

Human Resources and Organisational Development

Attendance Management Guidance

Version 1.0

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1. INTRODUCTION

- 1.1 This guidance document supports the Council's Attendance Management Policy. The Council recognises good staff attendance is a key factor for any organisation wishing to maximise efficiency and effectiveness. The Council is committed to the health, safety and wellbeing of all staff and the Council understand from time to time staff become unwell meaning that they are not fit to attend work.
- 1.2 This guidance has been designed to help staff and managers deal with sickness of all types, recognising the importance of balancing a member of staff need to recover full health with the need to meet their obligation to work and to ensure that all absences due to sickness are treated fairly and consistently.
- 1.3 The guidance document is not a definitive statement on attendance management and must be read alongside the relevant policy.

2. OVERVIEW

- 2.1 The Attendance Management policy is designed to help all staff achieve and maintain satisfactory attendance at work as well as complying with the Council's rules on notifying absence.
- 2.2 Remember that although no two situations are ever the same, the Council wants to operate a consistent approach to the attendance management policy.

3. RESPONSIBILITIES

3.1.1 Staff responsibilities:

- 3.1.2 Attendance at work form an essential part of the Council's contract of employment with all its staff. All staff are covered by the scope of the Attendance Management policy and are responsible for:

- ❖ Complying with the managing of the attendance management policy and guidance, seeking advice or clarification from their manager on any aspects of which they are not clear.
- ❖ Notifying the line manager of any work-related issues that are affecting their health.
- ❖ Ensuring as appropriate, that the line manager is aware of any personal or domestic issues that may be affecting their health
- ❖ Notifying the line manager when they are sick and submit medical certificate when appropriate
- ❖ Keeping the line manager informed of the nature of the illness, progress and likely return to work date, if known, by maintaining regular contact.
- ❖ Attending any meetings as required by the manager to discuss their health and welfare.
- ❖ Participating in any necessary referral to Occupational Health, subject to the provisions of the Access to Medical Reports Act 1988.

3.1.3 In all cases of sickness or injury that necessitates taking time off work, it is expected that the staff will do their utmost to facilitate a speedy return to fitness and to work. Any member of staff who is absent from work due to injury or sickness, is expected not to: -

- ❖ Undertake any work or other employment, whether paid or unpaid, unless this has been discussed in advanced with the manager and agreed by the manager
- ❖ Participate in activities that could aggravate the illness or injury, or delay recovery.
- ❖ Attend college or a course of study unless this has been agreed with their manager.
- ❖ Failure to following the Attendance Management policy will be dealt with under the disciplinary procedure.

3.2.1 **Manager's Responsibilities:**

3.2.2 The member of staff's line manager will be responsible and accountable for managing and monitoring attendance. The line manager will be responsible for:

- ❖ Using the guidance and apply proactive intervention in the management of health and wellbeing concerns which may impact the member of staff's day to day ability to attend work and business delivery.
- ❖ Ensuring they understand the Council's attendance management policy and guidance, prior to initiating any action relating to any member of staff's sickness.
- ❖ Ensuring that staff are treated sensitively and objectively, and that full consideration is given as appropriate to the individual circumstances of each case and any work, personal or domestic related issues that may be related to their sickness absence.
- ❖ Recording the staff attendance on HR self-service, completing monthly absence return to ensure the timely process of sick pay where eligible and for the information to be used for monitoring sickness absence rates internally and externally.
- ❖ Maintaining regular contact with the staff to see how they are, determine the reason for sickness absence and the likely date of return to work, if known.
- ❖ Conducting return to work meeting, as appropriate, when a member of staff returns to work from all sickness absences.
- ❖ Taking or initiating action, in consultation with the ER Team if the staff's level of sickness absence is of concern and following the process through.
- ❖ Ensuring that the member of staff understands and is fully aware where the policy on managing sickness absence is being applied, especially if the staff employment is at risk.
- ❖ Ensuring outcome letters are sent out to the member of staff (within 5 working days) following any formal meetings.

- ❖ Making a confidential record of meetings where sickness absence is discussed and recording on HR self-service.

4. ROLE OF HUMAN RESOURCES

4.1.1 Recruitment and Resourcing Team (RRT):

RRT be the first point of contact for general enquiries on the Attendance Management Policy.

4.1.2 Employee Relations and Engagement Team (ER Team):

The ER team will provide advice, guidance on individual cases and will provide support to mitigate long term sickness.

4.1.3 An HR BP from the ER team will attend Stage Three (Consideration for Dismissal) Meeting to ensure the Attendance Management Policy is followed appropriately and any final decision that is made is reasonable, including considering individual circumstances.

