

## REVISED SICKNESS ABSENCE MANAGEMENT POLICY AND PROCEDURE

**EXECUTIVE MEMBER:** Councillor N Williams  
**LEAD OFFICER:** Hilary Mitchell, Head of Policy & Performance  
**REPORT AUTHOR:** Len Gleed, Human Resources Manager

**Summary and Recommendation:** This report presents a revised version of the Council's Sickness Absence Management Policy & Procedure designed to assist in reducing the Council's level of sickness absence. Members are requested to review and agree the adoption of the new policy and procedure.

### 1. INTRODUCTION

- 1.1 As part of the Council's continuing efforts to improve attendance and reduce the level of sickness absence, the Attendance Task Group (a mixed group of Managers, staff and Trade Union representatives) has reviewed the existing Policy and Procedure and recommended modifications.
- 1.2 A revised draft has been widely consulted on with Management and Trades Unions. The draft was reviewed and endorsed by Personnel Panel on 11 September.

### 2. ARGUMENT

- 2.1 The Council has had an unacceptably high level of sickness absence for some years, and is actively involved in a number of initiatives to improve the situation.
- 2.2 One of the key aspects of attendance management is having a sound policy and procedures in relation to the handling of sickness absence.
- 2.3 The new draft policy and procedure is designed to particularly achieve the following:
  - provide clearer guidance for Managers and Supervisors in how to deal with sickness absence issues
  - emphasise key procedures such as Return to Work Interviews

- optimise the effectiveness of the improved new arrangements for Occupational Health advice, using a nurse-led service with on-site consultation.
- achieve a tightening-up of procedures, linked to a more robust but fair capability process

### **3. OPTIONS TO BE CONSIDERED**

- 3.1 Consideration of options is not appropriate in relation to this report.

### **4. CONCLUSIONS**

- 4.1 Members are asked to agree to the adoption of the redrafted policy and procedure.

### **5. FINANCIAL AND HUMAN RESOURCES IMPLICATIONS (INCLUDING SOURCES OF FINANCE)**

- 5.1 The policy and procedure will be operated using existing budgets.
- 5.2 There are significant human resources implications. The policy will improve the health of the workforce and, as absence rates fall, will contribute substantially to the capacity of the Council.

### **6. PROJECT AND RISK MANAGEMENT**

- 6.1 There are no major project management issues in relation to this subject.
- 6.2 The most significant risk – that the policy and procedure will not be implemented properly – will be mitigated by planned communication and training initiatives.

### **7. IMPACT ON CORPORATE PLAN**

- 7.1 Improved employee health and organisational capacity will impact positively on the delivery of Corporate Plan objectives.

#### **List of Appendices**

Appendix A – Revised draft Sickness Absence Management Policy and Procedure

**List of Background Documents:** None

**List of Consultees:** Attendance Task Group; Trades Unions; Corporate Team; Management Group; Personnel Panel

**CHECKLIST FOR DEALING WITH KEY ISSUES**

Please confirm against the issue if the key issues below have been addressed . This can be by either a short narrative or quoting the paragraph number in the report in which it has been covered.

Impact on Crime and Disorder	None
Impact on Sustainability	None
Impact on Rural Proofing	None
Health and Safety Implications	Direct impact on the health and welfare of employees
Impact on Equality and Diversity Issues	None
Children and Young Persons Implications	None
Human Rights Act Implications	Relevant related policies take account of the provisions of the Act

