

# Medway Council

## Managing Sickness and Absence Policy

Issued: tbc

Review Date: tbc

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## **1.0 Introduction**

- 1.1 The Council believes that employee health and wellbeing at work is fundamental to the delivery of quality services to the public.
- 1.2 Both the Council and Trade Unions recognise that prevention is better than cure and that employee wellbeing at work is a shared priority for all involved.
- 1.3 There will be times when employees can't come to work due to illness or something else that has unexpectedly happened. This policy and other leave policies are there to support employees and help get them back to work as soon as possible, along with the Occupational Health Service.
- 1.4 Absences will need to be reviewed and managed, to ensure that employees are getting the support they need and to minimise the impact of absence in delivering our services.
- 1.5 This policy relates to sickness absence except for the absence reporting procedure, which applies to all forms of unplanned absence, for example, sickness absence, emergency leave, compassionate leave etc.
- 1.6 This policy should be used in conjunction with the managers guidance, tools etc

## **2.0 Equalities Statement**

- 2.1 Medway Council is committed to providing equal opportunities and access to all. This policy embraces the spirit of managing a diverse workforce and those managing and dealing with sickness matters must ensure that no employee is unlawfully discriminated against either directly or indirectly, harassed or victimised on the grounds of race; ethnicity; nationality; ethnic or national origin; colour; disability; gender identity or presentation; marital or civil partnership status; maternity or pregnancy; family and caring responsibilities; care leaver status; sex; sexual orientation; age; HIV status; religion or belief; political beliefs; social class; trades union activity; or irrelevant spent convictions.

## **3.0 Core Values and Council Objectives**

- 3.1 This policy supports the [Council's Core Values](#). The Council believes that a consistent approach to employee management and wellbeing is fundamental to the delivery of quality services to the public.

## **4.0 Scope**

- 4.1 This policy applies to all staff except schools-based staff, centrally employed teachers who are covered by the School Teachers Pay and Conditions Document, all staff employed at short stay schools, previously known as Pupil Referral Units, the Chief Executive and The Section 151 Monitoring Officer.

## **5.0 Roles and Responsibilities**

- 5.1 Managing sickness absence is a key activity for line managers. Every manager has a responsibility to manage sickness absence in a way that safeguards employee wellbeing whilst considering council resources and service provision.
- 5.2 This policy aims to ensure that all employees are treated consistently and fairly. The policy, processes and associated guidance provides managers with the tools to have conversations regarding absence, providing the opportunity for managers and employees to discuss, and potentially improve, absence problems at an early stage so longer-term problems may be prevented.

## **6.0 Employee Responsibilities**

- 6.1 Employees responsibilities are to:
- familiarise themselves with this policy
  - ensure they comply with the reporting absence procedures for any period of absence,
  - understand that failure to adhere to the procedures or following their line managers instructions in relation to their absence may result in disciplinary action and/or suspension of sick pay, and
  - attend any booked Occupational Health appointments, or if they need to be cancelled or rescheduled provide a minimum of three working days' notice.

## **7.0 Manager Responsibilities**

- 7.1 Managers responsibilities are to:
- monitor and report all sickness absence (including part day absences) via the relevant system, MyView.
  - continue to support and engage with the employee throughout the period of their absence, utilising the council's occupational health service and employee assistance provider Care First.
  - seek help from HR when required.
  - ensure that return to work interviews and subsequent formal meetings are undertaken and recorded.
  - ensure that these procedures are applied consistently and fairly considering individual circumstances, including agreeing reasonable adjustments where applicable.
  - ensure that all staff are made aware of this policy and that they follow the requirements of the sickness absence notification procedure.
  - encourage and support employees to maintain good attendance, through good management practice, and use of other appropriate services.
  - ensure that all employees are aware of the council's confidential employee assistance provider Care first, and
  - undertake a stress risk assessment for their team where applicable.

## 8.0 HR Responsibilities

8.1 HR responsibilities are to:

- provide line managers with the tools to be able to manage sickness absence effectively such as training, guidance and up-to-date management information.
- provide line managers with specialist advice on implementing this policy and procedures.
- support line managers when referring employees to Occupational Health, and
- review this policy regularly or where required as per changes in legislation, internal procedures or updates to terms and conditions.

