

Overview and Scrutiny Review of Sickness Absence Management

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1 Introduction

1.1 A Scrutiny Review to examine the effectiveness of HBC's sickness absence management was included in the 2008/2009 Overview and Scrutiny annual work programme. The review fell within the focus of the Resources Overview and Scrutiny Committee and Councillors Bird (chair), Webb, Martin, and Lock were appointed to carry out the review and were supported by an officer team.

1.2 The agreed terms of reference for the review were to consider the effectiveness of absence management by:

- a. Comparing HBC to other local authorities
- b. Considering current policies and procedures
- c. Examining the Trent system and the "Bradford Factor"
- d. Seeking evidence from other bodies on impact of absence management.
- e. Considering proposals for future absence management

2 Key Findings - How we compare

2.1 The review team found that in East Sussex, only Hastings has markedly improved its' sickness record from 2006/2007. Hastings uses the Trent Absence Management system, as does Lewes and Wealdon District Councils. Other councils are still relying on manual systems. This suggested to the review team that those Councils with lower recorded absence figures may be less inaccurate.

2.2 These figures are demonstrated in the table below;



	2007/2008 lower is better	(2006/2007)	Absence Recording System
Eastbourne	6.82 days >	(5.85)	Manual
Hastings	9.61 days <	(11.79)	Trent
Lewes	10.9 days >	(10.05)	Trent
Rother	7.4 days >	(7.10)	Manual
Wealdon	11.21 days >	(10.42)	Trent
East Sussex County Council	7.95 days <	(8.01)	SAP

2.3 The Regional and National Average

The East Sussex average for 2006/2007 was 8.87 days, and 8.98 days for 2007/2008 thus far. The audit commission hasn't published results for individual authorities yet as it hasn't completed its annual audit, but it has released provisional summary figures - for 2007/08 the highest reporting 25% of councils had 10.6 days or above, while the lowest reporting 25% of authorities had 8.35 or less. The 50% figure was 9.35. (i.e. our 9.61 days for 2007/08 was in the third highest quarter of all councils nationally, which is an improvement on being in the highest quarter for 2004/05 - 2006/07).

3 Current practice

The review team found that Hastings Borough Council has introduced a variety of measures aimed at discouraging, supporting and managing sickness absence. People and Organisational Development (POD) work with managers, staff and the trade unions to ensure that each case is dealt with sensitively and consistent with our policies. Managers have training and access to information in order to manage effectively. Staff feel supported and fairly treated. The Trade Unions feel that they have been given the opportunity to comment on relevant policies and are given the opportunity to more widely consult when appropriate.

3.1 Main Contributors to Absence Levels It was recognised that the three main contributors to absence levels are an ageing workforce, serious and chronic illnesses, and officers with DDA conditions

3.2 Managing Sickness Absence

A. Home Visits are carried out by a member of the HR team with the employee's line manager. These visits are carried out at regular intervals for longterm illness, but where stress is indicated, a home visit will be made as soon as possible. These visits are made with the intention of keeping in touch with the employee, encouraging them to use the Employee Assistance Programme (EAP) and identifying and dealing with any possible workplace causes of illness. This includes putting reasonable adjustments in place where a condition is identified as being covered by the Disability Discrimination Act (DDA).



- B. **Telephone contact** This is maintained with the member of staff and they are encouraged to telephone POD or their line manager with concerns and updates.
- C. **The Employee Assistance Programme (EAP)** EAP services are promoted to all staff. This service offers a 24hour telephone counselling service for work related and personal issues to employees and their families. The service has been used by 89 staff in the last 2 years. There is also a face-to-face counselling service available. The service is wide ranging and includes :
- Probate, small court claims, consumer rights, divorce procedures, child custody, traffic offences, restraining orders, setting up a will, neighbour disputes, etc.
 - Family Matters: Divorce concerns, house issues, children concerns, tracing family members, care of elderly relatives (finding a residential home/benefit entitlements), Wedding plans, how to handle power of attorney, how to gain a duplicate birth certificate, etc.
 - Relationships: Joint mortgages, managing joint finances, handling maintenance of children, Child Support Agency (CSA) enquiries, etc.
 - Education: Special education for a child, grants available, examinations, graduate dilemmas, etc.
 - Health: Medical issues, dealing with illness of a family member, etc.
 - Financial: Managing finances, debt, court claims, mortgage arrears, budgeting for a family or new purchase, investment, negative equity, dealing with inheritance, etc.
 - Consumer: Travel issues, immunisation, guidance on plastic surgery, insurance issues, warranty rights, consumer rights, problems with plumber/builder/double glazing, etc.
 - Social benefits: Unemployment benefits, disability allowances, benefits for the elderly, one-parent family allowances, etc.
 - Housing: Tenancy rights, mortgages, leasing arrangements, letting rights, squatters, etc.
 - Employment: Statutory maternity rights, redundancy payments, contractual terms and conditions, annual leave entitlement, sickness pay, etc.