Please say if this report will require the making of a Key Decision NO

## APPENDIX A



**Copeland Borough Council**

# **Sickness Absence Management Policy and Procedure**

***Redraft August 2007, reviewed by Personnel  
Panel 11 09 07***

- 1.0 **INTRODUCTION**
- 1.1 Copeland Borough Council recognises its responsibility to provide a safe and healthy working environment for its employees. In fulfilling this responsibility, the Council will help to keep the level of sickness absence as low as possible by preventing accidents and promoting good health generally.
- 1.2 Sickness absence affects the ability of the Council to deliver high quality services reliably and to achieve value for money. This policy is designed to take account of both employee welfare and organizational requirements. In order to monitor the Council's performance in this important area, sickness absence levels will be audited and published as one of the key Best Value performance indicators. The Council will also keep departmental records of sickness absence and analyse them in order to identify trends and problem areas.
- 1.3 The Council's objective is to have a healthy and productive workforce and to be as supportive and caring as is reasonably possible where there is concern about a developing problem. The Council is also concerned to maintain good working standards and be fully committed to good employment practice and adherence to the law.
- 1.4 This policy and procedure is designed to combine:
- ❖ a positive, collaborative approach to the monitoring and management of sickness absence
  - ❖ encouragement for accountability and responsibility among employees
  - ❖ a consistent approach which is seen to be fair
- 1.5 Uncertified or suspect sickness absence could be a serious breach of trust and a separate issue of conduct which will be dealt with under the Council's Disciplinary Procedure.
- 1.6 Absence for medical, dental and other such appointments for the purposes of this procedure is not classed as sickness absence, but authorized absence, and should be recorded as such. It must be authorised by Managers or Supervisors, in accordance with other relevant guidelines including the Flexible Working Hours Scheme. See below for revised guidance on medical, dental and other such appointments.
- 1.7 This policy statement and procedure is produced principally as guidance to assist Managers and Supervisors in dealing sympathetically with employees' sickness absence, both short and long term, in accordance with the Council's objectives, whilst recognising the fundamental need to provide an efficient and effective service. Employees should also be aware of the procedures that must be followed by themselves and their Managers or Supervisors.
- 1.8 This policy applies to all employees of Copeland Borough Council.

## 2.0 POLICY STATEMENT

- 2.1 All employees will be treated in a fair and consistent manner. The ultimate aim will be to handle sickness in a supportive and effective manner, whatever the duration or pattern of absence.
- 2.2 In implementing this policy, the Council will fulfill its responsibilities under the Human Rights Act 1998. The Council is also committed to fair and flexible treatment of disabled employees, and compliance with the relevant legislation.
- 2.3 The Council recognizes the importance of harmonious employee relations, and the co-operation of the recognised trade unions in implementing this policy.
- 2.4 The Council accepts that every member of staff is likely to suffer from ill health at some time. It also recognises that long-term sickness (That is, more than 4 weeks or 3 periods of short-term sickness in 6 months) should be handled in a different manner from isolated short-term periods of sickness and will ensure that procedures are in place which reflect this difference.
- 2.5 Managers and Supervisors will be provided with training, support and guidance in order to ensure that they are adequately equipped to tackle individual sickness problems. Their role is to help the employee to return to work as soon as possible, establish the cause of the absence, likely future patterns, maintain accurate records, and not to concentrate solely on the impact on their service.
- 2.6 The Council realises that any long-term sickness absence is normally in itself a source of anxiety for employees who may become particularly concerned about the security of their employment. In order to provide maximum support to employees faced with this predicament, the advice and guidance of the Occupational Health Service will always be requested.
- 2.7 The Council recognises, in accordance with the principles of its Dignity at Work Policy, that disabled employees must be entitled to some special considerations. The Council also takes account of the impact of other associated policies in relation to disability (including HIV, AIDS, alcohol and drug abuse etc). In some circumstances, e.g. diagnosis of cancer, degenerative conditions and similar, an increased level of sickness absence may be anticipated, and will be dealt with as sympathetically as possible. The Human Resources Team, in consultation with the Occupational Health Service will provide specific guidance in this area.
- 2.8 Employees who suffer some short-term disabling conditions (e.g. a broken arm) may be offered part-time or light duties for a short period. The Council will attempt to support employees with temporary disabling conditions to return to work on appropriate duties where this supports their rehabilitation. Decisions in these cases will always be made with appropriate occupational health advice.
- 2.9 Employees will be made aware that their Manager or Supervisor will monitor their attendance record, and that reports will be made to more senior managers.