## 9.0 Management and Trade Unions

9.1 Management and the Trade Unions will work collaboratively in the interests of the wellbeing of employees by:

- co-operating and working together in the implementation of this policy,
- attending the Corporate Health and Safety Committee to discuss issues and monitor employee wellbeing, and
- to take and act upon advice from the Health and Safety Executive.

## 10.0 Care First - Support for Employees and Managers

- 10.1 The Council has a free confidential employee assistance provider to support employees, members of their immediate household and managers on any issues that may be concerning them, available 365 days per year.
- 10.2 Line managers can also make a referral to [Care First](#) for, or on behalf of, an employee providing they have express permission to do so.
- 10.3 Dealing with sickness cases and managing sickness absence can sometimes be daunting for line managers, in particular dealing with sensitive issues. Advice should be sought if there are any concerns to ensure timely support for employee's health and wellbeing.
- 10.4 As well as the internal HR team, guidance and support on how to approach employees and undertake meetings, such as return to work interviews or formal review meetings, is available from [Care First](#) who can guide managers through a number of issues including sickness absence.
- 10.5 Care first can be called on 0800 174319 for 24/7 information and support or can be found online via [www.carefirst-lifestyle.co.uk](http://www.carefirst-lifestyle.co.uk)
- Username: **Med001**
  - Password: **dway1234**

## **11.0 Absence Reporting**

- 11.1 Employees who are unable to come to work for any reason must let their line manager know by phoning them (or video call if appropriate). Texts, emails, messages – including those from another person (unless there are mitigating circumstances) are not accepted. This allows for the manager to understand the reason for absence, record it accurately and support the employee.
- 11.2 Employees must follow the absence reporting procedure for every unplanned absence as not doing so will be viewed as an unauthorised absence / absence without leave (AWOL), which could result in pay being stopped and disciplinary action being taken.
- 11.3 Please refer to the sickness notification guidance document for further information.

## **12.0 Confidentiality and Medical Information**

- 12.1 When an employee is off sick the reason for this will be kept confidential. There may be times when line managers will need to discuss the employees' medical condition with people other than HR. Consent from the employee will be required before sharing any information unless there is an emergency where the employees' health is deemed as being at significant risk.

## **13.0 Sickness Certification**

- 13.1 Employees self-certify for sickness absence up to and including seven calendar days.
- 13.2 For sickness absences over seven days, a [fit note](#) from an approved healthcare professional, i.e. a doctor, nurse, occupational therapist, pharmacist or physiotherapist is required to cover the absence from day eight onwards.
- 13.3 Sickness absence must be covered by self-certification or a fit note for the duration of the absence, any period that is not covered may be classed as unauthorised absence.
- 13.4 Backdated certificates may be accepted if there are issues with gaining one from a healthcare professional.

## **14.0 Sickness Absence Monitoring**

- 14.1 Sickness absence monitoring is an essential management task for the early detection of notable patterns or reasons for absence which may be caused, or exacerbated, by work. Early intervention helps managers to understand the employees' health and wellbeing needs, demonstrates support and concern for an employee's wellbeing and can increase the chance of preventing further absence and/or an earlier return to work.

## 15.0 Absence Triggers

15.1 Absence triggers aim to ensure that a consistent approach to managing sickness absence is maintained throughout the council. The absence triggers are detailed below:

Length and number of occasions of sickness absence	Short or long-term trigger
A single absence of four continuous weeks or more	Long-term absence
Three separate occasions of absence in three months, or five separate occasions in a 12-month period	Short-term
Any other pattern of absence that causes concern to the manager. Examples may include illness on the same day of the week, at a particular time of year, preceding or following annual leave.	Short-term

15.2 When any of these triggers are met the line manager will discuss this with the employee in the return to work meeting and will then follow the process for either [managing short term sickness absence](#) or [managing long-term sickness absence](#).