5. ROLE OF OCCUPATIONAL HEALTH (OH)

5.1.1 Occupational Health plays a vital role in supporting the manager and member of staff in helping to maintain a healthy workforce. In particular, in relation to sickness absence, the services aim to:

- Provide advice and support to managers in meeting their responsibilities for staff health and welfare
- Advise on health, work and back to work rehabilitation programmes

5.1.2 The manager should consult the member of staff about a referral to OH at any stage so that their health can be assessed. The manager should emphasise that a referral is supportive in nature and aims to facilitate their return to work. This referral can occur whilst they are off sick and/or before their return to work. There are a number of circumstances where the manager must refer the member of staff to OH for an assessment. These include:

- Staff on long term sickness (20 consecutive days or more)
- Where the member of staff is subject to the formal stages in the Attendance Management Policy for repeated absences.
- Where the manager has concerns that the member of staff is abusing drugs or alcohol at work
- Where manager is concerned that the member of staff poses a serious health and safety risk to the Council or to themselves.
- Where a member of staff is absent through stress.

5.1.3 In order to refer a member of staff, the manager must complete an online referral form. The manager should complete this form in conjunction with the member of staff and notify the them of the referral.

5.1.4 When making a referral, the manager must ensure that they provide OH with all relevant information. The quality of the referral will have an impact on the quality of advice given, as information from the manager will assist in balanced decision making.

Referrals should include:

- A description of the individual's tasks or an overview of the individual's main activities e.g. a copy of their job description
- Copies of most recent medical certificates
- Any background information that would assist OH in proving a thorough assessment
- The sickness absence record
- A copy of any risk assessment
- Questions that the manager would like answered

5.1.5 OH will arrange to see the the member of staff and a report will be produced for the manager to consider which the individual will also be able to see. The report may contain options for the manager, to consider in light of service need. It is for the manager, to consider each of the options and weigh them against service needs. The manager should seek the advice from the ER Team if uncertain.

5.1.6 In complex cases or where the manager wants to discuss the issues in more depth, the manager can arrange a case conference with the Occupational Health physician.

5.1.7 For more information on making manager referrals, the manager should look at the notes on completing manager referrals and OH.

6. EMPLOYEE ASSISTANT PROGRAMME (EAP)

6.1.1 The Council provides a 24-hour staff helpline. EAP service offers a free, confidential advice service. Whether a member of staff is seeking practical advice or emotional support with either work or personal issues, the EAP can offer expert guidance.

6.1.2 An EAP doesn't seek to replace the dialogue the individual should have with their GP in regard to health and wellbeing. For more information please refer to the EAP service on the intranet.

7. RIGHT TO REPRESENTATION

7.1.1 Staff have the rights to representation from the formal stage of the attendance management process, either by a colleague or Trade Union representative as set out below: -

- ❖ staff are not entitled to be represented and/or accompanied to the Return to Work meeting or Informal meeting.
- ❖ Staff may choose to be represented and/or accompanied at the formal stages with their manager where concerns about their level of sickness absence are discussed
- ❖ If a second review meeting is required, it is good practice for the member of staff to be represented and/or accompanied where the likely outcome of the meeting leads to the Stage Three (Consideration for Dismissal) being initiated.
- ❖ Staff have a statutory right to be represented and/or accompanied at Stage Three of the attendance management policy.

- 7.1.2 There is no right to legal representation. Where a member of staff wishes to be represented or accompanied by someone other than a work colleague or Trade Union representative, managers must seek advice from the ER Team. For example, in exceptional circumstances, an external advocate such as a mental health worker may be allowed at the discretion of the manager.

8. RECORD KEEPING

- 8.1.1 Managers must retain individual records for each member of staff including all types of absence from work and sickness reasons. Accurate record keeping will enable the manager to know of the member of staffs situation at any given time and ensure all staff are managed fairly and consistently. This includes any records made available to managers by staff, through Occupational Health or former employers during the recruitment process.
- 8.1.2 Managers are required to update the HR self-service once a formal meeting takes place. Formal outcome letters must be kept confidential with the manager and a copy sent to the ER Team.

