

## Sickness Absence Policy and Procedure

### Introduction

Cotswold District Council prides itself on being an employer of choice. With an incredibly varied role in delivering the very best for our residents, communities and businesses, our employees are committed and really make a difference. In return we seek to support and empower our employees, to give their best.

Having a culture that is diverse, equitable and inclusive is core to everything that we strive to achieve and key to the creation of a positive organisational environment. CDC is also committed to promoting the health and wellbeing of all employees and we wish to offer supportive and effective management of absence due to ill-health and a positive healthy culture that empowers managers to handle sensitive situations in the correct way.

Cotswold District Council aims to encourage all its employees to maximise their attendance at work whilst recognising that there may be occasions when employees may be unable to attend work due to their own ill-health.

CDC will always treat employees fairly and sensitively during times of ill health, but it must also pay due regard to its operational needs. Persistent absence can damage efficiency and productivity and place an additional burden on colleagues.

By implementing this policy, CDC aims to strike a reasonable balance between the pursuit of its operational needs and the genuine need of employees to take time off work because of ill health.

This policy does not form part of employees' terms and conditions of employment and may be subject to change at the discretion of the management.

### Definitions

The following definitions are used in this policy:

**"Absence management stages"** our step-by-step process for managing frequent Short-term sickness absence.

**"Period of sickness absence"** or **"instance of sickness absence"** means any continuous period of sickness absence, of whatever length, during which the employee does not work.

**"Short-term sickness absence"** means any period of sickness lasting one to 27 calendar days.

**"Long-term sickness absence"** means any period of sickness lasting 28 calendar days or more.

**"Formal review period"** means a defined period during which an employee is required to show an improvement in their sickness absence levels.

### Scope

This policy covers short-term sickness absence. CDC operates a separate policy on long-term sickness absence. Once an employee's sickness has lasted 28 calendar days, CDC's long-term sickness absence policy applies.

Where an employee's absences are being managed under this policy and they then go off on long-term sickness absence, management of their sickness absence will be switched over to CDC's separate policy on long-term sickness absence.

This policy is formulated on the assumption that, if CDC suspects there to be misconduct, its separate disciplinary procedure will apply. For example, CDC may take disciplinary action if there is evidence that:

- absence is not genuine or not for the reason provided
- the employee does not provide satisfactory reason for the absence
- the employee is undertaking inappropriate activities while off sick, such as carrying out work for another organisation or
- the correct sickness absence notification and evidence procedure has not been followed.

Under our absence policy in cases of capability where an individual may be unable to fulfil their substantive role because of sickness or a disability, it may be appropriate to consider alternative action under the performance improvement and capability policy. Alternatively, there may be cases under our Absence Management stages where the disciplinary procedure applies.

This policy recognises CDC is under a legal duty to consider making reasonable adjustments and will do this in collaboration with the employee who becomes disabled or their disability worsens. This is to enable the employee to continue to carry out their role and to support any identified disadvantage being removed.

This policy applies to employees only and does not apply to contractors, consultants, agency workers or any self-employed individuals working for CDC.

### **Responsibilities:**

#### Guidelines for line managers

When an individual is off sick, a line manager should:

- take responsibility for managing and reviewing their staff's attendance and absence; the manager should ensure that the sickness record is up to date and reflective of an individual's absence.
- maintain a record of each employee's sickness absences ensuring the records clearly identify the reasons for the employee's various absences.
- take responsibility for applying the Attendance management stages under this policy when the relevant absence triggers are met.
- after speaking to them on the first day of absence, maintain contact on at least the fourth day of absence and at regular intervals thereafter. You should agree the frequency with that individual with consideration to the nature of the absence and the duration of any fit notes should the absence extend beyond seven calendar days.
- ensure all records of absences, including discussions and medical certificates remain confidential.