## 16.0 Disability Related Sickness Absence

16.1 Employees who have, or think they have, a long-term health condition and/or disability should talk to their line manager so that any support or adjustments that may be needed can be considered. More information is available in the Guidance to Reasonable Adjustments.

16.2 Disability-related sickness absence will be recorded in a way that means it can be identified separately from non-disability related absences. This will allow for these absences to be identified accurately.

16.3 Disability-related absences may count towards absence triggers in some circumstances. However, it may be agreed as a reasonable adjustment to revise or not include these absences when considering absences triggers.

## 17.0 Maternity Related Sickness Absence

17.1 Pregnancy related absence will be recorded separately from other sickness absence and will not be counted towards any absence review triggers.

17.2 If the employee is off work because of a pregnancy-related illness within 4 weeks of the due date, maternity leave begins automatically.

17.3 A risk assessment must be undertaken by the manager once they have been notified in writing that the employee is pregnant, has given birth in the previous six months or is breastfeeding. Further details can be found in the Council's [Maternity Policy](#).

## **18.0 Sickness caused by Industrial Injury**

- 18.1 Where absence is as a result of an industrial injury then Medway Council's [Accident and Incident Reporting](#) and Investigation Policy must be followed.
- 18.2 Any employee who is absent due to an injury sustained in the performance of their contractual duties and without them being at fault shall be paid in accordance with normal sickness absence.
- 18.3 An employee who is absent because of an accident where damages may be receivable from a third party, will be paid occupational sick pay subject to the employee undertaking to refund to the authority the total amount of occupational sick pay, or a proportion of it, from the damages received from a third party in respect of such an accident.

## **19.0 Sickness caused by Infectious Disease**

- 19.1 When an approved medical practitioner attests that there is evidence to show, with reasonable probability, that an absence was due to an infectious or contagious illness (that may present a significant risk to human health) and this was contracted directly in the course of employment full pay shall be allowed for such period of absence.
- 19.2 The period of absence on this account shall not be counted against the employee's entitlements under the occupational sick pay scheme, though such absences are reckonable for entitlement to statutory sick pay.
- 19.3 Where an employee is exposed to a person suffering from an infectious disease within their place of residence the employee must notify their manager and, if required, take precautions as advised by a medical practitioner. If it is considered inadvisable to attend their place of work other working arrangements such as working from home or alternative duties should be considered.
- 19.4 Full pay will be provided during any enforced absence under sickness absence. This period of absence will not be counted towards sickness entitlement.

## **20.0 Gender Reassignment**

- 20.1 Medway is committed to being a fair and inclusive employer and will not discriminate against an employee who has or who is undergoing gender reassignment.
- 20.2 Transsexual employees may need several different medical interventions which require absence from work. Such absence is covered by the Equality Act 2010 and the Council will not treat a person absent because of gender reassignment less favourably than they would treat an employee who is absent due to sickness, injury or absent for some other reason.
- 20.3 Gender reassignment treatment should not be considered as cosmetic or elective and as such will not subject an employee to a disadvantage for taking time off for gender reassignment and any related absences such as medical appointments and counselling.



20.4 Managers should record time off for gender reassignment treatment separately as special leave absence and it should not be used for absence management or monitoring purposes.

20.5 Further guidance for managers can be found on [Medspace](#).

## **21.0 Absence for Medical Appointments**

21.1 Employees should be encouraged to arrange for appointments (for example at the dentist, GP) to take place outside of normal working hours, or at the beginning or end of the day. Where this is not possible, employees should arrange appointments so that the time away from work is kept to a minimum.

21.2 Appointments within the employee's normal working day should be taken as annual or unpaid leave or flexi, with the option to work the hours back if appropriate for the service.

21.3 Employees who attend appointments for reasons relating to a disability will be provided with the time to attend which includes travel time - further information can be found in the reasonable adjustment guidance.

21.4 Managers should contact HR Advice [via Service Desk](#) or (telephone 01634 334499) if further guidance is required.

## **22.0 Cosmetic and Plastic Surgery**

22.1 Where surgery is certified by a medical practitioner indicating that this is essential to the employee's health or wellbeing then this would be a valid reason for an employee to receive sick pay. If there is surgery, this would be regarded as a planned operation.

