Sickness Absence Management – Policy and Procedure

1. Purpose

It is recognised that during a period of employment members of staff may be absent from work as a result of ill-health or injury. The University’s aim is to ensure that sickness absence is managed in a consistent, sympathetic manner in accordance with the agreed standards, and with the intention of supporting staff back into work at the earliest opportunity. The University also acknowledges that such absence can have a direct impact on the quality of service provision and that it can also affect staff morale.

2. Principles

2.1 The University is committed to the wellbeing of all members of staff.

2.2 Standards for attendance will be made clear and transparent in order that absence can be managed fairly and in a consistent manner.

2.3 Effective two-way communication is important in managing sickness absence, therefore regular, open and honest communication is encouraged at every opportunity.

2.4 Sickness absence across the University will be reviewed in order to highlight trends and identify any problems with absence. When a member of staff exceeds the absence ‘trigger’ laid out in this policy (see 7.3), the University will endeavour to support that individual to achieve and sustain the required level of attendance.

2.5 All information relating to the reason for a member of staff’s sickness absence is sensitive personal information and will not be shared with others beyond those who need to have access to this information. In most instances this will include the Line Manager, Senior Manager, Human Resources/Payroll, and Occupational Health.

2.6 It is recognised that the causes of sickness absence are many and varied. Therefore, where a member of staff has not met the standards laid out in this policy, any support offered or action taken will be based on the facts in that particular case.

2.7 This policy complies with the ACAS guidelines for Managing Attendance and Employee Turnover.

2.8 For the purposes of this policy, ‘Department’ shall mean Department, Section, Faculty, Centre or School and ‘Head of Department’ shall mean Head of Department, Head of Section, Director of School or Director of a Centre/Institute or Pro Vice Chancellor.

3. Scope

3.1 This policy applies to all members of staff employed by the University of Essex.

3.2 Sickness absence during the probationary period will be managed as part of the probationary review process.

3.3 This procedure should be read in conjunction with the capability procedure (grades 1-6) and ordinance 41 (grades 7-11 and Academic Staff).
4. Notification of absence

4.1 Regardless of the reason, members of staff are required to telephone their Line Manager if they are unable to attend work. Verbal communication is preferable as it promotes dialogue between the member of staff and the Line Manager. For that reason, notification by text message or e-mail is not usually acceptable. Equally, members of staff should not ask a friend or relative to telephone in on their behalf unless they are unable, for medical reasons, to phone personally.

4.2 On the first day of absence the member of staff should telephone their Line Manager or other nominated person in the Department within one hour of the usual start time to advise that they will not be attending for work and the reason. If possible, they should advise when they may be able to return to work. If it is not possible to predict a return date the member of staff should telephone in on each day of absence. Completion of a self-certificate will be required to cover all periods of sickness absence from the first day of absence. See Appendix 1: Self-certificate. In exceptional circumstances, the University reserves the right to withdraw the right of an individual to self-certificate and request a doctor’s certificate from the first day of absence.

4.3 After seven calendar days the member of staff is also required to provide a Statement of Fitness for Work (Fit Note) from their GP, Hospital or Dentist and this should be forwarded to Human Resources immediately and the Line Manager made aware. In cases where a member of staff is signed off work, they should contact their Line Manager prior to the expiry of the Fit Note to advise whether they are able to return to work or are likely to be signed off for a further period. For extended periods of absence, Fit Notes should run concurrently without gaps. The Fit Note will either confirm that the member of staff is “unfit for work” or “may be fit for work.”

4.4 If the Fit Note advises that a member of staff “may be fit for work” subject to adjustments to the role, they will be invited to attend a meeting to discuss these before they return or on the first day back to work. Doctors may suggest or recommend adjustments and these will be given full consideration. However, due to practical or operational reasons it may not always be possible to implement the exact recommendations. It is therefore essential for the Line Manager to meet with the member of staff to agree what may or may not be possible. Input will be provided by Human Resources and/or Occupational Health as appropriate.

