

# Report to Business & Transformation Scrutiny Panel

Agenda Item:

**A.6** 

Meeting Date: 13<sup>th</sup> February 2020

Portfolio: Finance, Governance and Resources

Key Decision: No

Within Policy and

**Budget Framework** 

Yes

Public / Private Public

Title: SICKNESS ABSENCE REPORT 2019/20
Report of: Corporate Director of Finance and Resources

Report Number: RD.56/19

# **Purpose / Summary:**

This report sets out the authority's sickness absence levels for the period April 2019 to December 2019 and other sickness absence information.

#### Recommendations:

- 1) Scrutinise and comment on the information on sickness absence provided in the report.
- Consider establishing a task and finish group with Member input to assist the HR Manager in reviewing the Attendance Management policy with the aim of more effectively managing absence levels.

# **Tracking**

| Executive:     | Not applicable   |
|----------------|------------------|
| Scrutiny: BTSP | 13 February 2020 |
| Council:       | Not applicable   |

#### 1. BACKGROUND

Current sickness statistics, as at December 2019, are shown below, with the number of days lost per FTE equating to 8.2 in the first nine months of 2019/20 (7.9 2018/19).

Although the Council has an Attendance Management procedure in place, this was written and implemented in 2004 (with minor changes incorporated since then) and is therefore due a fundamental review and would benefit from clearer, more transparent trigger points. The existing policy, attached at **Appendix A**, outlines the trigger points which initiate an "informal discussion" but after this any triggers are down to Management discretion and what is deemed "reasonable". This is open to interpretation, which potentially places the Authority at risk when trying to manage absence consistently and does not provide staff themselves with clear processes to help them manage their own attendance.

The use of a Task and Finish Group, to review the current Attendance Management Policy, is suggested to ensure a robust policy with effective trigger points is in place, providing support to Managers and HR when managing absences.

Local Authorities generally have identified issues with attendance management policies and a workshop is being held in Bolton on Wednesday 5<sup>th</sup> February 2020, which is being attended by the HR Adviser.

#### 2. 2019/20 SICKNESS ABSENCE

The table below shows the 8.2 days lost per FTE split between long and short-term sickness (long term sickness is defined as any absence more than 4 working weeks):

| Up to end  | Days Lost   | Days Lost per |
|------------|-------------|---------------|
| Q3 2019/20 |             | FTE           |
| Long-term  | 2,277 (67%) | 5.5 (67%)     |
| Short-term | 1,103 (33%) | 2.7 (33%)     |
| Total      | 3,380       | 8.2           |

The tables below provide absence levels split by directorates for April to December of each year. New staffing structures were in place with effect from 1 October 2016 and 1 October 2018.

| All Directorates (476 head count/413 Full-Time Equivalents (FTE) as at 31/12/19) |      |      |      |      |  |
|--|------|------|------|------|--|
| Indicator 2016/17 2017/18 2018/19 2019/20  |      |      |      |      |  |
| Working days lost due to sickness absence per FTE                                | 5.4  | 6.4  | 7.9  | 8.2  |  |
| Number of working days lost due to sickness absence                              | 2165 | 2666 | 3304 | 3380 |  |
| Proportion of sickness absence that is long term (four working weeks or more)    | 47%  | 61%  | 67%  | 67%  |  |

| Community Services (177 head count/168 FTE)                                   |         |         |         |         |  |
|---|---------|---------|---------|---------|--|
| Indicator   | 2015/16 | 2017/18 | 2018/19 | 2019/20 |  |
| Working days lost due to sickness absence per FTE                             |         | 8.9     | 10.0    | 7.9     |  |
| Number of working days lost due to sickness absence                           |         | 1493    | 1656    | 1296    |  |
| Proportion of sickness absence that is long term (four working weeks or more) |         | 71%     | 67%     | 62%     |  |

| Economic Development (42 head count/39 FTE)                                   |         |         |         |         |  |
|---|---------|---------|---------|---------|--|
| Indicator   | 2015/16 | 2017/18 | 2018/19 | 2019/20 |  |
| Working days lost due to sickness absence per FTE                             |         | 2.5     | 1.7     | 4.1     |  |
| Number of working days lost due to sickness absence                           |         | 89      | 62      | 153     |  |
| Proportion of sickness absence that is long term (four working weeks or more) |         | 0%      | 0%      | 48%     |  |

| Governance and Regulatory Services (134 head count/107 FTE)                   |         |         |         |         |  |
|---|---------|---------|---------|---------|--|
| Indicator   | 2015/16 | 2017/18 | 2018/19 | 2019/20 |  |
| Working days lost due to sickness absence per FTE                             |         | 5.9     | 8.6     | 8.4     |  |
| Number of working days lost due to sickness absence                           |         | 606     | 924     | 907     |  |
| Proportion of sickness absence that is long term (four working weeks or more) |         | 56%     | 83%     | 73%     |  |

| Corporate Support* (83 head count/67 FTE)                                     |         |         |         |         |
|---|---------|---------|---------|---------|
| Indicator   | 2015/16 | 2017/18 | 2018/19 | 2019/20 |
| Working days lost due to sickness absence per FTE                             |         |         |         | 8.3     |
| Number of working days lost due to sickness absence                           |         |         |         | 591     |
| Proportion of sickness absence that is long term (four working weeks or more) |         |         |         | 68%     |

| Finance and Resources* (40 head count/33 FTE)                                 |         |         |         |         |
|---|---------|---------|---------|---------|
| Indicator   | 2015/16 | 2017/18 | 2018/19 | 2019/20 |
| Working days lost due to sickness absence per FTE                             |         |         |         | 13.5    |
| Number of working days lost due to sickness absence                           |         |         |         | 433     |
| Proportion of sickness absence that is long term (four working weeks or more) |         |         |         | 76%     |

<sup>\*</sup>Corporate Support and Finance and Resources directorates restructures took effect from 1/10/18, therefore reporting on new directorates has commenced from 2019/20.

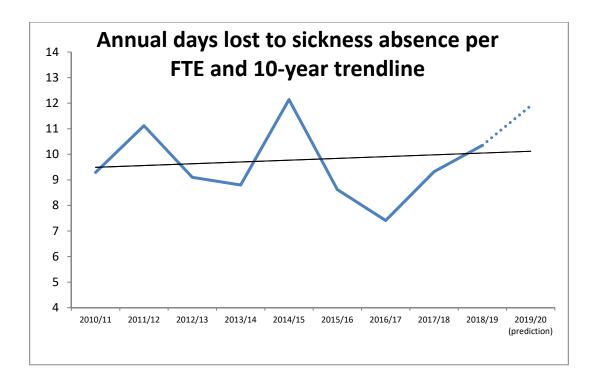
There has been a 4% increase in overall days lost per employee when compared to the same period in the previous year. 49 employees have been absent long-term (those cases where the absence is 4 working weeks or more) in the first nine months of the year; one more than the same period last year. 18 of the 49 instances remained open on 14th January 2020 and 21 of the 49 instances are due to 'Stress, depression, mental health, fatigue syndromes'.