22.2 If voluntary surgery is carried out and is not certified by a medical practitioner as essential and absence from work is required then arrangements for annual leave and/or unpaid leave (where approved) must be made in advance.

## **23.0 Sickness and Annual Leave**

23.1 If an employee is off sick and has pre-booked annual leave that they are too unwell to take they should ask for the annual leave to be cancelled and take it at another time.

23.2 If an employee becomes unwell during annual leave (unwell enough that they would not have been able to attend work) the employee should follow the absence reporting procedure and request the annual leave to be cancelled. This also applies if they are on leave abroad.

23.3 If an employee is off sick during annual leave, they do not require a [fit note](#) to claim back their annual leave during the first seven days of absence but are required to provide a fit note from day eight of the sickness absence. This is with the exception for Bank Holidays or ex gratia days where sick pay should continue and no substitute

annual leave should be given, unless sick pay is at half or nil pay for the Bank Holiday or ex gratia day, when the annual leave can be respectively partially or fully allowed.

23.4 Any sick leave taken during a period of planned annual leave will still be managed within the normal sickness management procedures, which may in certain cases require further investigation into the sickness absence.

## **24.0 Accrual of Annual Leave during Absence**

24.1 Employees still accrue annual leave during sickness absence.

24.2 Employees who have not been able to take their annual leave during the leave year due to a period of long-term sickness absence can carry forward their annual leave into the next leave year (pro-rata for part time workers). Employees should be encouraged to take leave, where appropriate, before the end of the leave year to try and reduce the amount of carry forward leave. Please see Phased Return Guidance for further information.

24.3 Employees, who are off long-term sick, can choose to take annual leave during the period of long-term absence. A break in long-term sickness absence for taking annual leave does not trigger a new period of sickness absence in terms of monitoring.

24.4 In circumstances where employment ends after a period of long-term sickness absence employees will be paid in lieu of the contractual leave that they would otherwise have carried forward.

## **25.0 Medical Suspension**

25.1 If an employee's condition is a health and safety risk, either to themselves or to others, they should be suspended from work on medical grounds with full pay. Managers should seek advice from the [Employee Relations Team](#) before taking this action, this will also require support from the Assistant Director or equivalent Corporate Management Team (CMT) member before agreement. Further information can be found in the [Medical Suspension Guidance](#) document.

25.2 An employee who is medically suspended would normally have been referred to the occupational health service or would be in the process of being referred for a medical opinion.

25.3 The employee will then be advised to visit their GP to gain their opinion on the state of their health. If the GP agrees that the employee should not be in work, the employee should send the fit note and any supporting statements (if required) to their manager. The medical suspension will cease upon the receipt of the fit note.

25.4 For cases of suspected drug or alcohol abuse managers should refer to the [Drugs and Alcohol Misuse Policy](#).

25.6 There may be occasions where the medical advice received from the GP or Occupational Health service cannot be practically implemented. In such cases the manager has the authority to suspend on medical grounds, subject to consultation with

their Assistant Director (or equivalent CMT member) and the Employee Relations Team.

## **26.0 Differences of Medical Opinion**

26.1 On rare occasions there may be a difference of medical opinion between the employee's GP and the Occupational Health Physician. Occupational Health will provide confirmation of which advice takes precedence.

## **27.0 Absent Without Leave (AWOL) / Unauthorised Absence**

27.1 Where an employee is absent without leave the manager must try to contact the employee to find out the reason for absence. All reasonable attempts should be made to make contact, if this fails the emergency contact person should be contacted. If there is still no information about the reason for absence it may be necessary to inform the emergency services, please contact the [Employee Relations Team](#) for advice.

27.2 The manager can arrange a home visit (if the employees' residence is reasonably near) to enquire about their wellbeing if there are concerns. The first contact letter should be taken to the home visit and if there is no answer it should be posted through the letter box.

