

NORTH LINCOLNSHIRE COUNCIL

POLICY AND FINANCE CABINET MEMBER

ATTENDANCE MANAGEMENT POLICY

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To outline and seek approval for the council's updated Attendance Management policy.

2. BACKGROUND INFORMATION

2.1 The council's Sickness Absence policy was last updated in 2010. It has now been reviewed in a continued attempt to improve the council's performance in this area.

2.2 Reducing levels of sickness absence remains a high priority for the council and the policy is integral to the effective management of employee absence and ultimately a reduction in the cost of sick pay across all services.

2.3 Reducing the cost of sick pay by improved attendance management is an alternative to cutting the levels of sick pay. This had previously been considered as part of the proposed changes to terms and conditions in a bid to save money on employment costs.

2.4 The following changes have been made to the policy:

2.4.1 Renaming of the sickness absence policy to 'Attendance Management' to reinforce that this is a positive approach to increasing attendance rather than a negative approach of reducing sickness absence.

2.4.2 Emphasis has been placed on the role of managers in respect of their responsibility/accountability to manage the attendance of their employees. This is to be supported by soft skills training in how to manage the attendance process and promote preventative measures.

- 2.4.3 Introduction of a new element around employees 'being in charge of their own destiny' and their responsibility/accountability for their own wellbeing, lifestyle choices and ownership of their absence management.
 - 2.4.4 The removal of any management discretion around employees being referred to occupational health once 20 days absence has been reached and the inclusion of mechanisms for earlier referrals prior to this trigger where appropriate. It is now explicit that there will be no exemptions to this unless approval has been obtained from the relevant Director and the Assistant Director - Human Resources.
 - 2.4.5 Welfare counselling will be promoted at every opportunity - welfare support is proven to help employees stay in work who would otherwise be absent without early intervention/referral. All employees are to be contacted and offered welfare support within three days of a stress related absence.
- 2.5 The revisions to the policy will be supported more broadly by other elements, including, a new performance management framework, increased promotion of employee health and wellbeing, a revised Redeployment policy and a new Absence Management Service. The Absence Management Service is where employees ring in directly to an occupational health nurse to report their absence as opposed to their line manager.

3. OPTIONS FOR CONSIDERATION

- 3.1 To approve the revised policy.
- 3.2 To reject the revised policy.
- 3.3 To recommend amendments to the policy.

4. ANALYSIS OF OPTIONS

- 4.1 The revised policy is an integral part of the council's efforts to reduce sickness absence and ultimately make savings on the cost of sick pay.
- 4.2 Rejecting the revised policy would not assist the council in reducing the current level of sickness absence and its associated cost.
- 4.3 Recommending further changes to the policy would require further consultation and delay implementation.

5. **RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

5.1 There will be a cost of £68,000 for the Absence Management Service.
This cost can be met from a reduction in sickness absence levels.

6. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

6.1 An impact assessment of potential impacts has considered the equality implications of these changes. Provision already exists in the policy to minimise adverse impacts on those individuals who have absences related to pregnancy, gender reassignment, disability or maternity.

7. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

7.1 The trade unions have been consulted and are supportive of the revisions as an alternative to cutting sick pay.

8. **RECOMMENDATIONS**

8.1 That the revised policy be approved and implemented.

DIRECTOR OF POLICY AND RESOURCES

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Background Papers used in the preparation of this report:

Proposed actions to support a reduction in sickness absence levels (29 September 2015)

1.0 INTRODUCTION

- 1.1 The council is committed to providing a healthy and supportive working environment, not only through its obligations to comply with health and safety legislation, but also through a collaborative approach towards attendance management. Illness and injury resulting in absence from work, not only have a significant effect on employees, but also has an impact on the council's ability to deliver services.
- 1.2 This policy is designed to support employees who are absent from work. It describes the steps a manager must take to secure the attendance of all employees during their working week and to properly manage sickness absence. It consists of a series of stages at which employees will be encouraged through advice, guidance and support to maintain their acceptable level of attendance.
- 1.3 Employees have a personal responsibility to maintain their own wellbeing and a contractual obligation to attend work. There is no preferable level of sickness absence; however employees should not attend work whilst unfit to do so.
- 1.4 This policy applies to all employees of the council other than those appointed directly by schools with delegated powers.
- 1.5 Increasing levels of attendance is a high priority for the council and therefore managers have a responsibility to manage the absence of all employees through the diligent and consistent application of this policy.
- 1.6 Sickness absence relating to musculoskeletal and stress related problems are of particular concern and **may** be subject to referral to Occupational Health from the first day of absence as these conditions are likely to recur or develop into long term health problems.
- 1.7 Managers must be aware that work may impact negatively on an employee's health and should be alert to the signs of this. It is therefore important to promote a supportive and open workplace culture where employees feel able to discuss any

concerns or issues affecting their health and wellbeing. This will allow support to be implemented as soon as possible and help prevent employee absence.

- 1.8 It is an employee's responsibility to alert their manager to any issues that may be contributing to their ill health, absence or ability to attend work at the earliest opportunity.
- 1.9 The council's confidential Staff Welfare and Counselling service and Human Resources (HR) are available at all times to employees and managers seeking advice and guidance.
- 1.10 Managers must apply this policy fairly and consistently to all employees. It is recognised that from time to time that there may be exceptional circumstances that merit actions being deferred. All such exceptions must be agreed in advance by the appropriate Director and the Assistant Director Human Resources. All such decisions must be notified to HR for recording purposes.
- 1.11 All aspects of the implementation of this policy, especially the actions taken in response to trigger points being met or exceeded will be subject to regular audit. A checklist for management action (see Appendix 3) must be completed in all cases and returned to HR.
- 1.12 Pay during periods of sickness absence is in accordance with the various national negotiating bodies. The current arrangements associated with sick pay can be found in Appendix 1.