4.5 Should the member of staff wish to return to work before the expiry of a Fit Note that declares them unfit for work, they must either agree this with Occupational Health or return to the doctor for written confirmation that they are well enough to return.

4.6 If a member of staff fails to telephone in or report their absence, their Line Manager will attempt to contact the individual on their home or mobile contact number. Lack of communication by the member of staff could lead to the absence being documented as unauthorised and therefore unpaid.

4.7 A referral to Occupational Health should be made for absences of more than four weeks where a date of resumption is not indicated or if someone indicates they will be absent with stress/mental health/depression for more than two weeks. Referrals should be made prior to a return to work.

5. Absence payments

5.1 Statutory Sick Pay (SSP)

SSP is payable for up to 28 weeks of sickness in a rolling twelve month period. SSP is payable for sickness absences of four continuous days or more. Periods of sickness absence, which last for 4 days or more will link with each other if they are separated by less than 8 weeks. Where an illness (or a series of linked illnesses within a three-year period) lasts for more than 28 weeks, eligibility for SSP ceases and the member of staff may become eligible for benefits payable directly through the Benefits Agency.
The current rates for SSP can be accessed on the Direct.Gov website: www.direct.gov.uk/sickpay.

If a member of staff is entitled to Occupational Sick Pay, Statutory Sick Pay will be offset against this.

5.2 Occupational Sick Pay (OSP)

Entitlements to Occupational Sick Pay are detailed in the Sick Leave and Sick Pay Arrangements document.

5.3 Payment of occupational sick pay and/or SSP for sickness absences is dependent on receipt of appropriate certification. This will normally be a completed self-certificate if the absence is less than seven days and Statement of Fitness for Work (Fit Note) if the sickness absence lasts for more than seven calendar days. If a Fit Note is provided from the first day of absence then a self-certificate is not required. Fit Notes should be sent to Human Resources at the earliest opportunity. If a member of staff prefers, they can forward the Fit Note via their Head of Department. Self-certificates should be sent to Human Resources via the Line Manager.

5.4 Time off to attend a doctor’s appointment, hospital appointment or dental appointment should be recorded separately to sickness absence. Doctor or dental appointments should ideally be made for outside of work hours (if possible) or close to the beginning or end of the working day. For hospital appointments, an appointment confirmation letter should be shown to the Line Manager. Time off for such appointments will normally be paid. However, if the member of staff is attending a high number of appointments, depending on the individual circumstances, they may be asked to make up some of the time, take the time unpaid, pre-book annual leave or have the time classified as sick leave if appropriate (e.g. for chemotherapy).

6. Return to work discussions

6.1 The purpose of the return to work discussion is to confirm with the member of staff that they are well enough to return to work, welcome them back to work and establish the reason for the absence. Carrying out a return to work discussion also gives the opportunity to identify or address issues and concerns the member of staff may have.

6.2 Return to work discussions need not be time-consuming and in the majority of cases will involve a brief informal conversation with the member of staff.

6.3 Return to work discussions will normally be carried out on the first day back to work or as soon as possible following any absence of one day or more.

6.4 The immediate Line Manager is usually responsible for initiating the return to work discussion and checking whether the member of staff has provided the correct certification for their absence.

6.5 If the member of staff has been absent for an extended period of time or is absent on a regular basis, a more detailed conversation may be needed. In these circumstances the return to work discussion could also include conversation on:

- any ‘reasonable adjustments’ that may need to be made to accommodate a return to work and agreed timelines and review periods, if this has not been carried out prior to the return;
- whether a risk assessment may be appropriate;
- the outcome of an Occupational Health referral, if applicable;
- the need to refer to Occupational Health for further advice/guidance to support a return to work;
- work-related issues that may have caused or exacerbated the ill health and action to be taken to address them;
• a review of the previous 12 months attendance and sickness periods;
• an update of any changes in the work area.

The Line Manager should keep a note of any agreed actions and confirm these by e-mail or letter to the member of staff.

7. Managing short-term absence

7.1 Having guidelines in place for managing absence ensures that problems are identified at an early stage. Absence standards and procedures also provide a framework to support line managers when dealing with absence, which, if excessive, can have a detrimental impact on colleagues, service levels and continuity.