The following graph compares the latest twelve months with those of the previous year. Quarter 3 (October to December) has seen a significant increase from the same period last year. This goes against the trend of the improvements seen in the previous nine months.



#### 3. TRENDS

Authority-wide, compared to same period of 2018/19, 2019/20 levels of sickness have increased by 4%. The long-term trend based on a forecast for 2019/20 can be seen in the graph below. Normally the final quarter of the year (January to March) accounts for around 31% of the annual sickness. 2018/19 was slightly lower at 24%. If 2019/20 follows the average, the annual figure will be nearly 12 days lost per FTE – as shown in the line graph below. The black line is the long-term trendline.



# 4. SICKNESS ABSENCE REASONS

The reasons for sickness absence are shown in the table below. The table shows the FTE days lost due to each reason for the sickness absence and is split by directorate. 'Stress, depression, mental health, fatigue syndromes' currently represents the absence reason with the greatest days lost (908 days). 83% of these 908 lost days were from 21 long term absentees. Seven of these 21 were still open ended as at 14<sup>th</sup> January 2020.

| FTE Days lost by reason and               | Comm.    | Corporate | Economic | Financial | Gov & Reg | Total       |
|---|----------|-----------|----------|-----------|-----------|-------------|
| directorate                               | Services | Support   | Dev't    | Services  | Services  | 7 Otar      |
| Back and neck problems                    | 43       | 53        |          | 87        | 14        | 196 (6%)    |
| Other musculo-skeletal problems           | 271      | 58        | 61       | 50        | 49        | 489 (14%)   |
| Stress, depression, mental health,        | 494      | 113       | 7        | 59        | 235       | 908 (27%)   |
| fatigue syndromes                         | 434      | 113       | ,        | 39        | 233       | 900 (21 70) |
| Infections (incl. colds and flu)          | 98       | 55        | 23       | 17        | 98        | 291 (9%)    |
| Neurological (incl. headaches and         | 8        | 17        | 2        | 18        | 16        | 59 (2%)     |
| migraine)                                 | O        | 17        | ۷        | 10        | 10        | 39 (270)    |
| Genito-urinary / gynaecological           | 5        | 4         | 34       | 2         |           | 45 (1%)     |
| Pregnancy related (not maternity leave)   |          |           |          |           |           | -           |
| Stomach, liver, kidney & digestion (incl. | 400      | 152       | 10       | 9         | 121       | 489 (14%)   |
| gastroenteritis)                          | 198      | 132       | 10       | 9         | 121       | 469 (1470)  |
| Heart, blood pressure & circulation       | 31       | 93        |          |           | 125       | 249 (7%)    |
| Chest & respiratory (incl. chest          | 105      | 1         | 2        | 10        | 44        | 162 (5%)    |
| infections)                               | 103      | <b>'</b>  | 2        | 10        | 44        | 102 (576)   |
| Ear, eye, nose & mouth / dental (incl.    | 38       | 39        | 11       | 3         | 12        | 102 (3%)    |
| sinusitis)                                | 30       | 39        | 11       | 3         | 12        | 102 (370)   |
| Other                                     | 7        | 9         | 3        | 180       | 194       | 392 (12%)   |

#### 5. RETURN TO WORK INTERVIEWS (RTW)

Up to the end of Quarter 3 2019/20, 100% of return to work interviews were conducted (2018/19: 97.4%). The time taken to complete the interviews and the proportion completed within five working days has also been included in the table below:

|                      | Proportion of | Average time taken | Proportion of RTWs |
|----------------------|---------------|--------------------|--------------------|
|                      | RTWs          | to complete RTW    | completed within 5 |
| Directorate          | conducted     | (working days)     | working days       |
| Community Services   | 100%          | 4.6                | 80%                |
| Corporate Support    | 100%          | 5.2                | 78%                |
| Economic Development | 100%          | 5.6                | 65%                |
| Finance & Resources  | 100%          | 4.9                | 76%                |
| Governance &         | 100%          | 5.7                | 67%                |
| Regulatory Services  | 10070         | 5.7                | 01 70              |
| All Directorates     | 100%          | 5.1                | 75%                |

#### 6. KEY ACTIVITIES TO SUPPORT ATTENDANCE MANAGEMENT

HR, Organisational Development, Health & Safety and Occupational Health all continue to work closely to proactively manage all sickness absence cases, attendance at work and health surveillance and promotion.

In December 2019 the Council were awarded the Better Health at Work – Silver Award and are now working towards achieving the Gold Award.

A Health and Wellbeing Day was held in November 2019 at the Civic Centre and one held at Bousteads Grassing in July 2019. There were numerous activities including BMI checks, cholesterol checks, Reiki and presence from the EAP provider.

The following initiatives have been arranged in April to December 2019 to improve health and wellbeing and reduce sickness absence:

- Re-think your drink scratch card sent to all staff in May to rate their alcohol intake;
- Mental Health Awareness Week links emailed to staff to EAP webinars May;
- Walking Event Carlisle 10k in Ten Day Event June;
- Healthy meals Eating 5-a day sessions arranged by Health Advocates June;
- Menopause Drop In June and October;
- Cholesterol Checks June:

- Big Lunch June;
- First Aid Room and Breast Feeding Room set up on 1st Floor of the Civic Centre June;
- Outdoor gym sessions September;
- Carlisle City Council Football Tournament held in September;
- Migraine Awareness Week email sent to staff in September;
- Bio resilience training October;
- Health and Wellbeing session Digestive Conditions October;
- Flu vaccinations for staff November;
- Physio Neck and Back care lunchtime learning November;
- Deskercise booklet emailed to staff November;
- Alcohol Awareness campaign Free Mocktails December;
- Lunchtime Learning Mindful craft classes, crochet and advanced crochet ongoing;
- Lunchtime walks ongoing;
- Physio Pilates ongoing;
- Meditation ongoing;
- Yoga early morning and evening sessions;
- Counselling service ongoing;
- Wellbeing pages on the intranet which include support for mental health, carers and general wellbeing – ongoing;
- Staff rest room ongoing;
- EAP Employee / Employer Monthly Newsletters sent to staff and managers ongoing.

#### 7. RISKS

None

#### 8. CONSULTATION

The report was reviewed by the Senior Management Team on 27th January 2020.

#### 9. CONCLUSION AND REASONS FOR RECOMMENDATIONS

The Panel are asked to scrutinise and comment on the sickness absence information with a view to driving continuous improvement.

The Panel are asked to consider establishing a task and finish group with Member input to assist the HR Manager in reviewing the Attendance Management policy with the aim of more effectively managing absence levels.

#### 10. CONTRIBUTION TO THE CARLISLE PLAN PRIORITIES

Monitoring sickness absence to help ensure the staff resources available to deliver the Carlisle Plan are maximised.

