

PROCEDURE

Sickness Management Procedure

Contact Officer

Director of Human Resources

Purpose

The procedure aims to ensure a consistent approach to sickness absence monitoring, sickness absence reporting and the treatment of staff upon return to work. Procedures apply equitably to all staff.

Procedure

Sickness absence monitoring

Sickness absence of a half-day or more must be recorded by Departments on the Monthly Absence Report Form. Forms should be completed for all staff by an appropriate designated person who has been allocated responsibility.

Completed forms, including 'nil' returns must be initialled by the appropriate designated manager by 10th day of each month and be sent to the Human Resources Department.

Sickness reporting

It is the responsibility of members of staff to maintain contact with their department during periods of sickness to keep their line manager informed of their situation. This will enable the University to offer appropriate support and assistance. When a member of staff fails to maintain contact, their line manager should notify the Human Resources Department, who will contact the member of staff using details held on file.

The following procedure must be adhered to:

First day to third day of absence

Any member of staff who is unable to report for work due to personal sickness should inform their designated manager each day they would normally work of their position as soon as reasonably practical, usually within one hour of their normal start time, indicating the reason for absence and stating when they expect to return to work.

If it is not possible for the member of staff to contact their designated manager direct, they should ensure that contact is made on their behalf within the normal time-scale for notification (i.e. within 1 hour of normal start time).

Fourth day of absence

If the absence continues for more than three days, further notification as to the nature and probable duration of the illness must be provided to the designated manager.

Continuing absence

Staff should ensure that contact with their designated manager is maintained during ongoing periods of absence, and that progress is reported **regardless of certification requirements**.

Return to work

A return to work discussion after **every** absence is to be undertaken by the designated manager as soon as possible after the member of staff has returned to work. The meeting should be informal and informative, based on concern for the health of the individual and any underlying causes, which may affect health/performance. (see Appendix 1 for further advice).

Return after a prolonged absence

On occasion, particularly after a prolonged period of absence, a member of staff may request to return to work on a part-time basis initially. Every effort will be made to accommodate such requests. Where the request is supported by medical opinion recommending a period of part-time work, the employee may return on reduced hours supplemented with sick pay if available; a member of staff may choose, with the agreement of their manager, to take outstanding holiday as a further means of gradually returning to work.

The member of staff will be expected to build their hours back up to full-time/normal hours over an agreed period according to medical advice, and, where appropriate, with regard to any issues arising under the Equality Act 2010.

A fixed term or permanent reduction to hours worked and pay may be agreed in certain circumstances.

If the absence has been prolonged some re-examination of the job role may be necessary, which will involve advice from the University's Occupational Health Service (OPS) or other appropriate specialist.

Sickness absence certification

Self Certification

For absences of 1 to 7 calendar days a University Self-Certification form (see Appendix 3) must be completed normally on return to work. In the case of absence continuing beyond 7 calendar days, the form should be completed for the first 7 calendar days of absence and sent to the Human Resources Department. The form is available from the web pages, Departments, designated managers, the Payroll office and the Human Resources office. The making of false or misleading statements on a Self-Certification form may result in disciplinary action.

Statement of Fitness to Work

For absences of more than 7 calendar days a Statement of Fitness to Work (Med3) is required. This must be obtained as soon as the absence exceeds 7 days and sent directly to the line manager who must then forward it immediately to the Human Resources Department. Further forms must be submitted if the absence exceeds the expiry date of the previous form. The member of staff and the designated manager should ensure that regular contact is maintained throughout the period of absence.

The Statement of Fitness to Work allows a doctor to certify one of two options: "you are not fit for work" or "you may be fit for work taking account of the following advice" and lists the common types of changes that could be made to an employee's job role or work environment to help facilitate a return to work: "a phased return to work", "altered hours", "amended duties" and "workplace adaptations". However, where a doctor considers another option is more appropriate, they can state this in the comments box on the form. As a doctor would not have the appropriate knowledge about individuals' roles and the risks involved to be able to assess this, it is the line manager's responsibility to carry out a risk assessment when the employee returns to work. Support is available from the Human Resources Department.

If the University is not able to facilitate a change or an adjustment, it will not be necessary to provide a revised statement; the existing statement is evidence that the employee has a health condition preventing the individual from carrying out the current role.

Part time staff are required to provide a Statement of Fitness to Work if their absence exceeds 7 calendar days, irrespective of the number of days they usually work.