The review team were assured that the service is completely confidential. The only information HBC receives is for levels of use. This is a single figure, not broken down by types of service requested.

- D. **The Trent HR Management System** This IT package enables managers to manage absence more effectively by keeping them aware of employee absence levels, patterns and types of illness. Managers are also prompted by electronic messages and letters at appropriate stages. When absence reaches a high level (typically trigger 4) HR will become involved. Trigger 4 may also involve the start of an absence management procedure. There are 3 stages to this process, and it can end with a dismissal; but this is rare.
- E. **Self-certification** These forms and return to work interviews are automatically generated when a sickness end date is entered onto Trent by the line manager.



- F. **The review team noted that Self-certification may be withdrawn** for excessive absence.
- G. **Occupational Health referrals** Referrals are made when an employee is absent for four weeks or more, or for repeated absences for the same illness. If a member of staff is certificated for stress, they are referred immediately. The report following a referral is used to inform HR and line managers of the employees fitness for work and at what levels. It will also make recommendations for reasonable adjustments where necessary.
- H. **Departmental Management Teams (DMTS).** DMTs discuss sickness absences at meetings in broad statistical terms through Trent reports. A POD representative attends these meetings and works actively with the line manager and then with the member of staff to manage the absence process.
- I. **HR Briefings** are carried out monthly at senior managers forum and Operational board.
- J. **Environmental Health staff** These are given health checks and instructed in preventative measures organised by the occupational health advisors.
- K. **Applicants for jobs** Applicants who declare they have a DDA condition are properly investigated to ensure that the organization can offer them the appropriate support in the form of reasonable adjustments. Applicants with a detailed absence history may be offered employment, but it would be on a conditional basis subject to attendance and with the right for HBC to immediately terminate their contract. We have employed officers on this basis and have not yet had to dismiss anyone.
- L. **An employee's employment and absence history** in total may be considered to provide a more accurate picture.
- M. **Dismissals** have been made on the grounds of ill health or capability.

3.3 The Review team heard proposals by POD to increase the effectiveness of absence management by:

- § Placing more emphasis on managers undertaking sickness absence reviews than at present.
- § Requesting GP and consultants reports more often and earlier, when appropriate.
- § Reducing the current 9 day absence baseline to 8 days.
- § Introducing an attendance policy.
- § Introducing an Absence Management Toolkit to assist managers
- § Offering the buying and selling of holiday (enhanced holiday, not statutory holiday) for high percentage attendance. (rejected)
- § Extending probation to 12 months.
- § Removing sick pay for the first 12 months for all new staff, including those with continuous service.



4.0 Consultation with Occupational Health (OH) and Union

- 4.1 A senior advisor from Occupational Health was invited to meet the review team so that members could gain insight into occupational health, their relationship to HBC and how OH affects staff. The staff side coordinator (trade union) was also asked to attend to give a union view of the current management of absence and sickness levels, (See appendices ix and x.) The staff side coordinator and the Unison health and safety secretary also attended a further meeting to comment on POD proposals for future absence management.
- 4.2 The review team were fully satisfied from the discussion with OH and the Trade Unions that HBC POD were working closely and effectively with them to improve on sickness absence rates and pro-actively assist individual members of staff with genuine ill health issues.

5.0 Conclusions

The review team were pleased to see that Sickness absence management is efficient and effective. Absence levels are still high, but are improving. The Unions are consulted on policy development and are involved in representation of individuals throughout procedures. Only minor adjustments were requested by the union to current procedures, noted below. The Occupational Health department felt it had a good working relationship with HBC, particularly in the last 3 years. The team noted that awareness raising amongst managers and staff on HBC sickness policy was steadily reducing absence across the Council. The Team also found that the high levels of support offered for long term sickness had been particularly noted by the Investors in People assessors.

5.1 Action Plan

Action	Report reference	Action for	actioned by	completed
Provide access for members for EAP	2.3 page 3	members	POD	Dec 2008
Provide access for members for Benenden Health Care		members	POD	Dec 2008
Change absence warnings to "sickness warning" in all relevant policies	Appendix "x" page 25 para 3	staff	POD	May 2009
Change absence baseline to 8 days	2.4 page 4	staff	POD	Apr 2009
Extend probation to 12 months	2.4 page 4	staff	POD	
Introduction of absence toolkit	2.4 page 4	staff	POD	Apr 2009
HR briefings for senior managers on absence management	2.4 page 4	managers	POD	May 2009
Improved training for other managers on absence management	2.4 page 4	managers	POD	April 2009

6.0 Appendices

- i. Absence management policy and procedure (attached)