2.0 ABSENCE REPORTING AND RECORDING

- 2.1 For any period of sickness absence the employee should call 'Day One', the occupational health provider's absence management service normally within one hour of the usual start time or in advance where operationally required on the first day of absence and provide the following information:
 - The reason for the absence (having regard to sensitivity and confidentiality), and
 - its likely duration.

Once notified of the absence the manager should ensure that any work commitments are rearranged or cancelled.

- 2.2 The submission of an email or text message is not acceptable. Employees should maintain contact with the Day One service if the absence extends beyond the original estimate and provide updates on their condition throughout their period of absence. Day One will provide regular email updates to the manager. The employee should also notify Day One when they are fit to return.

Note 1: *Employees requesting the use of annual leave or flexitime, rather than sickness absence, at the manager's discretion, should be allowed this where service requirements would have allowed for leave to be granted in normal circumstances.*

- 2.3 All employees must complete a self-certification form for all periods of sickness absence up to and including seven calendar days. A form will be provided upon return to work. Where absence extends beyond seven days a self-certification form will be sent to the employee's home address to be completed and returned to their manager.

- 2.4 Where sickness lasts longer than seven calendar days, employees must obtain a fit note from a registered medical practitioner. This should cover all the remaining period of absence with no gaps. Fit notes must be submitted to their manager, where they will be photocopied and the originals returned to the employee at the earliest opportunity. On receipt of a fit note managers should consider an early referral to occupational health, particularly if the duration of the fit note is in excess of 20 days. Guidance for managers and employees in respect of fit notes can be found at <https://www.gov.uk/government/collections/fit-note>

- 2.5 Employees who fail to comply with the above reporting requirements without good reason will have their pay suspended and disciplinary action may be taken. Pay will only be reinstated upon receipt of a self-certification and/or fit note for the period in question.

- 2.6 Where a doctor has indicated that an employee 'may be fit for work' a discussion between the employee and their manager should take account of the medical

advice provided and the manager should give reasonable consideration to any suggested changes or more detailed comments which may facilitate an earlier return to work. This will include:

- A phased return to work;
- altered hours;
- amended duties; and/or
- workplace adaptations.

- 2.7 Managers should determine whether adjustments are reasonably practicable but, where it is not possible to accommodate recommendations they should obtain advice and guidance from HR. Managers should contact the council's Safety Solutions team for any advice regarding undertaking a risk assessment.
- 2.8 If the recommendations cannot reasonably be accommodated or either party wishes to discuss the above in person, a meeting will be arranged as soon as possible at a mutually convenient location. The meeting should follow the process outlined at paragraphs 5.2 and 5.3. HR will be available to support if required.
- 2.9 Where it is not possible for the suggested changes to be made or support to be provided, the fit note should be used as if the doctor had advised 'not fit for work' for the remaining duration of the note. Employees will not be required to visit their doctor again until the original note expires.
- 2.10 Employees will be informed that where the absence is related to musculoskeletal or stress related problems they **may** be referred to occupational health from the first day of absence. This is a positive measure to identify and implement any support required to assist the employee back to work at the earliest opportunity.
- 2.11 Managers must record the sickness via the HRinfo system as soon as possible and update the system with any subsequent returns to work. Managers should also ensure copies of any related paperwork are forwarded to the HR Advisory Service via TOPdesk or other suitable, secure method, as soon as received.

Other leave

- 2.12 Employees who become sick during a period of annual leave will not lose their allocation of annual leave during that leave year (subject to the provisions of the Annual Leave procedure B.3), provided that they comply with the council's Attendance Management policy at all times.
- 2.13 If a manager believes an employee's health represents a risk to the employee, colleagues or clients and decides to send the employee home from work, the day will be considered as authorised absence with full pay.
- 2.14 If food hygiene or other workplace regulations require the absence of the employee for at least 48 hours after their symptoms have stopped, this 48 hour period will be considered as authorised absence with full pay. Any period where the employee is still experiencing symptoms should be recorded as sickness absence and reported in accordance with the Attendance Management policy at all times.
- 2.15 Employees who are required to attend outpatients appointments (supported by evidence of the appointment) will be granted paid leave for this purpose if the length of absence required is less than 50% of their normal working day. Where a longer absence is required, either this should be recorded as sickness absence or annual leave, flexi-leave or unpaid leave should be requested. The appropriate special leave form must be completed.
- 2.16 For time off for elective surgery (not prescribed by a doctor) or consultation associated with such procedures, employees must use annual leave or flexitime, but may be unpaid leave if the other two options are not available to them.
- 2.17 With reference to 2.13, 2.15 and 2.16 above, if the employee subsequently remains absent because of sickness, normal reporting arrangements **must** apply and ensuing days will be recorded as sickness absence.

3.0 RETURN TO WORK DISCUSSION

- 3.1 A return to work discussion must take place, ideally between the immediate line manager and employee, after any period of sickness absence, even if this is for a

single day. Preferably it should be held on the day the employee returns to work. The discussion should be on a face-to-face basis wherever possible. Failing this, a telephone conversation is an acceptable alternative. Whichever approach is adopted the discussion must be supportive in nature, be confidential and be conducted with the purpose of:

1. Acknowledging the employee's return to work and showing that it is valued.
 2. Confirming that the employee is fit to return.
 3. Allowing the employee to voice any concerns he/she may have.
 4. Providing advice and support.
 5. Checking if any help or workplace adjustments are needed.
 6. Arranging an appointment with occupational health if additional advice is needed.
 7. Ensuring that the absence is properly certified.
 8. Alerting the employee if he/she has exceeded or is in danger of reaching an absence trigger point.
- 3.2 The information obtained must be recorded on the appropriate form (see Appendix 2) and utilised where appropriate as a basis for future actions. The employee must be provided with a copy of the return to work form at the earliest opportunity. Completed forms must be forwarded to the HR Advisory Service or the appropriate location to be filed securely in the employee's personal file.