Contact Officer: Sue Kaveney Ext: 7071

Appendices Appendix A – Attendance Management Policy

attached to report:

Note: in compliance with section 100d of the Local Government Act 1972 the report has been prepared in part from the following papers:

None

#### **CORPORATE IMPLICATIONS:**

**LEGAL** - This report raises no explicit legal issues.

**FINANCE** – This report raises no explicit financial issues

**EQUALITY** – This report highlights the positive interventions taken around mental health in the workplace. This work demonstrates our commitment to the Public Sector Equality Duty and is consistent with the Equality Policy and Action Plan.

**INFORMATION GOVERNANCE –** This report raises no explicit issues relating to Information Governance.

# ATTENDANCE MANAGEMENT: SICKNESS ABSENCE

# Policy, Procedures and Guidelines Toolkit



Produced by HR Advisory Services

March 2004 Last Updated March 2019

#### About this document

#### This document covers:

- Council Policy on Attendance Management: Sickness Absence
- Procedures to be followed in the event of sickness absence
- Guidance on specific issues where appropriate
- Checklists of actions and discussion points in specific circumstances
- Forms to be completed
- Sample letters for written correspondence with employees
- Flow charts to provide an overview managing both short and long term absences
- Details of health support available for managers to assist manage sickness absence

It forms part of the Council's overall attendance management strategy and its purpose is to assist managers manage sickness absence effectively and fairly. It contains information that is useful to both managers and staff. It is designed to be supportive, not punitive, and everyone involved should operate the policy and procedures within the 'spirit' of this.

It also contains information that is useful for staff. For ease a separate document has been written for staff detailing procedures they need to follow if too ill to attend work.

It is arranged in three parts:

Part 1: Policy

Part 2: Procedures and general guidance

Part 3: A "toolkit" of checklists, forms, templates for letters and flow charts

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#### Part 1: Policy

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- 1: Notifying absence
- 2: Failure to notify
- 3: Certification
- 4: Maintaining contact
- 5: Return to Work Interview
- 6: Record keeping and monitoring sickness absence levels
- 7: 'Trigger points'
- 8: Frequent short term absences
  - 8a) Absence support meeting
  - 8b) First stage 1st First formal absence review meeting
  - 8c) Second stage 2<sup>nd</sup> formal absence review meeting
  - 8d) Third Stage 3<sup>rd</sup> formal absence review meeting
  - 8e) 'Life' of warnings
  - 8f) Rights of appeal
- 9: Long term absence
  - 9a) Maintaining contact
  - 9b) Meeting(s) with manager/home visit
  - 9c) Referral to Occupational Health
  - 9d) Case conference(s)
  - 9e) 'Managed' return to work
  - 9f) Redeployment
  - 9g) Specialist advice
  - 9h) Case review hearing
- 10: Mutual agreement to terminate employment
- 11: Ill health retirement with immediate pension benefits
- 12: Work-related ill health or injury
- 13: Diversity and equal opportunities considerations

- 14: Sick pay provisions
- 15: Long term sickness and annual leave
- 16: Sick whilst on annual leave
- 17: Several periods of long term sickness

# PART 3: "Toolkit" – Checklists, forms, template letters and other information

| <b>A</b> : | ( - 1 | $\mathbf{n}$ | V I | ists |
|------------|-------|--------------|-----|------|
| А.         | U     | 166          | nι  | เอเอ |

- A1 Manager's contact with absent employee
- A2 Return to Work Interviews short absences
- A3 Return to Work Interviews long term absence
- A4 Absence Support Meeting frequent short term absences
- A5 1st Formal Absence Review Meeting
- A6 2<sup>nd</sup> Formal Absence Review Meeting
- A7 3<sup>rd</sup> Formal Absence Review Meeting
- A8 Meetings with staff absent on long term sickness
- A9 Case Review Hearing

#### B: Forms

- B1 Sickness Declaration Form combined with Return to Work Interview
- B2 Absence Support Meeting
- B3 Referral form to Active Care Counselling
- B4 Referral to Occupational Health

# C Templates for letters

- C1 Following an (informal) Absence Support Interview
- C2 Following a review of attendance targets where sufficient improvements have been made
- C3 Invite to a formal Absence Review meeting (1st or 2nd)
- C4 Following a formal Absence Review Meeting (with warning given 1<sup>st</sup> written or final written)
- C5 Following a formal Absence Review meeting where more time is given for improvement
- C6 Invite to a 3rd Formal Absence Review meeting
- C7 Dismissal following 3rd Formal Absence Review meeting (frequent short term) or Case Review Hearing (long term)
- C8 Following 3<sup>rd</sup> Formal Absence Review meeting or Case Review Hearing no dismissal
- C9 No contact (or little) during first and second week of absence
- C10 No contact after C9 letter
- C11 Failure to attend meetings arranged

#### D Other information

- D1 Fit Note
- D2 Form for employee to complete where injury is due to a third party and where damages may be claimed
- D3 Employee Assistance Programme
- D4 Summary flow chart managing frequent short term absence
- D5 Summary flow chart managing long term absence

# PART 1: POLICY

#### 1 Introduction

The Council values its staff and customers. Staff wellbeing is a crucial part of this; equally, we are here to be able to deliver good quality services to our public. To pursue this we need to maintain that fine balance between the requirement for all employees to attend work everyday unless they are on annual leave or some other pre-agreed absence, and individuals' need for time off when they are not fit enough to be present.

We acknowledge that individual staff can become ill and, as a consequence, require time away from work, and may be concerned about this absence. In order to minimise the risk of distress, it is important for managers and staff to communicate and work together cooperatively to manage absence situations and to enable staff to attend work or return to work with confidence.

Everyone has the indisputable right to be treated fairly and with respect and this includes any discussions about attendance at work. The role of the trade unions in supporting their members is valued. Equally, managers need to be kept informed about an employee's illness so that they can support that employee and minimise the disruption to work.

# 2 Policy Statement

The Council, Management and Trades Unions are jointly committed to the achievement of the highest possible level of attendance at work and will work co-operatively towards this objective. Current aims are for our absence statistics to fall below the Regional average and show year on year continuous improvement.

Management has a crucial role in working jointly with individuals and the Trade Unions to achieve this aim.

Everyone involved recognises that, from time to time, employees will be unable to attend work due to illness. Employees are responsible for their attendance at work; however, they may benefit from support and assistance during their recovery and return to work and, in situations of repeated absence, to improve their attendance and maintain it at an optimum level.

All employees will be treated with respect and on an equal basis. This policy and procedures will be applied in a fair and non-discriminatory way, and in line with the Council's policies on equality. Correspondingly, managers and supervisors are entitled to be firm when handling any matters arising from absence. To assist with consistency, the Council has identified 'trigger' points – that is absence rates and/or patterns that may indicate that there may be a problem and further investigation and action/discussion called for.