- 2.10 Managers or Supervisors will personally monitor the attendance of employees they supervise and will be personally responsible for the management of absence in their own teams.
- 2.11 Accurate records of sickness absence must be kept by Managers and Supervisors to enable identification of individual absence patterns at an early stage.
- 2.12 In cases where termination of employment on grounds of incapability arising from ill-health is considered, action will only be taken if;
- i) the employee has received guidance;
  - ii) the employee has been advised that continued absence may result in termination of employment;
  - iii) where appropriate, the possibility of alternative work has been considered.
  - iv) Occupational Health advice has been sought.
- 2.13 Employees' failure to comply with the requirements of the Council's Sickness Absence Control Policy and Procedure will lead to disciplinary action. Where an employee declines to co-operate with efforts to obtain Occupational Health advice, he/she will be made aware that decisions regarding his/her employment will still be made, without the benefit of such advice.

### **3.0 REPORTING SICKNESS ABSENCE**

- 3.1 Employees must notify their Manager or Supervisor of their inability to attend work, and the reason for it, as soon as possible and in any event no later than the start of their normal working day on the first occasion of any period of absence. The employee must provide information to enable the Manager or Supervisor to make appropriate arrangements during the absence. A Manager or Supervisor may make suitable local arrangements for employees notifying sickness absence in order to meet the needs of their service (for example, asking for a call to be made to a mobile phone number before a set time).
- 3.2 The following information must be provided, recorded on the appropriate pro-forma and forwarded to Human Resources section for the employee's personal file, when absence is reported:-
- ❖ The absentee's name
  - ❖ The nature of the health problem
  - ❖ The likely duration of the absence
  - ❖ Any immediate work-related issues (appointments, deadlines etc.)
  - ❖ Contact details for the employee while absent because of sickness

Where the duration of the absence extends beyond any estimate previously given by the employee, he or she must keep the Manager or Supervisor informed about the likely date of return.

- 3.3 A "Sickness Declaration Form" must be completed by the employee and returned to the Manager or Supervisor for any period of sickness absence of up to 7 days. This self-certification document must be completed on the day of return to work unless there are practical reasons why this cannot be done. The Manager or

Supervisor will speak to the employee in person, and carry out a return to work interview. The interview record must be forwarded to the Human Resources section to be placed on the employee's personal file.

3.4 If the period of sickness absence continues after the 7<sup>th</sup> day a doctor's certificate must be submitted to the Payroll Section by the employee, through the Manager or Supervisor.

3.5 Failure on the part of an employee to submit a Sickness Declaration Form or Doctor's Certificate will normally result in the withholding of sick pay.

#### 4.0 **MONITORING AND RECORD KEEPING**

4.1 Accurate recording of all absence will help to develop a fair and consistent managerial approach to work attendance. It will also help to raise employee awareness of management's interest in this area whilst highlighting to each individual his or her own standard of attendance. It is an integral part of each Manager's or Supervisor's responsibilities.

4.2 The most important aid to effective absence control is the detailed individual record. This must accommodate all forms of employee absence, including sickness, holidays, flexi-leave, lieu days, leave of absence, unauthorised absence and compassionate leave. Records must be accurately maintained as they will form part of the evidence needed for formalised action, where required. Accurate records will also ensure that each employee is dealt with fairly.

4.3 To support the role of Managers or Supervisors, monitoring of sickness absence will also be undertaken centrally by the Human Resources team. Statistical information regarding the overall work attendance within the organisation will be derived from the records kept by individual Managers or Supervisors. Overall monitoring of absence levels and trends will be carried out every quarter and findings reported to Corporate Team and Joint Consultative & Safety Panel.. This statistical information will also be provided to Managers and Supervisors.

#### 5.0 **SICKNESS ABSENCE CONTROL PROCEDURES**

##### 5.1 **Return to Work Interviews**

5.2 When an employee returns to work after absence due to sickness, their Manager or Supervisor must check that the employee is fit to return to work, and discuss whether or not any further health problems are anticipated. Where the absence has been of short duration and relates to a minor ailment, the interview may be appropriately brief, and will be recorded on a Return to Work interview form.