- ii. Parental leave policy
http://intranet/staff_managers_guide/policies_procedures/e_parental_paternity_adoption_policy.pdf
- iii. Stress in the workplace policy
http://intranet/staff_managers_guide/policies_procedures/e_stressintheworkplace_policy.doc
- iv. Work-life balance policy
http://intranet/staff_managers_guide/policies_procedures/e_worklifebalance_policy.pdf
- v. Flexible working policy
http://intranet/staff_managers_guide/policies_procedures/e_flexible_working_hours_policy.pdf
- vi. Leave of absence policy
http://intranet/staff_managers_guide/policies_procedures/e_leaveofabsence_policy.doc
- vii. Smoking policy
http://intranet/staff_managers_guide/policies_procedures/e_smoking_policy.pdf
- viii. Misuse of drugs and alcohol policy
http://intranet/staff_managers_guide/policies_procedures/e_drugsalcoholwork_policy.doc
- ix. Occupational Health advisor report (to follow)
- x. Unison paper (attached)
- xi. POD response to Unison paper (attached)



i.



...Making the Difference...

Managing Sickness Absence Policy



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1. CONTROLS / ASSURANCE STATEMENT

This policy sets out the Council's principles in managing sickness absence issues in order to ensure a fair, reasonable and consistent approach whilst enabling the Council to provide a consistent, quality service.

2. INTRODUCTION / POLICY STATEMENT

Aims to promote good employment relations and practices and recognises and values the support, contribution and commitment of all our employees. The purpose of this policy is to ensure that arrangements are in place for handling absence from work in a manner, which minimises the impact of absence on both the employee, and on the organisation.

The Council recognises its legal obligations under the Disability Discrimination Act 1995 to ensure that all cases of ill health are dealt with in a fair, consistent and compassionate manner, and that redeployment, and/or retraining will be considered where possible and practical.

Sickness absence amongst employees is often one of the more sensitive and difficult problems that managers and personnel have to deal with. Each case will be different and will need to be judged on its merits. This could involve discussions between the manager and the employee over a period of time, in order to reach an understanding of the individual circumstances and the appropriate course of action. It may also be appropriate for employees to seek the support of their accredited trade union/professional body representative or a work colleague as there may be further support mechanisms available to the employee through this avenue.

High levels of sickness absence within a department have a detrimental effect on the level of service provided, directly or indirectly. They place an added burden on other employees and frequently result in increased costs.

The Council reserves the right to fully investigate excessive sickness absence where appropriate and take necessary action, in accordance with this policy, to ensure that the needs of the service are fully met.

This policy is supported by the following procedures:

- Procedure for Managing Sickness Absence (Managers Guidance)
- Sickness Absence Procedures for All Employees



3. SCOPE OF POLICY

The Sickness Absence policy and procedures apply to all employees of the council.

4. RESPONSIBILITY / ORGANISATIONAL INVOLVEMENT

The Council is responsible for the health, safety and welfare of its workforce and for ensuring that there are fair and consistent procedures in place in order to fulfil this responsibility

The Corporate Management Group is also responsible for overseeing the implementation of this policy and ensuring the effective management and monitoring of sickness absence within the council.

5. MONITORING & REVIEW

This policy will be reviewed annually in consultation with the Trade Unions

Final Agreed Draft	Date.....
Ratified by Cabinet	Date.....
Review Date in	
Consultation with Trade Unions	Date.....





Sickness Absence Procedures

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1. Procedure for Dealing with Sickness Absence

This procedure is a guide for both short and long term sickness absence.

Definitions

Short term sickness - occurrences of sickness up to and including 20 working days (including bank holidays).

Long term sickness - long term certificated illness for 20 working days or more (including bank holidays).

Conduct during sickness absence

In all cases of sickness absence or injury that require an employee to have time off work, it is their duty to ensure that they return to work as quickly as possible. For this reason, the Council will not allow employees to participate in any of the following during sickness absence (either short or long term) without first getting permission from their line manager:

- Any other employment whether paid or unpaid
- Any sporting activity which may hinder your recovery and return to work

The use of sick leave by an individual to meet a personal or domestic need unrelated to sickness is inappropriate and may constitute a disciplinary offence.

Should an employee fail to comply with the above terms then formal disciplinary action may be taken which could lead to the termination of employment.

Notification of absence due to sickness

Notification of absence from work due to sickness must be made by speaking to your line manager, or their nominated representative, by no later than 9.30am on the day of absence. On the first day of absence, an indication should be given regarding how long the absence is likely to last and if you are not well enough to return to work on the date indicated, then a further telephone call should be made to inform your line manager.

From the seventh day of absence (including rest days and weekends) a Medical Certificate from your doctor will be required as well as a self certification form, which must be submitted to Personnel as soon as possible after it has been issued. If you are still sick at the expiry of the Doctor's medical certificate, you must obtain and submit a further medical certificate (and subsequent medical certificates) to cover the full duration of your sickness i.e. so that at all times there is a current medical certificate. Subsequent medical certificates must be submitted within 2 working days of the expiry date of the previous certificate issued.