4.0 SHORT-TERM ABSENCE

- 4.1 There are three potential phases in the management of short-term sickness absence:
- Attendance review meeting
 - Referral to occupational health
 - Capability hearing
- 4.2 An employee's 3rd absence or 6th working day of absence in any six month period will trigger an attendance review meeting.

4.3 The number of days (although not the number of absences) will be calculated on a pro-rata basis for employees working more or less than the standard five days per week.

- 4.4 When calculating what counts towards the short-term absence trigger points for:
- Absences which are disability related or maternity related, the number of days and the occasions of absence should be halved.
 - Absences that are due to reportable industrial injury (as per RIDDOR), the number of days (although not the occasion of absence) should be halved.
 - Absences which are pregnancy related or related to gender reassignment will be discounted.

If necessary, the council's occupational health provider should be consulted for clarification on whether or not an absence may be related to any of the above.

Note 2: *Under the Equality Act 2010 a person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. People with HIV, cancer and multiple sclerosis are covered from the point of diagnosis rather than from the stage when the condition has an adverse effect on their ability to carry out day-to-day activities. For more information about the duty to make reasonable adjustments please contact the HR Advisory Service.*

Note 3: *Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave. An employee's absence due to pregnancy related illness should be recorded separately and should not be taken into account when making decisions about her employment.*

4.5 Normal support mechanisms will remain available to all employees regardless of the reason for absence.

Attendance review meeting

4.6 When an employee reaches an absence trigger point (i.e. on the 3rd absence or 6th working day of absence within any six month period) the manager will inform the employee during the return to work discussion that they have reached/exceeded the absence trigger point and an attendance review meeting will be arranged as soon as possible.

4.7 The manager will write to the employee to request his/her attendance at the meeting, enclosing the employee's record of sickness absence. The manager should emphasise the supportive nature of the meeting and remind the employee that he/she may be represented/accompanied by a trade union representative or fellow worker of the council. HR will assist in the process if required.

4.8 The review meeting is an opportunity for the manager and employee to confirm the periods of and the reasons for absence and discuss any other issues or concerns. The manager should offer any advice or guidance where appropriate and encourage the employee to access any additional support through their own GP or for mental health issues, the council's Staff Welfare and Counselling Service. The employee should also be advised of their responsibility to regularly attend work and maintain their own wellbeing. To support this, the employee should formulate an action plan to demonstrate how they intend to improve their attendance. The plan must be agreed with the manager who will consider any reasonable adjustments requested. The manager will explain that further action will be taken on the 2nd period of absence or 4th working day (subject to paragraph 4.4) during the six months following the meeting and a referral to occupational health will be made if one has not already been requested.

The number of days (although not the number of absences) will be calculated on a pro-rata basis for employees working more or less than the standard five days per week.

4.9 The manager will confirm the outcomes of the meeting and the action plan in writing.

4.10 If at the end of the review period the employee has achieved and maintained the required standard this should be acknowledged. No further action will be taken provided the required standard is maintained.

Referral to occupational health

4.11 If the required standard is not achieved the employee must be referred to the council's occupational health provider. The employee should have been informed of this at the preceding return to work discussion.

- 4.12 If it is clear from the medical advice received that there is an underlying medical reason for the absences that should respond to treatment a meeting will be held with the employee to discuss this.
- 4.13 It should be made clear that a further attendance review meeting (in accordance with paragraph 4.7) will take place at the end of the course of treatment or in three months' time (whichever is the sooner). It should be noted that any unrelated sickness absence during this time will count towards a further trigger point and the matter will be referred to a capability hearing.
- 4.14 If the occupational health report advises that there is no underlying medical reason for the absence(s), or there is an underlying medical reason but no realistic prospect of recovery and achievement of the required standard within three months, the matter will be referred to a capability hearing and the employee will be advised accordingly.

Note 4: *Following receipt of an occupational health report at any stage in the policy, the employee should be requested in writing to attend a meeting and be reminded that they may be accompanied by a trade union representative or fellow worker of the council. A copy of the referral letter and the subsequent medical report will be provided to the employee in advance of the meeting. The outcome of the meeting should be confirmed to the employee in writing.*

5.0 LONG-TERM ABSENCE

- 5.1 Any absence of 20 working days or four calendar weeks or more is considered long-term and will fall into one of the following categories:
- Absence to cover health conditions where length of absence may be reasonably predicted e.g. broken bones, in patient operative procedures that require rehabilitation or
 - absence where it is more difficult to predict the likely duration of the sickness absence period e.g. glandular fever, musculoskeletal, stress or mental health related etc.

5.2 It is important that managers maintain regular contact with the employee during the period of absence, especially if the absence is stress or mental health related. The purpose of the contact will be to:

- Enquire after his/her health,
- consider possible support strategies,
- establish the likely length of absence
- consider the advice provided in any 'fit note',
- consider if a temporary change in duties might facilitate an early return to work,
- identify any possible long-term effect on their employment,
- bring the employee up to date with developments at work and remind the employee of the availability of confidential counselling.

Note 5: Where a 'fit note' with recommendations which may facilitate an early return to work is obtained by an employee the above matters should be discussed immediately.

Note 6: The council's confidential Staff Welfare and Counselling service will be advised of any employee whose period of sickness absence exceeds 20 days or four calendar weeks.