7.2 When managing short-term absence, the integrity of the member of staff should not be called into question regarding the reasons for their absence. All sickness absences will be assumed to be genuine unless there is evidence to the contrary. If this is the case, it then becomes a conduct issue and advice should be sought from Human Resources.

7.3 It is the Line Manager’s responsibility to review absence and take appropriate action in accordance with this policy. As a general guideline, if absence records show that over the previous 12 months there have been 10 working days or 4 occasions of absence or that there is a pattern of absence, the member of staff’s absence should be reviewed. This may lead to an initial informal meeting with the Line Manager. Pregnancy-related absences will not count towards these absence triggers.

7.4 The aim of the informal meeting will be to:

• identify the frequency and reason for absences and ensure that the member of staff is aware that the absence record is giving cause for concern;
• advise the member of staff to seek proper medical attention if they indicate that there is a known underlying medical problem;
• discuss a possible referral to Occupational Health to establish if there is an underlying problem;
• inform the member of staff that persistent short term absences cannot be sustained;
• give consideration to any mitigating reasons that the member of staff may have and discuss possible ways to help the member of staff resolve them;
• agree a reasonable time over which the member of staff’s attendance can be reviewed and set an attendance target if necessary.

The Line Manager should keep a note of the meeting and confirm the discussion in writing to the member of staff.

7.5 Should there be no demonstrable improvement in sickness absence during the review period or if this is not sustained following the review period, absence will continue to be managed in line with the formal stages of the Capability Procedure or Ordinance 41 as applicable.

7.6 Absences that are due to a disability will be managed in line with the requirements of the Equality Act 2010. Further information and a definition of Disability for this purpose can be found in sections 2.7.1 and B.7 of the Equality Policy and Strategy:

8. Managing Long-term absence

8.1 An absence will be considered long-term when a member of staff has been or is likely to be absent from work due to ill-health for a period in excess of four weeks. Long-term sickness will be managed through a case management approach depending on the individual circumstances.

8.2 In cases of long-term sickness absence it is essential that regular dialogue is maintained. It is the responsibility of both the member of staff and the Line Manager to maintain contact and agree an appropriate form and frequency of contact. A level of continued contact is essential for the management of long-term absence. It enables the Line Manager to keep updated on the progress of the member of staff and ensures that the member of staff does not become isolated. The Line Manager may also wish to update the member of staff on activities occurring within the department.

8.3 The absence will need to be communicated to other colleagues and service users. The member of staff should agree with the Line Manager how they wish their absence to be communicated to colleagues and whether they wish the reason for their absence to be disclosed or to remain confidential.

8.4 If the member of staff is well enough, the Line Manager may wish to arrange to meet with the individual in the workplace in order that they can be updated of any changes and keep in touch with colleagues.

8.5 The Line Manager should make a referral to Occupational Health as soon as it is known that there is a prospect of long-term sickness, to determine whether any additional support can be provided to the member of staff and to seek guidance.

8.6 If adjustments are recommended the University will aim to implement the adjustments, where reasonable, for the member of staff in their current role.

8.7 After periods of long-term sickness, on some occasions a rehabilitation programme/phased return to work may be considered to help ease the individual back to work. This could take the form of reduced hours or workload for an initial period. The Line Manager should ensure that the member of staff is referred to Occupational Health prior to returning so that advice and recommendations can be sought. If appropriate, the need for a risk assessment can also be discussed.

8.8 Where Occupational Health have recommended or approved a reduction in hours of work as part of a rehabilitation programme, this would normally be on full pay for a limited period of up to four weeks.

8.9 Long-term sickness procedure

The timelines in this procedure are intended to be used as a guideline rather than a definitive process, as each case may merit a slightly different approach depending on the individual circumstances. Meetings will be arranged by the Line Manager in consultation with HR.