A thorough investigation of the circumstances of the absence will precede the consideration of any formal action. Formal action will not be taken automatically - each case will be considered in the light of the specific circumstances surrounding it. Guidelines have been formulated in the interests of consistency of approach while recognising the need to take individual circumstances into account. Where appropriate, occupational health advice will be sought.

Formal action will only be taken after the issue has been previously discussed with the employee. The employee will be afforded the right of representation, and there will be an appeals mechanism.

Whenever an absence interview is held with an employee, a review period should be set and a timetable agreed to assist with future monitoring of progress.

All action taken will comply with relevant legislation applying at the time and Council policies – including equal opportunities, disability discrimination and data protection legislation.

Managers and supervisors who have responsibility under this policy will receive training and guidance to ensure that the required skills are developed and the procedures are clearly understood.

# 3 Scope of this policy

This policy applies to all employees of Carlisle City Council.

# 4 Responsibilities

Everyone has a responsibility for helping to achieve high attendance levels. In particular:

#### Employees' responsibilities:

- ✓ Attend work when fit to do so
- ✓ Notify their manager if they have to leave work due to sickness
- ✓ Notify their manager punctually if unable to attend work see "Notifying Absence" (part 2, paragraph 1)
- ✓ Have a shared responsibility with their line manager to maintain regular contact during the period of absence
- ✓ Refrain from any activities outside work that are incompatible with their illness or that may delay recovery
- ✓ Take advantage of activities identified that are designed to assist recovery and return to work – e.g. attending appointments at Occupational Health, participating in treatment prescribed, accessing other support available if required (such as 'Access to Work' Scheme), meeting with managers
- ✓ Return to work as soon as possible after an illness or injury, but only when fit to do so
- ✓ Take personal responsibility for their health and welfare

- ✓ Raise concerns with their manager, as soon as possible, if they believe that their work is making them ill or contributing to their illness
- ✓ Inform their line manager as soon as possible if they sustain an injury during the course of their work
- ✓ Inform their line manager or any other relevant parties, of any medical information that may pose a potential health and safety risk to themselves or others, e.g. if they have been issued with medication that restricts their capacity to carry out normal working activities.

# Managers' responsibilities:

- ✓ Create a working climate where employees feel valued and respected and support them to carry out their job effectively including providing appropriate training and development, effective communications and safe and healthy working conditions
- ✓ Treat everyone as an individual and with respect
- ✓ Act fairly and consistently, and adhere to this policy
- ✓ Ensure that all employees are made aware of this policy and other relevant Council policies and support available (see part 1, paragraph 5)
- ✓ Maintain confidentiality and treat all sensitive data with respect
- ✓ Meet with the employee to discuss the employee's absence after every period of absence
- ✓ Maintain reasonable and regular contact with absent employees
- ✓ Carefully review the attendance record of staff especially those within their first six months of employment
- ✓ Monitor absence within their team and taking appropriate action to manage absence levels of their staff
- ✓ Where the level of an employee's absence is considered to be unsatisfactory, review the situation with the employee and provide appropriate support. They should set review dates and monitor progress accordingly. Where appropriate, carry out formal absence review meetings and, where appropriate, issue formal warnings.
- ✓ Seek advice and guidance from Occupational Health and the HR team where necessary to ensure that each absence case is dealt with appropriately
- ✓ Refer staff to Occupational Health where appropriate (see part 2, paragraphs 4 and 9c)
- ✓ Where an employee sustains an injury during the course of their duties, advise the Safety Health and Environment Manager and carry out any investigations required
- ✓ Keep records of sickness absence for their staff in line with agreed procedures.

# <u>Director's responsibilities:</u>

- ✓ Determine the appropriate managers and supervisors to carry out the various stages of the procedure
- ✓ Ensure that accurate, and up to date records of sickness absence are kept and are available to enable early identification of individual problem areas
- ✓ Monitor and review attendance at work at both individual and section / Directorate levels
- ✓ All those responsibilities listed under 'all managers' see above.

# HR Advisory Services will:

- ✓ Provide regular reports to management on sickness absence
- ✓ Provide advice and guidance to managers and staff
- ✓ May make/assist with referral to Occupational Health, at managers' request
- ✓ Be involved in discussions when future employment or alternative employment issues are raised
- ✓ Be available to assist in sensitive cases.
- ✓ Be present at any meeting from which serious action may result
- ✓ Ensure that the policy meets the business needs of the Council
- ✓ Monitor the policy both in its application, and to ensure that it remains appropriate in the light of the operational needs of the Council, changing legislation and good practice.

# 5 Links with other policies

This policy, and related procedures, covers attendance management with specific reference to sickness absence. While dealing with sickness absence, managers may make use of other policies – mainly, but not exclusively:

- Redeployment
- Maternity
- Alcohol and substance abuse
- Carers
- Family emergencies
- Equal Opportunities
- Flexible Retirement
- Flexible Working
- Flexitime

Nothing in this attendance management policy and procedures runs contrary to other policies. However, if there is any apparent conflict between them, the HR Manager should be contacted for clarification.

# 6 Monitoring this policy

The HR Manager is responsible for monitoring this policy.

# 7 Review of this policy

This policy, and related practices, will be reviewed at any such time as legislation or good practice indicate that this is advisable.

To date, the policy has been updated as follows:

| Date                       |   |
|----------------------------|---|
| 1 <sup>st</sup> March 2019 | Part 12 fit note required                                     |
| 1 April 2004               | Policy implemented  |
| July 2007                  | Updated for terminology                                       |
| October 2012               | Updated for terminology, changes in legislation and review of |
| October 2012               | procedures, additional "toolkit" information.                 |

October 2012

#### PART 2: PROCEDURES & GUIDANCE

This section covers the procedures to be followed in relation to sickness absence, and, where appropriate, offers guidance in the application of particular aspects of the policy.

# 1 Notifying Absence

It is essential that line managers know when a member of staff is not able to attend work. Therefore, employees must:

✓ Telephone their line manager on the first, 4th and 8<sup>th</sup> day of their absence as a minimum. On the first day of absence this must be by the agreed time; for most people this will be 9.30 am, unless working in a section where different arrangements apply - see below.

With some services it is important for managers to know of an absence earlier than 9.30 am to allow alternative cover to be arranged – in these cases employees will be given specific instructions relating to reporting sickness absence, and these must be followed.