5.3 Discussions at 5.2 should reflect the individual case but the primary objective should be the employee's return to work. The contact may establish a prospective return to work date or a 'fit note' may recommend a phased return to work which in the particular circumstances can simply be agreed.

5.4 However, if the recommendations in a 'fit note' cannot reasonably be accommodated or either party wishes to discuss the above in person a meeting will be arranged as soon as possible at a mutually convenient location. HR will be available to support if required.

5.5 If the discussions conclude:

- There is no likelihood of an imminent return to work after the initial 20 working days or four calendar weeks (three months for disability related absence or maternity related absence - see notes 2 and 3 above), or
- medical advice is required in order to assist the employee's return to work, or

- there is a need to establish the employee's capability for returning to work at any time.

The employee must be referred to occupational health. (A referral may only be deferred in exceptional circumstances with approval from the Director and Assistant Director Human Resources). Monthly reviews must take place for deferred referrals in order to determine the employee's ongoing state of health and whether a referral to occupational health would be beneficial or to request a further deferment.

5.6 The employee will be advised of his/her rights under the Access to Medical Reports Act 1988.

6.0 RECEIPT OF OCCUPATIONAL HEALTH ADVICE

6.1 Following the receipt of occupational health advice a meeting will be arranged at a mutually convenient location. The employee will be given at least five working days' notice in writing of the time and place of the meeting. The employee should be advised that the purpose of the meeting is to discuss the medical advice and its implications. The employee should also be advised of the right to be represented/accompanied in accordance with paragraph 4.7.

Prospect of return within a reasonable period

6.2 The medical opinion will be discussed with the employee and depending upon the circumstances and the medical advice, outcomes could include:

- Phased return to work; (see Note 7 below)
- reasonable adjustments of either a temporary or permanent nature;
- homeworking;
- continued sick leave.

In each case all practical steps will be taken to assist the employee to return to work (see Note 8 below).

6.3 If having considered the options at 6.2 above, there is a reasonable prospect of the employee returning to work within three months of the medical advice (four months for disability related absence or maternity related absence) then contact should be

maintained and support should continue to be given up to the point of return and beyond as necessary.

Note 7: *A phased return to work may be agreed at the manager's discretion, giving full consideration to any occupational health advice that may have been received. The phasing will normally be over a period of up to one month. The employee will receive full pay during the first month of phased return. This can be extended in exceptional circumstances if recommended by occupational health or the welfare officers. Any extended period will be covered by the use of the employee's annual leave, flexitime or unpaid leave.*

Note 8: *The above list of options in 6.2 above may not be exhaustive and they need not be mutually exclusive. Two or more of the options may be used either in sequence or in tandem. Managers are encouraged to be constructive and creative in finding solutions. Advice will be available from HR throughout.*

No prospect of return or return within a reasonable period

6.4 Where medical advice indicates there is no prospect of the employee returning to their substantive post at all or within three months of that advice (four months for disability related absence or maternity related absence) the matter will be referred to a capability hearing where the following options will be considered:

- Attempted redeployment under the council's Redeployment procedure A.9.
- Early retirement on the grounds of ill health.
- Career break.
- Dismissal.

6.5 The outcome of the meeting in all circumstances will be confirmed in writing to the employee.

Six months absence

6.6 If none of the options outlined in 6.2 above will facilitate an imminent return to work all employees who remain absent from work for six months (eight months for disability related absence or maternity related absence), will be referred to a capability hearing.

6.7 If the medical situation has changed since the last referral or is likely to prior to a capability hearing taking place a further referral must be made and the subsequent

medical opinion should be made available for consideration at the capability hearing.

7.0 RETURN TO WORK FOLLOWING LONG-TERM ABSENCE

- 7.1 Where an employee returns to work following a period of long-term absence the support and assistance given should be similar to that provided to a new employee during induction. Every effort should be made to allay the potential fears and anxiety of a return. The opportunity for an informal pre-return visit to the workplace may be offered to the employee if considered beneficial.
- 7.2 The manager should hold a return to work discussion with the employee on the first day of return to work to ensure that any adjustments to duties, equipment or hours of work are in place and are suitable. The opportunity should also be taken to sympathetically reintroduce the employee to their team and in particular to any new colleagues.
- 7.3 Any changes to domestic arrangements and/or health and safety issues should be clearly explained and highlighted to the employee.
- 7.4 Where service specific policies, procedures and or working practices have changed these should be communicated to the returning employee at the earliest opportunity. Where necessary, appropriate training should be organised to supplement and reinforce the employee's understanding. Returning employees should also be provided with copies of relevant new or revised councilwide policies and associated documentation.
- 7.5 Where the nature of the job allows, a realistic work plan should be devised in conjunction with the employee. The plan should identify any areas of outstanding work, timescales for completion of tasks and should also gently introduce the broad range of the job description. The manager should schedule regular one to one meetings to establish the employee's progress and to assess whether any further support is required.

- 7.6 In all cases the employee should be reminded of the availability of the confidential Staff Welfare and Counselling service. Where required, further advice and guidance should be obtained from occupational health.
- 7.7 Where the employee returns to work following a period of long-term absence they will also have exceeded the trigger points under the short-term absence procedure and will need to be clearly advised at the return to work discussion that further absence will be managed accordingly and reminded of the need for a satisfactory level of attendance to be maintained.
- 7.8 Whilst managers will need to ensure that this is handled with particular sensitivity to avoid being counter-productive it should be made clear to the employee that further action (in accordance with paragraph 4.8) will be taken on the 2nd period of absence or 4th working day of absence during the six months following the return to work discussion.