9. REPORTING ABSENCE

- 9.1.1 When a member of staff contacts their line manager to notify them that they will not be attending work due to sickness, on their return, the individual must complete a return to work form on HRSS. The line manager will carry out the return to work meeting, normally on the member of staffs first day back to work
- 9.1.2 If the member of staff contacts another member of the team (for example, if the manager is in a meeting), the individual is still responsible for completing the return to work form.
- 9.1.3 Staff must contact their line manager, or another person named by their manager, on the first, fourth and eighth (working) day of sickness absence and on a weekly basis if the period of absence continues. Where the staff is on long term sickness, the manager can consider changing the weekly contact to fortnightly contact, this must be discussed with the staff and agreed by the manager.
- 9.1.4 When an member of staff is unable to attend work due to sickness and does not contact to notify their manager, the manager can consider stopping the staff occupational sick pay. The manager must notify the ER Team so that they can arrange for the occupational sick pay to be stopped. A letter should be sent to the staff from the manager to notify of pay being stopped. If an staff fails to follow the reporting absence process and does not give a satisfactory explanation for this failure, occupational sick pay may be withheld continuously or from the period when the staff went off sick until the sickness reporting policy is complied with.
- 9.1.5 When reporting absence, staff must contact their line manager no later than **1 hour** before they are due to start work and explain the following:
- ❖ why they cannot attend
 - ❖ what steps they are taking to assist their recovery, and
 - ❖ when they expect to attend work again
 - ❖ any scheduled meetings or work deadlines that they will not be able to attend or meet due to the sickness.

- 9.1.6 Where a member of staff has called in sick but has spoken to one of the team without providing this information, the manager should contact the staff to establish the information detailed at **9.1.5** above. When a member of staff has been issued with a 'fit for work' statement, the manager must immediately discuss the advice that has been given with them.
- 9.1.7 The manager can take advice from Occupational Health and/or the ER Team. The manager should either agree a return to work date if a return to work is possible, or a review date if the staff has not indicated a return date.
- 9.1.8 Where the information provided by the staff indicates that the reason for the absence is work-related, the manager must ensure that all health and safety reporting requirements are met. The Council's Accident/ Incident Report Form must be completed, and guidance is available from the Corporate Health and Safety team and the Corporate Health and Safety policy. An immediate referral to Occupational Health should be considered.
- 9.1.9 The manager is responsible for recording sickness absence promptly using the HR-Self Service. This ensures sickness absence records are kept up-to-date and are monitored regularly with follow up actions. Failure to carry out these actions may result in disciplinary action.

10 FIT NOTE

- 10.1.1 Sickness absences of seven calendar days or less must be self - certified by the staff and the manager. Return to work/self-certification form must be completed by the staff on HR Self Service.
- 10.1.2 Sickness absences of eight calendar days or more must be supported by one or more doctor's certificates. Where the circumstances warrant it, the manager may insist on a doctor's certificate for sickness absences of less than eight calendar days.
- 10.1.3 Sickness absences that start and finish either side of non-workdays' (weekends, public and privilege holidays and, in the case of staff working part-time, other non-workdays) are assumed to include those non-workdays. For example:
- ❖ A member of staff is sick on a Friday and Monday, the staff must report on the Return to Work / Self Certification form that they were sick for four calendar days.
 - ❖ A member of staff who works part-time Monday to Wednesday is sick on Wednesday and on the following Monday. They must report on the on the Return to Work / Self Certification form that they were sick for six calendar days.
 - ❖ A member of staff who works part-time Monday to Wednesday is sick on Wednesday and on the following Monday to Wednesday. They must provide a fit note to support a sick absence of eight days.

11. STAFF REACHING THE TRIGGERS

- 11.1.1 The trigger point is to alert the manager and the staff that a certain level or pattern of sickness has been reached and requires formal intervention. When a member

of staff reaches this trigger level, the manager will arrange to meet with them under the Attendance Management policy.

11.1.2 Dealing with long term sickness absence will not normally be initiated until the staff has been on continuous period of absence of 20 calendar days or more.

11.1.3 The Council trigger point are;

- ❖ A total of 5 days or more absence, within a rolling 12 months period and/or
- ❖ 3 occasions of sickness absence in a rolling 6 months period; and/or
- ❖ 3 occasions of sickness absence where there is a pattern of absence that causes concern* e.g. a pattern of being off on regular basis on a Monday or Friday, around shifts or during school holidays, this includes sickness immediately before or after annual/flexi leave, weekends, or public/bank holidays; or on dates where a request for annual leave has not been approved; or during events e.g. Wimbledon, World Cup, etc.

11.1.4 If a member of staff has a disability, as defined under the Equalities Act, they are still required to comply with this policy. However, the manager has a duty to consider reasonable adjustments to support the staff. One of the reasonable adjustments can be increasing the absence trigger level, providing the periods of absence is related to the medical condition that falls under the Equality Act. The trigger will be based on individual circumstances, for example up to 10 days within a rolling 12 months period. Managers should seek advice from ER Team before setting trigger days.

11.1.5 When a member of staff reaches the trigger point the manager must tell the staff that they have reached the trigger and that action will be taken under the Attendance Management Policy.

11.1.6 The manager will arrange to meet with the staff, there should be no delays in responding to triggers once reached.

