

Sickness Absence Policy

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1. Introduction

1.1 The HFEA (the organisation) aims to provide a safe and healthy work environment for its employees, and to encourage employees to attend work by creating a culture where contribution is valued and where they feel motivated, rewarded and equipped to fulfil their potential. However, there will inevitably be times where employees are absent due to sickness and this policy provides guidelines for the management of such issues.

1.2 The aim of this policy is to clearly state the entitlements and obligations of all employees of the HFEA with regard to absence from work for sickness and to ensure that sickness is effectively managed within the authority. It aims to ensure that all employees are treated in a fair way when they are unwell, and that sickness absence problems are identified early and resolved as promptly and informally as possible taking into account the interests of both the HFEA and its employees.

1.3 The scope of this policy extends to all HFEA employees, both permanent and fixed term.

“Employees should keep their manager informed...”

2. Notification

2.1 On the first day of absence employees who are sick must inform their line manager of their inability to attend work, giving some indication of when they expect to return. This notification should be verbal, not sent via email or text, and every effort should be made to do this before 10.00am on the first day of sickness. If the absence is of a particularly personal or sensitive nature, which they do not wish to discuss with their line manager, the employee may contact the HR department directly. The line manager should still be kept directly informed of the likely duration of the absence.

2.2 It is the responsibility of the line manager to enter the employee’s sickness absence details onto HR.Net as soon as a call has been received. The line manager will then need to undertake a return to work meeting once the employee has returned (see below). A sickness absence self certification form will need to be signed by the employee and the manager and this information, along with the return date should be entered into HR.Net on the day of return.

2.3 Employees should keep their manager informed on a regular basis of their recovery and likely return to work. Unless clear from the outset, this should be on the third and eighth calendar day of absence and on submission of any medical certificates, as a minimum. This is to ensure that resource planning and cover can be arranged.

3. Paid sick leave

3.1 Employees who are on probation, or on fixed term contracts up to 6 months, are entitled to up to 3 weeks sick pay on full pay plus any entitlements to statutory sick pay, thereafter.

3.2 Employees who have completed 6 months continuous service (and passed their probationary period) will accrue sick pay at the rate of one week for every four weeks paid service during their first two years of employment (maximum that can be accrued is 6 months). Thereafter they are entitled to receive full pay up to a total of six months' sick absence in any period of 12 months (182 days inclusive of Saturdays, Sundays, public holidays and privilege days), subject to continued employment.

3.3 Employees who qualify for sick pay, and who are sick for more than 6 months in any 12 month period will be entitled to receive half-pay for the period off sick which exceeds the six months, subject to continued employment. For example, if an employee is off sick for 190 days in a twelve month period, s/he will continue to receive full pay for the first 182 days; half-pay will be payable for the remaining 8 days.

3.4 There is a total limit of 12 months' sick absence in any one period of three years for which an individual can be paid.

3.5 If an employee takes more than 12 months' sick leave in a four year period, their pay is based upon the pension that they would have received had they retired on ill health grounds at the end of 12 months' sick leave. This is called sick pay at pension rate (SPPR).

3.6 Note - Part time employees receive payment for sick leave on the same terms as full time substantive employees, but the sick pay is reduced pro-rata to the number of hours / days worked.

4. Statutory sick pay (SSP)

4.1 SSP is payable after 3 (three) consecutive qualifying days sick. SSP is subject to both National Insurance and PAYE. Current rates of SSP may be obtained from the HR department.

4.2 Employees who qualify for sick pay from the authority are not entitled to SSP in addition to sick pay.

4.3 SSP can only be paid to employees whose period of sickness has been recorded accurately on HR.Net or on presentation of a fitness to work certificate or 'fit note' (for periods of 7 consecutive days or more).

5. Short term sickness absence

5.1 In order to identify and respond to potential problems as quickly as possible, the Authority has set sickness absence levels which once exceeded may require management action. These levels are known as trigger points, and are as follows:

- More than 7 working days self certified absence in a 3 month period
- More than 15 working days absence within a year (with or without a doctor's certificate)

5.2 Where an employee's sickness absence hits a 'trigger point' their manager will convene a meeting. This is primarily a welfare meeting to ascertain if there is any ongoing or underlying problem and if any support can be provided. As a result of this meeting it may be appropriate to refer the employee to occupational health for a medical opinion.

