

## Appendix 1

### ATTENDANCE MANAGEMENT POLICY Managing Health at Work (From NHS Greater Glasgow and Clyde)

#### Return to Work

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

- the reasons for absence;
- the employee's fitness for work;
- if the cause of the absence may recur and whether a referral to Occupational Health/GP report is necessary. At this meeting the employee should be given the opportunity to raise any issues they have about their absence and to get help from the organisation.
- This discussion may cover some or all of the following, depending on the circumstances of each case (see the 'Carrying out the Return to Work Discussion checklist) Welcome the employee back to work and provide a work update. Ask after their health.
- Ensure that the employee has provided or filled in a self- certificate and/or provides a medical certificate as appropriate (see Appendix 1).
- If attendance levels suggest that there may be an underlying health problem, discuss referring them to the Occupational Health Service.
- If the pattern or frequency of absence is causing concern, the employee should be advised of this, explaining what the organisation considers to be a reasonable standard of attendance and what may happen if this is not met.
- Offer support, guidance and advice to help the employee to attend more regularly, for example, a temporary change in hours or duties, training, etc.
- Set up a regular review process, set attendance standards and offer special or unpaid leave if this is appropriate.
- Any cases involving alcohol, drug or substance misuse should be addressed under the procedure set out in the appropriate policy (Alcohol and Substance Abuse Guideline).
- Encourage involvement and commitment to solutions. This discussion should not be confrontational in any way. It should rather be an exploration into any underlying problems - medical, work-based or domestic / personal - which may be affecting attendance.

- The employee has the right to be represented by a Trade Union/Professional Organisation representative (including full time Trade Union Officers), or accompanied by a fellow member of staff, or a friend or relative not acting in a legal capacity.
- The Board understands that some issues may be very personal or sensitive, the employee should discuss with their manager how they can be supported. However, the employee may prefer to talk to someone outside the immediate situation, such as the Employee Counselling Service. (The Employee Counselling Service is an independent, confidential service, offering a range of services for employees experiencing personal problems.)
- These discussions should form part of local training on promoting attendance issues.

### Phased Return to Work and Adjustments

- When an employee is fit to return to work but cannot carry out their full range of duties (either in the short or longer term), every effort should be made to give them the opportunity for an earlier return to work. This might include reducing or amending their range of duties.
- A clear written programme, including timescales and review period, must be agreed with the line manager and employee before any return to work can take place. Human Resources advice should be sought on any agreed variation to contract and pay policy, to ensure that the policy is applied consistently. Phased returns to work must be organised with the line manager and individual. Advice may be sought to support the return to work plan.

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

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

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

- changes to duties, shifts or hours;
- changing the place of work; and
- making adjustments to the features of a building or access to it, including its fixtures, fittings and design.
- Although this list is not definitive, adjustments should only be made after:
  - receiving the advice and recommendations of Occupational Health;
  - discussing the matter with the employee; and

- carrying out a review of their skills and abilities and the likely needs of the service.

Assistance is available from the Disability Employment Advisers based within the Department of Works & Pensions Jobcentre Plus locations and other agencies. They can support the employee and the workplace with respect to carrying out needs assessments, and they can advise on any equipment and modifications that might be required for the working environment.

### 'Trigger Points'

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

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

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

### Management Referral to the Occupational Health Service

Line managers can refer employees to the Occupational Health Service in order to provide assistance to an employee on a health- related matter, or to enable the Occupational Health Service to provide the line manager with advice about the employee’s health in relation to their work. Line managers should make a referral to the Occupational Health Service once the employee is off more than 28 days (long term sick) or will decide on an individual, case by case basis when to refer the employee.

The employee must be informed of their management referral in advance and, if possible, the referral should be discussed with the employee. It is essential that such a referral is not portrayed as a punishment, and that the reasons for it are fully explained to the employee. The reason for referral should be clearly set out in the referral document along with any specific issues which the line manager wishes to receive advice. In general, the types of issues about which questions might be asked include:

- whether there is an underlying medical problem/condition, which could affect work performance;
- the prognosis and likely effect on fitness for work;
- restrictions to, or adaptations needed for, work;
- the need for, and nature of, a programme of support;
- recommendations for rehabilitation into work and ill-health
- retirement issues, if relevant
- self-referral: employee can self-refer to the Occupational Health service for any health related matter, particularly if it relates to, or is affecting their work. No communication to any third party should result from a self- referral unless the member of staff concerned requests it. Self-referral does not preclude an employee having a management referral.
- Contact with absent employees
- It is essential for the health and wellbeing of all employees within the Board that regular contact is maintained between the employee and line manager during any periods of sickness absence. This contact is required to ensure that the employee is receiving the best possible support and assistance to ensure a speedy return to full fitness.
- During periods of long term sick this contact is critical to ensure that the absence is being managed correctly and where appropriate additional support mechanisms have been put in place to help in the recovery process.
- Employees, who are off work sick, should therefore expect regular and appropriate contact by letter from the line manager requesting a sickness absence review meeting to discuss the situation and help / support required.

## **Appendix 2**

### **Workload analysis tool**

This is software that analyses primary care Read codes and presents the practice with visual information about their workload. This can be used to inform decision-making and capacity planning

#### **Benefits**

- Live information about your clinical and administrative activity
- Can be used to develop plans for better use of skill mix within the practice
- Evidence-based data
- Data quality monitoring
- Identifies individual clinician's workload
- Offers the ability to benchmark data

#### **Drawbacks**

- Patients may have concerns about lower grade staff taking on new roles.
- Cost-effectiveness of the changes can be difficult to establish. A revised skill mix is not necessarily more cost-effective than more traditional care models.
- A skill-mix approach can blur the role boundaries between staff, which may threaten professional identity – this could have an effect on teamwork.
- Investment in training for the increase in role duties may be required.

#### **Costs**

- As an example Informatica Systems Ltd currently (at June 2009) offers the Workload Analysis Tool for a £150 initial set-up fee and £500 a year for the licence, maintenance and support.

This is not a recommendation - other providers are available.

[http://www.practicemanagement.org.uk/uploads/access\\_guide/090702\\_improving\\_access\\_responding\\_to\\_patients\\_final.pdf](http://www.practicemanagement.org.uk/uploads/access_guide/090702_improving_access_responding_to_patients_final.pdf)