11.1.7 Staff who do not adhere to the Attendance Management Policy may have their occupational sick pay withheld for the period of absence. However, management should investigate the circumstances to establish whether there was a satisfactory reason e.g. the staff was involved in an accident and hospitalised. Confirmation that this policy has been followed will be fed back to the staff in writing and may also include a recommendation on whether a referral to Occupational Health is appropriate.

12. DEALING WITH SHORT TERM SICKNESS ABSENCE

12.1.1 Short term absence is any periods of sickness lasting up to 20 calendar days.

The key stages in dealing with short term sickness absence requires the manager undertaking an initial review of a member of staff attendance record where trigger point(s) are reached. The manager must examine the staff attendance record to establish the frequency, duration of, and reasons for, absences and consider any other relevant information. Where the staff attendance record is giving cause for concern, the manager must arrange Stage One meeting with the staff to discuss

their health and any underlying concerns. As a result of the meeting, the manager may make a referral to the Occupational Health and consider the following outcomes;

- ❖ **Staff has returned to work;** issue 12 months monitor and confirm start and end date of monitor period.
- ❖ **Attendance not sufficiently improved;** Manager may consider initiating Stage Two meeting, following a review period of 1 to 3 months and informs staff their job maybe at risk if attendance fails to improve at the end of the further review period. In exceptional circumstances management can agree to extend beyond 3 months, this should be discussed with the ER Team before confirming with staff.

13. DEALING WITH LONG TERM SICKNESS ABSENCE

13.1.1 The guidance for dealing with long term sickness absence will not normally be initiated until after a member of staff has been absent from work due to ill health for at least 20 continuous days. In all cases the appropriateness of initiating action must be discussed with the ER Team. The primary aim must be to facilitate the staff return to work at the earliest reasonable point. At the same time, it is important to bear in mind that, in extreme cases, the staff may ultimately be unable to return to work and the option to consider the termination of the staff contract on the grounds of long term incapacity may be required under the Attendance Management Policy.

13.1.2 The key elements in managing long term sickness absence includes, consulting fully with the staff at all stages, maintaining contact, seeking appropriate medical advice, facilitating a phased return to work where appropriate, and reviewing options for medical redeployment and reasonable adjustments, if appropriate. Where the staff appears unlikely to return to work within a reasonable timescale, ill health retirement should be considered and discussed with the staff.

13.1.3 **Support for Staff on long term sickness absence**

The Council is committed to supporting all staff who have long term ill health problems and to providing a flexible working environment to enable staff to return to work when they are able, or to remain at work for as long as possible.

13.1.4 Managers will need to: -

- ❖ Balance the needs of the individual staff (including being flexible around the contact the staff makes during the sickness absence)
- ❖ To allow the staff time to make a proper recovery
- ❖ To support the staff when they return to work
- ❖ Look at needs of the service
- ❖ Make sure HR Self Service is kept up to date

13.1.5 Staff who are experiencing periods of poor health may discuss problems with their manager who, having taken appropriate medical advice, may propose a change in duties or other alternatives. In the case of staff who have a disability (as defined by the Equalities Act) consideration and implementation of appropriate reasonable adjustments is an absolute requirement. This may include the following options: -

- A temporary reduction in hours and/or workload;
- Temporary re-allocation and distribution of work to others during the period of absence;

- Allocation of less stressful work and a number of other arrangements which will allow staff to continue to work in their post while recovering from illness

13.1.6 Keeping in touch with staff:

If a member of staff is continuously sick from work, the manager must keep in frequent contact with them, can be with weekly or fortnightly. The manager must keep accurate records of date of contact and what was discussed.

Keeping in touch includes:

- Speaking on the phone or virtually
- Being aware of the latest medical information
- Being aware of any dates when the staff is hoping to come back to work
- Ensuring that the staff continues to submit medical certificates for their ongoing absence

13.1.7 Depending on the staff and the reason why they are absent from work, the manager needs to agree with the staff on how they keep the staff up to date on developments at work and invite them to important work meetings or social outings.

14. RETURN TO WORK MEETING

14.1.1 The line managers must conduct a return to work meeting with the staff on the first date of the return and this must be done every time the staff has a period of sickness and then returns to work. The return to work meeting is an essential part of managing attendance and one of the most effective methods in managing staff health and wellbeing. The meeting provides for an early opportunity to show concern for the staff, highlight the importance of regular attendance at work and if tackled quickly, can save time and avoid the need to progress to formal meetings. The return to work meeting demonstrates the manager is aware of the absence, cares about the staff and reinforces the importance of regular attendance at work.

14.1.2 **Conducting the Return to Work meeting:**

In all circumstances the return to work meeting must take place in private and be handled sensitively and supportively. In normal circumstances and wherever possible, the return to work meeting must be conducted by the staff line manager. There may be circumstances where, at management discretion, the discussion may take place with a peer of the manager. This will be at management's discretion and would normally occur where the manager is not available.