8.0 CAPABILITY HEARING

- 8.1 Where a capability hearing is required at any stage, the hearing will be arranged and conducted in accordance with the Capability Hearing procedure C.8.

9.0 ADDITIONAL SUPPORT AND GUIDANCE

- 9.1 The council has a range of policies to support the work life balance of employees including where appropriate the provision of paid special leave. Employees should consider the various policies available to them and make a request in accordance with these schemes where appropriate, rather than take sick leave inappropriately.
- 9.2 In addition there are a number of tools to assist employees and managers alike in the prevention and management of stress. Information can be found on Intralinc or by contacting the council's Safety Solutions team.

NJC for Local Government Services Sickness Scheme

- 1.1 The scheme is intended to supplement Statutory Sick Pay and Incapacity Benefit so as to maintain normal pay during defined periods of absence on account of sickness, disease, accident or assault.
- 1.2 Absence in respect of normal sickness is entirely separate from absence through industrial disease, accident or assault arising out of or in the course of employment with a local authority. Periods of absence in respect of one shall not be set off against the other for the purpose of calculating entitlements under the scheme.
- 1.3 Employees are entitled to receive sick pay for the following periods:

During first year of service	1 month's full pay and (after completing four months service) 2 months' half pay
During second year of service	2 months' full pay and 2 months' half pay
During third year of service	4 months' full pay and 4 month's half pay
During fourth and fifth year of service	5 months' full pay and 5 months' half pay
After five years' service	6 months' full pay and 6 months' half pay

The council has discretion to extend the period of sick pay in exceptional cases.

- 1.4 The period during which sick pay shall be paid, and the rate of sick pay, in respect of any period of absence shall be calculated by deducting from the employee's entitlement on the first day the aggregate of periods of paid absence during the 12 months immediately preceding the first day of absence.

- 1.5 In the case of full pay periods sick pay will be an amount which when added to Statutory Sick Pay and Incapacity Benefit receivable will secure the equivalent of normal pay.
- 1.6 In the case of half pay periods sick pay will be an amount equal to half the normal earnings plus an amount equivalent to Statutory Sick Pay and Incapacity Benefit receivable, so long as the total sum does not exceed normal pay.
- 1.7 Normal pay includes all earnings that would be paid during a period of normal working, but excluding any payments not made on a regular basis.
- 1.8 The social security benefits to be taken into account for the calculation of sick pay are those to which an employee is entitled on the basis that the employee has satisfied so far as is possible:-
 - i) the conditions for the reporting of sickness as required by the authority;
 - ii) the claiming of benefits;
 - iii) the obligation to declare any entitlement to benefits and any subsequent changes in circumstances affecting such entitlement.
- 1.9 An employee who is prevented from attending work because of contact with infectious disease shall be entitled to receive normal pay. The period of absence on this account shall not be reckoned against the employee's entitlements under this scheme.
- 1.10 If an employee abuses the sickness scheme or is absent on account of sickness due or attributable to deliberate conduct prejudicial to recovery or the employee's own misconduct or neglect or active participation in professional sport or injury while working in the employee's own time on their own account for private gain or for another employer sick pay may be suspended. The authority shall advise the employee of the grounds for suspension and the employee shall have a right of appeal to the appropriate committee of the authority. If the authority decide that the grounds were justified then the employee shall forfeit the right to any further payment in respect of that period of absence. Repeated abuse of the sickness scheme should be dealt with under the disciplinary procedure.

Section 1 - Self-certification details
Employee to complete

Name	Payroll number
Directorate	
Section	
Job	
Location	

Period of sickness

Date you became unfit for work (include Sat/Sun/rest days)
day
date month year
[]
[] [] []

Date you last worked if different to above
day
date month year
[]
[] [] []

Time you finished work
am/pm
[]

Night shift workers only
Shift will begin at am/pm and end the next day at am/pm
[]
[]

Details of sickness/injury

Please specify the nature of the illness

Is your absence: Disability/maternity related Pregnancy related/gender reassignment Other

Industrial injury/disease

Fill this part in only if you claim that your sickness is due to an injury while working or to a prescribed industrial disease

When did the accident/injury/disease happen?
am/pm
day
date month year
[]
[]
[] [] []

Where did the accident/injury/disease happen?
(If the accident was not reported to the appropriate officer, tell them now)

Note: For absences over 7 calendar days, you will require a medical certificate/s provided by a registered medical practitioner.



Attendance Management (Return to Work Discussion Form) Appendix 2 - D.2

Section 2 - Returning to work Employee and manager to complete

Date you became fit for work	day	date	month	year
Date you intend to start work (where known)	day	date	month	year
Night shift workers only	Shift will begin at	am/pm	and end the next day at	am/pm

CHECKLIST	Tick box (✓)
Welcome employee back to work and confirm that they are fit to return.	<input type="checkbox"/>
Check whether the employee has any concerns about their work or home life that you could advise on/help with.	<input type="checkbox"/>
Ensure the absence is properly certified and inform HR Advisory Service of employee's return to work.	<input type="checkbox"/>
If appropriate advise employee that they are approaching the maximum level of absence or will have an attendance review meeting scheduled.	<input type="checkbox"/>
Remind the employee of the availability of the confidential Staff Welfare & Counselling Service and occupational health.	<input type="checkbox"/>
Inform the employee of changes to any councilwide or service specific policies and procedures.	<input type="checkbox"/>
Introduce employee to any new colleagues.	<input type="checkbox"/>
Where appropriate, check that reasonable adjustments are in place and are satisfactory.	<input type="checkbox"/>

Additional comments/Agreed actions

Date of return to work discussion.....

I confirm the dates and reason for absence are correct.
I declare that the information given on both sides of this form is accurate and true to the best of my knowledge.