27.3 For letter templates and further information please see Managers Guidance on AWOL.

## **28.0 Statutory and Occupational Sick Pay**

28.1 Information about statutory sick pay (SSP) can be found via [GOV.UK](#).

28.2 Occupational sick pay (OSP) is paid in line with the terms and conditions of employment and subject to the conditions contained in this policy.

28.3 If you qualify for SSP and OSP then OSP will be paid as the difference between SSP and your normal wage.

28.4 The rate of sick pay and the period for which sick leave shall be paid will be calculated on a 12-month rolling basis.

28.5 Further details of [sick leave and sick pay entitlement](#) are contained on Medspace. In exceptional circumstances Directors can extend the period of sick pay, however this must be following consultation, and sign off, from a HR Business Partner and the Chief Organisational Culture Officer.

28.6 It is not necessary for an employee's sick leave entitlement to be exhausted before termination of employment on medical grounds can be implemented. If a line manager is considering this action, the [Employee Relations Team](#) must be consulted first.

## **29.0 Stopping of Statutory and/or Occupational Sick Pay**

- 29.1 Sick pay may be stopped if employees fail to comply with the SSP requirements and absence process. For example, not following the absence reporting procedure and maintaining regular contact with the line manager.
- 29.2 Manager's must always seek advice with the [Employee Relations Team](#) before stopping sick pay.
- 29.3 The payment of occupational sick pay may be suspended if the condition which has led to the absence from work is due to any of the following circumstances:
- absence on account of sickness due or attributable to deliberate conduct prejudicial to recovery
  - the employee's own misconduct or neglect or active participation in professional sport or injury while working in the employee's own time, on their own account for private gain or for another employer, and/or
  - abuse of the Managing Sickness Absence policy.
- 29.2 Where a decision to suspend sick pay has been made the manager must advise the employee in writing their reason(s) for suspending sick pay. The employee shall have a right to make representations to a more senior manager regarding the decision. If it is decided that the grounds were justified the employee shall forfeit the right to any further payment in respect of that period of absence.
- 29.3 Abuse of the sickness scheme will be investigated as per the [disciplinary procedure](#).

## **30.0 Return to Work Meeting**

- 30.1 Following any period of sickness absence, the manager will meet with the employee, this should be on the first day of their return, to welcome them back.

The purpose of the return-to-work meeting is to;

- welcome back the employee and to discuss/confirm how they are feeling, if there are any concerns, and discuss any adjustments on the fit note or from the OH report, such as a phased return, amendments to hours, or any workplace adjustments that have not previously been identified, discussed or implemented, and
  - ensure the absence form is submitted to confirm the return to work and that the employee has provided a fit note if applicable.
- 30.2 The line manager will confirm if any absence triggers have been met and where applicable will invite the employee to an absence review meeting to talk about the levels of absence.

## **31.0 Managing Short-Term Sickness Absence**

- 31.1 The [management of short term absence](#) is integral to make sure appropriate support is available and to check in on the employees overall wellbeing and working conditions.
- 31.2 Responsibility lies with the manager to manage this process in a consistent and appropriate manner.
- 31.3 The line manager may arrange for the employee to be referred to Occupational Health to seek advice, including whether there may be an underlying cause for the short-term absence(s).
- 31.3 Managers should review absence levels with an employee where a pattern or level of absence has emerged which causes concern and/or the absence triggers have been met (considering any exceptions).
- 31.4 In these instances an informal review meeting should be held between the line manager and the employee to discuss the concerns. At this meeting the employee should be provided with a copy of this policy. During the informal stage the employee will be expected to improve their level of attendance. The level of attendance required will be confirmed to the employee in writing and the employee informed that failure to reach this required attendance within a specified timescale could lead to the formal procedure being implemented (Appendix A).