14.1.3 A suggested format for the return to work meeting;

- Welcome the staff back to work;
- Ask about their health such as are they fully recovered and fit to return and update them on what has happened in the team in their absence.
- Explain who carried out their work in their absence or what work was not done
- Record the information given, ensure that the return to work form is completed on HRSS.
- Where a member of staff has not fully complied with the reporting policies, re-explain what the staff needs to do whilst off sick and explain the consequences of failing to do this

14.1.4 **Informal Meeting**

The informal meeting can take place either during the return to work meeting or take place soon after the return to work meeting, within 1 week of the staff returning. The manager can carry out an informal meeting when they have concerns about the staff attendance, which may lead to formal action in the future (e.g. staff has hit the trigger of 5 days, due to the length/frequency of the sickness absence). Following an informal meeting, a note of the discussion must be kept.

14.1.5 A suggested format for the Informal meeting is;

- ❖ This should be undertaken in a confidential environment.
- ❖ Raise any concerns as to the staff attendance with them as soon as possible at the meeting;
- ❖ Determine whether any underlying work, domestic or health and wellbeing problems related to the sickness absence.
- ❖ Identify any problems that might cause a recurrence of further sickness absence.
- ❖ Consider to refer the staff to OH, discuss and agree this option with the staff before making a referral
- ❖ Ensure staff are aware of Employee Assistance Programme, and other support arrangements; consider reasonable adjustments for staff with a disability.

Note: The informal meeting should be considered when the staff reaches the trigger point but has less than 28 consecutive days of sickness.

14.1.6 **Phase return to work:**

14.1.7 The purpose of a phased return to work is to rehabilitate a member of staff to their full duties and/or normal working hours within a fixed timescale. A phase return to work typically arises when a member of staff returns to work from long term sickness absence and the Occupational Health has recommended a rehabilitation programme. This may mean working reduced hours, undertaking alternative work or not undertaking the full range of duties for the post. In all circumstances the phased return to work must be planned and take into account relevant medical advice. The objective is to secure full recovery and a safe return to work.

14.1.8 If the staff returns to work following a period of absence, on a phased return basis i.e. on reduced working hours, only the first 2 weeks will be paid at full pay.

14.1.9 In exceptional circumstances, for example, if a disabled staff absence was related to impairment, or if Occupational Health recommend this will be critical to the staff' health, the Director or Service Manager in conjunction with the ER Team may agree to extend this period to 4 week. The Director or Service Manager can agree to extend phase return beyond 4 weeks by a further 2 weeks (6 weeks maximum in total), this can be a combination of paid (full pay), annual leave, flexi-time or reduced pay.

15. FORMAL STAGES - ATTENDANCE REVIEW MEETINGS

15.1.1 This stage applies where a member of staff has exceeded the triggers under the attendance management policy, or attempts to resolve the poor attendance have been unsuccessful at the return to work meeting or informal meeting.

15.1.2 In these circumstances, the manager must hold Stage One meeting.

15.1.3 The manager must notify the ER Team that they are taking formal action under the Attendance Management Policy.

15.1.4 This meeting will normally happen in the workplace or virtually via MS Teams. If the staff is not able to attend the meeting at the workplace or virtually, the manager can agree for the meeting to be held at the staff home or through telephone conference. The manager should discuss these issues with the ER Team so that they can seek advice on the most appropriate method.

15.1.5 There are four stages (including an appeal against dismissal). The line manager can refer the staff to Occupation health at any stage of the formal process.

Stage One – Formal Attendance Review	Manager has concerns about the staff health and sickness absence. To offer support and set attendance improvements, as necessary
Stage Two – Final Attendance Review	To discuss the continuing impact of absence on work, to review attendance improvements set and review the support that has been offered. To warn the staff that further absence will lead to Stage Three – Consideration for Dismissal of the policy and that the staff’s job could be at risk.
Stage Three – Consideration for Dismissal	To consider if the staff is capable of giving regular and efficient service, and if not, decide on dismissal, redeployment or other action.
Stage Four – Appeal	To consider appeals against dismissal.

15.1.6 The purpose of the formal absence review meeting is:

15.1.7 For continuing absence

- ❖ To explore the possibility of a return to work and how workloads can be handled in the meantime. The manager will also need to explore any reasonable adjustments or adaptations that could assist an early return. Where the staff has not already been referred to Occupational Health the manager should normally make a referral at this stage.