When an individual returns to work the line manager should:

- ensure the employee completes a self-certification form for sickness of seven calendar days or less and provides medical evidence for sickness of more than seven calendar days
- conduct a return-to-work meeting on the first day back
- speak to the employee about the absence and the reason for it in a fair and factual way, understanding that the absence could be sensitive

- be alert to patterns of absence, for example frequent absences on Fridays or Mondays, or immediately before or after bank or public holidays
- be particularly sensitive when absences are caused by personal or family problems
- be mindful of any reference to anything work related, for example, workplace stress.

Concerns around high levels of absence or patterns:

- speak with the individual and highlight any concerns around high levels of absence and be ready to apply the attendance management stages where the absence requires
- try to establish any underlying reasons for frequent absences and, where the underlying cause is identified, take steps to help the employee to manage the cause
- be aware of the potential for discrimination when managing absence, particularly where the employee's ill health is related to pregnancy or disability
- keep in mind CDC's legal obligation to make reasonable adjustments for disabled people when managing absence
- consult with your HR Business Partner if unsure about anything or special circumstances arise, for example if it appears that the employee may have a disability
- bear in mind that CDC may seek a medical report on an employee, for example from the employee's doctor or CDC's occupational health advisers the individual's consent is required to obtain this information;

## Guidelines for employees

If they are unable to attend work because of ill health, all employees should:

- notify their manager by telephone as soon as reasonably practicable, preferably before they are due to start work on the first day of absence. If the manager is unavailable, the employee should contact the next most appropriate manager - it is important that the reporting procedures are followed at all times.
- continue to notify on the fourth day and keep in touch with their manager at regular intervals after this while unable to attend work. The frequency of such contact should be agreed between the manager and the employee with consideration to the nature of the absence and the duration of any fit notes should the absence extend beyond seven calendar days.
- be prepared to give their manager a clear reason (i.e., the nature of the illness or injury) why they cannot attend work and estimate as to how long they think the absence will last.

Upon a return to work an employee should:

- complete a self-certification form for sickness of seven calendar days or less and provide medical evidence for sickness of more than seven calendar days
- attend a return-to-work meeting with their manager each time the employee returns from a period of sickness absence
- be open with their line manager about the reasons for their absence, to give the manager the opportunity to provide support where possible
- tell their manager of any extenuating circumstances, for example personal or family problems or an unmanageable workload

Concerns around high levels of absence or patterns:

- bear in mind that CDC has attendance management stages to help support and manage high levels of absence or patterns
- bear in mind that CDC may seek a medical report, for example from the employee's doctor, and

- co-operate with CDC regarding the possible implementation of any adjustments to job duties, hours or working conditions, particularly those suggested by a healthcare professional.

### Attendance review management stages

The following procedure aims to provide a consistent approach to managing short term absence initially through informal interventions, and where attendance does not improve/attendance targets are not met and concerns continue, through a formal process.

Consideration will be given to an employee who needs time off for reasons related to their disability such as:

- too ill to work
- attending medical and hospital appointments
- having treatment or therapy
- recovering from treatment

Some adjustment to the trigger points for absence due to disability will be made by either

- not counting some or all the sickness absence related to a disability towards any trigger point
- increasing the number of absences that trigger a review

### Informal Stage (1): Initial attendance review meeting

You will be required to attend an initial attendance review meeting with your manager if you have:

- Three separate occurrences of sickness absence in a 12-month rolling period; or
- More than 20 working days of sickness absence in a 12-month rolling period; or
- A pattern of absence that is of concern (e.g., Mondays/Fridays or absence following holidays or bank holidays)

The initial attendance review meeting should aim to:

- Check on your wellbeing
- Discuss the reasons for the absence
- Identify any contributing issues and how these may be resolved
- Establish whether there is an underlying medical condition or disability (this may involve seeking further medical advice)
- Consider what other support may be needed
- Advise you of what improvement is expected in your attendance
  - Show immediate and sustained improvement
  - Meet an attendance target
  - Follow reporting procedures at all times during the attendance review period
- Or inform you that there will be no further action