- ✓ On the first day of absence give their manager details of:
  - : their illness or injury
  - : when their illness began/injury was sustained
  - : anticipated duration of absence
  - : details of any work commitments that may need to be re-arranged
  - : contact number for any return telephone call
- ✓ If the manager is not available to receive the telephone call, employees must leave a message and they will contact the employee as soon as they can.
- ✓ In exceptional circumstances, where the employee is not able to telephone themselves, they must arrange for someone to contact the manager on their behalf; the employee should make contact with their manager as soon as possible after that. Text messages must only be used as a means of notification in exceptional circumstances and must contain a telephone number to allow for the manager to ring the employee as soon as possible.
- ✓ If the employee believes that their absence may have been caused by something that happened at work, they must tell their manager this, as there are a number of additional aspects to the absence (part 2, paragraph 12, outlines these)
- ✓ If an absence lasts for **more than three** days, the employee must notify their manager again on the **4th** and **8**<sup>th</sup> day. Please note that each day (including the weekend) counts as a day of absence for this purpose. If the fourth day is a Saturday or Sunday, contact must be made on the following Monday.
- ✓ For absences lasting longer than **eight days** regular contact must be maintained. The manager will agree the frequency and other contact arrangements.
- ✓ If the manager feel that more frequent contact would be appropriate they will advise the employee of this.

A checklist of issues to cover when employee notifies their manager is given in part 3 (Toolkit) as Checklist A1.

# 2 Failure to notify

Employees are reminded that it is a condition of their employment, and the sick pay scheme, that they notify their manager when unable to attend work and that if they fail to do this without good reason, they may jeopardise their entitlement to sick pay, and if repeated, may put their future employment at risk.

#### 3 Certification

Every absence must be certified to ensure that employees receive the correct contractual and statutory sick pay and that accurate records are kept.

Employees must complete a 'Sickness Declaration' form for **all** absences. In addition:

- ✓ For absences of **eight or more days** (*whether or not they are working days*), a medical certificate must be forwarded to the line manager no later than the **8**<sup>th</sup> **day**
- ✓ Where there is continuing sickness absence, the employee must provide consecutive medical certificates to cover the whole period of the absence
- ✓ The manager must ensure that the absence is recorded on Trent
- ✓ If an employee becomes ill during annual leave, normal notification procedures apply (see part 2, paragraph 16).

A copy of the sickness declaration form is given as the first page of form B1 in part 3 (Toolkit).

# 4 Maintaining contact

When an employee is absent due to sickness, it is important that contact is maintained between the manager and the employee, to ensure that the employee is getting support available and prevent them feeling isolated and out of touch. Frequency of contact during the first eight days of any absence is specified in Part 2, paragraph 1 above. Thereafter the line manager should consider the following:

- ✓ Agreeing a method and frequency of contact preferably by telephone but, if the employee finds this difficult, by letter or email
- ✓ For absences due to <u>stress</u>, the manager should normally arrange a referral to stress counselling which is provided by Active Care **immediately** by completing an Active Care referral form (part 3, form B3). Active Care will carryout a telephone consultation with the Employee, arrange for suitable counselling and do provide the Council's OH section, the manager and HR with a report (within the restrictions of confidentiality).
- ✓ For <u>muscular skeletal</u> injuries, the employee should normally be referred to occupational health **immediately** so that any necessary physiotherapy can be started as soon as possible (part 3, form B4).
- ✓ For <u>all other absences</u> of longer than **four weeks**, (or where it is anticipated that this will be the case) the manager should meet with the employee (see part 2, paragraph 9b). The employee may wish to have someone else present this may be a trade union representative, a work colleague or a partner/close relative.
- ✓ Regular contact must be maintained in the case of long term absences.

✓ Occasionally, an employee may feel unable to meet, or speak, with their manager, during their illness. In these exceptional cases, alternative arrangements should be made e.g. the employee appointing someone who can speak on their behalf, corresponding by post or e-mail. It is important that the manager maintains regular, meaningful, dialogue with the absent employee.

#### 5 Return to work interview

Managers will conduct a Return to Work interview with all employees returning from sickness absences, ideally on their first day back and no later than the third day back except in exceptional circumstances. A record of the discussion must be kept. A copy of the Return to Work Interview Form (combined with a Sickness Declaration form) can be found in the part 3, form B1.

A checklist of discussion points for the Return to Work Interview is given in part 3, form A2 (short absences) or A3 (long term absences).

If the Employee's absence is sufficient to cause concern (see Trigger Points below) this may be combined with the Absence Support meeting (see below Part 2, paragraphs 7 and 8a).

# 6 Record keeping and monitoring sickness absence levels

Accurate records must be kept to ensure correct sick pay is made, statistical returns completed and the level of sickness absence monitored. Therefore:

- ✓ Managers must record details of sickness absence for their staff, in the approved manner, on the HR/Payroll database (Trent)
- ✓ Managers will keep records and brief notes of all discussions and meetings with employees, to ensure that absence is managed effectively, and a record of earlier decisions and actions are available to inform future decisions and keep employees' personnel file up to date.
- ✓ HR Advisory Services will provide regular reports of sickness absence to SMT and Service Managers and necessary details for statistical returns and performance indicators
- ✓ Each manager will monitor sickness absence levels within their team, and take further action when there are concerns about an employee's absence levels (more details of this is given in part 2, paragraph 7)

# 7 'Trigger Points'

To assist managers, handle sickness absence in a considerate but fair and consistent way, the Council has identified a number of 'trigger points'. If an employee's absence reaches one, or more, of these, it indicates that there may be cause for concern and the manager must consider whether or not to take any further action.

The 'trigger points' are:

<u>Short term absences:</u> an aggregate of 2 working weeks}

} in any 12 month period }

Or 4 occasions

Or where the pattern of absence gives cause for concern e.g.

Mondays/Fridays, adjacent to a holiday period.

Once the employee's attendance reaches one of the "trigger points" for frequent short term absence, the manager should consider moving to an informal absence support meeting unless there is good reason not to.

In deciding whether or not to do this the manager should consider the specific circumstances of the individual and their absence, past attendance levels and any other pertinent factor. "Pertinent factors" could include the fact that the employee is pregnant, and the absences are related to the pregnancy, has a disability that may require more than usual absences or be in the process of undergoing investigations or treatment for underlying health issues.

Guidance on the action that may be taken is given in part 2, paragraph 8a and more details in the checklist at part 3, form A4.

<u>Long term absence:</u> 4 working weeks or more

#### 8 FREQUENT SHORT TERM ABSENCES

This relates to situations where the employee is frequently absent, usually as a result of minor ailments, whether or not there are medical certificates. Part 2, paragraph 7 (above) outlines when these become too frequent to be acceptable.

A summary flow chart of managing frequent short term absences is given as appendix D4.

# 8a Absence Support Meeting - Informal Stage

This is an informal discussion, designed to alert the employee to their attendance levels and assist them in improving their attendance, thus preventing the need for more formal action.

It is recommended that it follows on from the Return to Work Interview unless there is good reason not to, (such as the employee wishes to arrange to be accompanied by a work colleague or trades union representative. Thus, the process would be:

- ✓ Hold a Return to Work Interview as normal.
- ✓ Discuss concerns you have about attendance
- ✓ Decide whether or not you need to move the discussion into an Absence Support Meeting
- ✓ Explain reason to employee and check to see whether they are comfortable with continuing or deferring to arrange someone to accompany them
- ✓ If an Absence Support Meeting is appropriate, discuss support, improvements, targets, review period and advise informally of consequences of not achieving an improvement in attendance.

