/2025, their report indicated that there were no further reasonable adjustments that could be implemented to support you to maintain your attendance at work. You also commenced counselling with our Occupational Health Service on 01/08/2025 which so far you have found to be beneficial.

You advised that there have been no changes to your medical conditions since we last met. You did not feel that there was any additional support or adjustments to be explored at this time.

I am writing to advise that you have not met the attendance levels set and I will be in contact to invite you to a Stage 2 Meeting.

If you are dissatisfied with the outcome, you have the right of appeal under the NHSScotland Attendance Policy. Should you wish to do so, you should complete and submit a Stage 1 appeal form to Joe Bloggs, Lead Nurse (Joe.Bloggs3@nhs.scot) within 14 calendar days of receipt of this letter.

The Stage 1 Appeal form is available on the NHSScotland Workforce Policies site, alternatively if you would like a paper copy, please let me know so I can arrange for this to be provided to you.

If you have any queries or wish to discuss this further, please do not hesitate to contact me.

Yours sincerely

Susan Snape

Lead Nurse

**APPENDIX 8 – Unauthorised Absence Flow Chart**

Member of staff fails to present for work on a designated work day.

Manager attempts to contact the employee by telephone on a couple of occasions during that day. If unable to reach employee and next of kin is known, contact should also be attempted with them. Managers have a duty of care to pursue and may visit their home or contact the police as appropriate.

Manager successfully makes contact with employee

Manager ascertains rationale for unauthorised absence and determines whether or not further action is required.

Manager writes to employee noting their unauthorised absence and asking them to contact them as soon as possible and by set date. They will be notified that pay may be withheld if there is no contact and an investigation may be commissioned.

A further date is arranged and if no attendance, referral is made to a conduct hearing. If non-attendance, then hearing may go ahead in absence of employee.

Investigation undertaken and further action considered in line with the [NHSScotland Workforce Conduct Policy](https://workforce.nhs.scot/policies/conduct-policy-overview/)

 Employee attends investigatory meeting

Employee fails to contact or attend work

Manager contacts HRSAU to commission investigation under [NHSScotland Workforce Policies Investigation Process](https://www.nhsggc.scot/downloads/workforce-change-policy/) into allegations of failure to comply with absence reporting procedures

Follow Attendance Process as per [NHSScotland Workforce Attendance Policy](https://www.nhsggc.scot/downloads/workforce-change-policy/)