Occupational and statutory sick pay

Employees may be entitled to a period of sick leave with pay based on their length of service. The entitlements are as follows;

during the first year of service	1 months' full pay and after completing four calendar months' service, 2 month's half pay
during the second year of service	3 months' full pay and 3 months' half pay
during the third year of service	4 months' full pay and 4 months' half pay
during fourth and successive years service	6 months' full pay, 6 months' half pay

The entitlement is based on the sickness absence record in the 52 weeks prior to first day of the absence. Occupational sick pay will only be paid when the relevant documentation has been submitted.

Statutory sick pay might be payable for a continuous period of 28 weeks; any entitlement is off-set from the occupational sick pay.

Holidays and Sickness

Where an employee falls sick or is injured while on holiday, the Employer will allow the employee to transfer to sick leave and take replacement holiday at a later time. This policy is subject to the following strict conditions:

The total period of incapacity must be fully certificated by a qualified medical practitioner.

The member of staff must contact the University (by telephone if possible) as soon as he/she knows that there will be a period of incapacity during a holiday.

The member of staff must submit a written request no later than 10 days after returning to work setting out how much of the holiday period was affected by sickness and the amount of leave that they wish to take at another time. Where the member of staff is overseas when he/she falls ill or is injured, evidence must still be produced that they were ill by way of either a medical certificate or proof of a claim on an insurance policy for medical treatment received at the overseas location.

This does not apply to statutory or University closed days as these are not transferable.

If a member of staff is absent from work due to sickness for the whole of a holiday year, he/she will continue accrue any entitlement to any statutory or contractual holiday in respect of that year.

If a member of staff is absent from work during any holiday year and then returns to work part way through the same holiday year, he/she will be entitled to continue to accrue statutory annual holiday throughout his/her period of absence. Holiday leave for that year may be carried forward to the following year.

If a member of staff is absent from work due to sickness for a period leading up to the end of the holiday year and has, as a result, not been able to take all of his/her annual holiday entitlement for that year, the period of untaken holiday may be carried forward to the following year.

Disability Related Sickness Absence

Distinguishing between general sickness absence and disability-related sickness absence is good practice as it helps to remove disadvantage experienced by staff with disabilities. This recognises that impairments and medical conditions may, at particular times, generate a greater level of sickness absence. Please note there is no obligation on the university to pay sick pay to a disabled individual who has exhausted their entitlement to sick pay and is unable to return to work due to continuing ill health.

A supported period of transition back to work, in relation to both disability leave and disability-related sickness absence, should be considered, as it can assist in the process of ensuring the member of staff is able to work to the best of his or her ability.

If a disabled individual has been on sick leave but has been certified as fit to return to work but is unable to do so straight away as they are waiting for the employer to make a reasonable adjustment, then the individual will be deemed to be on paid leave, not sickness absence. This might occur where the adjustment affects a key element of the role. In these circumstances the individual would be entitled to full pay and the absence should not be recorded as sickness. However, if an individual has been certified as fit to return to work but they are waiting for a reasonable adjustment to be made, the manager and the individual should discuss the possibility of the individual returning to work to undertake duties which are not affected by the need for the reasonable adjustment. The individual can fulfil those duties while waiting for the adjustment to be made.

Pregnancy Related Sickness Absence

Pregnancy-related sickness absence will be recorded separately. A member of staff who is absent due to a pregnancy-related illness during the four week period prior to her due date will be required to start her maternity leave, and will be entitled to maternity pay and not sick pay. Odd days of pregnancy-related illness during this period may be disregarded if the member of staff wishes to defer the start of her maternity leave period, and a risk assessment does not indicate that carrying out work will endanger her pregnancy.

Complaints procedure

Should any member of staff have concerns about the way in which the sickness absence policy and procedures have been implemented in their case, these may be raised with the Human Resources Department in the first instance. The University grievance procedures may be followed where individuals are dissatisfied with the way that their concerns have been handled.

Appendix 1: Guidelines for return to work discussions

1. These guidelines give general guidance on return to work discussions, and on dealing with frequent/unacceptable levels of sickness absence. They are intended to promote good practice, which reflects both the service needs of Departments and the University's commitment to the wellbeing of its staff.