# See part 3 (Toolkit) for:

- ✓ a copy of the form to record the discussion (part 3, form B2) Absence Support meeting
  (frequent short term absences).
- ✓ a checklist of points of preparation, points to discuss and options available is given as checklist form A4.
- ✓ a framework letter to be used to send to the employee after the discussion is given as letter C1 to confirm the agreed actions, and a copy will be kept on the employee's personal file. (Note: this is a record of the discussion, not a formal 'warning').

A further review meeting will be arranged to review progress.

If the employee's absence improves to a satisfactory level, the review meeting will acknowledge this, congratulate them on their achievement and indicate that, as long as the improvement is maintained, the matter is closed. A note to this effect should be sent to the employee (letter C2 provides a template) and a copy placed on the employee's file.

# 8b First formal stage – 1st Formal Absence Review meeting

If there is insufficient improvement in the employee's sickness absence record, the manager will hold a first formal absence review meeting. The employee will be given notice of the meeting and offered the opportunity to have their Trade Union representative or a work colleague accompany them.

#### See part 3 for details of:

- a framework letter inviting employee to the meeting C3
- a checklist of discussion points A5
- framework letter to send to the employee following a meeting where a formal warning is given C4
- framework letter where the employee is given more time to improve C5

If, following the 1<sup>st</sup> Formal Absence Support meeting, the employee's attendance improves to a satisfactory standard, a meeting should be held with them to acknowledge this, congratulate them on their achievement and indicate that, as long as the improvement is maintained, the matter is closed. A note to this effect should be sent to the employee (letter C2 provides a template) and a copy placed on the employee's file.

# 8c Second formal stage – 2<sup>nd</sup> Formal Absence Review meeting

If there is insufficient improvement in attendance – the manager will hold a second formal absence review meeting with the employee. An HR Advisor should also attend. The process and discussion should be as for the first formal absence review meeting.

#### See part 3 for a copy of:

- framework letter inviting the employee to the meeting C3
- a checklist of discussion points, considerations and possible outcomes A6
- framework letter advising employee of the outcome C4 if a further warning is given and C5 if more time is given for improvement

As with previous meetings the manager, if the employee's attendance improves to a satisfactory standard, a meeting should be held with them to acknowledge this, congratulate them on their achievement and indicate that, as long as the improvement is maintained, the matter is closed. A note to this effect should be sent to the employee (see letter C2) and a copy placed on the employee's file.

#### 8d Third formal stage - Third Absence Review meeting

If the employee fails to achieve the required attendance levels, and the manager feels that the Council has done all that is practical to assist and support the employee achieve the targets set, a third absence review meeting will be held with the employee. The process will be the same as for other formal absence review meetings.

It is important that the employee is made aware of the seriousness of their situation, i.e. there is the possibility of dismissal, given written notification of the meeting and a minimum of five days notice. This enables them to prepare for the meeting (including arranging for representation if they wish).

As the absence levels have reached a serious level by this stage, a senior manager with the authority to dismiss must conduct the meeting and an HR Advisor also attend.

#### Part 3 gives a copy of

- a template letter inviting the employee to the meeting C6
- a checklist of discussion points, considerations and possible outcomes A7
- a template letter to confirm the outcome of the meeting C7 (where dismissal results) or C8 (where other action is taken)

#### 8e 'Life' of warnings

All formal warnings must carry a 'life', after which they become 'lapsed'. The duration of a warning will depend upon a number of factors individual to each situation. As a general rule, 1<sup>st</sup> written warnings should remain live for six months and 2<sup>nd</sup> (final) written warnings for twelve months. However, account also needs to be taken of the specific circumstances involved – including the amount of time given to the employee to improve and previous attendance records. The life of the warning must be clearly stated within the letter of warning.

Good attendance levels need to be sustained and, in the event of an improvement in attendance, which deteriorates at a later stage, reference may be made to any lapsed warnings within a period of two years from the end of that warning, if appropriate.

# 8f Rights of appeal

The employee has the right to challenge the decision at any stage in the process – as follows:

- ✓ In relation to the (informal) Absences Support meeting using the grievance procedure
- ✓ In relation to the 1<sup>st</sup> and 2<sup>nd</sup> stage formal meetings and against any decision short of dismissal in the 3<sup>rd</sup> stage (final) meeting a formal appeal to the line manager of the person conducting the meetings, or other suitable manager
- ✓ In relation to the 3<sup>rd</sup> stage, if the decision was to dismiss a formal appeal to be heard by an Appeals Panel of Councillors.

All appeals must be made in writing, giving reasons, to the employee's Director within 2 working weeks of receiving written notification of outcome(s) and for this purpose is assumed to be 2 weeks and 1 day after the letter is dated.

#### 9 LONG TERM ABSENCE

Any absence of over four weeks (whether or not a working day) is considered to be a long term absence. The longer an employee is absent, the more difficult most employees find it to return, even when recovered. Therefore, it is vital that the manager actively manages these cases and does not allow the situation to 'drift' along. A summary flow chart of the processes involved in managing long term absence is given in appendix D5.

In cases where the employee appears to very seriously ill, advice from an HR Advisor should be sought at the outset.

#### 9a Maintaining contact

As discussed earlier, it is important for the manager to remain in contact with the employee regularly and reasonably – see part 2B, paragraph 4 – to keep up to date with progress, identify areas for support and determine whether any other actions should be taken.

#### 9b Meeting(s) with manager/home visit

As discussed in part 2, paragraph 4, if the absence is likely to extend longer than four weeks, with no prospect of an immediate return, the manager should meet with the employee. A meeting in the work place is preferable unless the employee's medical condition prevents this, when a meeting at the employee's home or other suitable venue should be arranged. The manager should contact the employee to arrange a suitable time. The employee may, if they wish, be accompanied at these meetings by a trade union representative, a work colleague or partner/close relative.

The meeting will primarily be to discuss the absence and determine a way forward.

A checklist covering details of possible discussion points is given in part 3, checklist A8.

The manager should keep brief notes about the meeting and any outcomes agreed, send a copy to the employee, and pass one copy to Personnel for the employee's file.

During on-going long term absence, the manager should hold regular formal and informal meetings with the employee or their representative to discuss the absence and take conscious decisions to try and resolve the absence situation.

#### 9c Referral to Occupational Health

Unless there is good reason not to, the manager should refer the employee to Occupational Health. Early referral is usually helpful to assist manage the absence. Employee with stress or depression and muscular-skeletal illnesses should be referred as soon as they become ill (as outlined in part 2, paragraph 4). For other illnesses refer to Occupational Health once it becomes apparent that their absence is likely to last more than four weeks. The purpose of this referral is to provide an indication of the likely duration of the employee's absence' what can be done to help the employee return to work more quickly and to ascertain whether the absence is due to work related factors or issues beyond the control of the manager.