5.3 It is important to ensure that the employee is made aware of the concern about his/her level of attendance. Depending on the circumstances, the employee should be informed of the expectations required of them in the future. A monitoring period between 6 weeks and three months is normally suggested although it may be longer or shorter depending on the circumstances. A longer monitoring period may be more appropriate to certificated absences.

5.4 The employee should be informed that there will be a review of their attendance if the monitoring levels are exceeded. Managers may set up review

arrangements before the end of the monitoring period where unacceptable attendance levels are reached.

5.5 Where absence levels remain unacceptable (even where there is genuine illness) a formal meeting should be convened to review attendance. The format to be followed is that outlined in the HFEA's capability policy.

5.6 An HR representative should be present at any formal hearings convened to consider attendance.

5.7 The employee must be notified of their right to be accompanied by a workplace colleague or trade union representative at any formal meetings.

6. Long term sickness absence

6.1 For the purposes of this policy, long term absence due to sickness is defined as a period of medically certificated sickness which is continuous for at least 4 weeks.

6.2 There are four main elements to the procedures for handling prolonged absence due to sickness:

- Consultation with the employee to consider the nature of their illness
- Medical investigation
- Consideration of the employee's opinion of their condition including giving them the opportunity to refute an adverse medical opinion
- Consideration of return to work, adjustment of duties or alternative employment

6.3 Should the employee's reason for absence fall under the Disability Discrimination Act, (see summary attached at appendix A) any reasonable adjustment required will be made to enable that person to return to work and carry out their duties to their full ability.

6.4 After four weeks of sickness, the line manager should contact the employee with the aim of setting up a meeting at the HFEA's office to discuss their situation. Primarily the meeting should be a welfare one although the manager should also attempt to ascertain when a return to work can be

expected. In the event that the employee is too ill to attend such a meeting a home visit may be arranged primarily as a supportive measure.

6.5 The employee may wish to be accompanied by a trade union representative or workplace colleague. A HR representative should also be present. Such a meeting will only take place with the agreement of all parties.

6.6 If, following an initial meeting, a date for return to work cannot be established or it appears likely that the employee will be unable to attend work for some considerable time, the case should be referred to Occupational Health who will seek to ascertain the employee's medical condition, including fitness to work, timescale for return and any limits on working capacity. This may include liaison with the employee's GP/Consultant, with their consent.

6.7 Where a date of return to work can be established within eight weeks of the first day of absence, a referral may not be necessary, but the manager should monitor the situation and arrange a return to work interview on the employee's return.

6.8 On receipt of the Occupational Health report, the Manager should arrange a formal meeting, usually within 14 calendar days, with the employee to discuss the medical opinion. All information of a clinical, social or personal nature remains confidential to Occupational Health.

6.9 Occupational health advice will normally cover one of the following categories:

- Fit to return to work
- Not fit, but recovery likely in the foreseeable future
- Unfit to continue in present job, consider alternative employment
- Incapable of work in the foreseeable future

6.10 In considering the Occupational Health report the following factors should be taken into account:

- The importance of the job and how feasible it is to arrange a temporary replacement;
- The nature, length and effect of the illness or disabling event;
- The need for the work to be done and for a replacement to do it;
- Operational difficulties and cost implications caused by the absence;
- The effect of the continued absence on other employees;
- The prognosis for return to work.

6.11 Dependent on the advice, various options may be considered, aimed at easing and facilitating the employee back to work following a long period of sickness absence. This could include, on a temporary basis:

- Shorter hours
- Staggered hours
- Lighter duties
- Other reasonable adjustments

7. Return to work meeting

7.1 Managers responsible for staff are expected to effectively manage and monitor attendance and absence. All line managers should, as a matter of course, conduct a routine "return-to-work meeting" each time an employee returns to work following a period of sickness absence, so that support and advice can be given at an early stage. The background and structure for such a meeting should be as follows:

Preparation

7.2 The following preparation should be undertaken before the meeting:

- the manager should check the employee's absence record and review whether his/her absences have been frequent, regular or repeated. The manager should be alert to the possibility of any pattern, for example frequent absences on Mondays. Managers should, however, remain open-minded and not jump to any hasty conclusions about an employee's absences.
- the manager should invite the employee to attend the return to work meeting preferably on his/her first day back at work, where possible, within three working days of the employee's return to work, and
- the meeting should be private and confidential.