Immediately on return to work the Council's own internal sickness reporting form (Self Certification Form – Appendix 1)) should be completed. Any failure to notify line management of sickness absence or provide cover of sickness absence by the appropriate Medical Certificate **and** the Council's own sickness reporting form (Self Certification Form) could result in the absence being treated as unauthorised and, as such, this could lead to loss of pay. Managers will conduct a "Return to Work Interview" on the employee's return to work.

Where any employee is absent and no contact has been made in accordance with these procedures, managers should record the absence as unauthorised.

Process for Recording of Sickness Absence

Once a phone call is received from a member of staff, the manager should record the time that the call was made, the stated reason for the absence and how long they expect to be absent. They should take the following actions each time an employee reports in as absent due to sickness:

- Create an entry in Trent under the Absence/Training diary on the first day of sickness
 - Enter the sickness start date (leaving the end date blank if not known, in which case Trent will presume it is a year unless marked otherwise)
 - Enter the absence reason
 - Enter the return to work date in Trent under the Absence/Training diary
- This will prompt Trent to issue Return to Work forms to the employee and the manager.

2. Short Term Sickness Absence

Sickness Absence Triggers

A trigger is a formula based on the number of incidences of sickness and the number of days of sickness and indicates an absence pattern that requires some investigation and possible action from management which includes the use of the disciplinary procedure. In calculating the triggers if an employee returns to work prematurely after a period of absence and then immediately has another period of absence for the same illness/injury, then the two periods of absence may be counted as one period of absence.

The formula for calculating the sickness triggers is known as the Bradford Factor and is recommended by ACAS (Advisory, Conciliation and Arbitration Service). The formula is:

- Number of occasions absent multiplied by itself and by the total number of days absent.

For employees with 14 days absence, for example, in one rolling 12 month period, distributed differently, the score can vary enormously:

One absence of 14 days is 14 points ($14 \times (1 \times 1) = 14$)

Seven absences of 2 days each is 686 points ($14 \times (7 \times 7) = 686$)



14 absences of one day each is 2744 points ($14 \times (14 \times 14) = 2744$)

The points translate into a scale of points that equate to recommended actions.



The Bradford Factor is intended to be an indicator of potential and actual short term absence problems and acts as a trigger to start investigations into absences. It must be used in conjunction with our policies.

To assist managers Personnel and Organisational Development will provide monthly sickness reports containing the scoring based on the Bradford Factor and will discuss any trends or issues at monthly Directorate Team Meetings.

Trigger 1 – points 1-64

The Manager should hold a return to work interview on the day the employee returns to work to discuss reasons for the absence. The return to work interview form should be completed and returned to Personnel and a copy given to the employee.

Personnel would not be involved and the employee does not have to be accompanied.

Trigger 2 – points 65-216

If an employee's absence score is between 65 – 216 but the total number of days absent is **less than 10 working days** the manager should check for patterns of absence and discuss their concerns with the employee. They should advise the employee that they will continue to monitor their attendance.

If an employee scores 65 – 216 but has a total of **more than 10 working days absence** the manager must talk to the employee about the diagnosis of their absence and enquire whether they have consulted their General Practitioner. The manager will need to establish whether any of the occurrences are work related and discuss with the employee what he/she can do to improve their attendance. The manager must inform the individual of the improvement required and must also make the employee aware of the likely consequences if there is no improvement. A return to work interview form must be completed and returned to Personnel and a copy give to the employee. The manager should also confirm the outcome of the meeting in writing to the employee.

Trigger 3 – points 217 – 511

If the employee's absence score is 217 – 511 but the total number of days absent is less than 10 working days then the manager should hold a return to work interview to discuss their concerns. They will need to establish whether the absences are work related and discuss what the employee can do to improve their attendance. A return to work interview form must be completed and returned to personnel and a copy given to the employee. The manager should confirm the outcome of the meeting in writing and inform the employee that they will continue to monitor their attendance.

If an employee scores 217 – 511 but has a total of **more than 10 working days absence** the manager must talk to the employee about the diagnosis of their absence and enquire whether they have consulted their General Practitioner. The manager will



need to establish whether any of the occurrences are work related and discuss with the employee what he/she can do to improve their attendance. The manager must inform the individual of the improvement required and must also make the employee aware of the likely consequences if there is no improvement. A return to work interview form must be completed and returned to Personnel and a copy given to the employee. The manager should also confirm the outcome of the meeting in writing to the employee and advise them that if there are any further absences then a medical report will be obtained.

Trigger 4 – points 512 - 1000

If an employee's absence score is 512 – 1000 but the total number of days is **less than 10 working days** then the manager should hold a return to work interview and discuss their concerns with the employee. They will need to establish whether the absences are work related and discuss what the employee can do to improve their attendance. A return to work interview form must be completed and returned to personnel and a copy given to the employee. The manager should confirm the outcome of the meeting in writing and inform the employee that they will continue to monitor their attendance

If their absence score is 512 – 1000 and they have been absent for a total of **more than 10 working days** and there has been no improvement in their attendance. The manager should hold a return to work interview to discuss their concerns and inform them of the required improvement required, the **formal verbal warning will be placed on their record where it will be held for six months**. The manager should confirm the outcome of the meeting in writing and advise that as there has been no improvement in attendance then a medical report will be obtained. Personnel will be involved at this stage and the employee has the right to be accompanied by a Trade union representative or workplace colleague.