Arrangements for a referral to Occupational Health can be arranged by the manager directly with or channelled through an HR Advisor, who will liase with the manager and provide advice and guidance throughout the employee's absence. Part 3, form B4, gives an Occupational Health referral form.

Where necessary, Occupational Health will arrange to obtain reports from the employee's General Practitioner (GP) and any other medical professionals involved in the employee's treatment and advise the employee of their right to see the report(s). The employee is entitled to see these reports before they are sent to Occupational Health. If they wish to do this, they should contact their doctor as soon as possible and ask to see them. If the employee has not seen the report within three weeks of it being prepared, the GP will send it to Occupational Health regardless.

Employees may be asked to attend for other medical assessments in addition to Occupational Health. Any costs of these will be met by the Council.

Employees are reminded that they are expected to co-operate with medical referrals and assessments. If they do not do this, decisions will be made based on the information available – which could be detrimental to the level of support that could be given. In addition, failure to attend appointments without good reason may result in the employee losing their entitlement to occupational sick pay and may also result in disciplinary action.

# 9d Case conference(s)

Case conferences are a useful tool to manage long term absences. They are a meeting of those involved – usually the line manager, HR Advisor and anyone else who may have useful information e.g. Occupational Health Adviser, and senior management. The objective of this meeting is to explore the options open to resolve the absence and consider the next steps.

Following this, any actions being considered will be discussed with the employee (and their representative), with the objective of working out a strategy to progress the absence to some form of resolution. The strategy will depend on the circumstances and the advice received, and the likely options are covered in part3, checklist A9 and some are discussed further below.

Case conferences provide all involved the opportunity to fully understand the current situation, the various perspectives on absence and to attempt to gain a mutually beneficial resolution.

Depending upon the employee's illness, it may be that the first case conference is not able to result in a resolution of the absence, and that further conferences and support are more appropriate.

The manager will keep in regular contact with the employee throughout the process.

#### 9e 'Managed return to work'

One way to assist an employee return to work, is through a process of 'managed' return to work (sometimes called a 'phased' return to work). This can involve any adjustment to the individual's work on a temporary basis, to allow them to 'build up' to full performance of their duties over a period of time. It may involve any, or all, of the following:

- ✓ Shorter hours for a period possibly gradually increasing them to full hours
- ✓ Reduced duties and responsibilities for a period
- ✓ Carrying out different ('lighter') duties for a period
- ✓ Doing some work from home for a period
- ✓ Any other workable options.

The employee must be pronounced fit to carry out these reduced duties/hours by his/her GP or the Occupational Health. The duration of the adjusted hours/work should be agreed in advance (although – it may be appropriate, for example, to agree a certain period, then review the situation and if required, extend the period). The important aspect is that it must be managed (as with all things). During this period of 'managed' return to work the employee is paid as if they were carrying out their full contract.

# 9f Redeployment

If the employee will be unable to resume the full duties of their job within a reasonable time period, and it is not possible to make suitable adjustments to allow them to do so, it may be possible to re-deploy them to another vacancy within the Council. Managers should refer to the Council's Redeployment Policy.

There are a number of activities involved in this and the HR Advisor will lead and co-ordinate these.

# 9g Specialist advice

Advice on specialist equipment and adjustments to the working area can be obtained from Occupational Health and, or, the disability advisory service at the Department of Work and Pensions. As the sources of this type of advice and government initiatives to assist disabled people may change over time, an HR Advisor should be contacted to assist with obtaining information.

#### 9h Case Review Hearing

Where all other efforts to bring the absence to a satisfactory conclusion have been exhausted, the Director or Service Manager will have to consider whether or not the employee can remain in the Council's employment. Before taking this decision, a 'Case Review' meeting will be held with the employee and their representative, to consider whether there are any further actions that the Council can reasonably take to assist the employee continue their employment, or whether, regrettably, the employment should be terminated.

The hearing will follow the principles of natural justice and include notice of the hearing, the right of representation, free open discussion and the right of appeal against any sanction taken. Details are given in part 3, checklist A9.

#### 10 Mutual agreement to terminate employment

This is where the manager and the employee mutually agree that employment should cease. Both parties agree a date when employment should cease. This normally occurs when an employee is eligible for ill health retirement with immediate pension benefits (see part 2, paragraph 11) but need not necessarily be the case. Care must be taken by the manager to ensure that the employee does not feel under pressure to agree this course of action when they do not really wish for it.

# 11 III health retirement with immediate pension benefits

This is only available to members of the Local Government Pension Scheme and the Council must, by law, ensure that certain conditions are met.

For advice and guidance on III Health Retirement contact an HR Advisor.

For information, brief details of ill health retirement are outlined below.

The main criteria is that an independent registered medical practitioner (IRMP) must certify that

"the employee is permanently incapable of discharging efficiently the duties of their employment by reason of ill health or infirmity of mind or body" and

"have a reduced likelihood of being capable of undertaking any 'gainful employment' before normal retirement age"

If this is met, there are three levels of ill health retirement provision which are:

- Tier 3: The employee is likely of being capable of undertaking gainful employment within 3 years of leaving.
- Tier 2: The employee is not capable of undertaking gainful employment within 3 years of leaving employment but is likely to be capable of undertaking gainful employment at some time thereafter and before age 65.
- Tier 1: The employee has no reasonable prospect of being capable of undertaking any gainful employment before age 65.

Before certifying that an employee would qualify for ill health retirement with immediate pension benefits, the IRMP has to be satisfied that there is no suitable alternative employment available. (More details on re-deployment can be found in part 2, paragraph 9f).

# 12 Work-related ill health or injury

While employees who are absent because of an accident or injury at work are treated in a similar way to those whose illness is attributed to other causes, there are a few administrative differences involved, therefore:

- If an employee or manager believes that the absence is caused by the work, an accident report form must be completed as soon as possible and the Safety, Health and Environment Manager advised
- The situation must be investigated in line with the Council's Health and Safety procedures (Accident or Incident Investigation & Report)
- The manager must liase with the Safety Health and Environment Manager and HR Advisor as part of the considerations before any formal action is taken
- The manager must advise the Payroll section and make an immediate referral to Occupational Health as soon as possible.
- Sick pay entitlement while absent with an industrial injury is separate from sick pay for other reasons. For this to be claimed employees must seek medical advice and have this supported by a fit note.

# 13 Diversity and equal opportunities considerations

Legislation provides additional protection for certain categories of employees in respect of absence. Currently these are <u>pregnant</u> employees and those with <u>disabilities</u>. The protection is mainly to ensure that there is no discrimination against them for reasons of their pregnancy or disability. Pregnant or disabled employees do not necessarily have more sickness absence than others. However, careful consideration is required before taking any action and managers are strongly advised to discuss the situation with an HR Advisor before taking any such action.