The return to work meeting

7.3 The manager should:

- explain to the employee that the purpose of the meeting is to manage and monitor all employees' absence and attendance in order to identify any problem areas, offer support where appropriate and manage performance;
- ask the employee about the reasons for his/her absence, ensuring that the question is asked in a supportive way;
- ask the employee whether or not he/she has consulted a doctor or attended hospital;
- check that the employee is well enough to attend work; and
- ask the employee to complete a self-certification form for the period of sickness absence and sign it. The manager should then countersign the form and pass it to the HR department so that it may be placed in the employee's personal file;
- update HR.Net with the return to work date and reason for sickness absence.

In the case of frequent, regular or repeated absences

7.4 In addition, the manager should:

- try to establish, through investigation and discussion with the employee, the underlying reasons for the frequent absences;
- put his/her observations about any apparent pattern of absence to the employee directly so that the employee has the opportunity to provide an explanation;
- check whether the absences are in part because of personal or family problems and, if so, be prepared to offer a reasonable degree of tolerance and support;
- check whether the employee's absences are in any way work related, for example as a result of workplace stress, in which case the manager should take prompt steps to remove or reduce the factor that is causing the employee's problem;
- seek, in conjunction with the employee, to identify ways in which the organisation could assist him/her to improve future attendance;
- set reasonable targets and time limits for improvement in attendance and ensure that the employee is committed to achieving them; and
- warn the employee of the consequences of continuing unsatisfactory attendance.

8. Ill health retirement/termination of contract

8.1 Early retirement on the grounds of ill health may occur in two situations:

- When an employee indicates that they wish to retire in advance of their normal retirement age because of ill health. This will occur solely at the request of the employee concerned. This may be supported by the employees's GP/Consultant if they can be referred to the Occupational Health Physician; or
- Where both the employer and employee agree that ill health retirement is the most appropriate course of action in the circumstances. This may be following a period of absence and the individual has already been referred to Occupational Health. Occupational Sick Pay does not necessarily have to be exhausted before a decision to pursue ill health retirement is made.

8.2 All requests for ill health retirement must be approved by the Civil Service Pensions Scheme Administrators. Information on qualifying criteria, benefits available and application process are available on the civil service pension website <http://www.civilservice-pensions.gov.uk/publications.aspx>.

8.3 If a request for ill health retirement is refused the manager should convene a meeting to consider termination of the contract, in line with the HFEA disciplinary procedure, ensuring a right of appeal for the employee.

9. Conduct during sickness absence

9.1 In all cases of sickness or injury which results in employees being absent from work, it is expected that the employee will do their utmost to facilitate a speedy return to fitness and work. The HFEA would not expect any employee who is absent from work due to sickness or injury to:

- Participate in any activities which could aggravate the illness or injury or could delay recovery
- Undertake any other employment whether paid or unpaid. Such action may, depending upon the circumstances, be dealt with under the HFEA's Disciplinary Policy.

10. Accidents while on HFEA duty

10.1 Absence for employees injured whilst working on official HFEA business (i.e. during the course of their normal duties) does not count against an individual's normal sick leave or injury leave entitlement if the HFEA or a third party accepts responsibility for the accident. If subsequently it was determined that there was some element of contributory negligence on the part of the individual, their sick leave entitlement will count in full or in part in proportion to their contributory negligence.

10.2 Employees should contact Human Resources or their line manager for advice if they are absent as a result of an accident which may give rise to a claim against a third party.

11. Occupational Health Advisers

11.1 It is important that difficult decisions regarding the continued employment of staff whose health is affecting their work are supported by medical advice. Therefore any employee whose health is a matter for concern may be referred to the HFEA's Occupational Health Advisers, who may contact the employee's own doctor (with consent) or who may require the employee to undergo a medical examination by a doctor appointed by the HFEA.

12. Sickness or injury whilst on annual leave

12.1 Staff cannot take annual leave or flexi leave in lieu of sick leave, nor are they permitted to take annual leave immediately following a period of sick absence unless a doctor's statement or medical certificate of fitness to return to work has been provided.

12.2 If a member of staff becomes sick while on annual leave, and wishes for this time to be considered as sick leave, they must inform their line manager and produce a self-certificate or medical statement as soon as possible.