If after a formal verbal warning the stated improvement is not seen, the employee will be interviewed and a **formal written warning will be placed on file for 12 months**. Personnel will be involved and the employee has the right to be accompanied by a trade union representative or a workplace colleague.

Trigger 5 – points 1001 – 3375

If the problem persists a **Final written warning will be issued which will be placed on file for 12 months** which could be extended by up to a further 12 months if there is no significant improvement in attendance to work. Personnel will be involved and the employee does have the right to be accompanied by a trade union representative or workplace colleague.

A further absence may result in dismissal. Please refer to the third stage of the Council's [Capability Procedure](#).



3. Occupational Sick Pay

For sickness absences of any duration, sickness allowance is paid at the Council's discretion as follows

- 1 month's full pay and (after completing 4 months service) 2 months' half pay during 1st year of service.
- 2 months' full pay and 2 months' half pay during 2nd year of service.
- 4 months' full pay and 4 months' half pay during 3rd year of service.
- 5 months' full pay and 5 months' half pay during 4th and 5th years of service.
- 6 months' full pay and 6 months' half pay after 5 years of service.

These periods may be extended at the Council's discretion in individual cases. Any sickness absence already taken in the year prior to the first day of sickness will be used in the calculation of occupational sick pay.

While receiving occupational sick pay employees must be available to be contacted during normal office hours unless:

- attending an medical appointment associated with their sickness absence
- a letter is provided from a medical practitioner is provided confirming they have advised convalescence.

Occupational sick pay may be withheld in the following circumstances

- Failure to attend an appointment with the Occupational Health Unit
- Failure to give a valid reason for sickness absence
- Failure to provide required certificates as evidence of reason for absence
- Failure to respond to telephone messages or correspondence from your line manager or the General Manager, Personnel.
- Failure to make yourself available for a meeting with your line manager or Personnel in order to attempt to resolve issues of work related stress.

4. Sickness during annual leave

If an employee falls sick whilst on annual leave, bank holiday or on a day adjacent to annual leave, normal reporting and certification arrangements apply. Annual leave may only be reclaimed for the days that s/he is sick provided that a medical certificate is supplied to cover these days. Medical certificates (or equivalent) issued abroad should be copied and sent to the manager where the absence is going to be four weeks or longer. The original documents must be supplied on the return to work. If the employee is unable to travel, medical confirmation along with full contact details must be provided.

5. Sickness during pregnancy

If an employee is ill during pregnancy before maternity leave commences, the normal rules relating to notification procedures, sick notes, sick leave and sick pay entitlements will apply.

If an employee is absent from work as a result of a pregnancy related illness at any time after the start of the fourth week before the child is due maternity leave will start automatically.

6. Sickness due to work related stress

Prior to going off with work related stress, it is expected that an employee should have raised any concerns with their manager and a record kept by the manager. Employees who report sickness absence due to work related stress should be requested to make themselves available during the first 2 weeks of sickness to attend a meeting with their line manager and a representative from Personnel to attempt to resolve the matter informally (if this has not been done previously). Refusal to comply with this request may result in occupational sick pay being withheld.

In cases where an employee is certified by their Doctor as suffering from stress/anxiety/depression, then it is recommended that the employee is referred to the Occupational Health Unit as soon as possible. In some cases an individual may have to be referred prior to their return to work.

Employees suffering from stress are encouraged to contact the Council's Employee Assistance Programme. This is a service that gives free access to specialist information consultants and counsellors who can offer assistance 24 hours a day. They can be contacted on 0800 072 7 072.

7. Occupational Health

We will use an occupational health adviser, where appropriate, for short term or long term absence to:

- Help identify the nature of an employee's illness
- Advise the employee and their manager on the best way to improve the employee's health and well being.
- Establish timescales for expected improvement;
- Request an opinion on the implications of the Disability Discrimination Act 2005;
- Request an opinion on suitability for redeployment.

All cases will be treated on an individual basis, but as a general guide, referrals may be made at the following times;

Stress case: within first 2 weeks

Short term absence: at trigger 3

Long term absence: Occupational Health to be contacted after 2 weeks for an appointment at 4 weeks.



8. Procedure for Dealing with Long Term Absence

Long term sickness absence is defined as long term certificated illness for 20 working days or more. In these cases, if an employee is absent, he or she must be treated fairly and sympathetically. The procedure is different from that employed in dealing with a number of short term absences, as other factors need to be carefully examined.