15.1.8 Further absence during the 12 month monitoring period

- ❖ To alert the staff to the difficulties caused by their absences and to identify any underlying cause for their absence. The manager will also need to explore if any reasonable adjustments or adaptations could assist an improvement in attendance. Where the staff has not already been referred to Occupational Health the manager should normally make a referral at this stage.

16 STAGE ONE MEETING – FORMAL REVIEW

16.1.1 Once the staff has reached the trigger level of sickness absence, and there are further concerns over the level of attendance at work, the Stage One meeting will be arranged. This is the first stage of the formal attendance management policy.

16.1.2 The manager, following advice from ER Team must arrange the Stage One meeting with the staff, to discuss their health and any underlying concerns about the staff level of sickness absence. This meeting will be separate from the return to work meeting/Informal meeting.

16.1.3 The meeting should be notified to the staff in writing, giving at least 5 working days' notice of the meeting and the staff right to bring a Trade Union representative or work colleague to the meeting.

16.1.4 At the Stage One meeting the Manager will:

- ❖ Inform the staff that it is a Stage One meeting under the Attendance Management policy. Advise that this has been arranged as the staff has reached the trigger level and also share a record of their sickness, which demonstrates how they have met the trigger.
- ❖ Consider and suggest a referral to Occupational Health to explore what additional measures the council can make to support the staff. **Note:** A referral must always be made in cases of long term sickness, stress or mental health.
- ❖ Consider any required adjustment (permanent or temporary)
- ❖ Advise the staff that should their absence continue to be a cause of concern, that further action under the policy will be taken
- ❖ Advise the staff of the advice and support available from the EAP service

16.1.5 Outcomes of Stage One Meeting, can be one of the following: -

- ❖ **Monitoring period – 12 months monitoring period**
Monitor of 12 months within a rolling year, should be confirmed at the meeting if the staff has already returned to work or confirmed a return date (return within 1 week of the meeting date). The monitoring period will commence from the date the staff returns to work
- ❖ **Review period – for period of one month and maximum of three months.**
Where there are concerns about the level of sickness absence, no clear date for return to work and/or no underlying problems have been identified, as a result of the meeting, the manager should, initiate a review period of one month to maximum of 3 months. Purpose is to allow the staff more time to recover, especially if they have received treatment, review any temporary measures and/or short-term adjustments. If during the review period, the staff returns to work, the manager should hold a reconvened stage one meeting and confirm monitoring period at that meeting.

16.1.6 The manager must ensure an outcome letter confirming the Stage One meeting is sent to the staff five working days from the meeting date.

16.1.7 Reconvened Stage One meeting

Following the stage one meeting, a reconvened stage one meeting must take place one month after the stage one meeting.

16.1.8 This reconvened stage one meeting is for the manager to decide whether:

- ❖ The staff return to work/level of attendance is satisfactory, the manager can confirm the 12 months monitoring period at that meeting (but the process will resume if a similar level of absence recurs within rolling 12 months); or
- ❖ A further review period is required (one month to maximum of three months) or
- ❖ Advise the staff that attendance is unsatisfactory and that the matter will progress to Stage Two, if a return to work/an acceptable level of attendance is not achieved. The manager should arrange Stage Two meeting one month after the reconvened stage one meeting.

16.1.9 The outcome of the reconvened stage one meeting must be confirmed in writing and sent to the staff within five working days from the meeting date.

17. STAGE TWO MEETING – FINAL REVIEW

17.1.1 This stage applies where the staff has either:

- ❖ Not got a good prospect of return to their post within a reasonable timeframe, depending on service needs; or
- ❖ Continued to have unacceptable absence in spite of a notification under the previous stage of the policy.

17.1.2 The manager should discuss the case with the ER Team in advance of taking any steps under Stage Two. Where it is decided that the Stage Two meeting will go ahead, the manager will be provided with guidance and support in making the necessary arrangements for the meeting to ensure that the notification requirements are met.

17.1.3 The purpose of the Stage Two meeting is:

17.1.4 For continuing absence

- ❖ To consult the staff about the medical position, consider any adaptations to the role or premises and explore redeployment options. If there does not appear to be a good prospect of a return to work at this stage, the staff should be informed that dismissal is likely.

17.1.5 For further absence during the 12 month monitoring period

- ❖ To inform the staff of the continued difficulties caused by their absences, to explore any new medical evidence or reason for absence (making reasonable adaptations, if necessary), explore redeployment options, set a review period within which a return to work/acceptable level of attendance should be attained. The manager should also consider whether the staff should be informed that continued unsatisfactory attendance would result in their dismissal.

17.1.6 At least five working days' notice will be given of the Stage Two meeting. The notification will contain sufficient information regarding the concerns relating to the levels and dates of sickness to enable the staff respond to these concerns at the meeting. It will also contain the details of the time and place of the meeting and will advise the staff of their right to be accompanied by a trade union representative or a work colleague.