Signed: _____ Employee: _____ (PRINT NAME)

Signed: _____ Manager: _____ (PRINT NAME)

When completed please return to the HR Advisory Service

Attendance Management (Manager Checklist)

Appendix 3 - D.2

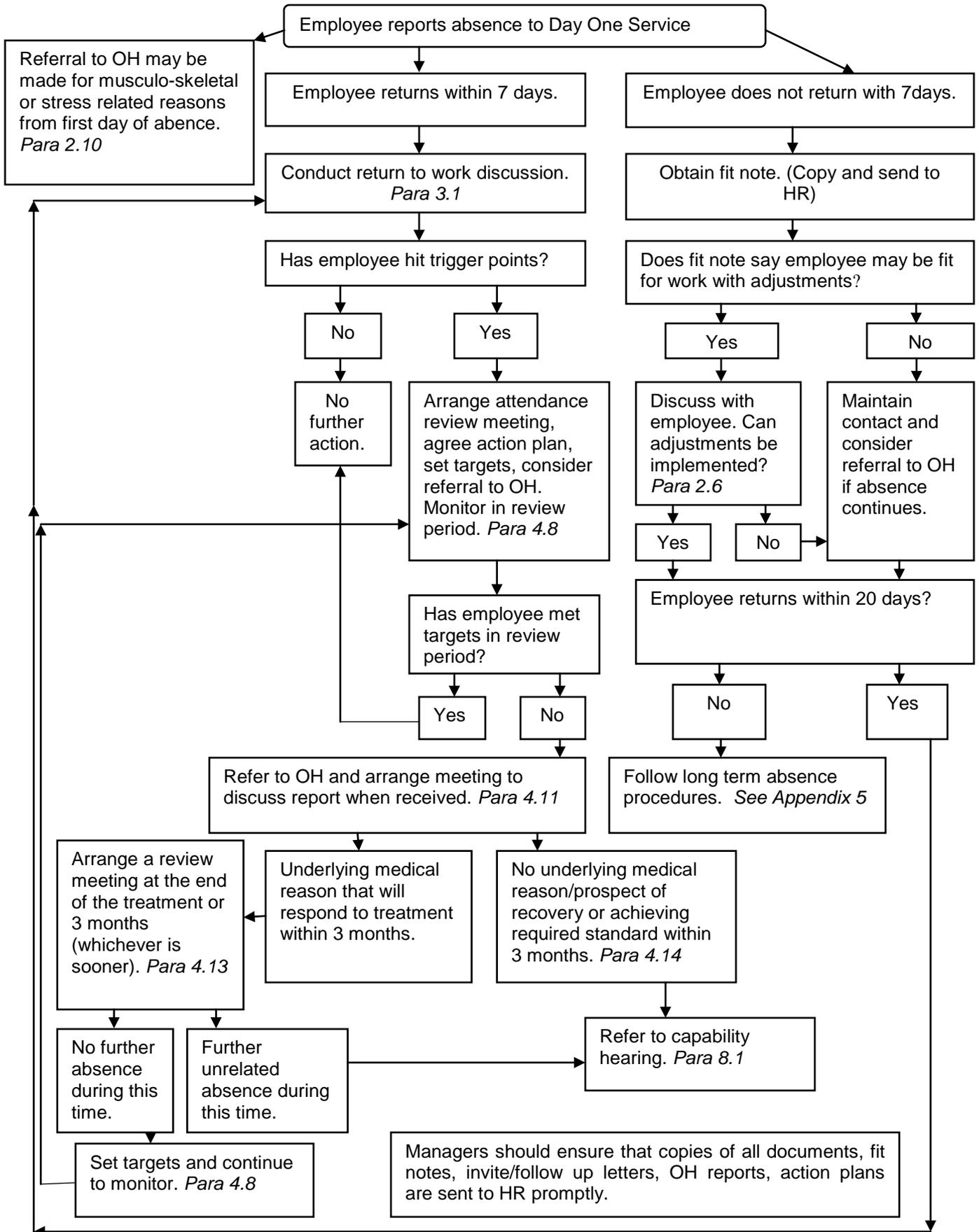
This checklist summarises management action but **must be used in conjunction with the Attendance Management policy D.2**. Managers must use this checklist when an employee notifies them of their sickness absence and return it to the HR Advisory Service upon completion.