13. Access to medical records

13.1 Where the circumstances require a medical report from an employee's GP, or another practitioner responsible for the employee's medical care, the report is subject to the 'Access to Medical Reports Act 1988'. This act requires the written consent of the employee before the report may be obtained, and gives the employee the right to see and comment upon the report.

14. Monitoring

14.1 Managers are expected to monitor their staff's sickness absence in accordance with this policy, using HR.Net.

14.2 The HR team will monitor sickness absence at a corporate level and will report to the Authority and Department of Health, where appropriate.

14.3 Any concerns may be raised with HR.

Appendix A

Employees with a Disability

The HFEA is committed to retaining the skills of employees who become disabled at work. Under the Disability Discrimination Act (DDA), employers must make reasonable changes both to the workplace and to the employment arrangements so that a person with a disability is not at any substantial disadvantage in comparison with their non-disabled colleagues.

The DDA defines a disability as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out day-to-day activities. It is important managers understand the implications of the DDA and these guidelines aim to give an awareness of the Act. The DDA was introduced in 1995, (Amendment) Regulations 2003 and makes it unlawful to discriminate against people with disabilities in relation to employment.

The obligation to make reasonable adjustments not only applies when a disabled person applies for a job but when:

- An employee becomes disabled;
- an existing employee's impairment or medical condition deteriorates;
- there is a change in the duties of, or location of, a disabled employee;
- a disabled employee requires further training.

In all of these circumstances, the following steps will need to be taken:

- Contact Human Resources for advice.
- Carry out an assessment of the workplace/duties to identify what reasonable adjustments may need to be made. This should be done with advice from the Occupational Health Service.

There are a number of specialist organisations that can provide advice and information for managers and employees. The telephone numbers for these organisations can be obtained from the HR team.

The Disability Discrimination Act 1995 (DDA)

Definition

The Disability Discrimination Act defines a disability as a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out day-to-day activities.

Physical Impairment

There is no definition of physical impairment but it would include progressive conditions such as MS, HIV, arthritis, cancer etc.

Mental Impairment

To fall within the definition it has to be a clinically well recognised condition, e.g. schizophrenia. In certain circumstances depression and stress related illnesses can come within the definition of disability.

Long term

The impairment must have lasted for at least 12 months or be expected to last at least 12 months or for the rest of the life of the person affected.

Substantial effect

A substantial effect is one which is more than minor or trivial. It will be linked to the ability to carry out day to day activities.

Normal day to day activities

For an impairment to be taken to affect the ability of the person concerned in carrying out normal day to day activities it must affect one of the following:

- Mobility
- Manual dexterity
- Physical co-ordination
- Continence
- Ability to lift, carry or move every day objects
- Speech, hearing or eyesight

- Memory or ability to concentrate, learn or understand
- Perception of the risk of physical danger

The law also covers people with severe disfigurements, and 'hidden' disabilities like dyslexia and epilepsy, depending upon the severity of the impairment. It can also cover people with progressive conditions, such as HIV, cancer or multiple sclerosis.

People who have had a disability in the past are also covered, even if they have recovered – for example those who have had episodes of mental ill health. People who have severe back pain or arthritis can be covered by the law if that condition means that their ability to do normal activities is impaired.

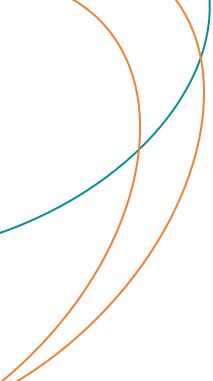
Some conditions are not considered to be disabilities for the purposes of the Act. These are:

- addiction to or dependency on alcohol, nicotine, or any other substance (unless the substance has been medically prescribed)
- the condition known as seasonal allergic rhinitis (e.g. hayfever), except where it aggravates the effect of another condition
- tendency to set fires
- tendency to steal
- tendency to physical or sexual abuse of other persons
- exhibitionism
- voyeurism.