17.1.7 At the meeting the Manager will:

- ❖ Confirm the dates and periods of sickness within a rolling 12 months period and what was discussed and agreed at previous meetings (i.e; Stage One meeting, reconvened stage one meeting).
- ❖ Review their sickness absence and explore any underlying causes, including health, work related concerns or domestic problems
- ❖ Review any Occupational Health advice received.
- ❖ Explain the impact of their absence and why it is causing concern
- ❖ Ensure the staff is given the opportunity to set out their views
- ❖ Consider options to help reduce the staff level of sickness. This might include a second referral to Occupational Health, or other appropriate action.
- ❖ Review the type of work undertaken and consider reasonable adjustments for a defined period or permanently (if appropriate).
- ❖ Discussed the option of medical redeployment, should it be identified that the staff is unlikely to return to their substantive post but may be fit for other work.

17.1.8 Outcome of Stage Two Meeting can be one of the following;

- ❖ **Continue to monitor (from Stage One):**
If the 12 months monitor was issued at stage one, the manager will confirm that the staff attendance will continue to be monitor;
- ❖ **Monitoring Period:**
If the staff attendance level improves and/or the staff has indicated a return to work date, the manager can confirm the 12 months monitoring period to the staff and confirm the period would commence on their first day back to work. The manager can confirm monitoring period should the staff confirm a return date (return within 1 week of the meeting date);
- ❖ **Review Period:**
If it has been identified that the staff attendance levels is unlikely to improve, the manager should consider initiating a review period of one month to a maximum of three months. At this stage the manager must inform the staff that their job may be at risk and that the Council cannot sustain frequent absences indefinitely due to the impact it may have on service delivery. The staff must also be informed that if at the end of the review period the staff attendance levels do not improve sufficiently and all possible and practical steps have been taken to assist them, the next stage (Stage Three) will be initiated.

If during the review period, the staff returns to work, the manager should hold a reconvened stage two meeting and confirm monitoring period at that meeting.

The manager must ensure an outcome letter confirming the Stage Two meeting is sent to the staff within five working days from the meeting date.

17.1.9 **Reconvened Stage Two meeting**

Following the stage two meeting, a reconvened stage two meeting must take place one month after the stage two meeting. The reconvened stage two meeting is for the manager to decide whether:

- ❖ The staff return to work/level of attendance is satisfactory, the manager can confirm the 12 months monitoring period at that meeting (but the process will resume if a similar level of absence recurs within rolling 12 months); or
- ❖ To consider if a further review period is required (one month to two months); or
- ❖ Advise the staff that attendance is unsatisfactory and that the matter will progress to Stage Three, if a return to work/an acceptable level of attendance is not achieved. The manager should arrange Stage Three meeting one month after the reconvened stage one meeting.

17.2.1 The outcome of the reconvened stage two meeting must be confirmed in writing and sent to the staff within five working days from the meeting date.

18. STAGE THREE - CONSIDERATION OF DISMISSAL

18.1.1 Following Stage One and Stage Two meetings, if the staff has one of the followings;

- Does not have a reasonable prospect of a return to work in the reasonably foreseeable future; or
- Has not achieved an acceptable level of attendance despite exploring all reasonable options to improve attendance

18.1.2 The manager will arrange for a Stage Three (Consideration for Dismissal) meeting and the Director will chair this meeting.

18.1.3 At least five working days' notice will be given of the Stage Three (Consideration for Dismissal) meeting. The notification will contain enough information of the reasons for the meeting, including a copy of the staff absence record, a copy of the manager's report (chronology of key events) and that dismissal may be considered as a possible outcome of the meeting. It will also contain the details of the time and place of the meeting and will advise the staff of their right to be accompanied by a trade union representative or a work colleague.

18.1.4 **At the Stage Three meeting, the Director will:**

- ❖ Let all parties in the meeting know what is expected of them
- ❖ At the outset of the meeting, explain the purpose of the meeting and remind all present how it fits in with the Attendance Management Policy
- ❖ Explain who will speak in which order, and when opportunities for asking questions will be given
- ❖ Keep an open mind
- ❖ Review the staff sickness absence and explore any underlying causes, including health, work related concerns and any Occupational Health advice received.
- ❖ Explain the impact of their absence and why it is causing concern