## **32.0 Informal Stage**

- 32.1 Early concerns about the level of an employee's absence should be raised at an appropriate meeting, for example supervision and return to work meetings. Employees may be unaware of how much absence they have had, and bringing it to their attention, along with a discussion about factors that could be affecting their health could lead to an earlier resolution of the problem. It is important to let the employee know that if the level of absence continues a formal approach will be adopted, which could result in the employee's eventual dismissal.
- 32.2 Where the absence triggers have been met the employee will be monitored informally over the next six weeks. If there is no improvement, or if absence levels increase either during the six week monitoring period or if there are concerns regarding their attendance within the next 12 months, then a Stage One formal review meeting will be held between the line manager and the employee to discuss the managers concerns. The manager should keep confidential records of these discussions.
- 32.3 As this is an informal meeting, there is no requirement at this stage for the right to be accompanied by a union representative or workplace colleague.

### 33.0 Managing Long-Term Sickness Absence

- 33.1 When [managing long-term sickness](#) absence it is important that the line manager and employee keep in regular contact to make sure the individual is supported, does not feel isolated and also that any updates of the circumstances are provided. There is an obligation on the part of the employee to engage with their manager and keep them updated in relation to their health situation.
- 33.2 Regular review meetings should be conducted throughout the period of absence, the number and frequency will depend on the individual circumstances. However, the first of these meetings will normally take place soon after the first 4 weeks of absence.
- 33.3 In cases of stress, depression or another psychological illness, managers should contact the employee in the second week of absence to consider a referral to Occupational Health to identify any support that can be provided at this stage.
- 33.4 At the review meeting the line manager will discuss the absence, including any support that can be offered to help their recovery and/or any adjustments that can be made to assist them returning to work. A face-to-face meeting can help ensure communication and clarity - this could be at a work site, a home visit or mutually agreed neutral venue. An online meeting may be appropriate depending on the reason for absence and the employee's preference.
- 33.5 Where the absence has been long term and/or for a condition that may require reasonable adjustments then an Occupation Health referral should have been carried out prior to the return date to identify any potential support/reasonable adjustments.
- 33.6 Before the return-to-work date any reasonable adjustments will be discussed to provide adequate time for support to be put in place. Any agreed adjustments and a timeline for implementation should be recorded locally (see Phased Return to Work Plan) by the manager and a copy provided to the employee for reference.
- 33.7 For cases of stress, depression or other psychological illness managers must ensure a more in-depth return to work meeting is held and a stress risk assessment is undertaken where applicable.
- 33.8 Once any adjustments have been agreed the employee should complete a [Workplace Adjustment Passport](#) to detail any arrangements, where mental health is the reason for absence completing a [Wellbeing Action Plan](#) may be appropriate. This will help if the employee was to move roles or a new manager is appointed to the current team as this shows what has been agreed, the impact of these to assist and any review periods.
- 33.9 [Access to work](#) may also be able to assist the employee, this is a scheme which can help those with physical/mental health conditions or a disability. The employee needs to apply for this themselves and more information can be found on [GOV.UK](#) and also via the Council's dedicated [MedSpace page](#).

## **34.0 Referral to Occupational Health**

- 34.1 A referral can be made by the line manager to Occupational Health at any point during the absence for a medical opinion on the employee's fitness to carry out their duties and advice on how to facilitate a return to work. This will normally be where the employee has been off sick for a continuous period of four weeks or in cases of stress, depression and other similar conditions during the second week of absence.
- 34.2 Employees do not have to agree to the referral, but if they don't then the absence will be managed based on the information that is known.
- 34.3 Referrals to Occupational Health must be appropriate to the nature of the absence. If after reading the dedicated guidance there are any questions managers should contact HR Advice via Service Desk or (telephone 01634 334499) for further guidance.
- 34.4 On some occasions, and with the consent of the employee it may be appropriate for Occupational Health to undertake a referral to Care first.

## **35.0 Unable to return to normal duties due to a disability**

- 35.1 If an employee becomes disabled as a result of illness, reasonable adaptations must be considered under The Equality Act 2010. See ([LINK](#)) for further details regarding reasonable adjustments.
- 35.2 [Access to Work](#) funding may be available to assist with reasonable adjustments required in the workplace.

Whilst the council is not obliged to create a new position for an employee, if there is work available which might be considered suitable, taking into account individual capabilities, they should be considered for this.

The [Redeployment Procedure](#) gives details of how redeployment to an alternative post would be managed.