You may be advised that if attendance does not improve you may be subject to disciplinary action

### Formal Stage (2): Formal attendance review meeting

You will be required to attend a formal review meeting which will be held with you if your attendance remains of concern and/or there is no underlying medical condition. Reasons for a formal meeting include

- A fourth absence occurs in a 12-month rolling period; or
- Sickness absence has reached 30 working days; or
- The pattern of absence remains a concern

At this meeting your manager will:

- Check on your wellbeing

- Discuss the reasons for the continued absence
- Review your attendance and set a clear timeframe for improvement
  - Show immediate and sustained improvement
  - meet an attendance target
- Discuss how this may be improved
- Consider a referral to occupational health
- Discuss any management support or other needs
- Or inform you that there will be no further action

You may be advised that your absence will be considered a disciplinary issue and managed under the disciplinary or performance improvement or capability procedure and a letter will be sent to you to inform you of the outcome. Any further absences at this stage could then result in a formal procedure being further invoked which may ultimately lead to dismissal.

### Right to Representation

At any formal meeting you have the right to be represented by a work colleague or a Trade Union representative. However, consideration will be given to another person in exceptional circumstances.

### Notification and Evidence of Sickness Absence

#### Reporting absence

On the first day of sickness absence, the employee must inform their manager as soon as reasonably practicable that they will not be working because of illness or injury. Preferably, the employee should notify their manager of non-attendance by telephone before they are due to start work and, in any event, as soon as reasonably practicable. If the employee's manager is unavailable, the employee should contact the next most appropriate manager.

The employee should provide a clear reason (i.e. the nature of the illness or injury) why they cannot attend work and estimate how long they think the absence will last. The employee should also be prepared to briefly discuss any consequences of their absence, for example if customer appointments need to be cancelled or any essential work needs to be covered.

Notification of sickness absence must be via telephone, not by text message, email or social media. In exceptional circumstances where the employee is unable to telephone (for example, because of hospitalisation), another person such as a friend or relative can contact CDC on their behalf.

If an employee comes to work but needs to leave during the day because of ill health, they should inform their manager before leaving work. If the manager is unavailable, the employee should inform the next most appropriate person within the department.

Sickness absence that begins part way through the day will count as half a day's sickness absence if the employee leaves before completing 50% of their working day. Where sickness absence begins after the employee has completed 50% of their working day, no absence will be recorded for that day.

After the first day of absence, the employee should generally telephone their manager on the fourth day and at regular intervals thereafter. This should be as agreed with your manager and in line with fit note.

## Self-certification of sickness absence

If sickness is for seven calendar days or less, on the first day of the employee's return to work/at a return-to-work meeting, they must obtain, complete and sign a self-certification form, setting out the dates of absence and the nature of the illness or injury.

The line manager should countersign the form and pass it on to Human Resources.

## Statement of fitness for work (fit note)

While the first seven calendar days of sickness can be self-certified, all sickness that lasts longer than seven calendar days requires medical evidence. This medical evidence will normally be in the form of a fit note, also known as a "statement of fitness for work".

As well as being issued by doctors, fit notes can be issued by nurses, occupational therapists, pharmacists and physiotherapists who have assessed their fitness for work. Fit notes cannot be issued on request or via over-the-counter services without an assessment.

If the employee's sickness lasts for eight calendar days or more, the employee's line manager must ensure that the employee provides a fit note as soon as possible. A fit note may state that the employee:

- is "not fit for work", in which case the employee should remain off work or
- "may be fit for work", if the healthcare professional's recommendations are followed (for example, a phased return, amended job duties, altered hours of work, or workplace adaptations).
- where a phased return is recommended this will typically be for a period up to 6 weeks.
- in exceptional circumstances a longer period of reduced hours (recommended by Occupational Health) may be agreed. However, a feasibility review will take place at 3 and 6 months to explore whether any adjustments need to take place i.e. with regards temporarily redeploying into a suitable role or a temporary decrease to working hours.