5.3 Where there is either a succession of short-term sickness absences, or a period of long-term absence, the Return to Work Interview needs to be appropriately thorough, and recorded as described in paragraph 6.3 (a) of this procedure.

5.4 All Return to Work Interview records must be forwarded to Human Resources section and placed on the employee's personal file.



## 6.0 Persistent short-term absence

- 6.1 Persistent absence should be dealt with promptly, fairly and consistently. If the Council does not show that it is concerned about levels of absence, employees in a small minority of cases may abuse the conditions of the Sick Pay Scheme. The effective use of absence records is an important part of the responsibility of any Manager or Supervisor. Patterns of sickness absence will be investigated by Managers and Supervisors, and if abuse is suspected, a disciplinary investigation will be commenced.
- 6.2 Persistent short-term absence may be either for reasons of sickness, (short periods of one or two days occurring frequently), or may arise where an employee fails to attend for work without permission or for reasons which are not notified in advance. It is important to identify the cause of the absence because this will determine the action which may reasonably be taken if abuse of the Council's procedures is suspected.
- 6.3 Where an employee has three instances of short-term sickness absence in any rolling 24-week (6 month) period, the following procedures will apply on the employee's return after the third instance:-

(a) **Return to Work Interview** : The Return to Work Interview will take place as soon as possible (preferably at the start of the employee's normal working day) following return to work after the third period of sickness absence. A copy of the interview will be forwarded to the Human Resources Section, where it will be placed on the employee's personal file.

The Manager or Supervisor will discuss the reasons for absence and the frequency with which the employee is absent. The discussion should try to identify any help the Council could provide to overcome the health problems suffered by the employee, and establish whether or not such problems are connected with the employee's work or working environment. It should be explained to the employee that, while the Council is sympathetic to cases of genuine illness, it cannot tolerate continuing high levels of absence. The need for good attendance should be underlined. The employee must be told that a record of the interview will be put on file, and the relevant pro-forma jointly signed. Consideration should be given to seeking Occupational Health Service advice.

(b) **If the problems persist** : After the date of the Return to Work Interview the Manager or Supervisor must see the employee again, repeat and record the same interview following any subsequent periods of sickness absence within a further rolling 24-week period. The employee should be asked whether or not he or she has sought medical help. The Manager or Supervisor should identify any positive steps they have taken and whether or not there is any further help the Council can provide. The Manager or Supervisor will seek agreement for him or her to be seen by the Occupational Health Service nurse or Physician, who may in turn seek further information from the employee's own Doctor. At all stages, the employee's rights under the Access to Medical Reports Act 1988 and the Access to Health Records Act 1990, will be respected. If an employee refuses to attend for a medical examination by the Occupational Health Service, he or she

should be informed that, in the absence of a medical report, action will be taken using the information available.

It should be made clear that the interview is a formal meeting and that the employee will receive written confirmation of the meeting afterwards and a copy will be placed on the personal file. Where the employee continues to have repeated periods of short-term absence, the employee must be informed that it may ultimately be necessary to take more formal action, with termination of employment on the grounds of incapability due to ill health being considered. Managers and Supervisors must make sure that the employee understands this;

(c) **If there is still no improvement**, and the medical assessment makes no recommendations as to how to improve the situation: The employee must be interviewed again and the interview recorded as before. After explaining all the issues once more and taking into account the findings of any medical report, the Manager or Supervisor must indicate that the Council is unable to continue to accept the level of absence. If an employee refuses to attend for a medical examination by the Occupational Health Service, he or she should be informed that, in the absence of a medical report, action will be taken using the information available. When all the available processes have been exhausted, a final formal letter will be sent to the employee, setting out the facts and the action that the Council will take, i.e. termination of employment, if the situation is not resolved within a reasonable timescale.