- 35.3 No decision to terminate the employee's contract should be taken without consulting with the [Employee Relations Team](#).

## **36.0 Phased Returns to Work**

- 36.1 Employee's returning to work after a period of long-term absence may need a phased return to work to allow the employee to return gradually, settle back into their work and to check if any adjustments are working. Usually, advice and guidance on a phased return to work is provided by Occupational Health or the employee's GP.
- 36.2 Phased returns can include returning on reduced hours or an amendment to duties. They usually last four to six weeks but may be longer in some circumstances. Timescales for phased returns to work will be discussed in advance of the return and will be based on medical advice sought from Occupational Health and/or the employees' healthcare professional.



36.3 During the first four working weeks of a phased return the employee will be paid their normal contractual salary. If a phased return extends beyond four working weeks, then pay will be calculated on the basis of hours worked. Annual leave for the hours not worked can be requested.

### **37.0 Employees not fit to return to work**

37.1 In cases of long-term absence where the employee is not expected to be fit to return to work within a reasonable timescale, and where any steps taken to secure a successful return to work have been unsuccessful, the manager should discuss this with the employee and HR and move to arranging a final review meeting.

### **38.0 Ill-Health Retirement**

38.1 Where employees cannot return to their role due to ill-health or be found suitable alternative employment within the council, they may be eligible for [retirement on ill-health grounds](#). Where possible this will be explored before a final review meeting takes place.

38.2 In order to apply for IHR, the employee must be a member of the Local Government Pension Scheme (LGPS) and have a certificate of ill-health from an Independent Registered Medical Practitioner (IRMP) via the Occupational Health service confirming they are permanently incapacitated or unable to carry out their employment duties. Further guidance can be found via the [LGPS website](#).

### **39.0 Termination of Employment on grounds of Ill-Health**

39.1 Any decision to terminate the employment on medical grounds will be dealt with in accordance with the following process:

The final review meeting will be convened to discuss the situation once it is established that:

- an employee is medically unfit for their duties as confirmed by Occupational Health,
- there is no identified resolution to their sickness which is not sustainable, due to its impact on the provision of the service,
- the procedure for managing short term absence has been followed and there has been no improvement in attendance at the end of the review period and no further evidence of a health problem has come to light, or
- no reasonable adjustments are possible or any adjustments which have been put in place have been unsuccessful.

39.2 If Occupational Health determines that the employee will not be able to return to their normal duties, suitable alternatives within the council must be considered via the [Redeployment Procedure](#).

39.3 The final review meeting may be arranged whilst the employee is in the redeployment pool. However, in the event of dismissal if suitable alternative employment is identified



during the notice period this will be extended to provide the opportunity to undertake a four-week trial - should the trial period be successful the notice will be rescinded.

#### 40.0 Monitoring and Review

40.1 The application of this policy will be monitored and reviewed on a regular basis or where any operational change, legislation change, court or regulatory decisions or changes in regulatory guidance trigger the need for a review.

#### 41.0 Diversity Impact Assessment (DIA)

41.1 A DIA will be undertaken at each review where any changes may have an impact.

#### 42.0 Relevant Legislation

- Employment Rights Act 1996
- Equality Act 2010
- Social Security (Medical Evidence) and Statutory Sick Pay (Medical Evidence) (Amendment) Regulations 2010 (SI 2010/137)

#### 43.0 Useful Contacts and Further Guidance

- [HR Teams](#) contact information
- HR Advice contact number: 01634 334499
- Log a request for advice on Service Desk: [Request HR Advice](#)
- [Occupational Health Referral](#)
- [Care first](#) for employees and managers
- Toolkit for managing [short term absence](#)
- Toolkit for managing [long term absence](#)
- Further guidance and training on managing absence can be found on Medspace.

#### 44.0 Version History

<b>Managing Sickness Absence Policy</b>	
Employee Matters Committee	29 January 2025
Publication Date	tbc 2025
Previous version publication date	October 2023
Author(s)	Nick Morgan (HR Business Partner)
Responsible Officer	Sam Beck-Farley (Chief Organisational Culture Officer)
Next Review Date	February 2028