Stage 1

Referral to Occupational Health

In respect of employees who are absent due to long term sickness;

- Line Managers should keep in regular contact with the person concerned throughout their absence

The purpose of contact is to demonstrate concern, ensure that the employee complies with sickness reporting procedures and that correct sickness payments are made, help plan cover during absence, discuss any referral to the Occupational Health Unit with the employee and provide any assistance as appropriate. The wishes of the employee with regard to contact should always be respected, however.

- Line Managers should discuss the intention to refer to Occupational Health and the reason for referral with the employee. It is in the best interest of all concerned to try and resolve sickness absence matters cooperatively.
- Reference to the Occupational Health Unit to obtain information and advice must be made in all cases where an employee has been absent for 2 or more weeks for an appointment at 4 weeks.
- The employee will be asked to complete a medical consent form in to enable the Occupational Health unit to write to their Doctor to obtain further information regarding the health of the patient.
- In cases where an employee is certified by their Doctor as suffering from stress/anxiety/depression, then it is recommended that the employee is referred to the Occupational Health Unit as soon as possible. In some cases an individual may have to be referred prior to their return to work.

Stage 2

Sickness Review Meeting

On receipt of an occupational health report, the Line Manager should arrange a confidential interview with the employee and a representative from POD as soon as possible after the medical review, taking into account the fact that the employee may be anxious about his/her continued employment. The employee has the right to be accompanied by a trade union representative or work place colleague. The purpose of this interview will be to:

- outline the Occupational Health Unit's view of the employee's absence and any subsequent recommendations



- obtain the employee's view of their ability to carry out the full range of duties on their return to work OR
- explore measures which could facilitate an early return to work e.g. the possibility of alternative work, lighter duties, re-training to undertake a different job or a graduated return to their post.
- explain the need to maintain regular monitoring and inform of future interviews
- where premature retirement on the grounds of ill-health has been recommended, obtain the views of the employee and offer the opportunity to seek an independent medical opinion if the recommendation is contested.
- advise the employee of any other options relating to their employment

Further sickness review meetings will be held at 8, 12, 16 and 20 weeks to monitor progress and likelihood of return to work. After five months sickness absence a meeting should be held to discuss how long the absence is likely to continue and to consider whether the post can be held open any longer.

Stage 3

Outcomes

If the employee concurs with the recommendation that he/she should retire on the grounds of ill-health, the retirement must be actioned without unnecessary delay, for the benefit of both employee and employer, provided the employee does not contest the decision.

If the employee returns to work but is subsequently absent due to continuing sickness, or seems unlikely to return to work in the future, the Line Manager should consult with Personnel & Organisation Development to determine an appropriate course of action. The options to be considered may include further referral to the Occupational Health Unit, arranging a formal interview under the Capability Procedure, or redeployment in certain cases.

When an employee plans to return to work after a period of illness of more than 10 working days a final certificate must be produced stating that they are fit to return to work. If the employee will not be fit enough initially to carry out the full range of their duties, special working arrangements such as light duties or reduced working hours, may be made in consultation with Personnel & Organisation Development which might involve a temporary variation to the employee's terms and conditions of employment.

Dismissal Process for Long Term Sickness

In exceptional circumstances, where an employee has had a period of long term sickness absence but does not meet the threshold for early retirement on grounds of ill-



health; is not able to return to work in the near future and where re-deployment is not appropriate or where it has not been possible to redeploy the person, the Council may consider (having regard to all the circumstances of the case) termination of contract on grounds related to capability.

Where this is considered, the employee concerned will be fully consulted and a formal interview will be arranged. If a decision is made following the interview that it is not reasonable to expect the Council to wait any longer for the employee to return to work and a decision is taken to dismiss, then the employee will have a right of appeal (see Appeals Policy and Procedure).

Any decision of this type will only be taken having regard to a number of different factors which will be carefully considered before any action is taken. The expiry or otherwise of an employees payments under the sickness scheme will not affect the decision.

Holiday during periods of long term sickness

If a member of staff takes a holiday during a period of sickness absence, this will be recorded as sick leave as long as the employee provides a letter from their doctor confirming that they are still unable to work, and confirming that the holiday will be beneficial to their recovery.

For the purposes of this policy annual leave is defined as follows:

- 'Statutory annual leave' means the minimum period of four weeks' paid leave to which all employees are entitled under the Working Time Regulations 1998.
- 'Contractual annual leave' means any additional paid annual leave that the Council grants over and above the statutory four weeks.

The annual leave year runs from April to March.

All annual leave, whether statutory or contractual, must be taken during the leave year to which it relates apart from a maximum of five days which can be carried over to the next leave year and taken as soon as possible at a time agreed with the line manager.

The following conditions will apply to employees who are absent from work due to sickness;

- If an employee is absent from work due to sickness for the whole of a leave year, he/she will not accrue entitlement to any statutory or contractual leave in respect of that year.