(d) **If the absence continues** : A hearing will be convened under the Council's Disciplinary and Capability Procedure, and in the absence of any new information or mitigating evidence, the individual's employment will be formally terminated.

6.4 At stages (b),(c) and (d) above, Managers or Supervisors will work closely with a Human Resources Officer who will normally be present at interviews with the employee.

6.5 At stages (b), (c) and (d) above, the employee must be given the opportunity to be accompanied by a Trade Union representative or work colleague if he or she so wishes.

## 7.0 **PROCEDURE FOR MEDICAL AND DENTAL APPOINTMENTS**

### 7.1 **Non-Urgent, Planned and Elective Appointments**

7.2 Whenever possible employees are expected to make appointments for non-urgent dental, medical and therapeutic check-ups and treatment out of work hours. If this is not possible, such appointments should be timed to minimise the disruption to the Council's work.

7.3 Employees must notify their supervisors or line managers at least 48 hours before the appointment that they will be away from work for a non-urgent appointment and give an estimated time of return to work. Supervisors and team managers will give their agreement to the employee taking the time off, and it will be recorded as "authorised absence".

7.4 In the case of treatments that are at the employee's discretion (for example cosmetic surgery, elective laser eye treatments, some fertility treatments in addition to 3 IVF cycles), authorized absence will not be granted, and annual leave or flexi time must be used

#### 7.5 **Urgent Appointments**

7.6 An employee who needs an urgent medical, dental or therapeutic appointment during normal working hours should notify the line manager or supervisor before attending the appointment, and request "authorised absence".

7.7 If following the appointment the employee does not return to work because they are not well enough to do so, the whole period will be counted as sick leave.

#### 7.8 **Out-Patient Treatment**

7.9 If an employee is to be treated as an out-patient, through an appointment which has been notified in advance to the supervisor or line manager, the time away from work can count as authorised absence of up to a day.

7.10 If an out-patient appointment requires more than a day's attendance at the clinic, or preparation for or recovery from the appointment prevents attendance at work, half a day's sick leave should be recorded for each half day's absence from work.

7.11 Managers may ask to see proof of the appointment to be attended, which should be provided if requested.

### 8.0 **LONG-TERM ABSENCE**

For the purposes of this procedure, long-term absence is defined as a situation;

- where the employee is absent for a period exceeding 4 weeks;
- where an employee has sustained a serious injury and a prolonged absence is anticipated. Where this type of absence occurs it may not be appropriate to deal with the situation using a procedure of formal warnings. The approach adopted should balance the employee's need for time to recover with the Council's need for work to be done;
- where aggregated sickness absence exceeds 4 weeks in any 6-month period (or pro-rata for part-time workers)

8.1 The Council's Sickness Absence Management Policy and Procedure will deal sensitively with long-term sickness cases. It is clearly important to take a flexible approach and in these cases the Manager or Supervisor, the Human Resources Officer and the Occupational Health Provider will work closely together in managing the situation.

#### 8.2 **Procedures for Managers to deal with long-term sickness absence**

8.3 The Council's approach to dealing with ill health which is likely to result in long-term absence (as defined at 8.0 above) is based on the principles of early intervention, and sound professional Occupational Health guidance. This approach is founded on the belief that the best way to deal with long-term

sickness absence is firstly to prevent it, if possible, and secondly to manage it in a pro-active way which is helpful to both the employee and the employer. The management of potential or actual long-term absence must therefore address the particular situation of the employee involved, and cannot be based on rigid thresholds for action.