8.9.1 Informal meeting

Where the member of staff has been unable to attend or is unlikely to be able to attend work due to sickness for a period of three months, they will be invited to attend an informal meeting with the Line Manager and the HR link. The purpose of the meeting will be to gain an update on the member of staff’s condition / illness and discuss the future possibility of a return to work. The member of staff should be advised that they will be invited to attend a formal meeting if they continue to remain off work as a result of long-term sickness.
8.9.2 Formal meeting

Should the absence continue or be likely to continue for a period of six months from the first day of sickness absence, the individual will be invited to attend a formal meeting with the Line Manager, the Head of Department or their deputy and the HR link. The purpose of the meeting will be to offer support to the member of staff and discuss their progress, prognosis and the possibility of a return to work. This is not a disciplinary meeting. The member of staff will be entitled to bring a colleague or trade union representative to the meeting. At this meeting the member of staff should be advised that if the medical advice (from a GP, consultant or Occupational Health) suggests there is no future prospect of the member of staff returning to work or that they will not be able to return to work within a reasonable timescale, then their continued employment may be at risk. This will be confirmed in writing.

Following the formal meeting a further referral will be made to Occupational Health to assess the individual’s capability and determine whether a return to work is possible. Occupational Health will request medical reports from the GP and/or consultant as appropriate. Based on the medical evidence and facts, Occupational Health will conclude whether there is a prospect of the individual returning and the likely timescale. The report should be clear where there is no prospect of returning to work or no prospect of returning to the current role. If the member of staff does not give permission for reports to be obtained or does not wish to attend an appointment with Occupational Health, decisions will be based on any medical evidence or facts available at that time.

8.9.3 Second formal meeting

Upon receipt of the Occupational Health report the member of staff will be invited to attend a further (second) formal meeting with the Line Manager, the Head of Department or their deputy and the HR link. The member of staff will be entitled to bring a colleague or trade union representative to the meeting. If at this time, there is no immediate prospect of a member of staff returning to their contractual role, then on the basis of the medical advice available, their employment will be terminated on the grounds of capability (ill-health). Notice will be given in accordance with the contract and may run concurrently with Occupational Sick Pay (OSP) entitlement; it is not dependent on the exhaustion of OSP. The decision will be confirmed in writing.

In circumstances when the member of staff is too ill to attend a formal meeting as outlined above, there needs to be dialogue about the preferred approach to be taken. For example, a home visit may be appropriate. Alternatively, the views of the member of staff may be sought by telephone or in the form of a written statement before any decision is made.

Termination of employment on the grounds of capability (ill-health) is a form of dismissal. Therefore the member of staff has a right of appeal against this decision. The right of appeal should be exercised in writing to the Director of Human Resources within two weeks of receipt of the letter.

8.9.4 The option of ill-health retirement may be explored at any stage, if relevant and with the consent of the member of staff. Ill-health retirement can only be considered in accordance with the relevant pension scheme rules.

8.9.5 If medical advice concludes that it is not possible for the member of staff to return to their current role, redeployment can be considered, but only where a suitable opportunity exists at that time or within a given period. Guidance should be sought from Occupational Health about whether the member of staff is fit to undertake an alternative role.

9. Sickness and annual leave

9.1 Under normal circumstances annual leave cannot be used retrospectively to cover absences. Annual leave must usually be planned and booked in advance and therefore it is not possible to use it for this purpose.
9.2 If a member of staff becomes ill whilst on annual leave and wishes for the period to be recorded as sickness they must provide evidence of incapacity, usually a doctor’s statement (see notification of absence above). The individual must also contact their Line Manager as soon as they are able. In these circumstances annual leave will be credited back so that it may be taken at another time within the holiday year.

9.3 Members of staff who are absent due to long term sickness continue to accrue annual leave. The terms and conditions of employment do not allow holiday to be carried into a new holiday year. Wherever possible, a member of staff who is prevented from attending work due to ill health for a extended period should be encouraged to take holiday during the current year. This may mean substituting a period of sickness absence (which may be unpaid) with a period of paid annual leave. In exceptional cases where this has not been possible a maximum of four weeks holiday may be carried forward by agreement with the line manager and Human Resources.