- If an employee is absent from work due to sickness for a period leading up to the end of the leave year and has not been able to take all of his/her annual leave entitlement for that year, the period of untaken leave will normally be lost.
- Contractual annual leave over and above the statutory four-week entitlement provided for by the Working Time Regulations 1998 will not accrue during any period of sickness absence lasting more than 20 working days whether paid or unpaid.



9. Dealing with Disability Related Sickness Absence

All employees need to be aware of the general provisions of the Disability Discrimination Act 1995 relating to employment.



x. Overview and Scrutiny: Unison's Comments on the Sickness Absence Policy and Procedure

Unison welcomes the opportunity to have an input to the Overview and Scrutiny on Sickness Absence and now submits comments collected locally from staff and from the national Unison agenda on Sickness Absence. We have also submitted comments on the proposals from personnel. Unison are aware that the sickness management has improved over the past few years and we would not want to see policy changes where they are not necessary, just consistency of approach.

Management inconsistency

Whilst Unison agrees that there is a need for management discretion and for each case to be dealt with separately, there is a certain amount of inconsistency to the approach of the Sickness Absence Policy. Some managers will stick rigidly to the procedures, invoking sometimes severe action where it is perhaps not necessary where others will use their common sense, look at the underlying root cause of the sickness, address this and discuss with the member of staff. There is also an inconsistent approach to the way return to work interviews are handled in that some are a conversation over a desk and others involve a serious discussion about the wellness of an individual, this indicates that managers are not aware of the purpose of the return to work interviews.

Recommendation for Action

We support POD in their delivery of briefings to senior managers and, once the new sickness toolkit has been produced Unison would recommend that a similar briefing be given to all line managers to ensure a consistent approach in the way they deal with sickness absence. POD are also encouraging a consistent approach by their policing of the procedures, Unison support this action. Unison are concerned that certain managers do not attend these briefings and training sessions, and they are the ones who need this support the most. If the message is consistent, all managers need to be briefed.

Bradford factor 'fear factor'

Unison understands and agrees that the Bradford factor is there to act as a trigger to line managers to ensure that their staff are fit for work and also to spot any patterns in their sickness absence. It is felt that a warning given to a member of staff after they have returned from a period of sickness will generate negative repercussions – especially on morale and motivation. The employee may also feel compelled to go to work to avoid being reprimanded which could potentially spread infections, this is a serious and real health and safety issue. Sickness should not be used to intimidate or punish employees who are genuinely ill and should not force employees to return to work if they are not well enough to work.

The terminology used is negative, to have a 'warning' – whether informal, verbal or written when you have just returned from sick leave is demoralising. This does not give the impression that the organisation is actually caring about the welfare of its staff (which is what it is doing). Fit for Work or Wellbeing assessment give a more positive outlook on the fact that a member of staff has returned from sick leave and is once again well.

Recommendation for Action

To empower managers to use their discretion, be positive with their staff and ensure that their staff want to come to work. To ensure that managers are aware that they can send their staff home if they believe they are putting other members of staff at risk of infection, or are not well enough to carry out their work. Also to change the use of the word “warning” until either the capability or disciplinary procedures are invoked.

Sickness absence decoupled from the disciplinary process

Once the Bradford factor reaches trigger point 4, the disciplinary procedure is invoked. We do recognise that abuse of the sickness absence procedure could lead to disciplinary procedures in extreme cases, however these should only be extreme cases where an investigation takes place and the correct disciplinary procedure is followed.

Recommendation for Action:

Unison would like to see sickness absence decoupled from the disciplinary process and a specific sickness absence process created. This may lead to capability if the member of staff is not capable of doing their job due to their illness or it may lead to disciplinary action if the policy is being abused. When the trigger point is reached, the line manager should have either attended the briefing, training or guidance from personnel or, if not, then the case should be reviewed by someone who has attended a briefing, to ensure consistency.

National perspective

Unison would like to see the sickness levels reduced in the workforce, this would indicate that staff are motivated, healthy and want to come in to work. Areas where Unison are concerned nationally are below, these are taken from “Absence agreements in the UK public sector: a bitter pill to swallow”

1. Management treat absence management separate to health and safety and thus exclude health and safety officers and health and safety reps in their regular discussions and policies.
2. Absence agreements are often reactive, punishing individuals following absence as opposed to identifying and remedying the causes of absence or rewarding good attendance.
3. Management perceptions of a workforce conspiring to abuse absence provisions had resulted in punitive sanctions, lack of sympathy and discretion and genuinely ill employees being penalised.
4. Unison is against the use of financial incentives to reduce sickness. It says it “trivialises illnesses, encourages members to come to work when ill and undermines a more thoughtful approach”
5. Acas recognises that sickness levels will generally increase before, during and after a restructure or increased workload.



POD Proposals

Please see Unison's comments regarding the proposals for the reducing the sickness which were put forward by POD.

1. Proposals for the future

- a) We will be placing more emphasis on managers undertaking sickness absence reviews than at present.