- ❖ Ensure the staff is given the opportunity to set out their views, including listening carefully to what the staff says about the reasons for their absence.
 - ❖ Review the type of work undertaken and consider reasonable adjustments for a defined period or permanently (if appropriate).
 - ❖ Consider any option available i.e; medical redeployment
 - ❖ Explain that confirmation of the meeting decision will be given in writing.
- 18.1.5 The manager may wish to make their own notes during the meeting although the Director should arrange a formal notetaker. A HR Business Partner from the ER Team will attend the Stage Three Meeting.
- 18.1.6 If there are issues on which the Director feels they need further investigation, adjourn for this to happen, for example, if the staff raises new medical information that was not previously available to the manager.
- 18.1.7 The Director should consider a postponement of the meeting if the staff is sick and produces a medical certificate as being unfit to attend. A postponement for any other reason is at the Directors discretion (in conjunction with advice from the ER Team) and should be requested at least two working days in advance of the Stage Three Meeting. A full reason for the request must be given. Normally, one postponement would be allowed although the Director should seek advice from the ER Team
- 18.1.8 If a member of staff fails to attend, the Director may be able to hear the case in the absence of the staff, unless the Director have granted a postponement. The manager must seek specific advice from the ER Team as failure to follow proper processes can expose the Council to financial penalties.
- 18.1.9 Outcomes of Stage Three (Consideration for Dismissal) Meeting can be one of the following: -
- ❖ **Continue to monitor (from Stage One or Stage Two):**
Providing the staff has already been issued with 12 months monitor either at stage one or stage two, and there has been an improvement in the staff attendance leading up to the Stage Three meeting, the Director can confirm the staff attendance will continue to be monitored or issue a new period of 12 month monitor;
 - ❖ **Monitoring Period:**
If the staff attendance level improves and/or the staff has indicated a return to work date, the manager can confirm the 12 months monitoring period to the staff and confirm the period would commence on their first day back to work. The Director can confirm monitoring period should the staff confirm a return date (return within 1 week of the meeting date);
 - ❖ **Medical Redeployment:**
Staff will be issued notice of 12 weeks medical redeployment at the meeting. A date for a reconvened Consideration for Dismissal meeting will be confirmed at the meeting;
 - ❖ **Dismissal** - with contractual notice, where evidence suggests improvement is unlikely to be made. The staff will be given payment in lieu of notice.

- 18.4 The Director must ensure an outcome letter confirming the Stage Three meeting is sent to the staff five working days from the meeting date.

19. Medical Redeployment

- 19.1.1 If a member of staff is identified by Occupational Health as unfit to carry out their normal duties and a recommendation is made that the staff should be redeployed, the implications of this will be discussed at the Stage Three (Consideration of Dismissal) meeting. If it is agreed at the meeting that redeployment is the right option, the staff will be issued notice of medical redeployment of 12 weeks.
- 19.1.2 Where the staff has a disability and the nature of their impairment significantly restricts the type of work for which they are suitable, the manager, the Director and the ER Team, will consider making a recommendation that the period of medical redeployment be extended beyond 12 weeks, if it is likely to assist the staff in obtaining suitable alternative employment. The extended period can be up to another 4 weeks, making a total of 16 weeks' notice.
- 19.1.2 During the redeployment notice period, a search for suitable alternative work will be carried out by the Recruitment and Resourcing Team. The medical redeployee will be made one offer of redeployment which must be accepted. Every effort will be made to redeploy as close as possible to the substantive grade and conditions. There is no protection of salary on redeployment to a lower grade.
- 19.1.3 If the staff remains to be off sick during the redeployment notice period, the staff will continue to receive sick pay in line with their terms and conditions. Should the staff return to work or remain at work, during the notice period, the staff will continue to receive their normal salary.
- 19.1.4 If the search is not successful, the Consideration of Dismissal meeting will be reconvened before the end of the 12th week, at this stage the Director will consider dismissing the staff.

20. Ill Health Retirement

- 20.1.1 Where a member of staff is a member of a pension scheme and it appears a member of staff is suffering from ill-health that would qualify for early retirement on the grounds of permanent incapacity under that scheme, the relevant provisions of the pension scheme will apply.
- 20.1.2 If ill health retirement is recommended, the manager will convene a meeting with the staff to discuss the recommendation. The staff will be entitled to have a Trade Union representative or work colleague there.
- 20.1.3 Where a member of staff is identified as permanently unfit for any work, their employment will be terminated, and they will be given payment in lieu of notice.

21. STAGE FOUR - APPEAL AGAINST DISMISSAL

21.1.1 The staff will be given the right of appeal:

21.1.2 Any appeal will be heard by Elected Members at an Appeals Committee, at which the decision to dismiss will be reviewed and will usually be heard within 3 months of the date of dismissal. The outcome could be to confirm the dismissal or to reinstate the staff.

21.1.3 The decision of the Appeals Committee is final and will be confirmed in writing by the Chair of the Committee.

21.1.4 The Attendance Management Policy provides information for appeals against dismissal.