10. Responsibilities

10.1 Member of staff

It is the responsibility of the member of staff to:
- advise the University when they are unable to attend work in line with this policy and any local arrangements;
- regularly keep in touch with their manager during their absence and keep them informed about changes to their health which could affect their return to work;
- provide certification of absence when required;
- participate in a return to work discussion following any period of sick leave;
- inform their manager at the earliest opportunity if they believe their absence is due to an accident at work or if their ill health may have been caused by work;
- make available a current telephone contact number, which will be kept confidentially by the Line Manager or other nominated person within the department;
- attend Occupational Health appointments as requested.

10.2 Heads of Department and/or Line Managers

Heads of Department and Line Managers are responsible for:
- ensuring the absence policy is implemented consistently within their own department/section and making sure that staff follow the procedures accordingly;
- keeping accurate records on sickness and absence and sending monthly absence returns, ensuring that any certificates received are forwarded to Human Resources;
- reviewing sickness absence records on a regular basis to determine whether any action is needed in accordance with this policy;
- seeking advice where necessary from their Human Resources link and/or Occupational Health;
- providing members of staff, on their first day of employment, a work telephone contact number for reporting absence and obtaining a contact number for the member of staff;
- maintaining contact with the member of staff as agreed;
- reporting work-related accidents and illness on the University’s Health and Safety Incident Form and investigating the causes;
- informing the Health and Safety Advisory Service (HSAS) as soon as possible if the member of staff is unfit for their normal work for more than 7 consecutive days (including weekends) following an accident, or receive a Fit Note indicating that an member of staff has an occupational disease. This is necessary so that statutory reporting (Reporting or Injuries, Diseases and Dangerous Occurrences Regulations) can be carried out within legally required timescales.

10.3 Payroll and Pensions

It is the responsibility of Payroll to:
- process fit notes and self certificates and pay SSP and/or OSP as appropriate;
• record absences against individual records and monitor level of absence against sickness benefit entitlements, notifying staff and the HR link in advance when pay entitlements are to be reduced or exhausted.

10.4 Human Resources (HR)

It is the responsibility of the HR Link to:

• support all departments in implementing this policy;

• support managers and individual staff with issues relating to sickness and absence and work closely with the Occupational Health Service and Managers in order that staff can return to their contracted duties as soon as possible;

• liaise with the Occupational Health to identify the type of work that could be undertaken by a member of staff who is unable to return to their substantive post;

• participate in case conferences with Occupational Health and the Line Manager when required;

• ensure that the member of staff is placed on the Redeployment Register if this is appropriate.

10.5 Occupational Health

Occupational Health will:

• liaise with Line Managers, staff and link HR staff to provide advice and guidance which will enable staff to return to work at the earliest opportunity;

• advise managers and the HR link of any recommended workplace adjustments that may help to facilitate this process;

• offer advice on a phased or progressive return to normal working arrangements;

• liaise with HR to identify other types of work that could be undertaken if the member of staff is not able to return to their contracted role;

• give advice regarding the possibility of ill health early retirements;

• Advise the Line manager and the Health and Safety Advisory Service if there are work-related Health and Safety concerns that need to be addressed.

10.6 Health and Safety Advisory Service

The Health and Safety Advisory Service are responsible for:

• providing advice or assisting with the investigation of work-related accidents and any resulting ill health;

• carrying out statutory reporting of accidents and certain “occupational diseases” as required by the Reporting of Injuries, Diseases and Dangerous Ocurrences Regulations.
Appendix 1

Self Certificate for Sickness Absence

If you have been unable to attend work due to personal sickness please complete the details below and return to your Line Manager. The completed form will be sent to Human Resources by your Line Manager (note: it may be sent as an email attachment to ‘sickness’) where it will be used to process sick pay. Completion of a self-certificate will be required to cover all periods of sickness absence from the first day of absence. Any sickness absence for more than 7 calendar days requires a certificate (i.e. statement of fitness to work) from a medical professional e.g. GP, Consultant, Dentist, etc.