- 8.4 As a general guide, the Council will seek to resolve cases of long-term sickness absence as soon as is reasonable, and in any event within the maximum 12 month sick pay limit under the National Agreement.
- 8.5 In cases where the employee is suffering from a diagnosed physical ailment which is likely to last for 4 weeks or more, early advice from Occupational Health experts will assist both the employee and the Council to explore the best way of managing the situation. In particular, such advice will facilitate approaches which will enable an earlier return to work than would be likely if there is no such advice. For example, referral to Physiotherapy services, redeployment on to light duties and phased returns to work are all positive approaches which will assist both parties. Such interventions are particularly helpful in the case of musculo-skeletal disorders, which are one of the commonest causes of lost time at work.
- 8.6 In cases where the employee's ill health is of a psychological nature, including such conditions as stress-related illness, anxiety and depression, it is particularly important to establish at an early stage if the illness is work-related, so that remedial steps can be taken as quickly as possible.
- 8.7 Where an employee is unable to work as a result of the types of condition referred to in 8.4 and 8.5 above, the Manager or Supervisor should arrange an interview with the employee as soon as possible, and in any event no later than 4 weeks after the absence begins, to discuss the situation. When arranging the interview it should be made clear that the initial discussion will be informal, but the employee should be given the opportunity to have a representative present if he or she so wishes. At all stages, appropriate file notes should be made by the Manager or Supervisor, and a confidential copy forwarded to the Human Resources section for the employee's personal file.
- 8.8 The Manager or Supervisor should request the employee's agreement to refer the case to the Occupational Health Service for advice, and obtain the necessary written consent.
- 8.9 When requested for advice, the Occupational Health Service will act on the relevant Referral document, which will be completed by the Manager or Supervisor, and will assess the employee's case. Assessment may involve one or more of the following procedures:
  - Checking with the employee's own doctor about the possibility of return to work. The inquiry might also seek a view on any limitations on the work which the employee could be expected to do when they return.
  - Waiting for the employee to return to work in their original job, and taking any steps necessary to facilitate an early return to work (variation of hours; temporary light duties etc.)

- Providing alternative work for the employee if available. [The Council does not have to create a special job].
  - Retirement of the employee on the grounds of ill health in accordance with the terms of the superannuation scheme and the Council's policy on Early Retirement.
  - Dismissal of the employee on the grounds of incapability due to ill health.
- 8.10 **Maintaining regular contact with the employee:** The Manager or Supervisor should keep up to date with the employee's state of health at all stages of the process.
- 8.11 **Keeping the employee informed:** It is obviously important to inform the employee if his or her employment is likely to be at risk.
- 8.12 **Where an employee refuses to cooperate:** If an employee refuses to provide medical evidence or to be examined by the Occupational Health Service, he or she should be told in writing that a decision about continued employment will be taken on the basis of the information available and that dismissal may result.
- 8.13 Where the cause of the absence was created by conditions of work e.g. allergies, the Council will consider remedial action or the possibility of a transfer to alternative work.
- 8.14 Where the employee's job can no longer be kept open and there is no suitable alternative work available, the employee must be informed of the likelihood of dismissal.
- 8.15 **Dismissal as a result of ill-health incapability.** When the procedure described above has been followed, and the conclusion is that the employee's employment must be terminated, a hearing will be convened under the Council's Disciplinary and Capability Procedure. In the absence of any new information or mitigating evidence, the employee's employment will be terminated on the grounds of incapability due to ill health.

## 9.0 **SUMMARY**

- 9.1 A distinction should be made between absence on grounds of incapability as a result of ill health and absence for reasons which may call for disciplinary action. Proper investigation (based on accurate records) and consultation with the employee is essential. To ensure consistency the Human Resources Section must receive a copy of all Return to Work Interview Forms in the case of persistent short-term sickness absence. In the case of long-term sickness absence the Human Resources Section acts as the Occupational Health appointments co-ordinator and should be kept informed and copied any relevant documentation when it becomes necessary to involve the Occupational Health Service and thereafter.

- 9.2 Appropriate action should be taken based on all the available information and following consultation between the relevant Manager or Supervisor and the Human Resources Section.
  - 9.3 Before any decision is taken concerning termination as described in paragraph 8.15 above, all available options must have been considered, and management must be satisfied that they have acted reasonably in the circumstances.
  - 9.4 Employees will be notified of the contents and effect of this procedure. Records of interviews conducted under the procedure will be forwarded to the Human Resources Section where they will be placed on the employee's personal file. Employees will be made aware of the consequences of continued poor attendance.
-