# 14 Sick pay provisions

Sick pay provisions are part of an employee's terms and conditions of employment, and as such are part of the benefits package of working for the Council. There are a number of issues related to this which employees should be aware of.

- Payment of Sick Pay is dependent on Employees following sickness absence reporting procedures and co-operating with all action taken designed to assist their recovery.
- Sick pay is made up of two parts occupational sick pay (i.e. what the Council pays as part of the benefits package) and statutory sick pay (i.e. what a person is entitled to by law). Anyone who is absent due to sickness for longer than 28 weeks, needs to claim their statutory sick pay from the Department of Work and Pensions. If/when this period is reached, a member of the Personnel & Payroll team will advise the employee. Any occupational sick pay due will continue to be paid into the employee's bank account on the normal pay date.
- For sick pay to be payable for absences of over seven days (whether or not a working day), the employee must submit medical certificates to cover the full period of absence from the 8<sup>th</sup> day of absence (see part 2, paragraph 3).
- Employees who abuse the sick pay scheme may be liable to disciplinary action, and/or immediate suspension of the occupational part of sick pay.
- Where an employee is absent due to an accident where a third party is responsible e.g. a road traffic accident which was someone else's fault, the employee must advise their manager of this. The employee will continue to be paid as if sick pay were being paid. However, the employee will be asked to sign an agreement to claim this amount as part of their damages against the third party and, if successful, repay it to the Council. Employees will not be expected to repay any money received in sickness payment unless they are successful in claiming it back. An example of the agreement is shown as appendix D2.

# 15 Long term sickness and annual leave

Legislation entitles employees to take a certain amount of their statutory annual leave even if they are absent on sick leave. They need to give notice, in writing, to their manager that they intend to do this – the length of the notice must be at least twice the duration of the leave. Thus, if an employee intends to take annual leave of one week, they need to give two weeks notice, unless their manager agrees to waive this. There are several issues for a manager to consider whether or not to agree to this leave being taken, and managers are strongly recommended to seek advice from an HR Advisor before authorising such leave.

Any employee who has been unable to take all of their annual leave in the current leave year due their sickness absence may carry it over into the next year. Only one such carryover will be allowed in respect of that sickness absence.

Any employee who leaves having been able to take their annual leave because of sickness will be paid for it.

#### 16 Sick whilst on annual leave

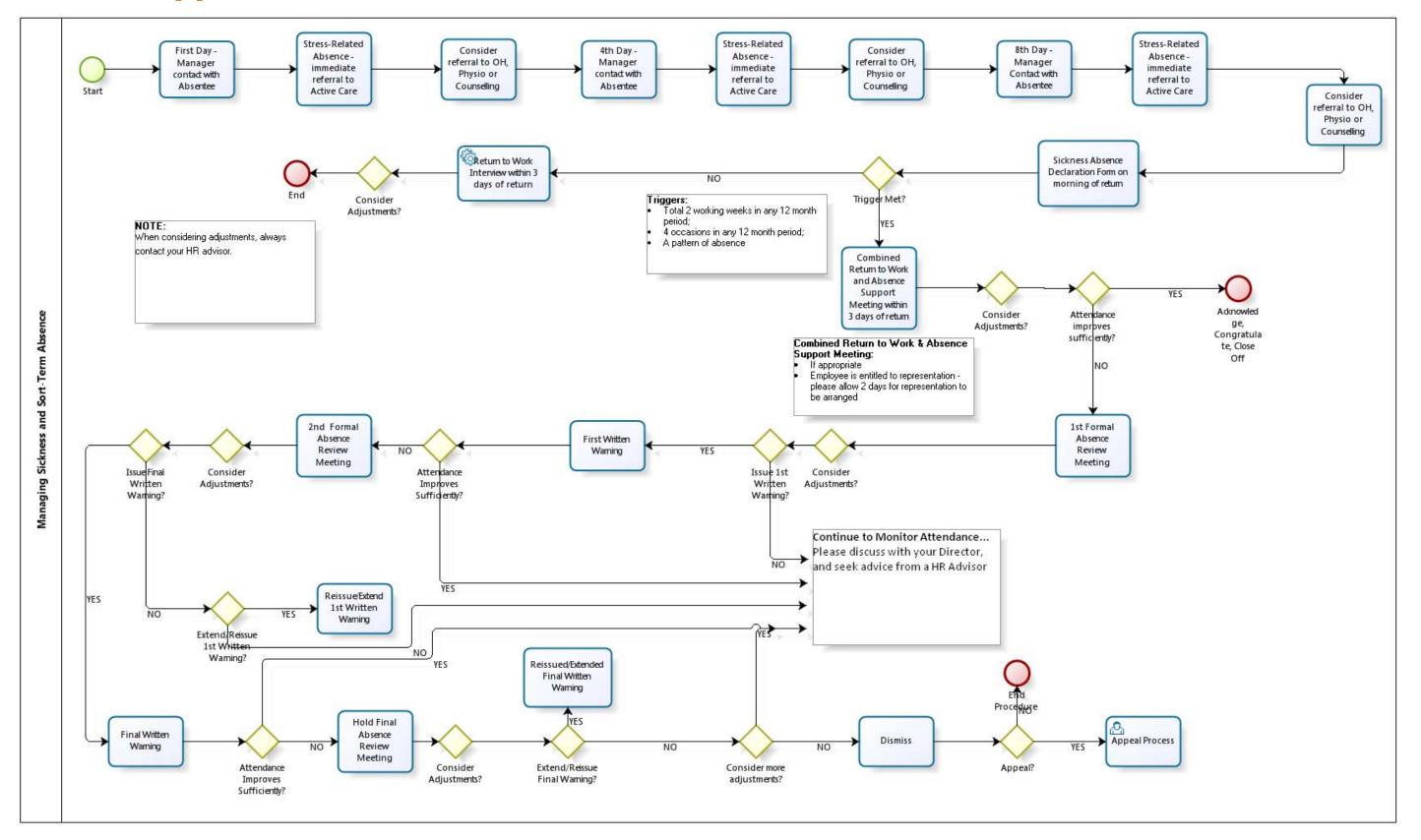
If an employee falls sick during their annual leave, the normal notification procedure applies. However, if the employee intends to reclaim any of the 'lost' annual leave, they must produce a medical certificate to cover the whole of the period of leave to be reclaimed. Outstanding leave may be taken at a later date.

If an employee is sick on a bank holiday, he/she is not entitled to take time off at a later date.

# 17 Several periods of long term sickness

In the unfortunate event of an employee having several periods of long terms sickness that results in unacceptable attendance levels, these should be dealt within the same manner as frequent short term absences i.e. using an Absence Support meeting, 1<sup>st</sup>, 2<sup>nd</sup> and third formal Absence review meetings (as appropriate). Referral to Occupational Health, consideration of what support the Council can provide, attendance targets, consideration of ill health retirement and reviews will all form part of that process.

# D4: Flow Chart - Managing Short Term Absences





# D5: Managing Long Term Absence