Return to work discussions

2. The return to work discussion is crucial to managing absence and is likely to be the most effective single technique for identifying contributory factors and reducing absence. It enables managers, in discussion with employees, to find out and, where possible, address the cause of absences, and communicate to employees the importance of attendance.
3. The return to work discussion is about supporting people and helping to resolve problems. It is **not** part of the disciplinary process, and should not be treated as such. Discussions should be held with **every person each time** that they are absent, by the designated manager. The majority of discussions will be very quick and straightforward, being essentially an acknowledgement of the person's illness and a welcome back to work.
4. Should a member of staff express a wish for personal reasons for the discussion to be held with a member of staff of their own gender or religion, every effort should be made to accommodate this. In cases of difficulty, contact a Human Resources Adviser.
5. If a member of staff would like to be supported at discussions, they may be accompanied by a Trade Union representative or work colleague in a non-participative role.
6. The main aims of the discussion are:
 - a. To welcome back the employee on their return, and make them feel valued.
 - b. To check that they feel fit enough to return.
 - c. To identify the reason for absence.
 - d. To address any issues that may be causing or contributing to absences.
 - e. To update the employee on activities during their absence and agree work priorities.
7. The discussion should be conducted in private with sufficient time allowed to explore the issues. It is essential that confidentiality be respected. Prior to discussion the manager should have looked at the member of staff's attendance record and ensured that they have taken account of any relevant background information. The form attached at Appendix 2 should be used to record the discussion.
8. In appropriate cases it is important that the member of staff is made aware of the impact that their absence has had on their area of work and the University. The manager should ensure that agreement is reached as to what action the employee is to take to reduce the chances of absence recurring and underline that it is the employee who has responsibility for taking that action.
9. It is important to be aware that employees persistently absent over a particular period may be experiencing personal problems either at or outside work, or ongoing health problems. Appropriate action should be taken in such cases, for example, problems at work should be investigated; referrals to Occupational Health service should be considered.
10. The manager should discuss the priorities for catching up with their work.

Frequent short term and persistent absences

11. A four-step approach for dealing with frequent short-term and persistent absences is outlined below. The Human Resources Department can be contacted at any stage, as appropriate, to advise on and assist with absence-related issues. A member of staff may be accompanied by a Trade Union representative/colleague at meetings, in a supporting role, at any stage of the following procedure if they so wish. A member of the Human Resources staff will attend meetings if appropriate.

Step 1 – Giving Feedback

12. After obtaining relevant monitoring information the designated manager should meet with the member of staff on an information-seeking basis to ascertain the cause/s for the absence/s. The monitoring information should be shared with the member of staff indicating any patterns of absences. There may be a genuine non-health reason for absences, such as care responsibilities, and managers should be familiar with the relevant University policies for such situations (e.g. Compassionate leave; discretionary leave; maternity, paternity & adoption leave; family responsibility leave; dignity at work and study policy etc.) and be prepared to explore these with the member of staff.
13. As a result of the discussion the manager may indicate that an improvement in attendance is required, that monitoring will continue and that a follow-up meeting will take place. A written summary of the outcome of the meeting should be prepared and copies forwarded to the member of staff and to Human Resources.

Step 2 – Seeking More Information

14. If the level or pattern of absence continues to give cause for concern the manager may seek assistance from OH. This step **should only** be taken following discussion of the case with the relevant Human Resources contact and advice should be sought as to whether an OH appointment is considered necessary. Any necessary OHS appointments will be made with the prior agreement of the member of staff. If the member of staff declines to attend the appointment the University will take advice from OHS on the information available.
15. OH staff will discuss the reasons for absence with the member of staff and, if appropriate and with the individual's approval, request a medical report from their GP. They will take into account all the relevant information and provide a written report. The report should be discussed with the member of staff and the appropriate action agreed, including review dates. A written account of the outcome will be kept within the Human Resources Department. If requested, a copy will be given to the member of staff in accordance with the requirements of the Data Protection Act 1998. If the member of staff declines to give their consent for a medical report from their GP, then the University will take advice from OH on the information available.

Step 3 – Failure to Improve

16. If there is no improvement the designated manager should consult a Human Resources Adviser after which a formal meeting should be held with the member of staff.
17. If a genuine health problem has been identified, it may be necessary to look at the job and job content, to ascertain whether changes can be made to the job, method of working, hours of work

etc. in order to facilitate an acceptable level of attendance and performance. The requirements of the Equality Act 2010 need also to be considered. In certain cases it may be appropriate to consider redeployment options. A review should be agreed in order to monitor the situation.

18. If a genuine health problem does not exist recourse to disciplinary procedures should be considered with the objective of securing an improvement in attendance.
19. A review period should be agreed in order to monitor the situation.

Step 4 – Final Options

20. If there is still no improvement managers need to seek further advice from Human Resources, and consider appropriate options. Each case needs to be considered in the light of all the information available, as there may still be genuine reasons for absence. There are four routes that can be considered at this point:
 - a. Review the arrangements set out in step 3.
 - b. Termination of employment on grounds of incapacity due to ill health/inability to perform the duties of the post. This will require the statutory disciplinary procedure to be followed which consists of a series of meetings with the individual and a right to appeal.
 - c. Medical retirement on the grounds of a permanent incapacity through the relevant pension scheme (LGPS or USS).
 - d. Instigate a disciplinary investigation, including holding a formal meeting with the member of staff with a view to taking appropriate disciplinary measures, bearing in mind that the purpose of these is to produce an improvement in attendance.