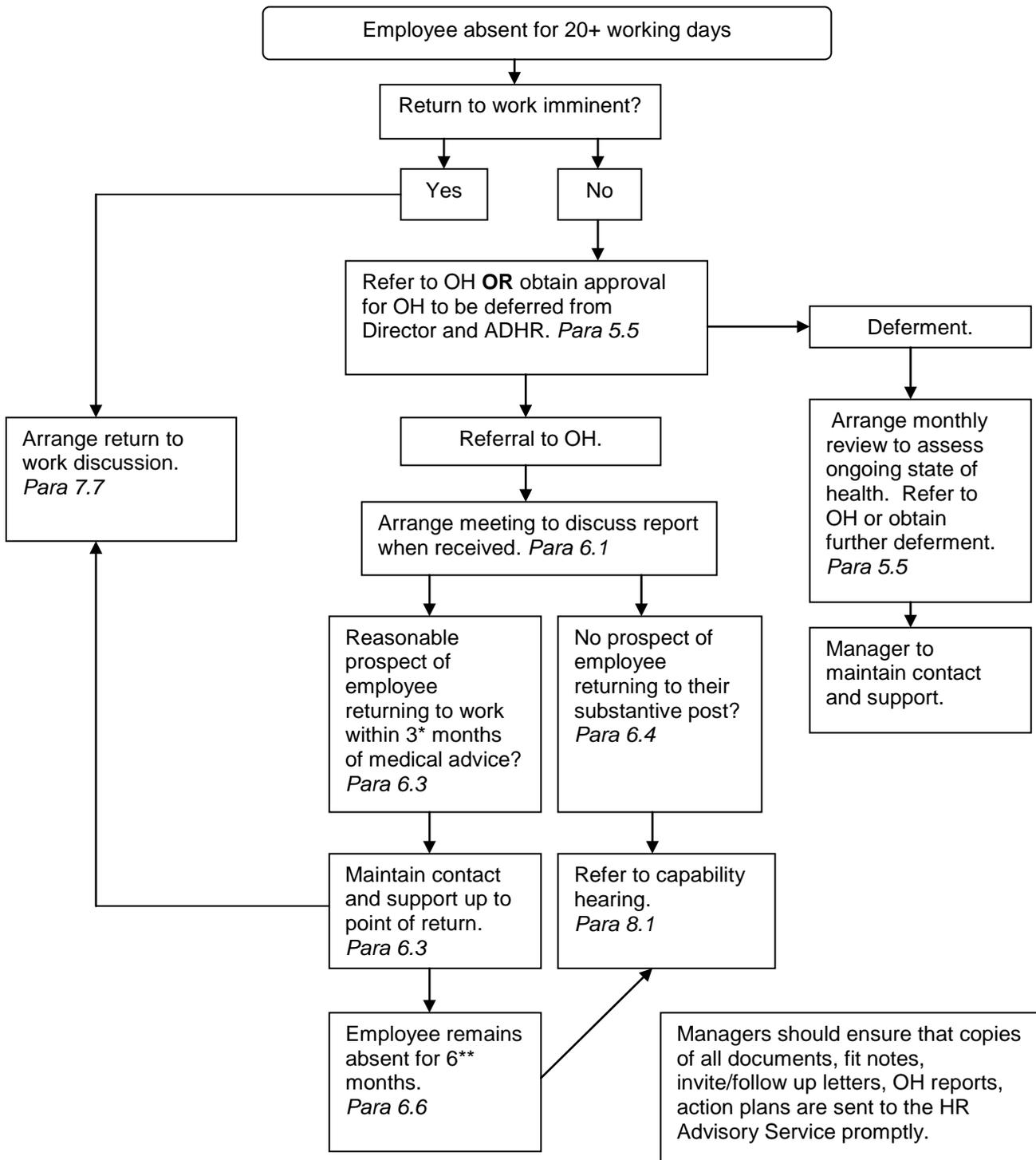
Employee name		Job title	
First date of absence		Last date of absence	

Employee:	Manager action – To do	Policy para. ref.	Comments	Date
Reports absence	Complete HRinfo – Referral to OH may be made for musculoskeletal or stress related reasons from first day of absence. Check if employee's work commitments need to be rearranged	2.11 2.1		
	Update HRinfo.			
Returns to work within 4 weeks	Complete return to work discussion form and forward to HR along with copies of any fit notes received.	3.2		
	If trigger points are reached, arrange an attendance review meeting (include right to representation in invite letter).	4.7		
	Send written confirmation to employee following the Attendance review meeting.	4.9		
	If standard is not met in review period, arrange occupational health (OH) referral. Notify HR & ensure referral form is sent to OH.	4.11		
	<ul style="list-style-type: none"> ➢ If underlying medical reason – arrange further attendance review meeting. ➢ If no underlying medical reason – arrange capability hearing (see C.8). 	4.13 4.14		
Remains absent for longer than 4 weeks	Maintain regular telephone contact (arrange meeting if necessary).	5.2		
	<ul style="list-style-type: none"> ➢ Prospect of imminent return after 20 days. Continue support until employee returns. 	5.5		
	No prospect of imminent return or within (3)* months, or medical advice is required to assist with return to work, or to establish capability for work at any time.	5.5		
	<ul style="list-style-type: none"> ➢ Arrange OH referral or ➢ Obtain Director and ADHR approval for referral to be deferred. 			
	Arrange meeting to discuss OH advice: Send invite letter inc. right to representation Discuss OH advice and implications with employee	6.1		
	Prospect of return within 3/(4)* months: Continue support until employee returns	6.3		
	Return unlikely within 3/(4)* months of advice or no prospect of return: Arrange a capability hearing	6.4		
	Employee absent for 6/(8)* months: Arrange a capability hearing Seek further OH advice prior to a capability hearing should the medical situation change	6.6		
Returns to work after longer than 4 weeks	Meet with employee on first day of return to work. Six month absence review period	7.2		

*The months in brackets are those applied where absences are maternity or disability related.

Manager name:		Manager signature:		Date:	
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*4 months for disability/maternity related absence.
 ** 8 months for disability/maternity related absence.

1. [How do I calculate the short-term trigger points for part-time employees?](#)
2. [I have to see a specialist at the hospital. Will I be allowed time off with pay to attend?](#)
3. [Is diarrhoea and vomiting counted as sickness for the first 48 hours if I work in a food handling role?](#)
4. [Are weekends counted for sickness?](#)
5. [Can I take annual leave or flexi-leave if I don't feel well enough to attend work?](#)
6. [If I allow my employee to take annual leave or flexi-leave instead of sickness do I have to conduct a return to work discussion upon their return?](#)
7. [Do I have to complete the relevant paperwork for every period of employee absence?](#)
8. [Do I have to refer an employee who has been absent for two months if I know they've had an operation and will return to work soon?](#)
9. [Do I have to tell somebody other than my manager the nature of my illness?](#)