While there is no legal obligation on CDC to follow the recommendations, managers should take the recommendations seriously and give fair consideration - in consultation with the employee and Human Resources - as to whether or not any of the changes recommended can be accommodated.

## Sick Pay

CDC operates a contractual sick pay scheme that supplements Statutory Sick Pay and Employment and Support Allowance to maintain normal pay during defined periods of absence on account of sickness, disease, accident or assault.

Providing you follow the correct procedure as detailed in this document, you will normally receive:

Year 1 of service	1 months' full pay (after 4 months' service)
Year 2 of service	2 months' full pay and 2 months' half pay
Year 3 of service	4 months' full pay and 4 months' half pay
During Year 4 and Year 5 of service	5 months full pay and 5 months half pay

After 5 years of service	6 months full pay and 6 months half pay
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Contractual sick pay is calculated over a 12-month rolling period. Employees are required to co-operate fully when a medical referral to the Occupational Health Advisor is required. Decisions around capability / reasonable adjustment will be made based only on the medical information available .

Sick pay under CDC's scheme is subject to the usual deductions for PAYE, national insurance, pension contributions, etc.

Payments under the CDC's scheme will be calculated by reference to the employee's salary only and any payments made under CDC's scheme are inclusive of any entitlement to SSP for the same period of absence.

## Medical Appointments

CDC recognises that employees will, from time to time, need to attend medical appointments.

Employees should endeavour to arrange medical appointments in their own time or, if this is not possible, at times that will cause the minimum amount of absence from work or inconvenience to CDC, such as first thing in the morning or at the end of the working day.

However, because CDC accepts that it is not always possible to arrange medical appointments outside working hours, it is CDC's policy to permit reasonable time off work for such appointments.

Provided that the employee gives their line manager reasonable notice of the date and time of an appointment, time off with pay will normally be granted, although this is subject to the discretion of the employee's line manager and you may be asked to make the time up.

Where time off for medical appointments becomes frequent or regular, or starts to cause difficulties for the employee's department, the line manager has the discretion either to require the employee to make up for the time off by working extra time on another occasion, or to grant any further time off without pay.

Employees must obtain approval from their line manager in advance of any appointment. The line manager reserves the right to ask the employee to reschedule an appointment if its timing would cause disruption to CDC business. The line manager may also, at their discretion, ask the employee to produce confirmation of the appointment.

Employees who are pregnant have the statutory right not to be unreasonably refused paid time off work for antenatal appointments where the employee's attendance has been recommended by a registered medical practitioner, midwife or nurse. Paid time off in such circumstances will automatically be granted, although employees should endeavour to arrange appointments outside working hours. Nevertheless, the employee should give reasonable notice of the date and time of the appointment to their line manager where possible and the line manager will still have the right to request to see the confirmation of the employee's second appointment and any subsequent appointments.

A prospective partner of a pregnant woman, has the statutory right to take unpaid time off to attend up to two antenatal appointments up to a maximum of 6.5 hours

## Special Cases

Pregnancy-related absences

Pregnant employees who are off work because of pregnancy-related ill health must abide by CDC's absence reporting procedure. For example, a pregnant employee is subject to the usual notification and evidence requirements and will be asked to attend a return-to-work meeting when returning to work.

#### Disability-related absences

Where an employee gives as the reason for absence an underlying health issue that could amount to a disability under the Equality Act 2010, the manager should seek advice from their HR Business Partner to determine how best to support the employee to improve their attendance. This includes where the employee states that they are suffering from any ill-health related to anxiety or stress.

#### Holiday during sick leave

An employee who is absent on sick leave will continue to accrue their holiday entitlement and will be given the opportunity to take this at a later date, including in the subsequent leave year, if they do not take their holiday entitlement due to being on sick leave.