Appendix 3: Self-Certification Absence Form



Self-Certification Sickness Absence Form

This form must be completed for all periods of sickness absence. If the absence is for less than 7 days the form can be completed upon return to work. A Statement of Fitness to Work must be obtained and sent immediately to your line manager if your sickness lasts more than 7 calendar days. For all such absences you will be required to complete this form in respect of the first 7 days either during your absence (in which case the form will be sent to you) or on your return to work.

To be completed by the employee:

Name Staff Number

I certify that I was absent from work due to sickness during the period stated below:

Absent		Absent		Number of working days or hours absent	
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Reason for absence was as follows: **(tick only one box for the main cause)**

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Nervous system disorders	<input type="checkbox"/>	Infectious diseases (e.g. Shingles)	<input type="checkbox"/>
<input type="checkbox"/>	Chest/respiratory problems	<input type="checkbox"/>	Blood disorders (e.g. anaemia)	<input type="checkbox"/>	Pregnancy-related	<input type="checkbox"/>
<input type="checkbox"/>	Cancers and tumours	<input type="checkbox"/>	Heart, cardiac & circulatory	<input type="checkbox"/>	Skin disorders	<input type="checkbox"/>
<input type="checkbox"/>	Cold, cough, flu	<input type="checkbox"/>	Operation/recovery/ medical appointment	<input type="checkbox"/>	Stomach/ digestive/ gastrointestinal	<input type="checkbox"/>
<input type="checkbox"/>	Diabetes and other endocrine or glandular.	<input type="checkbox"/>	Burns frostbite, hypothermia	<input type="checkbox"/>	Other Only be used if the reason for sickness absence is not listed Details:	<input type="checkbox"/>
<input type="checkbox"/>	Ear, nose, throat	<input type="checkbox"/>	Injury, fracture			
<input type="checkbox"/>	Dental & Mouth	<input type="checkbox"/>	Anxiety			
<input type="checkbox"/>	Eye problems	<input type="checkbox"/>	Depression			
<input type="checkbox"/>	Genitourinary/gynaecological disorders, excl. pregnancy	<input type="checkbox"/>	Back problems (e.g. sciatica)			
<input type="checkbox"/>	Headache/ migraine	<input type="checkbox"/>	Other musculoskeletal problems (exc. Back)			

If this absence is related to a Disability¹ please tick

¹A person is 'disabled' for the purposes of the Equality Act 2010 where they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect their ability to carry out normal day-to-day activities'. (Section 6(1) Equality Act 2010)
Substantial means neither minor nor trivial, long term means that the effect of the impairment has lasted or is likely to last for at least 12 months. Some conditions, such as hay fever, are specifically excluded.

Sickness absence records are kept to monitor overall sickness absence trends across the University (without identifying individual cases) and to enable line managers to monitor individual absence levels/trends. In addition, the University must meet statutory obligations in relation to sick pay and statistical returns. The University 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 purposes of calculating occupational sick pay entitlement and for occupational health monitoring.

Declaration I give my consent to the University of Worcester holding the personal data on this form for the purposes of calculating occupational sick pay entitlement and for occupational health monitoring.

I declare that I have not worked during the period of sickness stated above for the University or any other employer, and to the best of my knowledge the information above is factually correct.

Employee's signature	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Appendix 4: Explaining the Bradford Index

The Bradford Factor identifies short-term absence for individuals, by measuring the number of spells of absence, and is therefore a measure of the disruption caused by this type of absence. It is calculated by the following formula

$$S \times S \times D = (\text{INDEX})$$

Where

S is the Number of occasions (Spells) of absence and

D is the Total number of Days absent.

For example:

Five absences of one or two days (2 +1+2 +2 +1) gives **S = 5**, and **D = 8**

Thus **(5 x 5 x 8) = 200**

A single long absence of six weeks (30 days) scores

$$1 \times 1 \times 30 = 30$$

But if that person had another absence of three days, the new calculation would show:

$$2 \times 2 \times 33 = 132$$

For the purposes of frequent short term and persistent absences the University will use a Bradford Index of 350 as an intervention point for a member of staff working 5 days per week 52 weeks per year, however if other trends are apparent e.g. specific days of the week, or if the member of staff works a fractional contract, then a lower index can be used.