1. How do I calculate the short-term trigger points for part-time employees?

The short-term sickness absence trigger points (days only – not occasions) should be calculated on a pro-rata basis for any employee working more than, or less than, the standard five days per week. This is done by dividing the normal/average number of working days per week for the employee by five and multiplying this figure by the standard trigger of six days, or four days following an absence review meeting. For example:

Employee A works two days per week

$$2 \text{ days}/5 \text{ days (standard employee)} = 0.4 \times 6 \text{ days (standard trigger)} = 2.4 \text{ days}$$

Therefore employee A will require an attendance review meeting where their sickness reaches 2.4 days in any six month period. The target they are set at the attendance review meeting will be calculated as follows:

$$2 \text{ days}/5 \text{ days (standard employee)} = 0.4 \times 4 \text{ days (standard trigger)} = 1.6 \text{ days}$$

Employee B works a nine day fortnight

$$\text{Average } 4.5 \text{ days}/5 \text{ days (standard employee)} = 0.9 \times 6 \text{ days (standard trigger)} = 5.4 \text{ days}$$

Therefore employee B will require an attendance review meeting where their sickness reaches 5.4 days in any six month period. The target they are set at the attendance review meeting will be calculated as follows:

$$4.5 \text{ days}/5 \text{ days (standard employee)} = 0.4 \times 4 \text{ days (standard trigger)} = 3.6 \text{ days}$$

2. I have to see a specialist at the hospital. Will I be allowed time off with pay to attend?

Wherever possible you should schedule non-work commitments outside of your normal working hours. This includes medical appointments. Where this is not possible but you can still select the time of your appointment, you should schedule it as near to the start or finish time of your working day as possible, to minimise disruption.

If you can provide evidence of your appointment you will be granted paid leave providing the length of absence required is less than 50% of your normal working day. Any time you need that is in excess of half your normal working day should be requested as annual leave, flexi-leave or unpaid leave. If you're unwell as a result of treatment at your appointment the remainder of the day can be reported as sickness absence. You should attend work before and after appointments wherever possible. You must complete a special leave form in all cases.

3. Is diarrhoea and vomiting counted as sickness absence for the first 48 hours if I work in a food handling role?

If you're suffering from diarrhoea and vomiting and you work in a food handling role (for example in a school kitchen or care home) it is particularly important that you refrain from work. This will be recorded as sickness in the normal way. You should not normally return for at least 48 hours after your symptoms have stopped. You should notify your manager accordingly and this 48 hour period will be recorded as authorised absence with pay. This will also apply to social care staff who have direct contact with highly susceptible patients or persons in whom a gastrointestinal infection would have particularly serious consequences.

If you fall ill at work you should seek to leave the food handling area immediately and tell your manager what has happened straight away. In circumstances where your manager believes there is a risk to clients or colleagues you will be sent home and the remainder of the day will be considered as authorised absence with pay. Thereafter any period where you are still experiencing symptoms should be recorded as sickness absence and reported in accordance with the attendance management procedure. Again you should not normally return for at least 48 hours after your symptoms have stopped naturally. You should notify your manager accordingly and this 48 hour period will be recorded as authorised absence with pay.

Infections are not the only cause of diarrhoea and vomiting and exclusion from work is not required where there is good evidence of a non-infective cause. Examples of this may include:

- Morning sickness during pregnancy.
- Irritable bowel syndrome.
- Dietary indiscretion (e.g. consuming too much alcohol or spicy food).

4. Are weekends counted for sickness?

If you are absent over the course of a weekend and Saturdays and Sundays are not part of your normal working week they will not count against the sickness triggers. However Saturdays will count against your entitlement to contractual sick pay. It is important that you indicate to your manager when you would have been fit to return to work even if this is a non-working day.

Sickness absence trigger reports are produced by Human Resources using the information held against employee records on our computerised personnel system. If you think that your recorded working days absent may be inaccurate in any way, please raise this with your manager at your return to work discussion.

A self-certificate will cover your absence for seven calendar days not seven working days.

5. Can I take annual leave or flexi-leave if I don't feel well enough to attend work?

If you are not feeling well enough to attend work you have the option of requesting to take annual leave or flexi-leave rather than sickness absence. This should be approved by your manager if the needs of your service would have allowed your request to be granted in normal circumstances. For example, if there is sufficient staff cover.

6. If I allow my employee to take annual leave or flexi-leave instead of sickness, do I have to conduct a return to work discussion upon their return?

There is no requirement to carry out a formal return to work discussion or complete the form but it is considered good practice to discuss with your employee anything that prevents them from attending work and offer support as appropriate.

7. Do I have to complete the relevant paperwork for every period of employee absence?

Yes. The associated paperwork is designed to support management action by summarising the required intervention at various stages. Previous audits have found it difficult to establish the extent to which elements of the Attendance Management policy have been fulfilled. By requiring completion of the paperwork in all circumstances it enables Human Resources to address any areas where the policy is not being implemented.

8. Do I have to refer an employee who has been absent for two months if I know they've had an operation and will return to work at a later date?

Often an employee will, with good intentions, indicate that they intend to return after a particular period of absence or on a particular date. This does not always occur as planned. All employees should be referred to Occupational Health once 20 days absence has been reached. By referring every employee who remains absent for 20 days, this enables the council to obtain advice and guidance specific to the workplace and consider whether any adjustments can be made to facilitate an earlier return to work. This will support the council is attempting to accommodate any guidance that may have been provided on a fit note.

9. Do I have to tell somebody other than my manager the nature of my illness?

You are required to report your sickness absence to Day One, the occupational health provider's absence management service, within one hour of the usual start time or in advance where operationally required. You should provide the reason for the absence and the likely length of the absence. You should maintain contact with the Day One service and provide updates throughout the absence and notify them when you are fit to return to work. Day One will notify your manager of your absence and provide them with any updates.