An employee on sick leave may apply to take their holiday entitlement while on sick leave. The holiday dates must be approved in accordance with CDC's holiday procedure.

#### Medical Advice

At various stages of managing the employee's sickness absence, a manager may want to obtain advice on the employee's fitness for work from occupational health advisers.

Examples of when a line manager might refer to occupational health include to:

- seek a medical report on the employee
- establish when the employee might be able to return to work
- ask for guidance on the employee's condition, for example if there is a possibility that the employee is disabled or simply where more information is required as to the exact nature of the condition and
- if the employee is disabled, discuss any adjustments that could be made to accommodate the employee's disability.

CDC will treat personal data about you collected during the absence management process in accordance with its data protection policy / policy on processing special categories of personal data (this may include medical certificates or information given by you about your sickness). Information about how an employee's data is used and the basis for processing their data will be provided in the privacy notice which contains the data protection information. Where CDC is relying on its legitimate interests as the legal ground for processing an employee's data, you can object to the processing.

#### Report from a Medical Practitioner who has been Responsible for the Employee's Clinical Care

Where a report from the employee's medical practitioner is necessary, the employee will be fully informed of their rights under the Access to Medical Reports Act 1988 and their permission will be sought for the report to be obtained.

The employee's permission will be sought to contact the medical practitioner on the relevant consent form, available from Human Resources.

The employee has the right to access the report before CDC sees it. If the employee wishes to see the report, they should inform CDC of this, so that it can inform the medical practitioner. The employee will



then have 21 days to contact the medical practitioner to see the report. If the employee does not contact the medical practitioner within this period, the medical practitioner can pass the report on to CDC.

When requesting a report, CDC will provide the medical practitioner with as much information as possible on the role of the employee and explain why the report is being sought. CDC will provide the medical practitioner with:

- a copy of the employee's signed form consenting to the request to seek a medical report
- confirmation that the employee is aware of their rights under the Access to Medical Reports Act 1988 and
- details of the major features of the employee's job.

CDC will ask the medical practitioner to identify:

- the nature of the employee's illness or injury
- whether or not there are any underlying medical conditions that explain the employee's pattern of absences and
- what reasonable adjustments could be made to working conditions or work premises to facilitate a return to work.

Where the employee refuses permission for CDC to contact their medical practitioner, CDC will explain to the employee the reasons behind the request and inform the employee that a decision relating to their employment may be made without the benefit of access to medical reports. The same procedure will be followed where the employee delays in giving their consent.

Where the employee feels that the report is misleading or incorrect, they may ask the medical practitioner to amend it. If the medical practitioner does not agree with the employee and does not alter the report, the employee may attach a statement to the report to reflect their views.

Alternatively, having seen the report, the employee may request that access to the report be withheld from CDC. The employee will be informed that a decision relating to employment may be made without the benefit of access to medical reports.

### Report from a medical practitioner who has not been responsible for the employee's clinical care

The Access to Medical Reports Act 1988 does not apply where CDC is seeking a medical report from a medical practitioner who has not been responsible for the employee's clinical care, typically its own chosen specialist or occupational health adviser.

In these circumstances, CDC will explain to the employee in writing what information it is seeking on the employee's health and how the information will be used. The letter should explain to the employee:

- that CDC intends to obtain a medical report and why it wishes to do so
- from whom the report will be obtained
- what CDC will do with the report
- how CDC will treat personal data collected when obtaining the medical report and
- their right to object to the processing of their personal data.

CDC will write to the medical practitioner to request the report. The letter should explain to the medical practitioner why CDC is requesting the report and ask any specific questions that it wishes the practitioner to answer.

Where the employee objects to the processing of their personal data when CDC is seeking to obtain a medical report to which the Access to Medical Reports Act 1988 does not apply, CDC will explain to the

employee the reasons behind the request and inform the employee that a decision relating to their employment may be made without the benefit of access to medical reports.

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