Comment: Agree this needs to be more uniform in approach and implementation. A level playing field for all employees must be seen in operation. This is especially important in mixed managed teams.

- b) GP and consultants reports will be requested when appropriate.
- c) We will reduce the current 9 day absence baseline to 8 days.
- d) We are considering an attendance policy.

Comment: We would need a little more information to be able to respond to this point.

- e) We are considering buying and selling holiday for high percentage attendance.

Comment: This could lead to inequality for employees with disabilities, prolonged illness/accident or long term health problems. This could lead to un-used sick leave being viewed as extra AL which, in theory, increases the salary of those being allowed to use the option.

- f) We are considering extending probation to 12 months.

Comment: Would this be for everyone or only extended for those whose sickness has been high?

- g) We are considering removing sick pay for the first 12 months of all new staff including those with continuous service.

Comment: Could we suggest removal of sick pay for the first six months, while retaining point f. This would be fairer on the employees that are genuinely sick. Alternatively we could request a doctor's certificate from the employee for any sick time within the first year in order for them to be paid.



Overview and Scrutiny: Response to Unison paper

- **Management Inconsistency**-As Unison has noted we have a training programme for managers attached to the absence management tool-kit.
 - We have also held briefings for Heads of Service and Senior Managers on sickness absence management.
 - Unison have asked that managers be allowed to “use discretion” but also want to erase inconsistency-you can’t have both. Managers are human too; but if everyone is aware of how the policies work-and they are there on the intranet for all to see-inconsistency should be minimal.
 - The only other option is to use a pro-forma system, which removes all possibility of discretion, and turns Bradford into a very blunt instrument.
-
- **Bradford Factor**- it is part of the policy that at certain levels, warnings must be given. But a warning is only given after an employee has had a number of instances of absence.
 - While we accept that receiving a warning is never pleasant, it would be unfair to the employee to make a warning so ambiguous that they were not clear that they were receiving a warning.(because they had fallen outside our tolerance levels for absence.)
 - There is a clear procedure, and it is in everyone’s interest that it remain clear. If we were forced to dismiss, the employee could claim that they had never received a warning. They can be called “Triggers”, but it must tell the employee that they are in a potentially escalating process.
 - We cannot agree staffsides recommendation, as it places the organisation at risk in employment tribunals.
-
- **A return to work interview** is not designed to intimidate an employee, it is to identify the causes of absence- is there a work related reason, is there an underlying condition, should they be referred to occupational health, do they need some personal support, do they need adjustments to be made at work?
 - It is not, “used to intimidate or punish employees who are genuinely ill” and should not “force employees to return to work if they are not well enough to work” and it isn’t.
 - The recent IIP re-accreditation process described our sickness procedures as “very compassionate in dealing with sickness, especially with long term sickness and stress.” 62% of our stress cases last year were for personal rather than workplace stress; we nevertheless endeavoured to provide those employees with maximum support during their absence. 16+10=26
 - **Fit for Work** or **Wellbeing assessments** imply that we have medical knowledge-we do not.



- **Sickness absence decoupled from the disciplinary process.** The disciplinary process is only used for sickness when fraud is suspected. Otherwise, the capability process is used.
 - The capability process is used at the end of the sickness process i.e. return to work interviews, verbal warnings, intermediate warnings, final warning, then a sickness review meeting. The purpose of the meeting is to determine if the employee is capable of doing the job or needing ill health retirement. This can lead to dismissal.
 - When trigger points 4 and 5 are reached, there is always someone present from HR for the meeting.
 - Unison is suggesting a specific sickness absence procedure, we believe there is one already.
-
- **National Perspective-** it is for Unison to decide who to send to negotiating meetings, and I believe there is usually at least 1 Health and Safety rep present.
 - We treat absence management in line with Health and Safety, which is why we hold **return to work interviews**.
 - Our Absence agreement was developed in consultation with the Union. We are committed to identifying and remedying the causes of absence.
 - If Unison do not wish to consider financial incentives, we will not pursue, but a number of staff have requested this reward, which is why we put it on the table for consideration. We assume their response is as a result of consultation, so we can inform staff if need be.
 - We appreciate that change will affect sickness levels, but we as an organisation need to understand that the Public Sector is now effectively in a constant state of change.
 - Managing change more effectively is key to managing absence.
-
- **POD proposals for the future-**(d)An Attendance Policy is a way of rewarding staff if they have maintained a good attendance record for a year; either a sum of money or an extra days annual leave. The criteria for such a scheme would have to be very strict.
 - (e) again, in response to employees requests for such a scheme. We would factor in a percentage for disabilities so there would be no discrimination. Obviously, people who have had accidents or have long term health problems could not participate in such a scheme until they recover. We do not understand the link with unused sick leave??
- (f) and (g) We could extend probation to 9 months and this would apply to all staff, even those with continuous service and, rather than remove sick pay in the first year, require a doctors certificate in order to access sick pay, as Unison has suggested.