Reasonable Adjustments

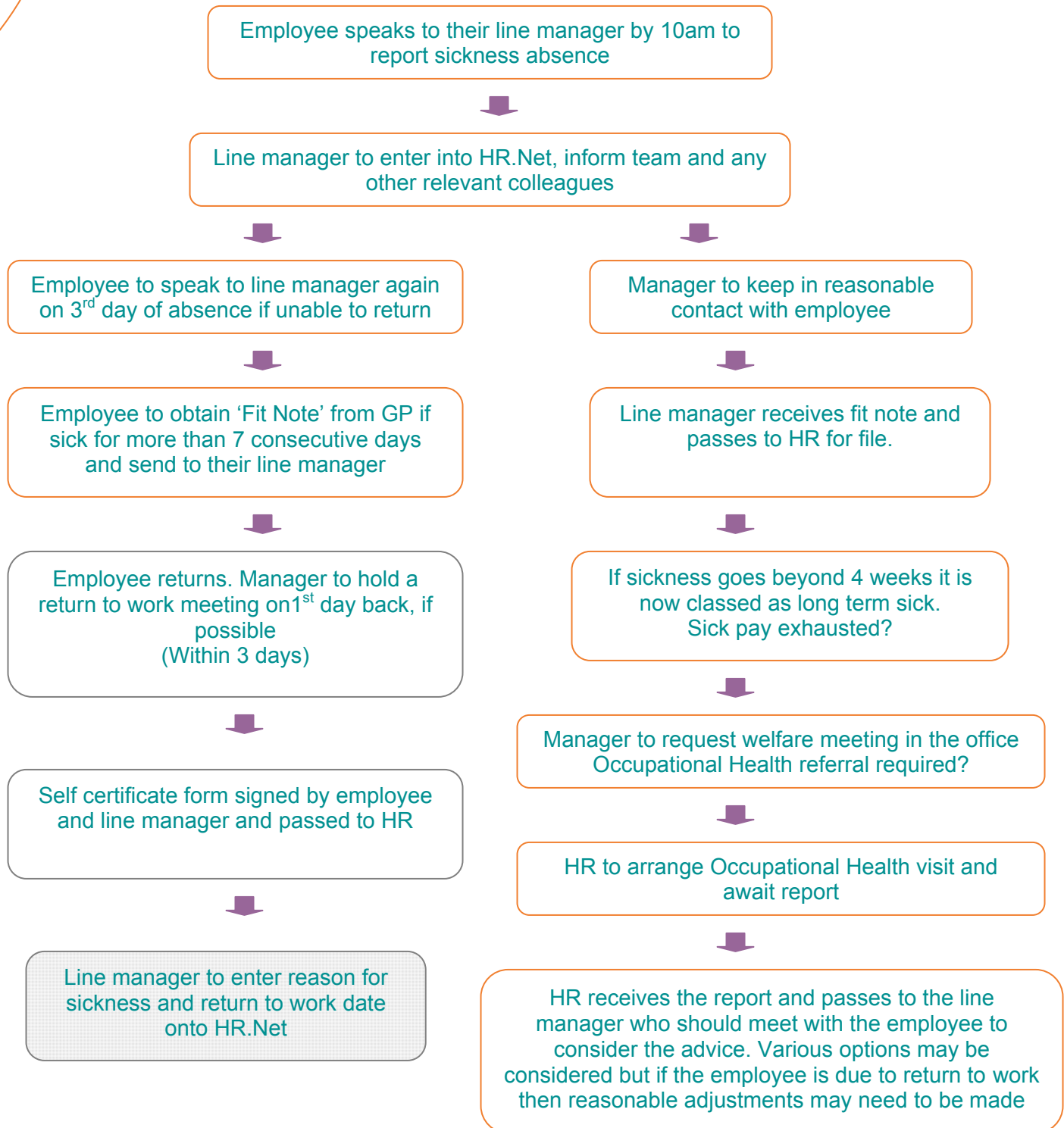
Under the DDA, reasonable adjustments may include the following options:

- Adjustments to premises
- Allocating some of the person's duties to another person
- Transferring the person's duties to another person
- Altering the person's working hours, e.g. so they do not have to travel to work during peak times
- Assigning the person to a different place of work

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- Allowing the person to be absent during working hours for rehabilitation, assessment or treatment
 - Giving or arranging training
 - Acquiring or modifying equipment
 - Modifying instructions/reference manuals
 - Modifying procedures for testing/assessment
 - Providing a reader/interpreter
 - Providing supervision

Particular adjustments will need to be discussed and agreed in each circumstance, taking into account all the circumstances.

Handling sickness absence – procedure



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