**Personal Details**

<table>
<thead>
<tr>
<th>Surname:</th>
<th>First Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Department:</th>
<th>Payroll Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(as shown on your payslip)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First day of sickness: (use format dd/mm/yy)</th>
<th>Last day of sickness: (use format dd/mm/yy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date of return to work: (use format dd/mm/yy)</th>
<th>Total number of working days absent:</th>
</tr>
</thead>
</table>

**Reason for absence:**

*please describe and also mark ONE of the boxes below:*

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back Problems</td>
<td>Benign &amp; Malignant Tumours, Cancers</td>
</tr>
<tr>
<td>Blood disorders (e.g. Anaemia)</td>
<td>Burns, Poisoning, Frostbite, Hypothermia</td>
</tr>
<tr>
<td>Chest &amp; Respiratory problems (exclude nose &amp; throat problems, asthma, cold, cough, flu)</td>
<td>Cold, Cough, Flu – Influenza</td>
</tr>
<tr>
<td>Dental &amp; Oral Problems</td>
<td>Depression</td>
</tr>
<tr>
<td>Ear, Nose, Throat, (ENT)</td>
<td>Endocrine/Glandular problems (e.g. diabetes, thyroid, metabolic problems)</td>
</tr>
<tr>
<td>Eye problems</td>
<td>Gastrointestinal problems (e.g. abdominal pain, gastroenteritis, vomiting, diarrhoea)</td>
</tr>
<tr>
<td>Genitourinary &amp; Gynaecological disorders NOT PREGNANCY RELATED</td>
<td>Headache/Migraine</td>
</tr>
<tr>
<td>Heart, Cardiac and Circulatory Problems</td>
<td>Infectious diseases</td>
</tr>
<tr>
<td>Injury, Fracture</td>
<td>Nervous System diseases</td>
</tr>
<tr>
<td>Other Musculoskeletal problems</td>
<td>Pregnancy Related disorders</td>
</tr>
<tr>
<td>Psychiatric Illness</td>
<td>Skin disorders / allergy</td>
</tr>
<tr>
<td>Stress</td>
<td>Substance abuse – including alcoholism &amp; drug abuse</td>
</tr>
</tbody>
</table>

**Please Note** The above list of absence categories is based on a list developed by the Institute of Occupational Medicine and supplied by the Universities and Colleges Employers Association (UCEA).

If you work part time please describe your working pattern. This means the number of hours you would have worked each day during this period of sickness absence. (Please enter 0 if you do not work on that day)

<table>
<thead>
<tr>
<th>Hours worked normally</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

Was this absence due to a work related accident/injury or ill health? | Yes/No | Was this absence related to a disability? | Yes/No

**Declaration**

I give my consent to the University of Essex holding the personal data on this form for the purposes described below. I declare that I have not worked during the period of sickness stated above for any employer and to the best of my knowledge the information is factually correct.

**Member of staff’s signature:** ........................................... **Date:** ......................

(not required if submitted electronically)

The University of Essex is registered as a Data Controller under the 1998 Data Protection Act and the personal data supplied on this form will be held in accordance with the requirements of the Act. The data will be held solely for the purpose of calculating occupational sick pay, including Statutory Sick Pay and for the purpose of occupational health monitoring.
Appendix 2

Related policies and procedures:

Guidance on Fit Notes:
http://www.essex.ac.uk/OHSAS/FitNotes.htm

Occupational Health Referrals:
http://www.essex.ac.uk/OHSAS/occ_hlth/healthprobs/referral.htm

Sick Leave and Sick Pay Arrangements:
http://www.essex.ac.uk/personnel/Pol&Proc/default.htm

Capability Procedure: (grades 1-6)
http://www.essex.ac.uk/personnel/Pol&Proc/default.htm

Disciplinary procedure: (grades 1-6)
http://www.essex.ac.uk/personnel/Pol&Proc/default.htm

Redeployment Policy
http://www.essex.ac.uk/personnel/Pol&Proc/default.htm

Ordinance 41: (grades 7-11 and academic staff)
http://www.essex.ac.uk/academic/docs/cal/ordinances.shtm#41

Health and Safety Incident Reporting
www.essex.ac.uk/ohsas/hsincident/Report.htm